Canadian Medical Education Journal

Commentary and Opinions

The learner voice in medical education research: no study about us without us!

La voix des apprenants dans la recherche sur l'enseignement médical : pas d'étude sur nous sans nous !

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Published ahead of issue: Sept 29, 2025; published: Nov 6, 2025. CMEJ 2025, 16(5) Available at https://doi.org/10.36834/cmej.82152

The practice of medicine is ever evolving, and medical training must continually adapt to changing needs. Alongside program evaluation, continuous quality improvement (CQI) and research projects allow us to study the degree to which our training programs meet the needs of learners and society. Traditionally, needs assessment for CQI and education research have focused on *prescribed* needs (educators identify a program deficiency) or *unperceived* needs (educators identify "what learners don't know that they need to know"), but in this *Opinion* both authors propose that any CQI or research project designed to improve the quality of medical education should also consider the *perceived* and *expressed* needs of learners.[1]

Why we *need* to incorporate CQI and research within a medical education program: a medical educator's perspective

Medical education is best viewed as a complex adaptive system within which the effect of the intended curriculum on an individual learner can be impacted by other variables, including learning context, other learners, and teachers. And, since learners, patients, society, and the practice of education change over time, I feel that we must continually adjust aspects of our programs to ensure that they are still meeting the needs of the learners within this program and the society that they will serve. Ideally, when we observe that performance of our learners is below the level expected – or when introducing teaching or assessment innovations into our program – we should evaluate program changes with the rigor of a CQI or research project where we assess the impact on *all* learners and consider both anticipated and unexpected [learning] outcomes.[2,3]

Why we *need* to incorporate CQI and research within a medical education program: a medical student's perspective

As a medical learner, I am navigating a complex training program of inconsistent quality with the dual goals of becoming a competent physician and choosing a suitable career path. Within this training environment, due to my lack of content expertise, I am assigned the rank of novice on the assumption that "I don't know what I need to know". Yet, at the same time, my lived experience makes me an expert on what I need to know to achieve my long-term learning goals. And I worry that when I participate in medical education quality improvement or research, I may unknowingly help [well-meaning] educators move my training in a direction that is inconsistent with my expectations of medical training. It is reassuring that a clinical skills curriculum will probably enhance my performance on the OSCE, and that simulation training should boost my precordial examination skills[2,3] – but can someone tell me how to choose the best career path and avoid burnout during residency training?[4] I have no doubt that my teachers are trying to design a program that is the best possible one for me and my colleagues and we are more than willing to help them achieve this goal.

The solution: no study about us without us

The practices of clinical medicine and medical education have long been viewed as paternalistic where those perceived to have greater experience and knowledge make decisions that they feel are in the best interests of patients and learners, respectively. But clinical medicine has changed dramatically in recent years with incorporation of the patient voice into shared decision making, a sentiment captured in the slogan "no decision about me without me."[5] We feel that this principle should now be formally incorporated into the process of programmatic change, CQI, and research within medical education. While acknowledging that patients are the intended beneficiaries of medical training and that effective learning strategies are often not enjoyable, we also need to recognize that trainee/physician wellbeing impacts patient outcomes. By including the learner voice during the planning of these interventions we are more likely to enhance the well-being of learners, which should then provide collateral benefits to patients and the healthcare system.

At our centre, our undergraduate medical education research committee recently pledged to involve at least one student in CQI and research projects where the intended participants are students in our undergraduate program. This is a good start and may lead to other ways for learners to meaningfully participate in CQI and research in medical education. We feel that learners should have the opportunity to actively shape their learning and careers– with the goal of not only enhancing clinical skills and knowledge but also career choice satisfaction and wellbeing throughout residency training. Equally important, this change makes it easier for medical educators trying to deliver a better training program to incorporate the perceived and expressed needs of their learners and future colleagues.[1]

Conflicts of Interest: None
Funding: None
Authorship: All authors have each signed their own attestation statement that they meet the requirements of authors. The lead author, in addition to their own attestation as an author, has signed an attestation that all authors listed on this paper meet the requirements for authors.
Edited by: Marcel D'Eon (editor-in-chief)

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