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IN THIS ISSUE

In this issue, we are pleased to feature 13 articles that showcase the scope and diversity of scholarship in our journal.

Original Research

[Understanding gendered experiences in academic health sciences: a grounded theory study on leadership and continuing professional development](#) by He and co-authors explored how gender influences leadership in the health sciences, with a focus on continuing professional development (CPD). The authors found that support systems, mentorship, and a lack of conversation around gender challenges shaped how leaders engaged in CPD.

Vetere and team's [Developing a national competency framework for pediatric hospital medicine in Canada using the Delphi method](#) aimed to fill gaps in Canadian fellowship programs by defining the scope of practice and training expectations for pediatric hospital medicine.

Barker and team's study, [Providing a safety net: a qualitative study on supporting medical students during goals of care discussions](#), explored senior medical students' experience with goals of care discussions during clinical training. They found that supportive supervision and familiarity with patients helped students feel more confident, thus highlighting the importance of involving students in difficult conversations.

Scientific Reports

Roze des Ordons and team's report, [Resident-focused trauma-informed medical education policies: an environmental scan of Canadian medical schools and partner organizations](#), found that none of the 18 Canadian medical schools or 42 partner organizations had specific policies labelled as "resident-focused trauma-informed medical education." The authors advocated for dedicated policies to better support resident physicians and the psychological impacts of trauma.

[The development of two Point of Care Ultrasound stations for Objective Structured Clinical Examinations in undergraduate medical education](#) by Good and co-authors developed and tested two ultrasound-based Objective Structured Clinical Examination stations for medical students. They found the assessment tools were consistent and reliable across raters, supporting their use for evaluating student skills and informing POCUS training.

[Implementation of virtual primary care: a comparative study of family medicine residents' experiences](#) by Okpalauwaekwe and team examined Family Medicine residents' experience with virtual care during and after the COVID-19 pandemic in Saskatchewan. They found declining satisfaction and confidence in using virtual despite stable supervision.

Reviews, Theoretical Papers, and Meta-Analyses

[Engaging intersectionality in medical education](#), by Eze et al., explored integrating intersectionality into medical education to address bias in the hidden curriculum, improve cultural competence, and prepare physicians to deliver patient-centred care.

You Should Try This!

Shah and co-authors in [Save Our School: an educational game made with Gimkit Creative](#), presented their quiz-based game designed as a tool for educators to boost engagement and conduct formative assessments.

[Heartful Visits: a volunteering program to enhance student interpersonal skills and reduce patient isolation through non-clinical encounters](#) by Zekraoui and team outlined a program in which students provide conversation, companionship, and emotional support for patients.

[A novel anatomy and ultrasound curriculum improves physiatry resident confidence with ultrasound-guided musculoskeletal and spasticity procedures](#) by Peltonen and team presented a new training program that combined hands-on labs and workshops to help physiatry residents become more competent and confident in performing ultrasound-guided procedures.

Commentary and Opinions

[Innovating medical education: the integration of entrepreneurship education in medical curricula](#) by Olaoluwa and Ilesanmi contended that doctors need entrepreneurial skills to address the complexity of today's healthcare systems. They suggested teaching entrepreneurship in medical school so future physicians can improve healthcare delivery while maintaining ethical standards.

Letters to the Editor

The letter [Choosing wisely in medical education: recognizing the role of STARS](#) by Campbell and McDermott responded to Sadeghighazichaki's Commentary, [Choosing wisely in medical education: bridging the gap between clinical care and managerial mindsets](#), highlighting that student-led resource stewardship is already supported through the national Choose Wisely Canada initiative, Students and Trainees Advocating for Resource Stewardship (STARS).

Acosta-Batista's letter, [Beyond clinical skills: assessing prudent ethical competence for underserved populations](#), praised Wu et al.'s [Clinical skills boot camp in a program to train healthcare professionals to provide primary care to underserved communities](#), but suggested that there also needs to be rigorous measures of ethical judgment to prepare trainees for the complex realities of primary care in inequitable settings.

Enjoy!