

The Evolution of Medical Education Into a Robust Academic Discipline

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“Just write it up!” It is a phrase any educator has heard many times when describing their latest lecture series or simulation case. Those who say it mean well; these senior leaders hope to see their colleagues or mentees “double dip” and get extra scholarly credit for the work they’ve done. It sounds simple, right? The “hard” part—creating the content—is already finished. Just create a quick post hoc evaluation survey, send it out, and submit the report to a journal.

However, it is easy to imagine the questions journal reviewers might raise. Why was this the appropriate context in which to study this intervention? Who designed the survey? How do you know whether knowledge was effectively transferred to your learners? You might think reviewers are being overly harsh, but the reality is that the answers to these questions matter. These considerations require forethought and planning at the earliest stages of medical education research. Without such deliberate planning, educators

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may limit the impact of their innovation—or worse, hinder learners’ understanding of the very concepts being addressed. Overlooking these considerations also disregards the remarkable conceptual work that now exists in the health professions education (HPE) literature.

needs to be published; often, more robust work on the subject already exists. Those engaged in HPE research no longer have to fight for institutional recognition of their scholarly work. Educational research is now routinely considered in annual evaluations and promotion decisions on par with more “traditional” research.

What was once a field characterized by anecdotal evidence and “teaching tips” has matured into a rigorous discipline with robust methodologies and clear expectations for study design.

A few decades ago, simpler strategies may have been sufficient. However, this does not account for the progress in our field. It is no longer acceptable to disseminate work without sufficient evidence supporting the validity and appropriateness of the methods used. Advancing the field requires more than self-reported learner gains in understanding or confidence after a didactic session. We must set our sights toward higher-level outcomes that drive meaningful change. We should not settle for simply repeating what has already been done when, in many cases, best practices are well-established.

This realization underscores something remarkable. What was once a field characterized by anecdotal evidence and “teaching tips” has matured into a rigorous discipline with robust methodologies and clear expectations for study design. The field is now at a point where not every educational intervention

HPE has earned its place as a legitimate form of academic inquiry.

As academic physicians, we have the responsibility of cultivating and sustaining this culture of inquiry. For the benefit of the future health care leaders we train, we must be more than effective bedside educators, clinicians, and classroom teachers—we must continue moving the field forward. Yet, despite expectations for scholarly productivity, training opportunities and grant support for medical education have not always kept the same robust pace.

Many emerging scholars in medical education, and even entire departments, lack the resources, support, and networks to study and evaluate their educational interventions. Regional and national professional societies focused on research and education are often a great source of support for and serve as a venue for dissemination. However, given recent

uncertainties, external support may not always be available. Local education experts must therefore be prepared to mentor junior faculty, develop them as investigators, and support the pursuit of their research goals. Mentors should not simply tell their mentees to “write it up;” they should teach mentees how to investigate a research question appropriately, select appropriate methodologies, and employ rigorous means of data analysis. Better yet, they can bring together local educational scholars across experience levels to offer mutual support and share ideas. In doing so, it is possible to drive projects from local didactics to national curricula.

Of course, the growth of scholarship in medical education relies on effective channels to disseminate these latest innovations. Recent years have seen the emergence of a plethora of peer-reviewed publications dedicated to elevating HPE research, ranging from outlets publishing general medical education curricula to those focused on individual medical specialties.

These publications play an essential role in bringing awareness to the research that informs best practices in health care education around the world. The Wisconsin Medical Journal is proud to contribute to these efforts with this special issue. It showcases work dozens of HPE experts across the region and addresses a wide range of emerging topics. We are excited to share this collection of innovations with the educational community in Wisconsin and beyond.

Financial disclosures: None declared.

Funding/support: None declared.

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WMJ

WMJ (ISSN 2379-3961) is published through a collaboration between The Medical College of Wisconsin and The University of Wisconsin School of Medicine and Public Health. The mission of *WMJ* is to provide an opportunity to publish original research, case reports, review articles, and essays about current medical and public health issues.

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