

Shiphra R Ginsburg

List of Publications by Year in descending order

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Version: 2024-02-01

100
papers

4,951
citations

87888

38
h-index

98798

67
g-index

102
all docs

102
docs citations

102
times ranked

3200
citing authors

| # | ARTICLE | IF | CITATIONS |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| 1 | Assessing the learning needs of physical medicine and rehabilitation residents to develop a geriatric medicine and rehabilitation curriculum. <i>Gerontology and Geriatrics Education</i> , 2022, 43, 119-131. | 0.8 | 2 |
| 2 | Don't be reviewer! Reflections on writing effective peer review comments. <i>Perspectives on Medical Education</i> , 2022, 10, 299-303. | 3.5 | 14 |
| 3 | Get the DNR: residents' perceptions of goals of care conversations before and after an e-learning module. <i>Canadian Medical Education Journal</i> , 2022, 13, 17-28. | 0.4 | 1 |
| 4 | Dressing the Part: Gender Differences in Residents' Experiences of Feedback in Internal Medicine. <i>Academic Medicine</i> , 2022, 97, 406-413. | 1.6 | 9 |
| 5 | Beyond the ratings: gender effects in written comments from clinical teaching assessments. <i>Advances in Health Sciences Education</i> , 2022, 27, 355-374. | 3.3 | 2 |
| 6 | Promoting inclusivity in health professions education publishing. <i>Medical Education</i> , 2022, 56, 252-256. | 2.1 | 16 |
| 7 | Patients' perspectives on medical students' professionalism: Blind spots and opportunities. <i>Medical Education</i> , 2022, 56, 724-735. | 2.1 | 7 |
| 8 | How Clinical Supervisors Conceptualize Procedural Entrustment: An Interview-Based Study of Entrustment Decision Making in Endoscopic Training. <i>Academic Medicine</i> , 2022, 97, 586-592. | 1.6 | 0 |
| 9 | Feedback from health professionals in postgraduate medical education: Influence of interprofessional relationship, identity and power. <i>Medical Education</i> , 2021, 55, 518-529. | 2.1 | 19 |
| 10 | Learner Handover: Who Is It Really For?. <i>Academic Medicine</i> , 2021, 96, 592-598. | 1.6 | 10 |
| 11 | Going against the grain: An exploration of agency in medical learning. <i>Medical Education</i> , 2021, 55, 942-950. | 2.1 | 23 |
| 12 | Tensions in describing competency-based medical education: a study of Canadian key opinion leaders. <i>Advances in Health Sciences Education</i> , 2021, 26, 1277-1289. | 3.3 | 9 |
| 13 | Numbers Encapsulate, Words Elaborate: Toward the Best Use of Comments for Assessment and Feedback on Entrustment Ratings. <i>Academic Medicine</i> , 2021, 96, S81-S86. | 1.6 | 28 |
| 14 | Assumptions About Competency-Based Medical Education and the State of the Underlying Evidence: A Critical Narrative Review. <i>Academic Medicine</i> , 2021, 96, 296-306. | 1.6 | 28 |
| 15 | Qualitative Evaluation of a Novel Educational Tool to Communicate Individualized Hip Fracture Prognostic Information to Patients and Surrogates: My Hip Fracture (My-HF). <i>Geriatric Orthopaedic Surgery and Rehabilitation</i> , 2021, 12, 215145932110505. | 1.4 | 1 |
| 16 | Life on Call: Perspectives of Junior and Senior Internal Medicine Residents. <i>Academic Medicine</i> , 2021, 96, 744-750. | 1.6 | 3 |
| 17 | The Senior Medical Resident's New Role in Assessment in Internal Medicine. <i>Academic Medicine</i> , 2021, Publish Ahead of Print, . | 1.6 | 6 |
| 18 | Relationships as the Backbone of Feedback: Exploring Preceptor and Resident Perceptions of Their Behaviors During Feedback Conversations. <i>Academic Medicine</i> , 2020, 95, 1073-1081. | 1.6 | 25 |

| # | ARTICLE | IF | CITATIONS |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| 19 | Teaching Professionalism in Postgraduate Medical Education: A Systematic Review. <i>Academic Medicine</i> , 2020, 95, 938-946. | 1.6 | 28 |
| 20 | Taken Out of Context: Hazards in the Interpretation of Written Assessment Comments. <i>Academic Medicine</i> , 2020, 95, 1082-1088. | 1.6 | 22 |
| 21 | Tensions in Assessment: The Realities of Entrustment in Internal Medicine. <i>Academic Medicine</i> , 2020, 95, 609-615. | 1.6 | 32 |
| 22 | Resident Perceptions of Assessment and Feedback in Competency-Based Medical Education: A Focus Group Study of One Internal Medicine Residency Program. <i>Academic Medicine</i> , 2020, 95, 1712-1717. | 1.6 | 55 |
| 23 | Idiosyncrasy in Assessment Comments: Do Faculty Have Distinct Writing Styles When Completing In-Training Evaluation Reports?. <i>Academic Medicine</i> , 2020, 95, S81-S88. | 1.6 | 9 |
| 24 | Gender Effects in Assessment of Clinical Teaching: Does Concordance Matter?. <i>Journal of Graduate Medical Education</i> , 2020, 12, 710-716. | 1.3 | 4 |
| 25 | Assessment, feedback and the alchemy of learning. <i>Medical Education</i> , 2019, 53, 76-85. | 2.1 | 219 |
| 26 | Meaningful feedback through a sociocultural lens. <i>Medical Teacher</i> , 2019, 41, 1342-1352. | 1.8 | 24 |
| 27 | Assessment of professionalism: From where have we come “ to where are we going? An update from the Ottawa Consensus Group on the assessment of professionalism. <i>Medical Teacher</i> , 2019, 41, 249-255. | 1.8 | 41 |
| 28 | Entrustment Ratings in Internal Medicine Training: Capturing Meaningful Supervision Decisions or Just Another Rating?. <i>Journal of General Internal Medicine</i> , 2019, 34, 740-743. | 2.6 | 36 |
| 29 | Feedback Redefined: Principles and Practice. <i>Journal of General Internal Medicine</i> , 2019, 34, 744-749. | 2.6 | 48 |
| 30 | Using wearables and self-management apps in patients with COPD: a qualitative study. <i>ERJ Open Research</i> , 2019, 5, 00036-2019. | 2.6 | 35 |
| 31 | Professional Responsibilities and Personal Impacts: Residents’s™ Experiences as Participants in Education Research. <i>Academic Medicine</i> , 2019, 94, 115-121. | 1.6 | 4 |
| 32 | The Hidden Curriculum of Compassionate Care: Can Assessment Drive Compassion?. <i>Academic Medicine</i> , 2019, 94, 1164-1169. | 1.6 | 14 |
| 33 | Contextualizing Work-Based Assessments of Faculty and Residents. <i>Academic Medicine</i> , 2019, 94, 237-243. | 1.6 | 1 |
| 34 | Navigating Tensions of Efficiency and Caring in Clerkship: A Qualitative Study. <i>Teaching and Learning in Medicine</i> , 2019, 31, 378-384. | 2.1 | 7 |
| 35 | A Phenomenological Study of Italian Students’s™ Responses to Professional Dilemmas: A Cross-Cultural Comparison. <i>Teaching and Learning in Medicine</i> , 2019, 31, 44-52. | 2.1 | 4 |
| 36 | Twelve tips to promote a feedback culture with a growth mind-set: Swinging the feedback pendulum from recipes to relationships. <i>Medical Teacher</i> , 2019, 41, 625-631. | 1.8 | 111 |

| # | ARTICLE | IF | CITATIONS |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| 37 | Understanding the Use and Perceived Impact of a Medical Podcast: Qualitative Study. JMIR Medical Education, 2019, 5, e12901. | 2.6 | 54 |
| 38 | A Fine Balance: How Authors Strategize Around Journal Submission. Academic Medicine, 2018, 93, 1176-1181. | 1.6 | 2 |
| 39 | Competency-based medical education: the discourse of infallibility. Medical Education, 2018, 52, 45-57. | 2.1 | 60 |
| 40 | “Rising to the Level of Your Incompetence”: What Physicians’ Self-Assessment of Their Performance Reveals About the Imposter Syndrome in Medicine. Academic Medicine, 2018, 93, 763-768. | 1.6 | 174 |
| 41 | Shifting and Sharing: Academic Physicians’ Strategies for Navigating Underperformance and Failure. Academic Medicine, 2018, 93, 1713-1718. | 1.6 | 19 |
| 42 | Organizational Factors Contributing to Incivility at an Academic Medical Center and Systems-Based Solutions: A Qualitative Study. Academic Medicine, 2018, 93, 1569-1575. | 1.6 | 39 |
| 43 | Is It Time to Retire?. JAMA - Journal of the American Medical Association, 2017, 317, 1570. | 7.4 | 3 |
| 44 | Is There a Conflict of Interest?. JAMA - Journal of the American Medical Association, 2017, 317, 1796. | 7.4 | 2 |
| 45 | Cracking the code: residents’ interpretations of written assessment comments. Medical Education, 2017, 51, 401-410. | 2.1 | 51 |
| 46 | Using In-Training Evaluation Report (ITER) Qualitative Comments to Assess Medical Students and Residents: A Systematic Review. Academic Medicine, 2017, 92, 868-879. | 1.6 | 49 |
| 47 | Speaking up against unsafe unprofessional behaviours: the difficulty in knowing when and how. BMJ Quality and Safety, 2017, 26, 859-862. | 3.7 | 11 |
| 48 | The Hidden Value of Narrative Comments for Assessment: A Quantitative Reliability Analysis of Qualitative Data. Academic Medicine, 2017, 92, 1617-1621. | 1.6 | 85 |
| 49 | When Assessment Data Are Words: Validity Evidence for Qualitative Educational Assessments. Academic Medicine, 2016, 91, 1359-1369. | 1.6 | 108 |
| 50 | Medical Student Mistreatment. JAMA - Journal of the American Medical Association, 2016, 316, 2263. | 7.4 | 9 |
| 51 | Introducing JAMA Professionalism. JAMA - Journal of the American Medical Association, 2016, 316, 720. | 7.4 | 9 |
| 52 | Disclosure of Medical Error. JAMA - Journal of the American Medical Association, 2016, 316, 764. | 7.4 | 13 |
| 53 | Professional Boundaries. JAMA - Journal of the American Medical Association, 2016, 316, 1706. | 7.4 | 1 |
| 54 | Selecting and Simplifying: Rater Performance and Behavior When Considering Multiple Competencies. Teaching and Learning in Medicine, 2016, 28, 41-51. | 2.1 | 49 |

| # | ARTICLE | IF | CITATIONS |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| 55 | Towards a program of assessment for health professionals: from training into practice. <i>Advances in Health Sciences Education</i> , 2016, 21, 897-913. | 3.3 | 116 |
| 56 | Hedging to save face: a linguistic analysis of written comments on in-training evaluation reports. <i>Advances in Health Sciences Education</i> , 2016, 21, 175-188. | 3.3 | 112 |
| 57 | Putting performance in context: the perceived influence of environmental factors on work-based performance. <i>Perspectives on Medical Education</i> , 2015, 4, 233-243. | 3.5 | 7 |
| 58 | Reading between the lines: faculty interpretations of narrative evaluation comments. <i>Medical Education</i> , 2015, 49, 296-306. | 2.1 | 113 |
| 59 | A contemporary approach to validity arguments: a practical guide to Kane's framework. <i>Medical Education</i> , 2015, 49, 560-575. | 2.1 | 371 |
| 60 | Professionalism and Maintenance of Certification: Using Vignettes Describing Interpersonal Dilemmas to Stimulate Reflection and Learning. <i>Journal of Continuing Education in the Health Professions</i> , 2014, 34, 112-122. | 1.3 | 10 |
| 61 | Duty hours as viewed through a professionalism lens. <i>BMC Medical Education</i> , 2014, 14, S15. | 2.4 | 11 |
| 62 | Doing What Might Be "Wrong". <i>Academic Medicine</i> , 2014, 89, 664-670. | 1.6 | 19 |
| 63 | Reading Between the Lines: Understanding How Faculty Interpret Language Cues to Reliably Rank Trainees Using Narrative Comments. <i>Journal of Graduate Medical Education</i> , 2014, 6, 797-797. | 1.3 | 0 |
| 64 | The utility of vignettes to stimulate reflection on professionalism: theory and practice. <i>Advances in Health Sciences Education</i> , 2013, 18, 463-484. | 3.3 | 44 |
| 65 | Do In-Training Evaluation Reports Deserve Their Bad Reputations? A Study of the Reliability and Predictive Ability of ITER Scores and Narrative Comments. <i>Academic Medicine</i> , 2013, 88, 1539-1544. | 1.6 | 64 |
| 66 | Publication of Results of Abstracts Presented at Medical Education Conferences. <i>JAMA - Journal of the American Medical Association</i> , 2013, 310, 2307. | 7.4 | 29 |
| 67 | "The Benefits Make Up for Whatever Is Lost". <i>Academic Medicine</i> , 2012, 87, 1421-1427. | 1.6 | 10 |
| 68 | "It Depends". <i>Academic Medicine</i> , 2012, 87, 1685-1693. | 1.6 | 27 |
| 69 | Using "Standardized Narratives" to Explore New Ways to Represent Faculty Opinions of Resident Performance. <i>Academic Medicine</i> , 2012, 87, 419-427. | 1.6 | 53 |
| 70 | An Agenda for Increasing Grant Funding of Emergency Medicine Education Research. <i>Academic Emergency Medicine</i> , 2012, 19, 1434-1441. | 1.8 | 6 |
| 71 | A cross-cultural study of students' approaches to professional dilemmas: sticks or ripples. <i>Medical Education</i> , 2012, 46, 245-256. | 2.1 | 47 |
| 72 | Good advice from the deputy editors of <i>Medical Education</i> . <i>Medical Education</i> , 2012, 46, 828-829. | 2.1 | 5 |

| # | ARTICLE | IF | CITATIONS |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| 73 | Assessment of professionalism: Recommendations from the Ottawa 2010 Conference. <i>Medical Teacher</i> , 2011, 33, 354-363. | 1.8 | 254 |
| 74 | The Relative Influence of Available Resources During the Residency Match: A National Survey of Canadian Medical Students. <i>Journal of Graduate Medical Education</i> , 2011, 3, 497-502. | 1.3 | 15 |
| 75 | Lost in Transition: The Experience and Impact of Frequent Changes in the Inpatient Learning Environment. <i>Academic Medicine</i> , 2011, 86, 591-598. | 1.6 | 125 |
| 76 | Exploring Residents' Perceptions of Expertise and Expert Development. <i>Academic Medicine</i> , 2011, 86, S46-S49. | 1.6 | 30 |
| 77 | The rotational approach to medical education: time to confront our assumptions?. <i>Medical Education</i> , 2011, 45, 69-80. | 2.1 | 126 |
| 78 | Is that normal? Pre-clerkship students' approaches to professional dilemmas. <i>Medical Education</i> , 2011, 45, 362-371. | 2.1 | 36 |
| 79 | Respecting the expertise of clinician assessors: construct alignment is one good answer. <i>Medical Education</i> , 2011, 45, 546-548. | 2.1 | 14 |
| 80 | Competencies Plus: The Nature of Written Comments on Internal Medicine Residents' Evaluation Forms. <i>Academic Medicine</i> , 2011, 86, S30-S34. | 1.6 | 53 |
| 81 | Toward Authentic Clinical Evaluation: Pitfalls in the Pursuit of Competency. <i>Academic Medicine</i> , 2010, 85, 780-786. | 1.6 | 183 |
| 82 | Professing Professionalism: Are We Our Own Worst Enemy? Faculty Members' Experiences of Teaching and Evaluating Professionalism in Medical Education at One School. <i>Academic Medicine</i> , 2010, 85, 1025-1034. | 1.6 | 77 |
| 83 | From behaviours to attributions: further concerns regarding the evaluation of professionalism. <i>Medical Education</i> , 2009, 43, 414-425. | 2.1 | 47 |
| 84 | Medical students, money, and career selection: students' perception of financial factors and remuneration in family medicine. <i>Family Medicine</i> , 2009, 41, 105-10. | 0.5 | 34 |
| 85 | Know When to Rock the Boat: How Faculty Rationalize Students' Behaviors. <i>Journal of General Internal Medicine</i> , 2008, 23, 942-947. | 2.6 | 22 |
| 86 | Anticipated debt and financial stress in medical students. <i>Medical Teacher</i> , 2008, 30, 313-315. | 1.8 | 59 |
| 87 | Reasoning When It Counts: Students' Rationales for Action on a Professionalism Exam. <i>Academic Medicine</i> , 2007, 82, S40-S43. | 1.6 | 14 |
| 88 | The Professionalism Mini-Evaluation Exercise: A Preliminary Investigation. <i>Academic Medicine</i> , 2006, 81, S74-S78. | 1.6 | 163 |
| 89 | Medical students' views on peer assessment of professionalism. <i>Journal of General Internal Medicine</i> , 2005, 20, 819-824. | 2.6 | 108 |
| 90 | Before the white coat: perceptions of professional lapses in the pre-clerkship. <i>Medical Education</i> , 2005, 39, 12-19. | 2.1 | 31 |

| # | ARTICLE | IF | CITATIONS |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------|
| 91 | The Role of Attribution to Clerk Factors and Contextual Factors in Supervisors' Perceptions of Clerks' Behaviors. <i>Teaching and Learning in Medicine</i> , 2004, 16, 317-322. | 2.1 | 16 |
| 92 | Risk of Stroke in Women Exposed to Low-Dose Oral Contraceptives. <i>Archives of Internal Medicine</i> , 2004, 164, 741. | 3.8 | 141 |
| 93 | The Professionalism Movement: Behaviors Are the Key to Progress. <i>American Journal of Bioethics</i> , 2004, 4, 14-15. | 0.9 | 21 |
| 94 | The Lore of Admissions Policies: Contrasting Formal and Informal Understandings of the Residency Selection Process. <i>Advances in Health Sciences Education</i> , 2004, 9, 137-145. | 3.3 | 13 |
| 95 | Basing the Evaluation of Professionalism on Observable Behaviors: A Cautionary Tale. <i>Academic Medicine</i> , 2004, 79, S1-S4. | 1.6 | 129 |
| 96 | To be and not to be: the paradox of the emerging professional stance. <i>Medical Education</i> , 2003, 37, 350-357. | 2.1 | 48 |
| 97 | The disavowed curriculum. <i>Journal of General Internal Medicine</i> , 2003, 18, 1015-1022. | 2.6 | 112 |
| 98 | The Anatomy of the Professional Lapse. <i>Academic Medicine</i> , 2002, 77, 516-522. | 1.6 | 120 |
| 99 | Context, Conflict, and Resolution. <i>Academic Medicine</i> , 2000, 75, S6-S11. | 1.6 | 235 |
| 100 | Bronchodilator delivery in acute airflow obstruction. A meta-analysis. <i>Archives of Internal Medicine</i> , 1997, 157, 1736-1744. | 3.8 | 41 |