



**Four influential recent Canadian Medical Education Journal articles presented at the International Congress for Medical Education**

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Volume 15, numéro 2, 2024

URI : <https://id.erudit.org/iderudit/1111555ar>

DOI : <https://doi.org/10.36834/cmej.79278>

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Éditeur(s)

Canadian Medical Education Journal

ISSN

1923-1202 (numérique)

[Découvrir la revue](#)

Citer ce document

D'Eon, M. (2024). Four influential recent Canadian Medical Education Journal articles presented at the International Congress for Medical Education. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 15(2), 1–5. <https://doi.org/10.36834/cmej.79278>

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## Four influential recent Canadian Medical Education Journal articles presented at the International Congress for Medical Education

## Quatre articles influents récents du Revue canadienne de l'éducation médicale présentés à le Congrès international de médecine universitaire

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Published: May 1, 2024; CMEJ 2024, 15(2) Available at <https://doi.org/10.36834/cmej.79278>

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On Sunday morning, April 14, 2024, I hosted a session at the second International Congress for Medical Education (ICAM) that featured four articles published recently in the Canadian Medical Education Journal (CMEJ) identified as “most influential.” It was one of the many joys of the job of Editor to showcase the work of these author teams and feel the engagement of the audience in wrestling with important topics in medical education.

Over six months before then, the CMEJ Senior Section Editors and our Management Board that includes representatives from our four partner organizations, the Association of Faculties of Medicine, the Canadian Association for Medical Education, the College of Family Physicians Canada, and the Medical Council of Canada provided guidance for the selection process. Papers were initially screened into a nomination pool based on citations, views, and downloads. I made the final decision carefully considering the recommendations and direction from the Senior Section Editors. Where article metrics were similar, I chose articles that provided us with a range of topics and author groups. I was quite pleased with the four articles we chose to highlight at ICAM:

1. “Development of a medical education podcast in obstetrics and gynecology” by KA Black, L Drummond V Jain, and M Sagle.<sup>1</sup>

- A Brief Report with 15 citations, 795 Abstract views, 567 downloads, and a Letter to the Editor<sup>2</sup> as of April 30, 2024.
2. “The effect of COVID-19 on medical students’ education and wellbeing: a cross-sectional survey” by H ElHawary, A Salimi, **N Barone**, P Alam, and S Thibaudeau.<sup>3</sup>
    - A Brief Report with 40 citations, 1,430 Abstract views, and 947 downloads as of April 30, 2024.
  3. “Emerging concepts in the CanMEDS physician competency framework” by B Thoma, A Karwowska, L Samson, N Labine, H Waters, M Giuliani, TM Chan, A Atkinson, E Constantin, AK Hall, C Gomez-Garibello, N Fowler, L Tourian, J Frank, **L Snell**, and E Van Melle.<sup>4</sup>
    - A guest Editorial with 30 citations, 748 Abstract views, and 4,501 downloads as of April 30, 2024.
  4. “Reflections on addressing antisemitism in a Canadian faculty of medicine” by **A Kuper**.<sup>5</sup>
    - A Canadiana with ten citations, 6062 Abstract views, and 16,555 downloads as of April 30, 2024.

Authors presenting on behalf of their team were Natacha Barone, Linda Snell, and Ayelet Kuper. Neither Kristin Black nor any of the others on her author team were able to attend ICAM to speak to their article.

The session was attended by just over 100 participants, according to my crude reckoning (I counted heads while moderating on stage). Together with the authors, I set up a simple process that we followed. Each author had 10 minutes to briefly describe and explain their paper with an opportunity for questions from the audience. When all three authors completed their 10-minute overview and introduction, I opened the floor to questions on any one of the papers. For over 25 minutes, we were treated to several sincere and insightful questions and comments with responses from the authors. There seemed to be considerable energy in the room. Many participants stayed after the session officially ended to meet, thank, and engage with the authors. I'm sure we will do this again next year at ICAM 2025 in Halifax, when we will also celebrate the 15 years of publications by the CMEJ. Watch for us in Halifax!

So, read this issue very carefully. One or more might end up in next year's collection of most influential articles.

### Original Research

[How early clinical experiences in rural communities influence student learning about rural generalism considered through the lens of educational theory](#) by Ross et al.<sup>6</sup> explored how rural placements in medical education can enhance students' knowledge of rural generalism to potentially increase the number of rural physicians. They found that the student-rural physician faculty relationship was crucial in effective student learning.

Heather Braund et al.'s article, [Making assessment a team sport: a qualitative study of facilitated group feedback in internal medicine residency](#),<sup>7</sup> described a facilitated team-based assessment initiative called "Feedback Fridays." It explored how this initiative contributed to formative assessment of medical residents. The authors found that this initiative filled a gap in workplace-based assessment by providing detailed feedback across all CanMEDS roles.

### Brief Reports

Zhou et al.'s report, [Understanding the perspective of community co-educators on community-based service learning: a qualitative analysis](#),<sup>8</sup> evaluated the perspectives of community-based organizations on their role as co-educators in the undergraduate medical curriculum at the University of Toronto. Their findings emphasized the

emerging and valuable role of community co-educators that could enhance medical students' education while addressing the needs of the populations they will serve.

In their report, [Designing a touchless physical examination for a virtual Objective Structured Clinical Examination](#), Karkache et al.<sup>9</sup> assessed using their newly developed touchless physical examination station for a virtual OSCE. Their study demonstrated the feasibility of virtually incorporating abnormal physical examination findings in an OSCE for medical students.

Rabiya Jalil et al. wrote [The association between applicant gender and racial or ethnic identity and success in the admissions process at a Canadian medical school: a prospective cohort study](#).<sup>10</sup> The authors examined the proportion of applicants with different abilities, sexual orientations, and gender and racial identities at each stage of the medical school application process.

[Selection of international medical graduates into postgraduate training positions in Canada. Who applies? Who is selected?](#) by Schaborn and Van Gerven<sup>11</sup> looked at current application and matching trends for International Medical Graduates seeking postgraduate positions in Canada through CaRMS. Factors such as graduation year and geographic area of medical school affected matching rates.

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

[How to be a good clerk on the clinical teaching team: a scoping review](#) by Jordan Lively and co-authors<sup>12</sup> examined how medical clerks support clinical teaching teams. Through their scoping review, the authors identified key themes such as the importance of good communication and building rapport and trust among teammates.

Elizabeth Kliska and team's study, [Scoping review of current challenges and circumstances impacting Indigenous applications to Canadian medical schools](#),<sup>13</sup> reviewed Canadian medical schools' Indigenous admissions processes and explored barriers Indigenous applicants face. They found that Indigenous medical school applicants still face continued applicant barriers in Canada.

### Black Ice

[Six ways to get a grip on patient and family centered care during the undergraduate medical years](#) by Krista Baerg and co-authors<sup>14</sup> gave practical tips for educators to help undergraduate medical students develop skills and knowledge that support patient and family-centered care. Their tips, such as creating space for students to connect

with patient and family partners, aimed to help health systems continue to increase patient and family engagement.

### You Should Try This

[A student-led clerkship primer: a near-peer orientation to clerkship](#) by Zhao, Shirazi, and co-authors<sup>15</sup> discussed the implementation of a Near-Peer Teaching (NPT) initiative. The initiative, aimed at easing the transition between pre-clerkship and clerkship, involved an interactive session covering clinical responsibilities and etiquette while offering rotation-specific advice. The clerkship primer received high student satisfaction, suggesting its potential as a valuable addition to undergraduate medical education.

Beatrice Preti and team wrote, [The oncology ribbon of reflection: a novel tool to encourage trainee self-reflection](#).<sup>16</sup> They outlined a self-guided tool for reflecting on emotionally challenging clinical oncology situations.

[An evaluation of a Transition to Foundations curriculum for first year pediatric residents in Competency Based Medical Education](#) by Mazze et al.,<sup>17</sup> presented a Transition to Foundations curriculum which utilized virtual simulations led by senior residents to prepare first-year pediatric residents for increased roles during the Foundations of Discipline stage in Canadian pediatric residency programs.

[Using reflective writing to enhance empathy among medical students](#) by Hashim et al.,<sup>18</sup> studied whether reflective writing about patient care experiences nurtured compassion among medical students. The authors contended that writing about patient care experiences may enhance perspective-taking as it led to strong emotional responses about patients and healthcare.

### Commentary and Opinions

Sanya-Isijola and Leung's commentary, [ChatGPT: bridging the gap on mentorship for International Medical Graduates in low enrolment specialties](#),<sup>19</sup> Sanya-Isijola shared his personal experience in using ChatGPT to aid his personal development and transition during the initial months of residency training when he was unable to get a mentor in his field.

Desy and team's commentary, [Giving partial credit during a multiple-choice question assessment reappraisal does not make the assessment process fairer](#),<sup>20</sup> addressed how to handle the situation in which students try to argue for additional marks when they feel their incorrect responses deserved to be at least partially rewarded.

Huang and Kam's commentary, [Humanism in Canadian medicine: from the Rockies to the Atlantic](#)<sup>21</sup> used narrative and personal stories to emphasize the need for humanism and the simple act of listening within the Canadian medical context.

Hashemi-Sabet and Leung wrote their commentary, [Equity-driven MCAT prep: a ChatGPT advantage](#) to describe their experience using ChatGPT for MCAT preparation.<sup>22</sup> They praised its use as an effective and inclusive opportunity for a more comprehensive preparation strategy for aspiring medical professionals.

The commentary, [Broadening relevance and representation in global health medical education research: centring context, content, and voice](#) by Wondimagegn and team<sup>23</sup> responded to a previously published research paper by Pritchard and colleagues entitled, [Global health competencies in postgraduate medical education: A scoping review and mapping to the CanMEDS physician competency framework](#).<sup>24</sup> Their commentary began by commending Pritchard et al. for acknowledging the absence of the perspectives of low- and middle-income countries in discussions about global health competencies. They called for increased collaboration between high-income and low-income countries to address power imbalances in global health education.

The commentary, [The case for centralization of academic accommodations in undergraduate medical education](#), by Clarke and co-authors,<sup>25</sup> advocated for a centralization and standardization of the academic accommodations processes for medical students with disabilities. Clarke and team noted that standardization and centralization would benefit students and medical schools by reducing time investment in processing accommodation requests.

### Letters to the Editor

Re: ["Investigating the experiences of medical students quarantined due to COVID-19 exposure"](#) by Wiwanitkit and Wiwanitkit<sup>26</sup> commented on Han et al.'s previously published study<sup>27</sup> of medical students quarantined due to COVID-19 exposure. The authors noted that Han's study could benefit from addressing limitations such as low response rates.

Neufeld's letter, ["A few suggestions based on 'The Choice! The challenges of trying to improve medical students' satisfaction with their specialty choices,'"](#)<sup>28</sup> responded to Davis et al.'s review<sup>29</sup> concerning residency matching, and the need to better understand the choice to mitigate career regret. Neufeld provided suggestions for supporting

future physicians and helping them make informed career choices.

### Images

The image and accompanying commentary, [Medicine's digital revolution](#), by Antonio Yaghy<sup>30</sup> addressed the role of digital technologies like telemedicine and AI in enhancing healthcare delivery and education.

[Well-being](#) by Hundal<sup>31</sup> is a digital image that portrays the importance of self-care in a healthcare setting. This image is the cover artwork for this issue.

### Enjoy!



**Marcel D'Eon**

*CMEJ Editor-in-Chief*

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