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Good advice from authors working in under-represented countries

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EDITORIAL

Good advice from authors working in under-represented countries

Editor's note: Continuing our never-ending efforts to help new authors understand medical education's priorities, we have published 'Good advice' from the journal's deputy editors on two occasions.^{1,2} This manuscript offers similar insights taken from the perspective of authors who have recently published research from countries that are under-represented in this journal. Our Diversity, Equity and Inclusion Lead, Rola Ajjawi, and I made no effort to eliminate redundancy or limit the authors' focus because we think it instructive to see both the consistency and variability embedded in the advice generated. As a journal, we value the richness that comes from diverse voices.³ There is no magic bullet, but we hope these perspectives help new authors from under-represented areas increase their likelihood of being included in our pages.

1. XIANGYUN DU (QATAR)⁴

For most of my career, I have worked as a pedagogical development facilitator and coordinator at multiple universities internationally, including 7 especially challenging and meaningful years at Qatar University that enabled the work I recently published in *Medical Education*. I am pleased here to have the opportunity to share what I learned about conducting education research, but to do so, I must establish some context.

Despite keen initiatives of university and college leadership at a leading state university seeking strategic educational transformation, I found myself in Qatar faced with a difficult task: determining how to support health educators with diverse ethical, religious, cultural and educational backgrounds to engage with the proactive and student-centred teaching and learning models the university sought to promote. I adopted multiple strategies but found it hard to gain much engagement from faculty who tended to believe in the traditional 'sage on the stage' model of teaching. This helped me to appreciate the importance of not just pursuing one's own interest but also trying to marry that interest strategically with the goals of the institution. By building a cross-disciplinary team that had the approval of university leadership, we were able to legitimise ideas in ways that generated interest from educators on the ground. It is the result of collaboration grounded in lived experience that we were led to intriguing questions about educators' agency in negotiating their roles as problem-based learning facilitators, which became core to our efforts to use research to build theory and practice.

We began by scouring the international literature on pedagogical development in the field. Spurred forward by a lack of relevant studies from our context, however, it is fitting to note that our work identified diversity in health educators' perceptions of their facilitator roles as well as the risk of incompatibility between the roles that people were being asked to play and their own beliefs. This reinforced, for me, the importance of learning what others have found while remaining open to the possibility that more data need to be collected to understand why differences may arise across different environments.

More generally, I have come to learn that pedagogical development is far more complex than following a linear route from receiving training to becoming a better facilitator. Accepting this as an alternative ontological perspective was a major turning point for our research team, our understanding of what research would be valuable to an international audience and our efforts to develop newer strategies to support professional learning. To upskill, we coordinated workshops on educational research methods to broaden the pool of individuals who feel capable and successful in pursuing research on topics that align with their interests.

This year I returned to Aalborg UNESCO Centre for Problem-based Learning (Denmark) to continue my journey of facilitating pedagogical change. As I strive, from there, to develop similar research-based pedagogical programmes where education scholarship is lacking in other parts of the globe, the lessons I will draw on the most from my learning in Qatar include establishing collaborative and cross-disciplinary research teams not only within institution but that also draw in a larger scope of cross-institution and cross-country collaboration to enable peer-to-peer learning.

2. CASSIO IBIAPINA (BRAZIL)⁵

As a paediatric pulmonologist who primarily focused on clinical research until 2013, it brings me the utmost joy to have an opportunity to share a few observations on how I overcame the barrier of publishing in *Medical Education* while living in a developing country (Brazil) because I see it as a means for encouraging researchers in similar circumstances to continue moving forward. Yes, you can!

To begin, I note that it would be very difficult, if not impossible, to do it alone. When deepening my knowledge and skill in education research became a priority in my life, I decided to complete a

postdoctorate year in the Netherlands. That experience taught me a variety of lessons, some of which I will now try to pass on.

My first tip is to carefully read articles in your area of interest while paying extra attention to the paragraphs about limitations and future studies. They often contain precious guidance regarding how one can build on the efforts of those who have already had success. Gaps in understanding or methodological rigour that published authors identify as existing are fertile fields for generating publications that compellingly position your work to speak with relevance to an international audience.

Once a viable direction is identified, an experienced mentor is invaluable for providing purposeful and sensible feedback during the project's construction (i.e. not after you have discovered that your data do not allow a strong story to be told). International medical education congresses, if you can afford to attend, offer a particularly productive environment for generating initial contacts and networking with leading professionals. I am forever grateful to Professor Paul Brand, University of Groningen, who boosted my research group's growth through a valuable exchange of experiences and learning.

In any case, do not expect success to come immediately as understanding educational strategy, relevant theory and the language that must be developed to fully engage in rigorous research is like undertaking a long-distance run: The first kilometres are inevitably painful, but with enough training, they get replaced by a pleasant comfort zone. Studying medical education requires effort and consistency, but it can similarly be transformed into enchantment. Our group committed to supporting one another by creating a glossary of terms that facilitated a weekly journal club discussion.

Implicit in my writing to this point is the formation of a team, but that should be explicit as quality work is much more likely when complementary expertise comes together, including that provided by statisticians, experienced teachers and individuals with greater fluency in the English language.

In summary, I believe that being alone in medical education research is the greatest barrier to success. Organising local meetings to present scientific articles to one another is not only enriching in terms of participants' knowledge, but it can be a great way to motivate and add new interested teachers. In Brazilian universities, there is little incentive for conducting research in medical education, but doing what you love is priceless, especially if you can do it with others who share your passion.

3. SALAH ELDIN KASSAB (EGYPT)⁶

Moving into medical education research from other fields is challenging and needs a trigger and support. The trigger can be a person or a group of colleagues who spark your interest. Working with an expert can facilitate the move to the relatively new field for you. I am grateful to Professor Hossam Hamdy, current chancellor at Gulf Medical University, who first stimulated my interest in the field. We developed a 'medical education research group' for sharing ideas and opening avenues for collaboration. Conducting seminars on 'hot' topics in medical education has been a great experience for shared

learning and expanding interest. I found it useful to engage in workshops on the basics of statistics in the social sciences with practical applications as this is one of the most difficult areas in medical education research in my experience.

Academic writing for publication in the social sciences is not easy and requires commitment, motivation and support. Coming from a country where English is not the first language, unfamiliarity with medical education jargon is another barrier. There is no magic bullet for overcoming this hurdle. Getting a degree in medical education can facilitate the transition process. Your thesis work can be the first experience of polishing your academic writing skills and experiencing the joy of publishing in medical education. However, continuous reading of the literature is essential. Keeping up to date with reading resources, such as *AMEE guides*, *twelve tips*, *review articles and ABC in medical education*, is a valuable starting point. I found review articles published in general education journals to be particularly useful sources for transferring research ideas from general education to the medical education context. Furthermore, attending conferences can be a source of information and inspiration for research. Applying what you have learned to your daily practice as an academic will help to better understand the literature-based concepts and to generate meaningful research questions for your own work. Finally, engaging in feedback with colleagues who have expertise in writing skills will help you know whether your work is 'publishable.' Colleagues can also advise on where to publish and increase the chance of acceptance of your manuscript.

With my primary expertise in medicine and physiology, it was very challenging to shift gears to medical education research. However, its low cost compared with biology research has been one of the drivers to move to this field. Pursuit of low cost can be a barrier though as one of the pervasive 'short cuts' that I frequently encounter is temptation to publish data collected through routine surveys or students' examination scores. This type of research is a trap that will unlikely lead to publishing in respectable journals. The key for publishing good research is planning a robust study design based on a clear research problem that is practical, relevant to your context and of interest to the international medical education community.

4. AIHUA YAN (HONG KONG)⁷

As a scholar who primarily focuses on information systems research, I feel honoured to have this opportunity to share my experiences of conducting interdisciplinary research and getting it published in *Medical Education*. I hope my sharing here can encourage more scholars from developing countries to contribute to medical education research.

My first tip is to concentrate on a topic that has social impact and is worthy of publication. Our research in this journal concentrated on the implementation of health care simulation centres in mainland China. In 2017, we observed that many health care simulation centres were established like bamboo shoots after a rain. Establishment typically required tens of millions of dollars, including the costs for space, equipment and teaching faculty and staff. However, the usage rate

was rather low. We believed that some exploratory answers to this observed phenomenon could help managers of health care simulation centres not just in mainland China but also in other countries with similar concern for implementing in a way that enables better training in the future. Our research problem was, therefore, deliberately designed to be relevant to practice and generalisable beyond our local context.

The second tip is to have an interdisciplinary research team that has complementary expertise. Implementation of health care simulation centres requires not only the knowledge of medical education but also the knowledge of information technology and management among other disciplines. Therefore, when we formed the research team, we included two researchers from medical education and two researchers from information systems, creating complementary expertise. For instance, researchers from information systems developed a theoretical framework for our paper based on mature theories in innovative technologies implementation. Likewise, the two researchers from medical education ensured that we had practical grounding along with access to high-performance centres.

The third tip is to get involvement from medical education practitioners. Our paper adopted a case study approach. Therefore, from the beginning of our study, we asked for help from the health care simulation centre managers to review our protocol. During our field trips, we developed strong relationships with all the interviewees. We also contacted our interviewees whenever we had questions after the field trips to ensure that we were drawing conclusions based on practitioners' insights.

When your paper is ready for submission, my suggestion is to present it in various conferences, workshops or seminars. Before submission, we presented our paper at a conference in Germany, during local university seminars and in practitioner-focused webinars. By doing so, we received valuable feedback from academic scholars, medical educators, vendors and centre managers from different countries that helped us further improve our paper.

The last tip I would like to share is valuing the comments from the reviewers. For studies conducted in developing countries, sometimes we may be unaware of the relevance of our topic to an international readership. The reviewers can help compensate for this weakness by offering comments from international perspectives. For our paper, the reviewers helped us present our research question in a way that was situated within the international conversation, thereby helping us to refine our argument and improve the clarity of our methods' description.

In summary, I believe that medical education is extremely important to quality care and patient safety globally. High-quality medical education research, however, is a long journey. It took us 4 years to get our first paper published. A successful medical education paper

requires a combination of impactful topic, a strong research team, access to practitioner resources, feedback from various audiences, professional writing and valuing reviewers' comments.

AUTHOR CONTRIBUTIONS

The authors of these commentaries are listed alphabetically.

DATA AVAILABILITY STATEMENT

Data sharing not applicable to this article as no datasets were generated or analysed during the current study.

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