

The CMEJ in phases: closing out 2024, closing in on 2030 Le CMEJ en phases: Finir avec 2024, se rapprocher de 2030

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Welcome to our final issue of 2024 and the completion of our 15th year of operation! We have much to celebrate. We had great yet unfulfilled plans for a 10-year celebration at the Canadian Conference on Medical Education in April 2020, and we all know what happened then. However, in 2025, at the International Congress on Academic Medicine (<https://icam-cimu.ca/#eventdetails-program>), you will see a lot of the CMEJ. Again, this year, we present the “Top Articles from the CMEJ.” It was very successful last year, the first time we ran that event.¹ In addition, we will have a highly visible display where you can meet some of our editors and learn more about the CMEJ. When picking up your registration package, you may also snag a physical handout with some interesting facts about the CMEJ, and the abstracts of the articles highlighted at our “Top Articles” session (so that you may read up ahead of time).

Welcome also to the next five years of the CMEJ's contributions to medical education here in Canada and internationally! With 15 years of history as a player in medical education, we are looking ahead to the next five and how we might continue to lead and bring greater insight and innovation to our readers.

I call the first five years of the CMEJ Beginnings. Under the leadership of the founding Editor-in-Chief, Claudio Violato, and Deputy Editor, Tyrone Donnon, the CMEJ was organized and launched,² publishing two issues each year from 2010 through 2013.

The following year, 2014, saw the retirement of Dr. Violato and the start of my tenure as Editor-in-Chief. This period through 2019 can be characterized as Expansion. We grew to publish four issues a year regularly. Our editorial team

expanded so that now we have 22 section editors and four consulting editors from coast to coast. Our funding changed from a series of small grants to the more stable and substantial SSHRC Aid to Scholarly Journals, providing about \$30,000 a year over three years. We will apply for our third such grant in September 2025 for funds awarded in March 2026.

These last five years, I call Maintenance, but there was also much growth. We reorganized our editors into Section Teams and have established a Management Board with voting members from AFMC, CAME, CFPC, and MCC. AFMC became the official administrator of our SSHRC funds and provides financial and administrative support that allows me to focus on editorial responsibilities. Article downloads grew from almost 13,000 in 2019 to over 87,000 in 2023, close to a seven-fold increase. The number of times our papers were cited grew from 412 in 2019 to around 1100 in each of the years 2021 through 2024, an increase of more than two and a half. The CMEJ has come a long way in 15 years.

What does the future hold? What we are planning is a period of Strengthening. We are embarking on a QI plan based on our key goals. Some of the likely projects are applying to the Web of Science for indexing, honing our peer review processes, and systematizing our editor training, both basic and advanced. We may also be looking for a new Editor-in-Chief. One thing seems certain: based on past performance, we will continue an upward trajectory, delivering valuable research and insight and building up the medical education community at all levels and regions, especially in Canada.

Now on to those articles in this issue that help us fulfill that mission!

Original Research

[Creating a national breastfeeding and lactation policy for Canadian surgical residents](#) by Larissa Rogowsky and team³ explored existing breastfeeding and lactation policies and found gaps in lactation space, break times, and support. The authors proposed a policy that aims to better support Canadian surgical residents in achieving their breastfeeding goals.

[Reduced time spent with patients and decreased satisfaction in work during COVID-19 pandemic](#) by Paige Gurizzian et al.⁴ studied whether less time with patients at correlated patients' satisfaction and physician well-being. They authors found that although the reduced bedside time was associated with decreased physician vitality, it did not affect patients' satisfaction.

[A case study: exploring the impact of 3D printed models on cognitive integration during clinical skills training](#) by Lisk and Cheung⁵ explored the use of 3D printed models in clinical skills training. They found that using 3D models improved classroom interactivity and anatomical visualization.

[Trends in female applicants to Canadian ophthalmology residency programs from 1998-2020](#) by Heather McDonald and co-authors⁶ evaluated gender representation trends in Canadian ophthalmology residency programs. While the proportion of female applicants and successful matches has increased, the trend has plateaued in recent years. The authors highlighted the need for further research to address potential barriers and residual gender biases.

[Perception des retombées d'une activité de formation des étudiants en médecine au sein d'organismes communautaires](#) by Gottin and team⁷ examined the impact of mandatory community service-learning (CSL) activities on medical students and community organizations. The author found that experiencing various socio-economic contexts enhanced students' understanding of social vulnerability and the role of community organizations in supporting vulnerable populations.

Brief Reports

[Resident perceptions of learning challenges in concussion care education](#) by Kam et al.⁸ explored how learners perceive and experience concussion education to better understand the underlying challenges in the learning process.

[Use the right words: evaluating the effect of word choice and word count on quality of narrative feedback in ophthalmology competency-based medical education assessments](#) by Rachel Curtis and team⁹ looked at how the words used in feedback for trainees affect the quality of feedback. They found that using certain coaching words led to better feedback quality, suggesting that word choice can improve how feedback is received.

The report, [Evaluating the Dear MD to Be Podcast as an Equity, Diversity and Inclusion resource: a cross-sectional survey analysis](#) by Kherani and co-authors¹⁰ assessed a medical podcast as a tool for providing EDI knowledge and mentorship. The findings revealed that listeners valued the podcast as an effective medium for accessible, equity-centered mentorship and enhancing learner safety.

Reviews, Theoretical Papers, and Meta-Analyses

[Virtual patients with substance use disorders in healthcare professional education: a scoping review](#) by Morvannou et al.¹¹ highlighted the limited use of virtual patient simulations in training for substance use disorders, despite their cost-effectiveness for training health professionals. The scoping review found that virtual simulations have good acceptance and yield positive learning outcomes. The authors recommend diversifying clinical scenarios to further enhance training outcomes.

Canadiana

Sugumar, Seeburruth, and co-authors shared success stories from "first-in-family" medical school applicants in [Overcoming adversity: the resilience of first-generation medical school applicants](#).¹² Their stories shed light on the unique challenges faced by "first-in-family" medical school applicants to inspire future applicants and advocate for improvements in the medical education system.

You Should Try This!

[Suicide prevention skills training in pre-clerkship medical students: a pilot study](#) by Zeeman and team¹³ outlined a pilot study that trained pre-clerkship medical students in suicide prevention to help them recognize, offer support, and intervene in mental health crises. Participants endorsed integrating this training into the medical curriculum without viewing it as a significant burden.

[The Psychiatry Information Card: a pocket resource to assist students' transition into psychiatry clerkship](#) by Rahman and co-authors¹⁴ detailed the creation of tool designed to improve medical students' confidence and

knowledge during psychiatry rotations. With a 90% recommendation rate and positive effects on learning, it is both a valuable and cost-effective resource that could be formally integrated into medical education curricula.

Commentary and Opinions

[Fairness in health professions selection: learning from organizational justice theory and a pandemic](#) by Leduc and team¹⁵ analyzed how the COVID-19 pandemic influenced the fairness of student selection into healthcare professions programs. The authors reflected on the challenges and benefits of virtual interviews compared to in-person ones and emphasized the need to monitor the perceived fairness in future selections.

[Beyond the classroom: enhancing graduate health professions education programs for non-clinicians](#) by Moreau and co-authors¹⁶ highlighted the key role of non-clinicians in health education and the challenges they face. The authors suggested adding community-service learning to help them gain experience and build networks to succeed in the field.

In Kinnear's commentary, [Time-variable training: the goal of competency-based education or a consequence?](#),¹⁷ Kinnear proposed that competency-based time-variable training should naturally follow the implementation of competency-based medical education; it should not be the focus.

Images

Oboli's [A light in the dark](#) is a digital image that portrays a student studying by nightlight.¹⁸ The AI-generated image depicts the perseverance and dedication needed in the journey through medical school. This is the cover image for this issue.

In [A visual approach to multimorbidity learning](#),¹⁹ Filipe Prazeres used AI to generate an image to illustrate the discomfort and the gap between education and the complexities of real-world care.

Works-in-Progress

Bazos and team's article, [Analysis of authentic assessment in health professions education: a scoping review and concept analysis protocol](#),²² outlines a proposed scoping review to clarify the concept of authentic assessment in Health Professions Education (HPE). Using the Arksey and O'Malley Framework and Rodgers' concept analysis, the authors aim to map existing literature, identify key attributes, and develop a framework to support its implementation.

Enjoy!



Marcel D'Eon

CMEJ Editor-in-Chief

References

1. D'Eon MF. Four influential recent Canadian Medical Education Journal articles presented at the International Congress for Medical Education. *Can Med Ed J.* 2024 May 1; 15(2):1-5. <https://doi.org/10.36834/cmej.79278>.
2. Violato C, Donnon T. A New Journal in Medical Education: The Canadian Medical Education Journal. *Can Med Ed J.* 2010 Mar. 13;1(1):e1-e3. <https://doi.org/10.36834/cmej.36532>
3. Rogowsky L, Ziolkowski N, Innis J, Grant Buechner A, Springall E, Dengler J. Creating a national breastfeeding and lactation policy for Canadian surgical residents. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.78114>.
4. Gurizzian P, Hackenberger J, Shaker V, et al. Reduced time spent with patients and decreased satisfaction in work during COVID-19 pandemic. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.78773>.
5. Lisk K, Cheung JJ. A case study: exploring the impact of 3D printed models on cognitive integration during clinical skills training. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.78564>.
6. McDonald HM, Cote SL, McMillan A, Sharan S. Trends in female applicants to Canadian ophthalmology residency programs from 1998-2020. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.77587>.
7. Gottin T, Foley V, Petit G, Valois C, Loignon C. Perceived effect of a training activity for medical students in community organizations. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.76842>.
8. Kam A, Lam T, Chang I, Huang RS, Fernandez N, Richardson D. Resident perceptions of learning challenges in concussion care education. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.78016>.
9. Curtis R, Moon CC, Hanmore T, Hopman WM, Baxter S. Use the right words: evaluating the effect of word choice and word count on quality of narrative feedback in ophthalmology competency-based medical education assessments. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.76671>.
10. Kherani IZ, Osei-Yeboah C, Bushra M, et al. Evaluating the Dear MD to Be Podcast as an Equity, Diversity and Inclusion resource: a cross-sectional survey analysis. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.76112>.
11. Morvannou A, Allami Y, Jobin EY. Virtual patients with substance use disorders in healthcare professional education: a scoping review. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.78344>.
12. Sugumar V, Seeburruth D, Zhou S, Noone D, Bilimoria K. Overcoming adversity: the resilience of first-generation medical

- school applicants. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.79341>.
13. Zeeman M, Chow J, Goldstein C, Lewis M. Suicide prevention skills training in pre-clerkship medical students: a pilot study. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.78790>
14. Rahman H, Shokar A, Alaverdashvili M, De Souza D. The Psychiatry Information Card: a pocket resource to assist students' transition into psychiatry clerkship. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.79374>
15. Leduc J-M, Razack S, Dennis A, Gröne O, Knorr M. Fairness in health professions selection: learning from organizational justice theory and a pandemic. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.78810>.
16. Moreau KA, Giroux C, Eady K. Beyond the classroom: enhancing graduate health professions education programs for non-clinicians. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.80176>.
17. Kinnear B. Time-variable training: the goal of competency-based education or a consequence? *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.80178>.
18. Oboli VN. A light in the dark. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.80093>.
19. Prazeres F. A visual approach to multimorbidity learning. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.80116>
20. Bazos E, Quaiattini A, Young M. Analysis of authentic assessment in health professions education: a scoping review and concept analysis protocol. *Can Med Ed J.* 2024;15(6). <https://doi.org/10.36834/cmej.79812>.