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Marcel D'Eon

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Editorial

Thank you to all our supporters, reviewers, authors, readers, and more

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I am part of a small faculty development team at the Medical College of Georgia. We meet weekly with few exceptions. At the end of each meeting, as a part of our discipline to become a highly functioning team, we express appreciation in turn so each is appreciated once and expresses appreciation to one other team member. We focus on a specific contribution made at that meeting (or in general). More of our teams need to incorporate this practice into their meetings.

In my 51 years of being in the workforce, I have often lamented how little we show genuine appreciation for the contributions of our colleagues (whether we "like" them or not). There seems to be much more complaining and criticism, otherwise known as unproductive venting. We know that the collegial approach works better and that complaints and negativity can create a toxic workplace. (Think Aesop's Fable about the sun and the wind!) We need to act on the best evidence available and show appreciation more often for more people.

This editorial is the time to show appreciation publicly for the many people and bodies who have contributed to the success of the CMEJ. They all make important and necessary contributions to the CMEJ.

It is impossible to list them in a rank order of some kind as we might do for authors of a paper. We all work together as an integrated team; if one were missing, the CMEJ slows down or shuts down. Thus, I will use the conventional and arbitrary alphabetical order. However, to honour those who move against the flow, who disrupt our ways of being, and who suggest new ways of thinking, I will use reverse alphabetical order. Creativity is important to any organization, and if the CMEJ has been anything, it is creative.

Social Sciences and Humanities Research Council of Canada: Three years ago, we applied for and received a grant from their Aid to Scholarly Journals fund. This grant allowed us to expand to six issues a year, begin two research projects (reviewer and author satisfaction studies), celebrate our 10th anniversary, and translate all our titles and abstracts into both official languages. Again this cycle, we successfully obtained the SSHRC grant that will give us financial security for at least three more years and allow us to begin other special projects. We are very thankful for such a grant and what it will enable us to accomplish.

Staff: Dr. Jennifer O'Brien has been working with me for the CMEJ since I assumed the role of Editor-in-Chief in 2014. She helps keep us organized, innovates our processes, and helps screen our submissions where there are no section editor teams. Ms. Heather Hickey is our production manager, copyeditor, and IT Department. We could not function as well or as efficiently without their expert support and contributions.

Reviewers: We certainly could not have a peer-review process if there were no peers to review. Our reviewers voluntarily contribute to the advancement of knowledge and the profession by giving generously of their time and talents to screen and improve the quality of the submission that we receive.

Open Journal Systems (OJS): We used OJS software for managing and publishing our journal. The platform, as well as the OJS support team through the University of Calgary, are instrumental in ensuring immediate open access to our content.

Management Board: This body is in the process of formalizing their role and constitution. This dedicated group of national leaders oversees the operational aspects of the CMEJ and appoints the Editor-in-Chief. They represent the Royal College of Physicians and Surgeons of Canada, The Medical Council of Canada, The College of Family Physicians Canada, The Canadian Association of Medical Educators, The Association of Faculties of Medicine Canada, and include prominent medical educators who serve as advisors.

Editors: Our editors, also volunteers, conscientiously manage and oversee the peer-review process. They carefully read, analyze, and manage the papers assigned to them. They thoughtfully select reviewers and consider their comments and recommendations when communicating with authors. Their work, too, is essential to the success of the CMEJ. All our editors are members of the Editorial Advisory Board.

Editorial Advisory Board: We meet periodically throughout the year to look ahead, innovate, and solve problems that arise. This is not only our academic decision-making body but also one of the centres of creativity and innovation. This body is the intellectual engine of the CMEJ.

With that, here are articles that came to publication through the many hands at the CMEJ.

Major Contributions

Teaching poverty and health: importing transformative learning into the structures and paradigms of medical education by Carrie Cartmill and team[1] described a workshop that included a health professional tutor with lived experience of poverty. Their workshop aimed to highlight equity and social justice issues through discussion and dialogue with the lived experience tutor. They concluded that the voices of marginalized persons must be recognized and represented in course curricula.

Paying the price? Academic work and parenting during COVID-19 by Jennifer Protudjer and team[2] studied the mental health impact on medical students and faculty while working/studying remotely and caring for children learning remotely during the COVID-19 pandemic. Their results showed COVID-19 public health orders disproportionally affected the mental health of women scholars who have young children. Their study showed the need to make mental health a societal issue to retain women with young children in the health sciences field.

Multi-source feedback following simulated resuscitation scenarios: a qualitative study by Chaplin et al.[3] used multi-source feedback by comparing the assessment rationale of attending physicians, registered nurses, and resident peers in a simulation-based resuscitation curriculum. Their results showed different areas of focus for each assessor group. For example, feedback from nurses focused more on patient-centred care, whereas the attending physicians focused on the medical expert theme. These different perspectives offered a more holistic assessment of resuscitation skills.

Juan Pimentel and co-authors wrote A co-designed curriculum for cultural safety training of Colombian health professionals: sequential-consensual qualitative study.[4] They addressed intercultural conflicts in clinical practice and designed a curriculum for cultural safety training. Their curriculum included the importance of listening and learning from patients' traditional practices. While their curriculum focused on medical education in Colombia, their process, design, and implementation could be used in other countries.

Brief Reports

The effects of COVID-19 on Canadian surgical residents' education and wellness by Alam and co-authors[5] studied the impact of the pandemic on surgical residents' education and mental well-being by comparing health habits before and during the pandemic. Their survey showed that the COVID-19 pandemic had an overall perceived negative effect on both education and resident mental health.

Review Papers and Meta-Analyses

Attributes of excellent clinician teachers and barriers to recognizing and rewarding clinician teachers' performances and achievements: a narrative review by Wondwossen Fantaye et al.[6] presented a narrative review that identified the attributes of excellent clinician teachers, and the barriers clinician teachers face in receiving recognition. While they found a lacking of papers on the topic outside of the US context, their results still showed a variety of attributes for excellent clinical teaching, such as providing good feedback and supervision. On the other hand, the barriers included qualities such as having unclear criteria and unreliable evaluation metrics.

Black Ice

Eight ways to get a grip on intercoder reliability using qualitative-based measures by Cofie and team[7] argued that it is possible to develop a qualitative-based measure of intercoder reliability while maintaining consistency in the coding process. They presented eight process-based guidelines for evaluating intercoder reliability in qualitative research. Their practical and experienced guidelines, such as including at least two coders, are meant to guide researchers across the continuum.

Seven ways to get a grip on preparing for and executing an inclusive virtual multiple mini interview by Carolyn Melro and co-authors[8] provided practical tips for taking a virtual approach to conducting multiple mini interviews. Their seven tips, such as encouraging schools to offer technological support for the interviews, ensure medical schools address equity concerns resulting from the transition to a virtual format.

In their article, Five ways for facilitators to get a grip on small group learning, D'Eon and Zhao[9] described the five elements of cooperative learning: positive interdependence, promotive interaction, group and individual accountability, interpersonal and small group skills, and group processing. They maintained that the way to a successful small group is by incorporating these five elements into each small group.

Canadiana

Accelerating the implementation of planetary health medical curricula to prepare future physicians to work in a climate crisis by Affleck and team[10] commented on the need and opportunity for integration of planetary health education within the medical education curricula. They identified areas of essential education, such as sustainable healthcare and additional climate change lectures in the clinical training years. They asserted that implementing planetary medical education will allow future physicians to provide environmentally conscious care.

You Should Try This!

Making connections: exploring residents' perspectives on a virtual World Café as a novel approach for teaching Indigenous health issues by Joanne Laine-Gossin and co-authors[11] adapted the World Café method of small group sharing to an online platform. They used this platform to engage in conversations about Indigenous healthcare. They found that the virtual World Café platform created a safe environment for peer-to-peer learning.

In Gauging reflective practices of paediatric residency candidates through a multiple mini interview station,[12] van Mil and co-authors designed a multiple mini interview (MMI) station to identify residents with an accurate self-assessment and growth mindset. The station prompted applicants to reflect on their performance and provide a self-assessment. The results provided insight for applicants who lack skills in self-reflection.

Commentary and Opinions

The accessibility of virtual residency interviews: the good, the bad, the solutions by Julia Hanes and team[13] offered solutions to the novel concerns and barriers associated with virtual residency interviews for students with disabilities. They noted that while the elimination of travel-associated stressors is beneficial to the students, new concerns stem from the online format, such as difficulties with screen-sharing for those with low vision. They concluded that improved accessibility practices in the interview process would allow high-quality applicants regardless of disability status.

The Association of Faculties of Medicine of Canada Student Elective Diversification Policy: perspectives in ophthalmology by Anne Xuan-Lan Nguyen et al.[14] outlined the Association of Faculties of Medicine of Canada (AFMC) policy to cap any single, entry-level discipline, such as ophthalmology. They noted that applicants to surgical specialties, like ophthalmology, have higher rates of match failure than in other fields. Nguyen et al., therefore, applauded the effort to provide a more balanced and well-rounded medical education for Canadian students. They acknowledged that students get to explore multiple specialties without appearing to lack commitment to their specialty of choice.

Adam Neufeld provided A commentary on "Medical student wellness in Canada: time for a national curriculum framework."[15] He added to the previously published Bourcier article, "Medical student wellness in Canada: time for a national curriculum framework,"[16] to address the issue of student distress in medical education. While he lauded the CFMS wellness curriculum framework as the best available, he contended that individual-based approaches to wellness treat symptoms rather than the root causes of medical student distress.

Conferences

We published the Canadian Conference on Medical Education 2022 abstracts.[17] The CCME conference was held April 23rd-26th, 2022 in Calgary, AB. This year the theme was

"Unlearning and relearning: reinvigorating self and system in times of renewal."

Images

Our cover image is Arscience 2.0 by Rachelle Lee-Krueger.[18] Lee-Krueger used Chinese painting as the medium to reflect her journey to becoming a medical educator and researcher.

Enjoy!

Marcel D'Eon, MEd, PhD

Editor, CMEJ

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