At the start of the pandemic I wrote ‘with little capacity to foresee the future, the only claim I can make with confidence is that things will be different at the point you read this text, relative to when I wrote it.’

Now, nearly a year later, I am confident I was right on both counts: (a) things did (and continue to) change in ways that have been highly variable and dependent on individual circumstances; and, (b) I, like everyone else, have little capacity to foresee the future.

As I was writing that editorial, I anticipated a downturn in the rate at which submissions were received by the journal. As the text hopefully made clear, I considered the pandemic to highlight the importance of education scholarship rather than discounting its value. However, I also presumed that (at least in the short-term) the redeployment of our clinicians, the adaptations needed rapidly made by our educators, and the countless adjustments our personal lives required would push writing about education down priority lists. That was absolutely true for many, but on balance? I could not have been more wrong.

Up until March of 2020, the month the World Health Organization (WHO) declared COVID-19 a global pandemic, our submission numbers were tracking perfectly to those from 2019. In April, they doubled relative to the preceding year and have largely stayed that way, month-by-month, ever since. In part, that shift appears to have arisen because the forces described in the preceding paragraph were offset by many people finding themselves with more time to write; in part, that shift appears to have arisen because of many people finding themselves with more to write about. As of this moment, when I search our submission archive for manuscripts that have included the word COVID in the title, 732 results are returned from the past 11 months (ie, since WHO first named the newly identified disease). For contrast, when I search in the same way for feedback, the most prevalent of all content-related words in our titles, 534 results are returned from the last 11 years.

Why do you need to know this? Because the boom in writing observed over the past year provides a unique case study that can be used to help those who have been led to education scholarship by COVID to better understand Medical Education’s niche, the type of scholarship we strive to promote and, thereby, the likelihood of publication success.

To further set the context, it is noteworthy that although the number of submissions received has doubled, the rate at which the pool of peer reviewers has grown is far from keeping pace. It is truly remarkable, therefore, that our editors and reviewers have managed to keep turnaround times on submitted manuscripts stable (actually, down 2% in 2020 relative to 2019) despite the increased workload they have experienced. One way we have managed that is through a reduction in the proportion of submissions that get sent for peer review, thus reinforcing the importance of authors thinking carefully about who they are writing for when crafting their manuscript.

That is, after all, the fundamental beacon used to guide everything we do: what will our readers most value? The answer must be somewhat ethereal given that we are a field composed of a wide array of individuals. As a result, the cleanest comprehensive description I have come up with is that Medical Education’s readers are dominantly composed of those with interest in ... wait for it ... general education research. That’s it. Three simple words. General. Education. Research. Wholly unsatisfying at first, each deserves emphasis because of its vast implications and, thus, I offer them as a way to guide aspiring authors through reflection on what publishing during the pandemic can teach us about advancing health professional education. I do so briefly, however, anticipating that it is the references that will need consulted for more elaborate (and eloquent) versions of the arguments presented.

1 | GENERAL

Medical Education is an international journal with readers, reviewers and authors from all corners of the globe. We are not focused on any particular specialty, any particular health profession, nor any particular level of training/practice. We strive now as before, therefore, to prioritise selection of articles that offer lessons of relevance beyond the particular situation in which the author works. In this regard, it is important to keep in mind that COVID-19, as all-encompassing as it has been this past year, is best thought of as nothing more than a context in which we are currently working. I remain optimistic enough to believe the Persian adage that ‘this too shall pass’. When it does, we need to have spent our time exploring the nuance inherent in educational practice in a manner that helps us adapt to the next situation rather than throwing away research that is entirely justified by, and focused upon, COVID specificities.
Make no mistake, the pandemic has changed priorities as more people than ever, for example, have reason to wonder about how to teach effectively on virtual platforms.\textsuperscript{6} Such technology-facilitated education existed before the pandemic,\textsuperscript{7} however, and it will continue to evolve long after the pandemic is over. COVID does offer a unique opportunity to study an infinite array of issues like this one in ways that were not available to us only a short time ago, but it is merely the platform on which those studies are conducted rather than the phenomenon of interest. In this regard, the disease is no different than the particular educational programs in which we work—it is a ‘place and time’ that helps us contextualise our explorations, not a foundational focus in its own right. With this in mind, it is noteworthy that when I try to determine what has passed successfully through our review processes by replicating the search described above in PubMed rather than Manuscript Central, there is currently only one research paper we have published that includes COVID in the title.\textsuperscript{8}

2 | EDUCATION

A refrain I find myself typing with increased prevalence this past year is ‘While the research contained in this manuscript is interesting, its focus lies outside our remit’. Given how broadly we encourage people to interpret the word ‘Medical’ in our journal’s title, because we seek to support all health professions, I suppose it is reasonable that some would also interpret the word ‘Education’ quite liberally. We, however, strive to constrain our pages to research about education, not research for education or research in education settings. Outlining what a cohort of medical students understands about virus transmission or their attitudes towards vaccination processes, for example, can offer valuable needs assessment or insight into clinical care that is helpful for education, but such data tend to be highly context specific with little to reflect the root cause, educational or otherwise, of whatever needs were observed. As a result, the issues they raise are usually better debated in more narrowly focused (eg, specialty-, geography- or institution-specific) outlets.

Similarly, descriptions of the stressors trainees are feeling during the pandemic are difficult to interpret without broader juxtaposition to the evidence suggesting stressors are so commonplace as to have become one of the most prominent focuses of research in our field long before COVID emerged.\textsuperscript{7} To produce a paper about education requires a well-grounded argument as to how one’s research builds on the efforts that came before it,\textsuperscript{10} prioritising explication of what we already know about the educational phenomenon of interest rather than justifying one’s work by outlining the rapidity with which COVID is spreading or the extent to which it has changed educational practice. Without such, it is rarely possible to design a study that generates data that facilitate clarification of the mechanisms underlying knowledge or skill development.\textsuperscript{11} In turn, it becomes nearly impossible to offer a compelling case that the work enhances how we, as a field, should think about (ie, conceptualise) educational practice. Many aspects of the current pandemic may be unprecedented, but little to nothing in education is unprecedented if one looks beyond the details.\textsuperscript{12}

3 | RESEARCH

To this point, I have been using the word ‘research’ fairly loosely. It is not the only thing we publish, but we do strive to be a research journal first and foremost. As a result, aspiring authors should note that implicit in the way I have been using the term in the preceding paragraphs is a focus on empirical data collection, conducted rigorously, \textit{for the sake of creating generalizable knowledge}. This should not be confused with the concepts of generalisability or transferability\textsuperscript{13} as I am not implying that the data collected need necessarily reflect what would be found elsewhere. On the contrary, we generally presume data to be collected in a particular place and time that will have incompletely explainable influence regardless of the care with which they were collected. Context matters;\textsuperscript{14} implementation matters.\textsuperscript{15} We cannot lose sight, therefore, that even COVID is impacting different people, different institutions and different training programs in different ways, requiring efforts to find a means to extract general principles from local reality.

This is the modal reason papers are rejected from our journal. They may offer critically important quality assurance data, but the extent to which they pursue what Regehr has labelled the imperative of proof (demonstrations of one’s success) over the imperative of understanding (clarification of why one was successful, or not),\textsuperscript{5} is the extent to which the effort is considered evaluation in our view rather than research. Such data belong with the Dean rather than in an international journal given that their relevance is local. Keep in mind, in other words, that our readers, for the most part, have no personal knowledge of, let alone connection with, your particular institution. Broadening one’s focus to include some form of conceptual framework,\textsuperscript{16} theory\textsuperscript{17} or other means of outlining why a diverse readership should care about your work is crucial to ensure you’ve addressed the ‘so what?’ question that is perched constantly upon the minds of editors. Upon first encountering such ideas, it is common to mistake them for encouragement of ‘ivory tower’ or purely ‘curiosity-driven’ research (ie, work with too little practical implication). One need look no further than this issue of Medical Education, however, to see that it is a myth to perceive basic and applied science as being two ends of a mutually exclusive continuum.\textsuperscript{18} It is research that accomplishes both aims of practically relevant and conceptually advancing that we seek to prioritise, whether completed in the context of COVID or not.\textsuperscript{19}

In sum, although the sheer force of COVID-19 has been felt by all of us, it is crucial that we resist its capacity to infect our focus. Instead of allowing it to direct our education scholarship, we must use it as a tool, an opportunity, to gain more general understanding in ways that are afforded by its impact but will outlive its existence. As educators, we should conceive of this as a teachable moment and question what efforts to publish in the time of COVID have to
offer understanding of our field’s practices. From my perspective, these lessons include the following: (a) education is so crucial to the well-being of our health systems that offering it well and exploring how it could be improved remained a fundamental priority even in the face of tremendous disruption; (b) education scholarship, including efforts at both research and innovation, laid a solid groundwork on which rapid changes were able to be made that would have been unimaginable without the dedicated members of our community; and (c) to keep such momentum, anyone who wishes to ‘do research’ in health professional education should be aware of the crucial distinction between what we do research on and what we make research about. It is far too easy to focus on the superficial details that define the platform (COVID in this case) on which research is performed to the detriment of improving understanding about phenomena of relevance. It is such improved understanding, however, that is most likely to guide us through the next wave, whatever that may be.

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