

The CMEJ profile: a strong contribution to health professions education in Canada and around the world

Le profil du RCÉM : une contribution importante à la formation des professionnels de la santé au Canada et dans le monde entier

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We have just completed our robust grant application for “Aid to Scholarly Journals” supported by the Social Sciences and Humanities Research Council of Canada (SSHRC). If granted, it will provide funding for the CMEJ for 2026 through 2028. We applied and were successful in the last two previous grant rounds. The SSHRC grant allows us to meet our production schedule and contribute to our mission:

- To explore new developments and perspectives in medical and health professions education that may influence institutional, regional, and national policy
- To examine prominent issues relating to health care professionals' formation, education, and training in Canada and internationally.

Completing the 71-page SSHRC application form was a large undertaking that required careful attention and effort as we revisited the past three years of CMEJ's work and imagined the next three years of growth. The process offered a meaningful chance to celebrate the journal's progress and reflect on the path ahead.

In this editorial, I will share with you some of the data that we submitted that demonstrates our reach and how we are improving.

Our readership is substantial, diverse, and continues to grow (Table 1). Articles published and reviewed here reach a wide international audience, with many articles frequently read and cited. While we await the outcome of

our application to the Web of Science and we receive their index factors, Google Scholar estimates our h-index at 34 and i10-index at 139.

Table 1. CMEJ Visitor Info (Data via Érudit) June 2023-May 2025 inclusive

Average Number of Daily Visits	190
Number of Monthly Visits	5691
Number of Unique Monthly Visits	3445
Average Visit Duration	3.7 minutes
Average number of pages per visit	2.5 pages/visit
Visitors' geographical location (page views)	Canada: 20,821 United States: 19,861; Singapore: 4,231 Hong Kong: 3,958 Germany: 3,930 China: 3,486 Finland: 3,154 France: 3,081 India: 2,858 Russian Federation: 2,488 Great Britain: 2,453 Australia: 2,061 Brazil: 1,533 Netherlands: 1,437 Austria: 1,126 Philippines: 729 Ireland: 723 Ukraine: 620 Belgium: 581 Switzerland: 494 Italy: 483 New Zealand: 470
Downloaded full-text articles each month	3330/month

For comparison and to show our growth, Table 2 displays an overview of readership data with period increases.

Table 2. CMEJ Readership Data.

Reader activity	June 2021– May 2023	June 2023– May 31 2025	Changes
Article downloads	150,930	198,788	+31.7%
Abstract views	207,140	331,374	+60.0%

We also have a large and growing cadre of authors who publish their work with us. Between June 2023 and May 2025, 792 distinct authors published SSHRC-relevant research articles with the CMEJ. Three hundred and thirteen scholars reviewed hundreds of submissions in the same period. All of this is managed by 26 editors and our part-time Production Manager and Copyeditor. It takes a large community of practice to maintain and accelerate the development of our field, and the CMEJ has a strong team to accomplish such a goal.

Our contribution to medical education has been recognized and is strengthened through our annual Top Articles session at the International Congress on Academic Medicine (ICAM). Starting in 2024, the CMEJ has showcased some of our top articles on a range of topics with authors from many institutions across Canada.^{1,2} Scheduling sufficient time for questions and discussion, these sessions are very popular, providing participants with an opportunity to engage with current topics and experienced authors in the field.

Thank you, our readers (2306 registered!), for your contributions to this endeavour!

In this issue you will find the kinds of articles that will build the CMEJ's future profile!

Original Research

Friedman and team's article, [Gender disparity in delayed childbearing among medical trainees in Ontario](#),³ examined delayed childbearing and fertility challenges among medical trainees. They found that over half of respondents delayed family planning due to training demands, and noted common knowledge gaps about fertility, despite general program support.

Brief Reports

[Documenting medical students' use of self-explanations: tool development and initial validity evidence](#) by Vachon Lachiver et al.⁴ outlined the development of a tool designed to help medical students learn more effectively through the use of self-explanation (SE). The tool, tested on audio-recorded student SEs, demonstrated that it could effectively document how students use SE.

West and team's report, [Improving anesthesia resident wellness: a facilitated peer discussion group evaluated with a pre-/post-intervention survey](#),⁵ investigated whether residents considered the Better REsident Wellness (BREW) rounds to be a beneficial support resource. Their results showed that most residents found these psychologist-led discussion groups to be a helpful tool for their mental well-being.

Carrier et al.'s [Acting as a change agent: longitudinal effects of a tailored training program aimed at developing the competencies of health and social service professionals](#)⁶ described the impact of a training program on professionals' perceived competence, skill acquisition, and implementation of change agent (CA) actions. They found that although there was an increase in perceived competence and skills as CA immediately after training, the effects declined after six months. Thus, ongoing support measures are necessary to sustain these effects and encourage real-world implementation. This is a French publication.

Scientific Reports

[An assessment of family medicine residents' and early career physicians' perceptions of their training: a survey from a single Canadian university](#),⁷ by Todd and co-authors, presented their survey-based study from McGill Family Medicine examining whether the current residency program was meeting the training needs for independent practice. They found that while most learning needs were being met, there were gaps in training for Indigenous health and care of the vulnerable and marginalized population.

[Fulfilling a social mission: examining practice locations of residency graduates over two decades](#) by Dubé et al.⁸ examined where medical residents chose to work after graduation to see if the selected practice locations reflected the university's commitment to social accountability. The study shows how tracking graduate locations can help medical schools improve training and address doctor shortages in underserved areas.

Black Ice

Khemani and Hunjan presented [Five ways to get a grip on patient safety in UGME curriculum: exploring the current landscape and future positioning](#),⁹ to help students overcome the barriers associated with reporting of medical errors and patient safety incidents.

You Should Try This!

[The Rural Immersion program: developing a resident-driven residency program](#) by Niburski and Jawanda¹⁰ reported on a new residency program aimed at improving rural physician retention in Canada by offering hands-on learning and fostering connections with local communities.

[Navigating Ottawa Resources To improve Health: a virtual student-clinic pilot to strengthen social medicine education](#) by Lee et al.¹¹ presented a virtual, student-run clinic designed to address social needs by helping newcomers navigate community resources.

Sarah Moussa and team's article, [Near-peer mentorship as a welcome ritual: exploring the what and how of McGill's "Buddy program"](#)¹² provided an overview of a low-cost, time-efficient student-run program that has supported over 1,100 first-year medical students through near-peer mentorship since its onset in 2005.

In their article, [Perceived value of student-led near-peer teaching in anatomy education within a problem-based learning medical curriculum](#),¹³ Serhan and team presented a virtual, near-peer teaching model that addresses anatomy knowledge gaps in problem-based learning medical education using interactive quizzes and clinical cases to enhance student understanding and engagement.

Commentary and Opinions

[Paging empathy: emotional fatigue in clinical training](#) by Jayashree Ravikumar¹⁴ reflects on the author's experience of emotional disconnection during residency. He advocated for more structured emotional debriefing to help medical learners engage meaningfully with their emotional experiences.

["Choose a softer field": how gendered mentorship and institutional culture limit women in surgery](#) by Latif and co-authors¹⁵ discusses the systemic barriers that women face in the field of surgery. The authors noted that despite increasing enrollment of women in medical schools, equity in surgery remains elusive due to implicit biases and unequal mentorship.

Hailey Land, a registered nurse entering medical school, wrote [Beyond the exam room: skin health as a window into rural health equity](#).¹⁶ She shared her experience in witnessing severe, untreated skin conditions in remote Indigenous communities, and acknowledged how structural issues like poverty and limited access to care worsen health outcomes.

[From script to stethoscope: can medical television dramas educate?](#)¹⁷ by Sampy and Sampy explored the potential for medical television dramas to supplement traditional medical education by increasing student engagement, empathy, and reflective learning. They noted that although television shows can misrepresent medical realities, with proper guidance and critical analysis, they may help shape well-rounded future physicians.

The commentary [Fluency in medicine is not enough: health literacy is the missing language of medical education](#) by Alaimo and Vamos,¹⁸ called for better integration and more structured training of health literacy in Canadian medical education. The authors highlighted that medical school is a key time for skill development and recommended further research to guide curriculum changes.

Letters to the Editor

Matsubara's letter, [Untold reasons for declining review invitations](#),¹⁹ in response to Lotoski et al.'s report²⁰ on reviewer experience, offered insight as to why he sometimes declines invitations to review medical journal manuscripts. He believes reviewing is still an important responsibility for researchers and suggested giving awards to excellent reviewers as one form of incentive.

[Rural Immersion: lessons for equitable medical training worldwide on addressing rural physician shortages through longitudinal community-engagement training](#) by Zieneldien et al.²¹ supported Niburski and Jawanda's article highlighting the Rural Immersion (RI) program in Canada.¹⁰ Zieneldien et al. noted that while rural physician shortages continue to be a challenge around the world, the RI program is a promising initiative to improve retention in underserved areas.

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The cover image for this article was generated using the Gemini AI model from Google, using a series of prompts provided by our Copyeditor.

Enjoy!



Marcel D'Eon
Editor-in-Chief

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