

Canadian Medical Education Journal

Editorial

A New Journal in Medical Education: The *Canadian Medical Education Journal*

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We are proud to bring you the inaugural issue of the *Canadian Medical Education Journal*. While we embarked on this adventure with some trepidation a couple of years ago, we are very pleased to launch this initiative. The trepidation has come from the many challenges of starting a new journal. These include establishing an editorial board, the need for high quality submissions of manuscripts, seeking help from expert peer reviewers, and the work required for manuscript selection, preparation and distribution of the issues of the journal as well as the need for resources, time and finances. Notwithstanding, we are pleased to present the first issue of the CMEJ.

Scope and Focus

As we have said in our description of the scope and focus (www.cmej.ca), the *Canadian Medical Education Journal* is an online, open-access peer-reviewed journal exploring new developments and perspectives in the field of medical education from premedical to postgraduate and continuing medical education. We intend to publish research that focuses on the quantitative and qualitative aspects of prominent issues in the education, training and maintenance of health care professionals. Furthermore, the journal provides a forum for discussion specific to the challenges faced by medical education practitioners in Canada and

internationally. Research in areas related to medical education including psychology, psychometrics, sociology, anthropology, linguistics, economics and other sciences is welcome. The target audience includes medical and medical education researchers and scholars, practitioners and professionals, universities and their students.

Growth of Medical Education Scholarship and Research

Medical education professionals and departments of medical education have become essential components for medical schools in the modern era.¹ The need for medical education research and scholarship is based on increased expectations and changes in society, education and medicine. The expanding field of medical education is due to a number of factors including 1) increased professionalism of healthcare professionals, 2) educational developments that require sophisticated medical teachers, 3) advances in how to teach and educate physicians, 4) increased accountability of physicians and other healthcare professionals, and 5) the need to educate more physicians without more resources.² The activities of medical education scholars and researchers are becoming increasingly sophisticated requiring a broad range of skills and competencies.³ The results of this scholarship and research require dissemination in peer reviewed journals.

Medical education research has been expanding rapidly in Canada in the last decade. Some expanded centres of such activities are at McGill, University of Ottawa, Queens, and McMaster, while new centres have been established at the University of British Columbia, University of Western Ontario and the University of Alberta. At the University of Calgary, the Medical Education and Research Unit has been growing for the past 10 years. Among other activities of basic research and publication, we have a thriving graduate education program producing Masters and PhD degrees in medical education. These graduates are, in turn, conducting sophisticated medical education research.^{4,5,6,7}

Imperatives for Future Change

Further change in medical education is likely in the near future. The recent report by the Association of Faculties of Medicine of Canada, the *Future of Medical Education in Canada*⁸ and the Carnegie Foundation's soon to be released report, *Educating Physicians: A Call for Reform of Medical School and Residency*,⁹ both urge change in many aspects of medical education. These include improvement in the selection and screening of medical students, improvement in curriculum and learning contexts, building on the scientific basis of medicine and medical education itself, improving collaborative patient centered care, and standardizing learning outcomes through assessment of competencies. In addition there is an urgent need to educate medical teachers in the art and science of teaching and assessment, to help them maintain professionalism, and to provide institutional support for medical teachers. Medical education practitioners and researchers, as well as educational leaders such as Deans, Directors and Department Heads, therefore, face enormous challenges in addressing even a few of these imperatives.

All of this increased activity in Canada (and elsewhere) has led to the need for a homegrown journal in which to share scholarship, research findings and innovations. We believe that the *Canadian Medical Education Journal* fulfills such a need. Although focused in Canada, we invite scholars and researchers from all over the world to submit their work to the CMEJ. In this first issue we include research from Canada, the United States, Denmark and Vietnam.

Issue 1, Volume 1

In this inaugural issue we have five major contributions or research articles and two brief reports. McLaughlin, Novak, Rikers and Schmidt assessed the "think aloud protocols" of first year medical students and established nephrologists who were asked to solve clinical problems and to select the most likely diagnoses. They found that while both students and nephrologists applied a similar number of relevant biomedical concepts for each case, the nephrologists had a better diagnostic performance. McLaughlin *et al.* concluded that improvement in biomedical knowledge should improve students' performance. This may not be the case for experienced physicians, however, because clinical experience makes them less reliant on biomedical knowledge when diagnosing.

Lundh and Gøtzsche from the Nordic Cochrane Centre in Copenhagen studied the sponsorship of medical textbooks by drug and device companies. They found that 11 of 71 medical textbooks (15%) written in Danish were sponsored. Lundh and Gøtzsche expressed concern that this may lead to commercial influences on particularly vulnerable medical students who have little or no knowledge of commercial biases in publication and generally believe what they read in textbooks. It will be interesting to expand and replicate this study to evaluate the impact of such potential biases in English language medical textbooks. Lundh and Gøtzsche argue that if textbooks are sponsored, they should adhere to the same principles regarding transparency and editorial independence as do journal articles.

In a needs assessment of resident teaching skills, Lacasse, Routhier, LeBlanc, Théorêt, Glenn and Ratnapalan compared the perspective of residency program directors, residents and medical students from the Faculté de médecine de l'Université Laval in Quebec City. They found that compared to residents' preferences, medical students and program directors showed some discrepancies on the optimal format and content of residents' teaching-skills training. Lacasse *et al.* concluded that students and program directors as well as residents be consulted locally in any revisions of residents' teaching curricula.

Vo Thanh Nhan employed a large sample ($n = 856$) of first through sixth year medical students at Ho Chi Minh City University of Medicine and Pharmacy to study the learning styles of Vietnamese medical students. In the

factor analytic study of the 100-item *Vermunt's Inventory of Learning*, Vo Thanh Nhan found four cohesive and theoretically meaningful factors (learning styles). These learning styles of Vietnamese medical students were relatively similar to other Asian students, but were somewhat different from European students. Vo Thanh Nhan believes that this has implications for curriculum renewal in Vietnamese medical schools and student learning.

In a provocative study, Page and Baranchuk from Queens University, raise the question "Should Canadian medical schools implement a widespread 3 year medical curriculum?" They employed both data from the Association of Faculties of Medicine of Canada and the Association of American Medical Schools, and a review of previous studies. Page and Baranchuk concluded that there are several potential benefits (e.g., financial) but also some drawbacks that need to be considered in moving to widespread 3 year curricula. Both the University of Calgary and McMaster University are good examples of successful 3 year medical schools. Should this model be expanded to all other medical schools? There may be some compelling reasons to do so.

Finally, we are publishing two brief reports in this first issue. The first by Akins and Ho conducted at the Center for Advanced Teaching and Assessment in Clinical Simulation in Texas is a succinct presentation of the efficacy of a commercially available heart sound simulator in teaching cardiac auscultation to students and residents. From their findings, Akins and Ho suggested that simulations for teaching cardiologic auscultation should be used with students as a preparation for auscultation for live patients. Residents can similarly benefit with digitally simulated heart sounds.

Bollegala, Garfield, Scott, Wright, Brennis, Atenafu and Feldman studied the effect of clerkship pediatric rotation either in the community or at the Academic Health Sciences Centre employing 340 medical students from the University of Toronto. The community based students received higher clinical evaluations than the Centre students but no differences in examination marks or written assignments. The setting had no impact on successful matching to a Canadian pediatric residency program. Bollegala *et al* concluded that their results support a community setting for clerkship training in pediatrics and support distributed medical education in general.

Conclusions

The increased activity in medical education research and scholarship in the past decade supports the development of a new medical education journal. Therefore, we have launched the *Canadian Medical Education Journal* as a new forum for the dissemination of work from researchers in Canada and internationally. We feel that the first issue represents a positive start and we invite scientists, researchers and scholars from the international community to submit their work to the CMEJ. We also welcome feedback and input in the form of letters, comments or articles.

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