Canadian Medical Education Journal
Revue canadienne de l'éducation médicale

Another CMEJ experiment: Teams of editors manage a section
Une autre expérience de la RCME : des équipes de rédacteurs gèrent une section

Marcel D'Eon, Christina St. Onge, Maria Athina Martimianakis, Jennnifer O'Brien, Doug Archibald et Cindy Schmidt

Aller au sommaire du numéro

Découvrir la revue

Citer ce document

Another CMEJ experiment: teams of editors manage a section
Une autre expérience de la RCME : des équipes de rédacteurs gèrent une section

Marcel D'Eon,[1] Christina St-Onge,[2] Maria Athina Martimianakis,[3] Jennifer O'Brien,[4] Doug Archibald,[5] Cindy Schmidt[6]

[1]Medical College of Georgia, Augusta University, Georgia, USA; [2]Université de Sherbrooke, Quebec, Canada; [3]University of Toronto, Ontario, Canada; [4]Department of Anesthesiology, Perioperative Medicine and Pain Management, College of Medicine, University of Saskatchewan, Saskatchewan, Canada; [5]Department of Family Medicine, University of Ottawa, Ontario, Canada; [6]Office of the Provost, Kansas City University, Missouri, USA
Correspondence to: Marcel D'Eon; email: marcel.deon@usask.ca

The CMEJ is a young, fast-growing, mid-sized medical education journal. We have a short history of innovating quickly to build on opportunities and manage challenges. Within the last several months, building on our experiences with the position of Section Editor (SE), we have deliberately moved away from a single SE managing a section to instead, to small teams of SEs led by a Senior Section Editor. We have four of our five main sections managed by teams and are working to establish the fifth. This editorial describes our early encouraging experiences with this model integrated with what some literature in the field says about teams.*

Teams are groups of people who interact purposefully and often and who are and believe they are responsible as a unit for common outcomes.[1] Groups, on the other hand, are a collection of people who engage in similar activities primarily as individuals. There is no or little commitment to a common goal other than personal activities and success.[1] Clearly, teams are forms of groups with additional important characteristics, especially a common goal.

We considered the idea of Section Editor Teams (SETs) and began to implement it for many reasons. First, SEs were very busy with the volume and nature of the work. It took a great deal of effort for one volunteer SE to manage a section of our journal. We were concerned about fatigue and retention and had examples to nudge us forward. Second, we envisioned how a team might be better able to manage the work of a section. If one member of a SET was away on vacation, ill, or busy with other priorities other members could step up. Third, we believed in teams as a dynamic and effective way to design work. Teams held the promise of more engagement, better support, mentoring and coaching, and raising up future leaders.

As the SETs have evolved and met the inevitable challenges, many of the anticipated benefits have emerged. Since a small number of editors work entirely in one section, the workflow within the section is more regularized and systematic. The SEs are becoming more familiar with the flow of the tasks and are able to accomplish them faster and more skillfully. They have a sense of shared purpose and, they know what the others in their section are doing. The screening of submissions is more consistent as they discuss decisions among themselves. We presume that the internal reliability is becoming better and their judgements honed. The SEs know that they can reach out to another team member with specific expertise (in a particular methodology, for example) to help them make decisions. Their team members seem to be (and are) more accessible than the Editor-in-Chief. These are all positive impacts on the CMEJ. The literature in business and organizational behaviour supports many of these advantages.

Teams are associated with slightly higher labour productivity[2,3] and better products.[4] Teams have a small but significant relationship with performance and staff attitudes, such as empowerment.[3] Teams work better

and/or have better outcomes if complementary human resources policies support them, if they are purpose-driven and collaborative, have agile ways of working, and sustain a growth mindset. Teams do seem to give organizations several benefits especially if supported by other measures.

While we have seen some positive outcomes accrue to our organization and look forward to others, there are also potential drawbacks. While teams work well together, with fellow teammates, they do not always work as well outside the team, within the larger organization.[5,6] Several articles cautioned that teams do not automatically work well but they need to have a supportive environment.[3,5,6] We at the CMEJ already have structures in place to mitigate this weakness. We have monthly meetings of Senior Section Editors where we discuss progress and policy. We send a quarterly report to the entire group of editors and we meet at least twice a year. We need to use teams judiciously, for the right jobs, and skillfully in the right ways.

We have thought of other potential negative consequences of the SET model for which we need to be vigilant. The regular work at which SEs become familiar and faster might get boring. We must consider on-going skill development and job enhancements, including moving editors by mutual agreement to different teams. Due to a high level of commitment to the team, individual team members may take on more submissions than they can comfortably manage, resulting in fatigue and perhaps low retention. As we form the teams, some of them may be understaffed and be unable to live up to expectations with editors becoming discouraged and tired. We will continue to use regular communication and monitoring to support our editors. Teams are not a universal or easy fix for organizations or for the CMEJ.

The SETs at the CMEJ may eventually yield higher productivity, and we think we are already seeing positive effects on morale. We will grow and nurture our teams and team members but we have no hard data to confirm our observations or guide our actions. It should make us all cautious when we read in Allen & Hecht[7] that the faith in teams exceeds the evidence in support of them. Launching a study into the value, benefits, and downsides of SETs in the CMEJ will be an important next step forward.

We did not intend this editorial to be a thorough review of the literature on this subject. We encourage our readers, if they wish, to find more comprehensive treatments of this topic.

Major Contributions

Residents' transformational changes through self-regulated, experiential learning for professionalism by Janet de Groot and team[8] examined how residents identify professionalism challenges within the clinical workplace. Their study found that many residents experienced and described transformative personal and professional growth through addressing professionalism challenges.

"Get the DNR": residents' perceptions of goals of care conversations before and after an e-learning module by Leora Branfield Day and team[9] previously developed an online learning module for teaching residents a standardized patient-centered approach to goals of care conversations. They explored whether this module would mitigate the pressures of the "hidden curriculum" - the implicit set of expectations that contribute to the culture of medicine.

Développement et mise à l'essai du Guide de rétroaction francophone pour l'observation directe des résidents en médecine familiale au Canada by Lacasse and team[10] developed a francophone guide for documenting direct observation feedback in francophone Canadian family medicine programs. They tested the guide through a video simulation. Using qualitative content analysis, the authors determined that the guide was useful for equipping French-speaking Canadian supervisors and residents. This article is a French contribution.

Violato and team, in their study Conformity, obedience, and the Better than Average Effect in health professional students,[11] used hypothetical compliance vignettes to test whether health professional students expect that they would behave better than average in these scenarios. Based on the results of their study, students believed themselves to be less susceptible to conformity and obedience than peers. The authors determined that increased awareness of this self-assessment bias could promote patient safety by helping students avoid overestimating performance and increasing personal responsibility for practice outcomes.

Enseigner en situation de pandémie : La transformation de l'enseignement et de la supervision clinique by Dubé and team[12] documented the main changes that have occurred in the teaching of family medicine since the onset of COVID-19 through to adaptation to the second wave. They presented the issues encountered in our care and teaching practices during this time. This article is a French contribution.

Brief Reports

The effect of case nodes in problem-based learning on the length and quality of discussion: a 2x2 factorial study by Sheri Fong and co-authors[13] studied whether joint decision-making using case nodes enhanced problem-based learning discussions. Their results showed that case nodes increased both the length and depth of discussion. Inserting case nodes into problem-based learning cases would be a simple and easy application for educators to support cooperative learning.

Reading of the Week: a continuing professional development program for psychiatrists and residents that Osler would have liked by Gratzer and team[14] considered the value of sending summaries of the latest literature in psychiatric care to Canadian psychiatrists and psychiatry residents through a Reading of the Week email. They found that the email improved participants' understanding of psychiatry and informed their practice. Their program addressed the challenges of remaining "up to date" on current medical information.

Canadiana

In their article, High frequency of otolaryngology/ENT encounters in Canadian primary care despite low medical undergraduate experiences by Sorichetti and co-authors[15] found that 9% of adult visits and 29% of pediatric visits to Canadian primary care physicians were Ear, Nose, Throat (ENT) symptom-related. Due to the high prevalence, they called for increased ENT medical education for undergraduate medical students, residents, and primary care physicians.

"There's always something to talk about!" The unexpected benefits of going virtual in a Canadian diversity mentorship program by Ming Li and team[16] described some of the benefits uncovered from switching to an online format for their diversity mentorship program. For example, one-to-one online mentorship meetings from the comfort of one's own setting allowed for a safe space and a more relaxed experience. They concluded that the virtual format had great potential for mentoring medical students.

You Should Try This

Virtual breakout rooms: an effective approach to offer guidance to medical students on residency applications by Tali Filler and team[17] created a virtual space for medical students and residents to discuss the Canadian Resident Matching Service (CaRMS) process. They reported that the participants had a better understanding of the match process and reduced anxiety by using these spaces. Their

virtual framework can be adapted for other mentorship opportunities.

Jessica DeWitt and team, in Engaging medical education scholars with a Twitter conference on professionalism and professional identity formation,[18] described the first Twitter-hosted conference in medical education: "Peering into the Looking Glass": Professionalism and Professional Identity Formation in Health Professions Education (HPE)" (#MCGConf2021PIF). They found that Twitter was an affordable and easily accessible option for medical education conferences to supplement in-person events.

Energizing scholarly activity in a regional medical campus by Amanda Bell and team[19] described a program designed to increase learner and faculty engagement and productivity through the five pillars engagement, investment, education, tracking, and celebration. They concluded that their program could be used as a template for other regional teaching sites.

Commentaries and Opinions

Pareto distribution in virtual education: challenges and opportunities by Valkanas and Diamandis[20] applied Pareto's law of the vital few (or 80/20 rule) to their virtual education experiences during the COVID-19 pandemic. They found that only three or four of their videos were responsible for most of their channel's output (>80%).

Advancing mentorship opportunities of LGBTQ+ youth through a novel cascading mentorship and advocacy training model for medical students by Blatman and team[21] described an extra-curricular training mentorship program in which medical students mentor youth who are considered 'at-risk' while receiving mentorship by resident physicians. They encouraged similar initiatives for mentorship in other locations.

A call to advance mentorship in continuing professional development by Mitesh Patel[22] commented on the need to advance mentorship models and skills in continuing professional development. Patel maintained that advancing and evaluating mentorship models would improve job satisfaction and patient care.

Images

"Teamwork makes the dream work"- interdisciplinary team dynamics within the operating room by Luckshi Rajendran is the cover image for this issue.[23] Rajendran's sketch and commentary emphasized the importance of interdisciplinary communication and collaboration, particularly in the operating room.

Savita Rani's oil pastel sketch, Primary Heart,[24] represented the need for holistic patient care. Through the image of a heart, the author encouraged the viewer to look beyond the apparent physical form and seek to understand the whole story of our patients.

Enjoy!

Marcel D'Eon, MEd, PhD
Editor, CMEJ

References

1. Gilley A, Kerno Jr SJ. Groups, teams, and communities of practice: A comparison. *Adv Dev Hum Resour.* 2010 Feb;12(1):46-60. https://doi.org/10.1177/1523422310365312

2. Glassop LI. The organizational benefits of teams. *Hum relat*. 2002 Feb;55(2):225-49. https://doi.org/10.1177/0018726702055002184

3. Richter AW, Dawson JF, West MA. The effectiveness of teams in organizations: A meta-analysis*. Int J Hum Resour.* 2011 Aug 1;22(13):2749-69. https://doi.org/10.1080/09585192.2011.573971

4. Roy I, Hauptmann M, Van Durme Y. *Organizational performance: it's a team sport. Global human capital trends.* 2019. Deloitte. Available at https://www2.deloitte.com/us/en/insights/focus/human-capital-trends/2019/team-based-organization.html. [Accessed Feb 17, 2022].

5. Oldham GR, Fried Y. Job design research and theory: Past, present and future*. Organ Behav Hum Decis Process.* 2016 Sep 1;136:20-35. https://doi.org/10.1016/j.obhdp.2016.05.002

6. Bui H, Chau VS, Degl'Innocenti M, Leone L, Vicentini F. The resilient organisation: a meta-analysis of the effect of communication on team diversity and team performance. *Appl Psychol*. 2019 Oct;68(4):621-57. https://doi.org/10.1111/apps.12203

7. Allen NJ, Hecht TD. Further thoughts on the romance of teams: A reaction to the commentaries. *J Occup Organ Psychol.* 2004 Dec 1;77:485. https://doi.org/10.1348/0963179042596423

8. de Groot JM, Kassam A, Swystun D, Topps M. Residents' transformational changes through self-regulated, experiential learning for professionalism. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.70234

9. Branfield Day L, Saunders S, Steinberg L, Ginsburg S, Soong C. "Get the DNR": residents' perceptions of goals of care conversations before and after an e-learning module. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.71956

10. Lacasse M, Renaud J-S, Côté L, Lafleur A, Codsi M-P, Dove M, Pélissier-Simard L, Pitre L, Rheault C. Feedback guide for direct observation of family medicine residents in Canada: a francophone tool. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.72587

11. Violato E, King S, Bulut O. Conformity, obedience, and the Better than Average Effect in health professional students. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.71970

12. Dubé T, Boucher M-C, Champagne L, Garand M- Ève, Rinfret J. Teaching in a pandemic: the transformation of teaching and clinical supervision. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.72643

13. Fong SF, Sakai DH, D'Eon M, Trinder K. The effect of case nodes in problem-based learning on the length and quality of discussion: a 2x2 factorial study. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.71812

14. Gratzer D, Islam F, Sockalingam S, Beckett R. Reading of the Week: a continuing professional development program for psychiatrists and residents that Osler would have liked. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.72089

15. Sorichetti B, Pauwels J, Jacobs T, Chadha N, Kozak E, Kozak F. High frequency of otolaryngology/ENT encounters in Canadian primary care despite low medical undergraduate. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.72328

16. Li M, Adus SL, Weyman K. "There's always something to talk about!" The unexpected benefits of a Canadian virtual diversity mentorship program. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.72692

17. Filler T, Pieris D, Teitelbaum D, et al. Virtual breakout rooms: an effective approach to offer guidance to medical students on residency applications*. Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.72778

18. DeWitt JM, Richards J, Wald HS, Wyatt T, D'Eon MF. Engaging medical education scholars with a Twitter conference on professionalism and professional identity formation. *Can Med Ed J.* 2022;13(1) https://doi.org/10.36834/cmej.72639

19. Bell A, Khemani E, Weera S, Henderson C, Chambers LW. Energizing scholarly activity in a regional medical campus. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.72593

20. Valkanas K, Diamandis P. Pareto distribution in virtual education: challenges and opportunities. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.73511

21. Blatman ZM, Tang V, Patel M. Advancing mentorship opportunities of LGBTQ+ youth through a novel cascading mentorship and advocacy training model for medical students. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.71323

22. Patel M. A call to advance mentorship in continuing professional development. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.74011

23. Rajendran L. "Teamwork makes the dream work"-interdisciplinary team dynamics within the operating room. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.74102

24. Rani S. Primary Heart. *Can Med Ed J.* 2022;13(1). https://doi.org/10.36834/cmej.74104