

Lara Varpio

List of Publications by Year in descending order

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Version: 2024-02-01

110
papers

5,478
citations

186265
28
h-index

102487
66
g-index

112
all docs

112
docs citations

112
times ranked

4503
citing authors

#	ARTICLE	IF	CITATIONS
1	A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. Medical Teacher, 2023, 45, 241-251.	1.8	191
2	Academic promotion packages: crafting connotative frames. Perspectives on Medical Education, 2022, 5, 354-357.	3.5	6
3	Facilitating admissions of diverse students: A six-point, evidence-informed framework for pipeline and program development. Perspectives on Medical Education, 2022, 6, 82-90.	3.5	18
4	Using rhetorical appeals to credibility, logic, and emotions to increase your persuasiveness. Perspectives on Medical Education, 2022, 7, 207-210.	3.5	9
5	How phenomenology can help us learn from the experiences of others. Perspectives on Medical Education, 2022, 8, 90-97.	3.5	677
6	Development and validation of a health profession education-focused scholarly mentorship assessment tool. Perspectives on Medical Education, 2022, 8, 43-46.	3.5	3
7	Exploring perspectives on health professions education scholarship units from sub-Saharan Africa. Perspectives on Medical Education, 2022, 9, 359-366.	3.5	7
8	â€œIt is you, me on the team together, and my childâ€: Attending, resident, and patient family perspectives on patient ownership. Perspectives on Medical Education, 2022, 10, 101-109.	3.5	4
9	Strangers in a strange land: The experience of physicians undergoing remediation. Medical Education, 2022, 56, 670-679.	2.1	4
10	Conferencing well. Perspectives on Medical Education, 2022, 11, 101-103.	3.5	0
11	Remediation in Practice: A Polarity to be Managed. Journal of Continuing Education in the Health Professions, 2022, 42, 130-134.	1.3	2
12	Why impaired wellness may be inevitable in medicine, and why that may not be a bad thing. Medical Education, 2021, 55, 16-22.	2.1	26
13	Interprofessional education in the U.S. military: harnessing simulation for team readiness. Journal of Interprofessional Care, 2021, 35, 55-63.	1.7	13
14	â€œI'm unworthy of being in this spaceâ€™: The origins of shame in medical students. Medical Education, 2021, 55, 185-197.	2.1	36
15	Leadership in interprofessional healthcare teams: Empowering knotworking with followership. Medical Teacher, 2021, 43, 32-37.	1.8	21
16	Attaining full professor: Womenâ€™s and menâ€™s experiences in medical education. Medical Education, 2021, 55, 582-594.	2.1	16
17	The applicability of generalisability and bias to health professions education's research. Medical Education, 2021, 55, 167-173.	2.1	35
18	Reflections on the loss of mentors. Advances in Health Sciences Education, 2021, 26, 329-333.	3.3	0

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19	Shaping our worldviews: a conversation about and of theory. <i>Advances in Health Sciences Education</i> , 2021, 26, 339-345.	3.3	15
20	Learner Handover: Who Is It Really For?. <i>Academic Medicine</i> , 2021, 96, 592-598.	1.6	10
21	Delivering patient care during large-scale emergency situations: Lessons from military care providers. <i>PLoS ONE</i> , 2021, 16, e0248286.	2.5	2
22	Longitudinal qualitative research in medical education: Time to conceptualise time. <i>Medical Education</i> , 2021, 55, 1253-1260.	2.1	28
23	Defragmenting the Day: The Effect of Full-Day Continuity Clinics on Continuity of Care and Perceptions of Clinic. <i>Teaching and Learning in Medicine</i> , 2021, 33, 546-553.	2.1	0
24	The wolf you feed: Challenging intraprofessional workplace-based education norms. <i>Medical Education</i> , 2021, 55, 894-902.	2.1	34
25	Response to: Interpersonal mentalizing processes of intensivists: Some additional suggestions on empathy and theory of mind. <i>Journal of Critical Care</i> , 2021, 66, 182-183.	2.2	1
26	The potential of narrative analysis for HPE research: Highlighting five analytic lenses. <i>Medical Education</i> , 2021, 55, 1369-1375.	2.1	11
27	In the "Shadow of Shame": A Phenomenological Exploration of the Nature of Shame Experiences in Medical Students. <i>Academic Medicine</i> , 2021, 96, S23-S30.	1.6	17
28	The burden they bear: A scoping review of physician empathy in the intensive care unit. <i>Journal of Critical Care</i> , 2021, 65, 156-163.	2.2	8
29	Situational Awareness: Forecasting Successful Military Medical Teams. <i>Military Medicine</i> , 2021, 186, 35-41.	0.8	4
30	New Insights About Military Interprofessional Healthcare Teams: Lessons Learned and New Directions From a Program of Research. <i>Military Medicine</i> , 2021, 186, 53-56.	0.8	0
31	Military Interprofessional Healthcare Teams: Identifying the Characteristics That Support Success. <i>Military Medicine</i> , 2021, 186, 1-6.	0.8	4
32	Leadership and Followership in Military Interprofessional Health Care Teams. <i>Military Medicine</i> , 2021, 186, 7-15.	0.8	12
33	Interchangeability in Military Interprofessional Health Care Teams: Lessons Into Collective Self-healing and the Benefits Thereof. <i>Military Medicine</i> , 2021, 186, 16-22.	0.8	4
34	The Ties That Bind: Camaraderie in Military Interprofessional Healthcare Teams. <i>Military Medicine</i> , 2021, 186, 42-47.	0.8	6
35	Ethical Bearing Is About Our Conduct: Ethics as an Essential Component of Military Interprofessional Healthcare Teams. <i>Military Medicine</i> , 2021, 186, 23-28.	0.8	6
36	Perseverance: An Essential Trait of Military Interprofessional Healthcare Teams. <i>Military Medicine</i> , 2021, 186, 29-34.	0.8	6

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37	Sound Practices: An Exploratory Study of Building and Monitoring Multiple-Choice Exams at Canadian Undergraduate Medical Education Programs. <i>Academic Medicine</i> , 2021, 96, 271-277.	1.6	4
38	Introduction to the JGME Literature Review Series. <i>Journal of Graduate Medical Education</i> , 2021, 13, 797-800.	1.3	1
39	Scoping reviews in health professions education: challenges, considerations and lessons learned about epistemology and methodology. <i>Advances in Health Sciences Education</i> , 2020, 25, 989-1002.	3.3	51
40	The Distinctions Between Theory, Theoretical Framework, and Conceptual Framework. <i>Academic Medicine</i> , 2020, 95, 989-994.	1.6	243
41	In Reply to Dyster. <i>Academic Medicine</i> , 2020, 95, 1127-1128.	1.6	0
42	More than words: how multimodal analysis can inform health professions education. <i>Advances in Health Sciences Education</i> , 2020, 25, 1087-1097.	3.3	4
43	Educator, judge, public defender: Conflicting roles for remediators of practising physicians. <i>Medical Education</i> , 2020, 54, 1171-1179.	2.1	6
44	Philosophy of Science Series: Harnessing the Multidisciplinary Edge Effect by Exploring Paradigms, Ontologies, Epistemologies, Axiologies, and Methodologies. <i>Academic Medicine</i> , 2020, 95, 686-689.	1.6	59
45	The sensemaking narratives of scientists working in health professions education scholarship units: The Canadian experience. <i>Perspectives on Medical Education</i> , 2020, 9, 157-165.	3.5	4
46	Thematic analysis of qualitative data: AMEE Guide No. 131. <i>Medical Teacher</i> , 2020, 42, 846-854.	1.8	1,225
47	Examining Professional Identity Formation Through the Ancient Art of Mask-Making. <i>Journal of General Internal Medicine</i> , 2019, 34, 1113-1115.	2.6	12
48	Finding Comfort in the Discomfort of Difficult Conversations with Military Patients. <i>Military Medicine</i> , 2019, 184, e590-e593.	0.8	2
49	Sentinel Emotional Events: The Nature, Triggers, and Effects of Shame Experiences in Medical Residents. <i>Academic Medicine</i> , 2019, 94, 85-93.	1.6	81
50	Boyer and Beyond. <i>Academic Medicine</i> , 2019, 94, 893-901.	1.6	8
51	Attitudes Towards Physicians Requiring Remediation. <i>Academic Medicine</i> , 2019, 94, S36-S41.	1.6	9
52	Positioning the Work of Health Professions Education Scholarship Units: How Canadian Directors Harness Institutional Logics Within Institutional Orders to Convey Unit Legitimacy. <i>Academic Medicine</i> , 2019, 94, 1988-1994.	1.6	6
53	Whose Patient Is This? A Scoping Review of Patient Ownership. <i>Academic Medicine</i> , 2019, 94, S95-S104.	1.6	18
54	Education or regulation? Exploring our underlying conceptualisations of remediation for practising physicians. <i>Medical Education</i> , 2019, 53, 276-284.	2.1	15

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55	When I say "hermeneutic phenomenology". <i>Medical Education</i> , 2018, 52, 252-253.	2.1	40
56	Difficult but important questions about the ethics of qualitative research. <i>Perspectives on Medical Education</i> , 2018, 7, 65-66.	3.5	2
57	How a needs assessment study taught us a lesson about the ethics of educational research. <i>Perspectives on Medical Education</i> , 2018, 7, 34-36.	3.5	3
58	Advice for authors from the editors of <i>Perspectives on Medical Education</i> . <i>Perspectives on Medical Education</i> , 2018, 7, 343-347.	3.5	7
59	Research environments: can the cloud supplement bricks and mortar?. <i>Medical Education</i> , 2018, 52, 891-893.	2.1	1
60	Interprofessional Healthcare Teams in the Military: A Scoping Literature Review. <i>Military Medicine</i> , 2018, 183, e448-e454.	0.8	23
61	Tackling wicked problems: how theories of agency can provide new insights. <i>Medical Education</i> , 2017, 51, 353-365.	2.1	56
62	Tying knots: an activity theory analysis of student learning goals in clinical education. <i>Medical Education</i> , 2017, 51, 687-698.	2.1	42
63	Exploring the institutional logics of health professions education scholarship units. <i>Medical Education</i> , 2017, 51, 755-767.	2.1	30
64	Looking and listening for learning in arts- and humanities-based creations. <i>Medical Education</i> , 2017, 51, 136-145.	2.1	6
65	Working Definitions of the Roles and an Organizational Structure in Health Professions Education Scholarship. <i>Academic Medicine</i> , 2017, 92, 205-208.	1.6	29
66	Shedding the cobra effect: problematising thematic emergence, triangulation, saturation and member checking. <i>Medical Education</i> , 2017, 51, 40-50.	2.1	487
67	Health Professions Education Scholarship Unit Leaders as Institutional Entrepreneurs. <i>Academic Medicine</i> , 2017, 92, 1189-1195.	1.6	16
68	Summary. <i>Academic Medicine</i> , 2017, 92, S7-S11.	1.6	2
69	Introducing a qualitative space. <i>Perspectives on Medical Education</i> , 2017, 6, 63-64.	3.5	4
70	<i>Perspectives on Medical Education</i> Special Edition. <i>Perspectives on Medical Education</i> , 2017, 6, 139-140.	3.5	2
71	Using consensus group methods such as Delphi and Nominal Group in medical education research. <i>Medical Teacher</i> , 2017, 39, 14-19.	1.8	272
72	A Lesson From the Qualitative Rip Out Series: Let Go of Expectations for Universally Applicable "Gold Standards" for Qualitative Research. <i>Journal of Graduate Medical Education</i> , 2017, 9, 154-156.	1.3	7

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73	Military Interprofessional Health Care Teams: How USU is Working to Harness the Power of Collaboration. <i>Military Medicine</i> , 2016, 181, 1404-1406.	0.8	7
74	Recognizing and Responding to Ethically Important Moments in Qualitative Research. <i>Journal of Graduate Medical Education</i> , 2016, 8, 607-608.	1.3	26
75	Feedback to Supervisors: Is Anonymity Really So Important?. <i>Academic Medicine</i> , 2016, 91, 1305-1312.	1.6	17
76	Writing competitive research conference abstracts: AMEE Guide no. 108. <i>Medical Teacher</i> , 2016, 38, 863-871.	1.8	7
77	The failure to fail underperforming trainees in health professions education: A BEME systematic review: BEME Guide No. 42. <i>Medical Teacher</i> , 2016, 38, 1092-1099.	1.8	133
78	Mapping communication spaces: The development and use of a tool for analyzing the impact of EHRs on interprofessional collaborative practice. <i>International Journal of Medical Informatics</i> , 2016, 93, 2-13.	3.3	11
79	Expectations, observations, and the cognitive processes that bind them: expert assessment of examinee performance. <i>Advances in Health Sciences Education</i> , 2016, 21, 627-642.	3.3	19
80	Twelve tips for early career medical educators. <i>Medical Teacher</i> , 2016, 38, 358-363.	1.8	17
81	Introduction. <i>Medical Education</i> , 2015, 49, 511-512.	2.1	3
82	The impact of adopting EHRs: how losing connectivity affects clinical reasoning. <i>Medical Education</i> , 2015, 49, 476-486.	2.1	35
83	How students experience and navigate transitions in undergraduate medical education: an application of Bourdieu's theoretical model. <i>Advances in Health Sciences Education</i> , 2015, 20, 1073-1085.	3.3	24
84	Enhancing patient-engaged teamwork in healthcare: an observational case study. <i>Journal of Interprofessional Care</i> , 2015, 29, 55-61.	1.7	21
85	The EHR and building the patient's story: A qualitative investigation of how EHR use obstructs a vital clinical activity. <i>International Journal of Medical Informatics</i> , 2015, 84, 1019-1028.	3.3	65
86	Learning collaborative teamwork: an argument for incorporating the humanities. <i>Journal of Interprofessional Care</i> , 2014, 28, 519-525.	1.7	21
87	Patient and caregiver experience following ambulatory surgery: qualitative analysis in a cohort of patients 65 years and older. <i>Canadian Journal of Anaesthesia</i> , 2014, 61, 986-994.	1.6	6
88	Selecting an interprofessional education model for a tertiary health care setting. <i>Journal of Interprofessional Care</i> , 2014, 28, 311-316.	1.7	7
89	The role of the assessor: exploring the clinical supervisor's skill set. <i>Clinical Teacher</i> , 2014, 11, 209-213.	0.8	6
90	Resident experiences of informal education: how often, from whom, about what and how. <i>Medical Education</i> , 2014, 48, 1220-1234.	2.1	32

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91	Key considerations for the success of Medical Education Research and Innovation units in Canada: unit director perceptions. <i>Advances in Health Sciences Education</i> , 2014, 19, 361-377.	3.3	30
92	A novel approach to needs assessment in curriculum development: Going beyond consensus methods. <i>Medical Teacher</i> , 2014, 36, 422-429.	1.8	13
93	The ethics and safety of medical student global health electives. <i>International Journal of Medical Education</i> , 2014, 5, 63-72.	1.2	36
94	Teaching and assessing procedural skills: a qualitative study. <i>BMC Medical Education</i> , 2013, 13, 69.	2.4	28
95	The complex relationships involved in global health: a qualitative description. <i>BMC Medical Education</i> , 2013, 13, 136.	2.4	15
96	AM Last Page. <i>Academic Medicine</i> , 2013, 88, 1189.	1.6	12
97	Assessing Residents'™ Disclosure of Adverse Events: Traditional Objective Structured Clinical Examinations Versus Mixed Reality. <i>Journal of Obstetrics and Gynaecology Canada</i> , 2012, 34, 367-373.	0.7	6
98	The Helpful or Hindering Effects of In-Hospital Patient Monitor Alarms on Nurses. <i>CIN - Computers Informatics Nursing</i> , 2012, 30, 210-217.	0.5	36
99	Calling for a Broader Conceptualization of Diversity. <i>Academic Medicine</i> , 2012, 87, 1501-1510.	1.6	78
100	Current trends in interprofessional education of health sciences students: A literature review. <i>Journal of Interprofessional Care</i> , 2012, 26, 444-451.	1.7	340
101	Is transferring an educational innovation actually a process of transformation?. <i>Advances in Health Sciences Education</i> , 2012, 17, 357-367.	3.3	43
102	A model of awareness to enhance our understanding of interprofessional collaborative care delivery and health information system design to support it. <i>International Journal of Medical Informatics</i> , 2011, 80, e150-e160.	3.3	35
103	A Qualitative Study of Factors Influencing the Decision to Have an Elective Amputation. <i>Journal of Bone and Joint Surgery - Series A</i> , 2011, 93, 2087-2092.	3.0	25
104	International health electives: thematic results of student and professional interviews. <i>Medical Education</i> , 2010, 44, 683-689.	2.1	78
105	Getting out there: developing an abstract editing circle. <i>Medical Education</i> , 2010, 44, 1140-1141.	2.1	1
106	Routine and adaptive expert strategies for resolving ICT mediated communication problems in the team setting. <i>Medical Education</i> , 2009, 43, 680-687.	2.1	40
107	Wiki use and challenges in undergraduate medical education. <i>Medical Education</i> , 2009, 43, 1117-1117.	2.1	20
108	Interprofessional Communication and Medical Error: A Reframing of Research Questions and Approaches. <i>Academic Medicine</i> , 2008, 83, S76-S81.	1.6	94

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109	Seeing and Listening. <i>Journal of Business and Technical Communication</i> , 2007, 21, 343-375.	2.0	12
110	Working Off the Record: Physicians??? and Nurses??? Transformations of Electronic Patient Record-Based Patient Information. <i>Academic Medicine</i> , 2006, 81, S35-S39.	1.6	29