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[Aller au sommaire du numéro](#)

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The Tree of Life and other tragedies: a brief response L'Arbre de Vie et autres tragédies : une brève réponse

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In November 2018, in response to the hateful shooting on October 28 in Pittsburgh at the Tree of Life synagogue, I wrote: "I am going to use the means at my disposal to respond. Each of us can do the same. As a non-Jew, in solidarity with my Jewish friends and acquaintances, with all Jews worldwide, and with people of good will wherever they may be, I want to share three thoughts related to this unfathomable and preventable tragedy."¹

This past week the shooter was found guilty.² Sentencing may not be concluded by the time this editorial is published. So, here I am again, responding to this tragedy, taking this opportunity at my disposal, to try to make a difference in our shared world.

Some may say that justice has been served by this conviction. It does not seem just that so many innocent lives have left this world leaving such sorrow and emptiness in the wake of their violent end. I will highlight and underscore two points I made in that editorial: kindness wins and we all contribute. I wrote, "It is within our power to repair the wounds and make these senseless violent outbursts and even the slow violence of hatred less likely.... Out of the ruins of grief and sorrow, let's bring forth and continue to nurture the tree of life and finish first in the only long-distance race that counts."¹ While the end of the trial and sentencing of the shooter brings the legal aspects of this case to a close, it is not the end. Healing and restoration continue, a process in which we all play a part.

The CMEJ is proud to have published Kuper's chilling observations of unchecked antisemitism at the University of Toronto, Temerty Faculty of Medicine.³ While the situation was profoundly regrettable and there is more to do, we know that steps have been taken to address this

unacceptable situation and make progress towards greater inclusion and end discrimination.⁴ This is the aim of Osei-Tutu et al., who wrote in the Special Issue on CanMEDS 2025 about anti-racism and discrimination more broadly.⁵ They believe that racism is a public health crisis and that physicians must be part of the solution by including anti-racism in the CanMEDS 2025. In addition, Singh et al.⁶ in a short commentary in this issue of the CMEJ describe how implicit biases and prejudice are substantial barriers to care, especially for our Indigenous People. Exclusion and discrimination are not just American problems.

As reported by Thoma et al. in a Letter to the Editor published in this issue of the CMEJ,⁷ Osei-Tutu and others have been harassed for their views and, in one case, with a death threat. Kuper also faced pressure bringing her observations of antisemitism to light. The struggle is not over, not with one or two articles or even the high-profile sentencing of the Tree of Life shooter. While we cannot fully repair the devastation wrecked on that day in 2018 or undo the hurtful instances of past wrongs, we can bravely respond by moving forward and working towards a better world in any way we can.

Each of the articles published in this issue is the work of author groups moving us towards a better model of medical education in one way or another. Our work can lift each other up and help move us forward. How will you respond?

Enjoy!



Marcel F D'Eon
CMEJ Editor-in-Chief

Original Research

[Empowering yourself to better participate in feedback: a new cognitive-behavioural model for medical learners](#) by Bouchard-Lamothe and co-authors⁸ offered a model to guide learners to approach feedback as a personal growth opportunity associated with the learning position. It emphasized encouraging the learner to actively participate in the feedback process. This is a French publication.

[Canadian medical student perceptions of the Choosing Wisely Canada campaign](#) by Bright Huo and co-authors⁹ explored medical student perceptions of resource stewardship and Choosing Wisely Canada. Their results showed that most medical students endorsed the initiative but felt that the workplace culture was not conducive to applying the campaign in practice.

Button and team's [The rural road map for action: an examination of undergraduate medical education in Canada](#)¹⁰ looked at the task force created by the College of Family Physicians and the Society of Rural Physicians to improve training for and increase the number of rural family physicians. Their results illustrated that while medical schools are making efforts to utilize the road map, it is not yet fully implemented. They maintained that fully implementing the road map may lead to increased physician recruitment and improved access to care in rural and remote communities.

Reviews, Theoretical Papers, and Meta-Analysis

Cheng et al. wrote [On the advantages and disadvantages of virtual continuing medical education: a scoping review](#).¹¹ Their review identified advantages for virtual continuing medical education, such as convenience and collaboration opportunities, and disadvantages, such as technological barriers. They noted a limited understanding of how it affects vulnerable populations due to a lack of data on gender and race.

[A scoping review for designing a disability curriculum and its impact for medical students](#) by Ali et al.¹² reviewed existing literature on best practices for including disability curricula in undergraduate medical education. The results showed that exposing medical students to a disability curriculum improved their empathy and overall perceptions of patients with disabilities.

Brief Reports

[The role of collaboration and mentorship in the publication of surgical resident research](#) by Baig et al.¹³ assessed what variables predicted the publication of resident research. They found that multiple-discipline collaboration and a well-published mentor increased the likelihood of resident projects getting published.

Seed and team wrote [Simulation vs workplace-based assessment in resuscitation: a cross-specialty descriptive analysis and comparison](#).¹⁴ They compared simulation-based assessment for resuscitation-focused Entrustable Professional Activities (EPA) in three postgraduate medical training programs. Their results showed that all respondents trusted simulation-based assessment for low-stakes, and most trusted it for high-stakes assessment. These findings have practical implications since the expectation that all EPA assessments are workplace-based is unrealistic in time-sensitive cases.

[The timing of booster sessions may not improve resuscitation skill retention among healthcare providers: a randomized controlled trial](#) by Waldolf and team¹⁵ explored the levels of skill retention based on booster session timing for CPR training. Since they observed no difference between the early, late, and no booster groups, they recognized the need for further research to determine the aspects that contribute to skill retention.

Black Ice

[Six ways to maximize survey response rates: lessons from a medical school accreditation survey in a Canadian setting](#) by Javidan et al.¹⁶ gave six evidence-based strategies for achieving high response rates to online surveys for medical students. Their tips, such as incentivizing the surveys, can be applied to other surveys for healthcare professionals.

You Should Try This!

[Call of the wild: creating a formal wilderness medicine elective for Canadian pre-clerkship medical students](#) by Omand et al.¹⁷ described a wilderness medicine elective at a Canadian medical school. They reported that the elective increased student awareness and interest in career opportunities in the wilderness.

Tschirhart and team wrote [Introducing medical students to deep learning through image labelling: a new approach to meet calls for greater artificial intelligence fluency among medical trainees](#).¹⁸ They aimed to enhance the use of artificial intelligence in medical schools by developing a program to train medical students to label lung ultrasound

images for deep-learning research. They hope their innovation will promote AI fluency for medical students.

Ruzycki and team wrote [Equity, Diversity, and Inclusion moments to raise Equity, Diversity, and Inclusion literacy among physician leaders](#).¹⁹ Their article described an educational intervention for physician leaders to increase awareness about the barriers for women and racially marginalized physicians. The leaders responded positively to the program, and the high majority found it to be a good use of time.

Sioufi and co-authors' article, [Near-peer tutoring: an effective adjunct for virtual anatomy learning](#),²⁰ described their student-led near-peer tutoring initiative that used interactive large and small group sessions for virtual anatomy learning opportunities. Their pilot project demonstrated the effectiveness of near-peer teaching in a virtual learning environment.

[Mapping in 3D with MapIt: an added value for a professionalization path from the student perspective](#) by Guay et al.²¹ presented how the MapIt app was used in an occupational therapy program to generate 3D models of rooms in homes to support remote learning during the COVID-19 pandemic. This is a French publication.

[Mini Med School: why you should try a virtual, medical student-led program](#) by Cameron and team²² described their hybrid (in person and virtual) Mini Med School program. They reported that their student-led, virtual program was a positive way to support medical students and build community relationships with local medical schools.

[Addressing healthcare barriers faced by asylum seekers and refugees through an interprofessional symposium](#) by Hguig and co-authors²³ described a student-lead healthcare initiative that focused on partnering medical, nursing, dietetics, and social work students with local experts to provide tools to better meet the needs of the migrant population. Their symposium served to both help an underserved population and promote interprofessional collaboration.

In [Anticoagulation management: an interdisciplinary curriculum for family medicine residents](#) by Nijjar et al.,²⁴ the authors reported preliminary results of an anticoagulant management program. Their program supports family medicine residents in acquiring the knowledge and confidence to use anticoagulation therapy effectively.

Canadiana

[Creating change: Kotter's Change Management Model in action](#) by Graves and team²⁵ used Kotter's Change Management theory to establish an online national pain management and opioid use curriculum in Canada. Their guide intended to provide Canadian medical students with an understanding of pain management and the opioid epidemic.

Commentary and Opinions

[Tackling implicit bias towards Indigenous peoples in Canadian health care through Canadian medical education](#) by Singh and co-authors⁶ commented on the unmet healthcare needs of Indigenous peoples in Canada. They noted that Canadian medical institutions are attempting to prepare medical students to provide adequate care to marginalized communities through pre-clerkship training and elective clerkship rotations.

Adam Neufeld's article, [Towards an autonomy-supportive model of wellness in Canadian medical education](#),²⁶ addressed the problems with individual-focused wellness interventions as solutions to medical learner distress. Neufeld commented on the need to shift the focus from individual factors related to wellness to instead addressing systemic factors.

Letters to the Editor

Shmon and team wrote, [Taking the PULSE mentorship program "virtual": reflections by the program coordinators](#)²⁷ as a response to Li et al.'s article, [There's always something to talk about!" The unexpected benefits of a Canadian virtual diversity mentorship program](#).²⁸ They reflected on the in-person and virtual hybridization of the PULSE program due to COVID-19 and how it affected students over the past two years.

The letter, [Medical students benefit from becoming peer reviewers](#) by Celeste Murtha,²⁹ described her participation in the peer-review process at the CMEJ through her college. Murtha expressed gratitude for the opportunity to learn how to analyze scholarly works professionally.

Thoma et al., a group of physicians involved with the CanMEDS 2025 update, wrote [In solidarity with anti-racism leaders in Canadian medical education](#).⁷ Their letter was a commitment to equity and justice in healthcare and advancing the cause of anti-racism in Canadian medicine.

Guest Editorials

The Association of Faculties of Medicine of Canada presented an overview of the proceedings of their latest academic medicine conference in the [International Congress on academic medicine shines bright with unprecedented success](#)³⁰ (English version), and [Le Congrès international de médecine universitaire connaît un succès sans précédent](#)³¹ (French version).

Conferences

We published the Association of Faculties of Medicine of Canada's [International Congress on Academic Medicine: 2023 medical education abstracts](#) from their April 13-18th, 2023 conference.³² The theme of the conference was *United today for a healthier tomorrow*.

Images

Smith's image, [Bearer of bad news](#),³³ used digital art to juxtapose the burden of giving patients bad news with the privilege of being there for them in these moments of vulnerability.

Finally, our cover image is [Celebrating synergy](#) by Brian R Smith.³⁴ Smith's digital art piece of a group of healthcare workers gathered around a table portrayed the importance of interprofessional collaboration in healthcare.

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