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**See you at ICAM in Vancouver, April 2024!**  
**Rendez-vous à CIMU à Vancouver, avril 2024 !**

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[See table of contents](#)

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## See you at ICAM in Vancouver, April 2024!

Rendez-vous à CIMU à Vancouver, avril 2024 !

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## Most influential articles

This year, The International Congress on Academic Medicine (ICAM) will feature a session on the most influential recent articles published in the CMEJ (<https://icam-cimu.ca/fr/>). We wish to thank the organizers of the conference for this inspired idea. We are sure that it will stimulate a great deal of thought and excitement not only for the authors whose works have been selected but also for those attending the session.

The Editorial Leadership Team—composed of the Senior Section Editors and me—used the available journal metrics of citations, views, and downloads along with considerations of the topics and type of article to make our selections. We are sure you will find them to be interesting and high-quality articles.

The format will be set to 2x speed so be prepared to “buckle up” while we explore each of the hot topics raised by these articles. We hope to see you at ICAM and in the audience for this session showcasing some of the top recent articles from the CMEJ.

Which brings us to the summaries of the articles you will find in this issue. Which of these articles might show up as one of the most influential at ICAM 2025?

### Original Research

In their article, [From skillful to empathic: evaluating shifts in medical students' perceptions of surgeons through a combined patient as teacher and arts-based reflection program](#),<sup>1</sup> Gill et al. researched a combined intervention involving patients teaching medical students, followed by student reflection through art. They found that it effectively improved students' perspectives on the significance of humanistic characteristics among surgeons.

### [Anticipation or avoidance: internal medicine resident experiences performing invasive bedside procedures](#)

by Louis and team<sup>2</sup> identified various factors affecting internal medicine residents' experiences when performing bedside procedures. Their research suggested that while educational interventions may improve performance, they may not adequately address procedure-related anxiety.

### [Dubé and co-authors wrote, Exploring stakeholder perspectives regarding the implementation of competency-based medical education: a qualitative descriptive study](#).

<sup>3</sup> Their study examined the implementation of competency-based medical education (CBME) in two residency programs at a Canadian university to inform ongoing implementation practices. They used the perspectives of different stakeholder groups who experienced the implementation process to understand the challenges for program directors, program administrators, and educational leaders.

### Reviews, Theoretical Papers, and Meta-Analyses

### [Rojas and team wrote Zoomification of medical education: can the rapid online educational responses to COVID-19 prepare us for another educational disruption? A scoping review](#).

<sup>4</sup> They mapped research that reported the adaptation of educational content to an online learning format in response to the COVID-19 pandemic. They found that most publications provided low-quality reporting of their interventions and outcomes. The authors noted that this is problematic since replicating online learning interventions relies on detailed summaries of previous works – especially since many educational institutes continue to use online learning to keep COVID-19 at bay.

In [The Choice! The challenges of trying to improve medical students' satisfaction with their specialty choices](#) by Davis and team,<sup>5</sup> the authors reviewed the two-step process of the residency match, involving specialty choice and matching students. They highlighted the importance of improving specialty choices to enhance satisfaction and work-life balance.

### Canadiana

Clarke and Hanes considered the trends of test accommodations for the MCCQE Part I in their report, [Prevalence of test accommodations for the Medical Council of Canada Qualifying Exam Part I, 2013-2021](#).<sup>6</sup> They observed a rise in the quantity and percentage of test-takers receiving test accommodations. Still, they remained uncertain whether the increase was a result of higher rates of students with disabilities or reduced stigma surrounding the utilization of accommodations.

### Brief Reports

[The Rural Integrated Community Clerkship: a vital stretch in the Alberta rural physician workforce pipeline](#) by Nichols and team<sup>7</sup> studied whether the rural integrated community clerkship (ICC) at the University of Alberta affects medical students' decision to choose a rural practice and/or family medicine. Their study found that students who participated in the ICC were more likely to choose a rural practice and/or family medicine practice, regardless of whether they came from rural or urban areas. This program helps to increase the number of doctors in rural communities and supports students who want to work in rural areas.

In their article, [Intimidation or harassment among family medicine residents in Saskatchewan: a cross-sectional survey](#),<sup>8</sup> Coleman and team reported on the prevalence and response of abusive incidents experienced or witnessed by Saskatchewan family medicine residents. They observed that while most residents either experienced or witnessed abusive incidents, few reported those incidents. They hope their study will catalyze medical educators to reassess abusive incident policies.

[Attitudes of Canadian medical students towards surgical training and perceived barriers to surgical careers: a multicentre survey](#) by McLennan et al.<sup>9</sup> aimed to understand and identify perceived barriers to medical students pursuing surgical careers. The results indicated that the concern about work-life balance was the primary barrier reported. Additionally, female medical students were more likely to cite gender discrimination as a

deterrent, emphasizing the importance of promoting gender inclusivity to support women interested in surgery.

Chang, Yang, and team's study, [A brief report of aspiring medical student perceptions and behaviours concerning research experiences for selection into Canadian medical schools](#),<sup>10</sup> showed that most aspiring medical students (AMS) perceived research experiences as imperative for admission into medical school. They reported AMS investing considerable time and energy engaged in research for the purpose of admission opportunities. The team, therefore, called for increased transparency in medical schools concerning the value of research experience in their admissions processes.

[Exploring medical students' use of principles of self-explanation and structured reflection during clerkship](#) by Chamberland and co-authors<sup>11</sup> looked at how medical students who learned clinical reasoning techniques in preclinical training used those methods during their clerkships. They found that the students who used these skills regularly in preclinical settings could use these strategies in the unpredictable clinical context.

[Evaluation of a pre-professional pathway program: perspectives of former students in the rural pre-medicine program at Selkirk College](#) by Sara McEwen and team<sup>12</sup> surveyed former students from the Rural Pre-Medicine Program at Selkirk College in British Columbia to explore whether the program is on track to aid students with a rural affinity become health professionals. Respondents agreed the program increased their skills and enhanced their competitiveness for applying to health professional programs.

### Black Ice

In [Competency-based faculty development: applying transformations from lessons learned in competency-based medical education](#),<sup>13</sup> Schultz and co-authors pointed out the need for enhancing faculty training. They suggested a competency-based faculty development framework, capitalizing on insights gained from implementing competency-based medical education, to improve faculty training in medical education.

### You Should Try This!

[Demonstrating the importance of interprofessional health education through an interactive case competition at Queen's Faculty of Health Sciences](#) by Aggarwal and team<sup>14</sup> described a case competition between two student-run organizations that integrated interprofessional education (IPE) competencies into educational experiences of health

professional students. The event had participants work together to design a fictional care plan. Judges scored each team's care plan based on various criteria, including diverse team member involvement and collaboration. While only the winning team members received a small prize, all the respondents found the event useful.

Gruber and Condon's [Does it work? Resident selection and implicit bias training for postgraduate program directors](#)<sup>15</sup> suggested that addressing bias in selection processes for medical education programs requires a systemic institutional approach. Implicit bias training for Program Directors alone had minimal impact, highlighting the need for multipronged and sustained efforts to promote diversity and inclusivity in resident selection.

[Teaching spirituality to Canadian medical students: students' perceptions of a spiritual history taking clinical skills session](#) by So et al.<sup>16</sup> implemented a pilot program for spiritual history taking (SHT) clinical skills sessions. The medical students reported improved comfort and awareness in discussing spirituality with patients. This innovation may be beneficial in providing more holistic care.

Naccarato and team's article, [A pharmacist-led interprofessional education program for family practice medical residents specializing in HIV care](#),<sup>17</sup> described their pharmacist-led teaching rotation for medical residents to learn HIV pharmacotherapy to manage drug-related issues in HIV patients. They noted that pharmacist-led interprofessional education would be beneficial to support medical training in other pharmacotherapeutic areas.

### Commentary and Opinions

In [Embracing Global Health in medical education: innovative ideas to achieve equity transnationally](#),<sup>18</sup> Belfiore argued for increased emphasis on international and interdisciplinary virtual innovations to address global health.

Anees Bahji tackled the controversial topic of medical student cheating in the commentary, [Guilty until proven innocent](#).<sup>19</sup> Bahji highlighted a need for due process for medical school learners involved in academic misconduct.

Bialy and Mohammad's commentary [Some perspectives on designing effective serious games](#)<sup>19</sup> offered tips to help educators implement games in healthcare education. Their tips—such as running a pilot program before fully implementing the games—are a starting point for utilizing educational gaming in health care.

Persad's commentary, [How to help the unmatched medical student](#),<sup>20</sup> expressed the need to support medical students who each year go unmatched. Employing unmatched medical graduates as interns,' according to Persad, would give the trainee further clinical development and the opportunity to demonstrate their skills in a post-graduate capacity.

[This is never asked in the USMLE—why are you teaching it?](#) by Shankar<sup>21</sup> commented on the impact of high-stakes exams, particularly the United States Medical Licensing Examination (USMLE), on medical education at a Caribbean medical school.

### Letter to the Editor

In their letter, [Updated data on test accommodations on the Medical Council of Canada Qualifying Exam Part I, 2013-2021](#),<sup>22</sup> Clarke and Hanes followed up on their previously published article, [Prevalence of test accommodations for the Medical Council of Canada Qualifying Exam Part I, 2013-2021](#).<sup>6</sup>

### Commissioned Scientific Reports

[The Certificate of Added Competence credentialing program in family medicine: a descriptive survey of the family physician perspective of enhanced skill practices in Canada](#) by Elma et al.<sup>23</sup> surveyed Canadian family physicians to understand their views on the added Certificate of Added Competence (CAC) program by the College of Family Physicians of Canada. The research sheds light on how family physicians with and without the CAC perceive their practices.

Grierson et al. wrote [Inter-institutional data-driven education research: consensus values, principles, and recommendations to guide the ethical sharing of administrative education data in the Canadian medical education research context](#).<sup>24</sup> The authors identified six principles- including informed consent in collecting and sharing data about an individual- that can support data-driven education research in Canada feasibly and ethically.

### Image

[Pulse and passion](#) by Yaghy and Yaghy<sup>25</sup> used artificial intelligence to create an image of these flowers and the heart to highlight the duality of a heart's physical and emotional dimensions.

Enjoy!



Marcel D'Eon  
CMEJ Editor-in-Chief

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