

# Canadian Medical Education Journal

Editorial

Some of the best articles of our first 10 years (and perhaps some of the best of the next decade)

Certains des meilleurs articles de nos 10 premières années (et peut-être certains des meilleurs de la prochaine décennie)

Marcel D'Eon<sup>1</sup>

Augusta University, Georgia, USA

Correspondence to: Marcel D'Eon, email: [marcel.deon@usask.ca](mailto:marcel.deon@usask.ca)

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The Canadian Medical Education Journal celebrated its 10<sup>th</sup> (and now 11<sup>th</sup>) birthday quietly (as did everyone else, thanks to COVID). Part of the celebration extravaganza for our anniversary is selecting and recognizing some of the top articles. In this issue we present those best articles of our first decade as judged by our indomitable editors. We regret that we were not able to have our 10<sup>th</sup> anniversary celebrations as planned especially making these presentations in person and as part of CCME 2020.

At least we can mark this occasion with the introduction of a whole new look to the CMEJ thanks to the initiative and creative talents of Dr. Teresa Chan.

The first 10 years of the CMEJ have been marked by strong growth and seeming constant change, as evident in our journal data (<https://journalhosting.ucalgary.ca/index...>) and Google Scholar profile ([https://scholar.google.com/..](https://scholar.google.com/)). The response of our authors and reviewers has been gratifying and has driven our success. They work together with our editors and production team to bring you increasingly interesting and high-quality articles issue after issue. We hope you like the ones we have chosen and that you will continue to submit your work to the CMEJ.

So, don your party hat and read on!

Editors' Picks: the best of our first decade:

[Using script theory to cultivate illness script formation and clinical reasoning in health professions education](#) by Lubarsky et al.<sup>1</sup> from 6(2); is a knowledge translation piece

about clinical reasoning, script theory, and “illness scripts.” It explains very clearly and in sufficient detail the relationship between scripts and clinical reasoning with implications for improving medical education. Published in 2015, it is our top-cited article thus far having been cited 55 times.

[Do we pay enough attention to science in medical education?](#) by Weston<sup>2</sup> from 9(3); is also a knowledge translation article that argues convincingly that we need to apply the sciences of learning and of education to medical curricula. Reaching back as far as the Flexner Report of 1910, Weston stressed the importance of designing a coherent curriculum based on the best evidence available to medical education. Published in 2018, It too is well-written, convincing, and enlightening.

[Resilience, stress, and coping among Canadian medical students](#) by Rahimi et al.<sup>3</sup> 5(1); is another important study about the medical student experience. This situation has never been a pretty picture. The methodology reported in this paper is strong, and the discussion contains a clear call to action with broad implications. Published in 2014, it has been cited 46 times, our second most cited article.

[Family physician perceptions of working with LGBTQ patients: physician training needs](#) by Beagan et al.<sup>4</sup> 6(1); addressed the skills and training gap in family medicine in caring for women from the LGBTQ community. They highlighted important issues in medical education and concluded that understanding physician perceptions in this

area of practice may lead to improved education. Published in 2015 it has been cited 45 times, at this time our third most cited article.

[“I really wanted to be able to contribute something”: understanding student motivations to create meaningful global health experiences](#) by Hetherington and Hatfield<sup>5</sup> 3(2); used discourse analysis to explore the motivations and aspirations of students who, in the summer of 2009, took a global health elective through the Global Health Research Program at the University of Calgary. They present a sympathetic view of the altruistic motivation to “give back” while highlighting areas of potential problems and necessary improvement. It was published in 2012 as a Major Contribution.

[It takes a community to train a future physician: social support experienced by medical students during a community-engaged longitudinal integrated clerkship](#) by Dubé et al.<sup>6</sup> 10(3); describes how the communities of NOSM support and encourage their students on placements. They applied the saying, “it takes a village to raise a child” to the field of medical education rural community placements. It was published in 2019 as a Major Contribution.

[Welcome to Motherhood](#) by Michiko Maruyama<sup>7</sup> is the cover image for issue 9(2). It is a profound and yet simple juxtaposition of life and career, biology and emotion, high and low technology. It is an arresting illustrative photograph that recognizes the holistic and human aspects of being an excellent surgeon. It was published in 2018.

As we read through the articles in this issue and the issues to come, we wonder how they will be received and to what extent they too will influence medical education. Which ones might end up as our top articles of the next decade of the CMEJ? Read on.

#### Major Contributions:

[Improving the LGBTQ2S+ cultural competency of healthcare trainees: Advancing health professional education](#) by Lee et al.<sup>8</sup> assessed attitudes towards LGBTQ2S+ populations in healthcare settings through intervention training sessions led by LGBTQ2S+ experts. They found that the intervention group improved perceived knowledge, attitudes, and clinical behaviour towards LGBTQ2S+ populations.

[Patients’ perspectives on the extent of resident participation in the operating room for total hip or knee arthroplasty](#) by Jessica Bryce and co-authors<sup>9</sup> evaluated

patients’ confidence in resident’s involvement in their surgery. Their results demonstrated that patients have low confidence in residents performing their surgery, even while supervised. Bryce’s study indicated that patients need help to better understand resident education and their involvement in surgical care.

[Feedback on feedback: A two-way street between residents and preceptors](#) by Schultz and team<sup>10</sup> identified both useful qualities of feedback for family medicine residents, and useful feedback giving skills for preceptors. They highlighted the importance of two-way feedback within a medical teaching environment.

Cooper and co-authors in their study, [Impact of an urban regional medical campus: Perceptions of community stakeholders](#),<sup>11</sup> evaluated the effects of regional medical campuses (RMC) on a mid-sized urban city and compared their results with a similar study. They found a consistent positive impact on this type of urban region and believe their results would be beneficial to those interested in developing a similar RMC.

#### Brief Reports:

[Investigating the importance of clinical topics for developing a curriculum on gastroenterology for pediatric residents](#) by McNeil and Rashid<sup>12</sup> identified which gastroenterology clinical topics are essential to understand as part of the general pediatric practice. Their study identified the importance of including a gastroenterology curriculum in pediatric residency training. It also identified gaps in the current objectives such as celiac disease and obesity.

[Bridging the gap: Improving CASPer test confidence and competency for underrepresented minorities in medicine through interactive peer-assisted learning](#) by Shipeolu and team<sup>13</sup> studied the impact of a Computer-based Assessment for Sampling Personal Characteristics (CASPer) program adopted by medical schools to assess minority applicants’ interpersonal skills. Their results showed that the program addressed barriers that minority applicants may face when applying to medical school.

[The perceived contributions of non-physician team members to residents’ interprofessional education during a critical care rotation](#) by Angèle Landriault and Angus McMurtry<sup>14</sup> studied the influence of various non-physician healthcare workers on residents’ interprofessional education. They found that the informal but highly valuable

interactions between team members was often neglected in favour of more formal learning settings

#### **Black Ice:**

[Seven tips for clinical supervision in the time of COVID 19](#) by Schultz and co-authors<sup>15</sup> provided a guide for the use of virtual care for family medicine residents during the COVID-19 pandemic. Their tips, such as obtaining patient consent for virtual care, can be adapted to other settings to help to all preceptors providing virtual supervision during the pandemic.

[Seven ways to get a grip on facilitating bedside team rounding](#) by Ibrahim and team<sup>16</sup> aimed to guide physicians and institutions on effectively implementing and rejuvenating the practice of bedside rounding. They provided seven tips for facilitating effective team rounding including involving the patients in the discussion and promoting teamwork.

#### **Canadiana:**

[Journey into the unknown: Considering the international medical graduate perspective on the road to Canadian residency during the COVID-19 pandemic](#) by Gutman and team<sup>17</sup> highlighted the important role of international medical graduates (IMGs) in Canada. They contended that it is vital to consider the impact of the pandemic on the future of IMGs' eligibility to practice in Canada.

#### **You Should Try This:**

[Inside the skin of a patient with diabetes: Fostering cognitive empathy through insulin pump simulation](#) by Paul Ryan<sup>18</sup> described a three-day simulation using wearable technology to experience insulin pump therapy. He concluded, as it was for him, a simple way to foster first-hand cognitive empathy in trainees.

In [Teaching mindfulness-based stress management techniques to medical learners through simulation](#) by Stephanie Smith and team,<sup>19</sup> the lead author developed The Simulated Training for Resilience in Various Environments (STRIVE) course to teach stress management techniques to medical students. Her aim was to equip medical students to cope with acute stress and recovery after traumatic events. They concluded that the framework could be adapted across other training contexts.

[Engaging medical trainees in resource stewardship through resident-led teaching sessions: A choosing wisely educational initiative](#) by Bal, Tesch and co-authors<sup>20</sup> described the implementation of resident-led teaching

sessions that aimed to help medical students minimize unnecessary testing. Their positive feedback and results demonstrated the importance of near-peer resident-led teaching, and the value of resource stewardship.

#### **Commentary and Opinions:**

Karim Mithani wrote a commentary entitled [Enough is enough: Licensing exams in the time of COVID-19](#).<sup>21</sup> He argued that in light the pandemic, the newest doctors were forced to face an arguably unnecessary licensing examination. He hopes to bring to light this tribulation.

Agarwal and Gupta, in [COVID 19 pandemic: An opportunity to investigate medical professionalism](#)<sup>22</sup> observed that the COVID-19 pandemic is a chance for medical professionals to define, learn, and demonstrate the values of the profession. They commented on the professionalism that has been on display by the medical community and encouraged it to be a teaching opportunity for future medical students.

[Locker \(operating\) room talk: Gender equity and the medical student's perspective](#) by Darby Little<sup>23</sup> commented on an experience of being the only female medical student in an operating room. She described the "locker room talk" among her male colleagues as an example of how entrenched gender inequity is in medicine and medical culture. She called for gender equity and allyship training for all students.

[Building relationships: Reimagining the community placement for medical students](#) by Bellicoso, Cho, Got, and team<sup>24</sup> highlighted the challenge in creating relationships between medical students and community partners. They observed that it is essential to meet learning objectives while still meeting the needs of the community to become compassionate physicians.

In [The COVID-19 crisis: Aligning Kotter's steps for leading change with health care quality improvement](#),<sup>25</sup> Justin Hall used Kotter's 8-step process for leading change to frame the change management processes during the COVID-19 pandemic. Hall stated that COVID-19 accelerated a needed transformation in healthcare that should continue to in a post-COVID-19 world.

[Challenges facing medical education in psychiatry during the COVID-19 pandemic](#) by Bahadur et al.<sup>26</sup> commented on how COVID-19 affects the interpersonal nature of psychiatry education. They urged educators to determine how to provide effective psychiatric medical education in light of pandemic.

**Letter to the Editor:**

[Remote proctoring provides candidates a safe way to continue the path to licensure](#) by Maureen Topps<sup>27</sup> responded to Dr Mithani's article, "Rethinking licensing exams in the time of COVID-19"<sup>21</sup> that expressed concern with the early roll-out of the remote proctoring system for the MCC Qualifying Examination Part I. Topps assured candidates that they had taken steps to improve the experience. She also confirmed that they found no relation between technical difficulties and candidate performance.

**Book Review:**

[Book Review: Mindful Medical Practitioners: A Guide for Clinicians and Educators](#) by Olivia Tse<sup>28</sup> reviewed Dobkin and Hassed's book about mindfulness in medical education. Tse praised the book for being an informative tool for guiding the integration of mindfulness training in medical education.

**Conferences:**

["Peering into the looking glass": professionalism and professional identity formation in health professions education](#)<sup>29</sup> contains the abstracts for the upcoming medical education conference organized by the Educational Innovation Institute of the Medical College of Georgia, Augusta University and hosted on Twitter #MCGConf2021PIF on February 25.

[2020 Virtual International Conference on Residency Education](#)<sup>30</sup> contains the abstracts for the online ICRE conference. The theme of this conference is **Resilient Residency Education**.

**Works-in-Progress:**

[Exploring the perceived educational impact of COVID-19 on postgraduate training in oncology: impact of self-determination and resilience](#) by Giuliani et al.<sup>31</sup> described their study that will summarize how COVID-19 impacted trainees in radiation oncology. They hope their data will be useful in developing a recovery plan.

[Residents' burnout in COVID 19 pandemic environment](#) by Wood and team<sup>32</sup> will evaluate residents' experiences of burnout across a variety of residency programs at one institution during the current COVID pandemic. While their previous research showed burnout rates as moderate, they expect those on the front lines to have higher rates. They plan to make a recommendation to residency program directors based on their findings.

[Personal protective equipment coaching in the pediatric and adult emergency departments: A pilot project for health sciences students during COVID-19](#) by McKague and team<sup>33</sup> designed a project in which students volunteered as PPE coaches. The study aimed to both allow students to help teach appropriate PPE procedures, and to continue learning.

[A critical discourse analysis of face masks and its association with health construction in medical education](#) by Huo and Martimianakis<sup>34</sup> describes discourse on how face masks are viewed by both medical schools and the broader media. They found several key themes emerge from their discourse including protection for self and others, and the implication on anonymity.

In [Early adaptation of urology residency programs during COVID-19 clinical and gathering restrictions](#) by Gabara and Leveridge,<sup>35</sup> they aim to assess the effect COVID-19 is having on academic urology programs across Canada. They will gather data from Canadian urology departments and programs to assess the long-term effects and potential modifications for future urological residency training.

[The COVID-19 pandemic and undergraduate medical student teaching-learning and assessment](#) by Shankar and Wilson<sup>36</sup> aims to analyze literature regarding the changes to teaching-learning in undergraduate medical education during the pandemic. They will also evaluate the student perception regarding these rapid changes.

**Images:**

[Growing mind](#) by Sara Guzman<sup>37</sup> depicted a neuron made up of several pieces. She was inspired by thinking about how we are a stronger society by coming together as individual parts and collaborating as a whole.

In [Managing patients with substance use disorders: reflections of a medical trainee](#),<sup>38</sup> Flora Jung related the difficulty of completing her embroidery artwork, "Discharged," with her patient's experience stitching their life back together. She described the struggles with her art as a simple act of solidarity with patients who are striving for sobriety.

Enjoy!



Marcel D'Eon, MEd, PhD

Editor, CMEJ

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