

Lorelei Lingard

List of Publications by Year in Descending Order

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The third column is the impact factor (IF) of the journal, and the fourth column is the number of citations of the article.

83
papers

2,860
citations

27
h-index

52
g-index

96
ext. papers

3,468
ext. citations

3.8
avg, IF

5.69
L-index

#	Paper	IF	Citations
83	Exploring implicit influences on interprofessional collaboration: a scoping review. <i>Journal of Interprofessional Care</i> , 2021 , 1-9	2.7	0
82	Learner Handover: Who Is It Really For?. <i>Academic Medicine</i> , 2021 , 96, 592-598	3.9	1
81	The prism model: advancing a theory of practice for arts and humanities in medical education. <i>Perspectives on Medical Education</i> , 2021 , 10, 207-214	4.3	9
80	Going against the grain: An exploration of agency in medical learning. <i>Medical Education</i> , 2021 , 55, 942-950	3.9	5
79	Voices from the Front Lines: An Analysis of Physicians' Reflective Narratives about Flaws with the System. <i>Journal of Medical Humanities</i> , 2021 , 42, 737-752	0.9	0
78	A scoping review of approaches for measuring interdependent collaborative performances. <i>Medical Education</i> , 2021 , 55, 1123-1130	3.7	5
77	Distant and Hidden Figures: Foregrounding Patients in the Development, Content, and Implementation of Entrustable Professional Activities. <i>Academic Medicine</i> , 2021 , 96, S76-S80	3.9	2
76	The embodiment of practice thresholds: from standardization to stabilization in surgical education. <i>Advances in Health Sciences Education</i> , 2021 , 26, 139-157	3.7	1
75	Bringing narratives from physicians, patients and caregivers together: a scoping review of published research. <i>Medical Humanities</i> , 2021 , 47, 27-37	1.4	3
74	Scut to Scholarship: Can Operative Notes be Educationally Useful?. <i>Journal of Surgical Education</i> , 2021 , 78, 168-177	3.4	
73	The fatigue paradox: Team perceptions of physician fatigue. <i>Medical Education</i> , 2021 , 55, 1388-1393	3.7	1
72	Making Every Word Count: Keys to a Strong Research Abstract. <i>Innovation and Change in Professional Education</i> , 2021 , 69-74	0.1	
71	Examining non-technical skills for ad hoc resuscitation teams: a scoping review and taxonomy of team-related concepts. <i>Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine</i> , 2021 , 29, 167	3.6	0
70	Seeing but not believing: Insights into the intractability of failure to fail. <i>Medical Education</i> , 2020 , 54, 1148-1158	3.7	10
69	Beyond summative decision making: Illuminating the broader roles of competence committees. <i>Medical Education</i> , 2020 , 54, 517-527	3.7	12
68	Use of Resident-Sensitive Quality Measure Data in Entrustment Decision Making: A Qualitative Study of Clinical Competency Committee Members at One Pediatric Residency. <i>Academic Medicine</i> , 2020 , 95, 1726-1735	3.9	5
67	Critically reflective practice and its sources: A qualitative exploration. <i>Medical Education</i> , 2020 , 54, 312-319	3.9	7

66	Understanding helping behaviors in an interprofessional surgical team: How do members engage?. <i>American Journal of Surgery</i> , 2020 , 219, 372-378	2.7	2
65	Some assembly required: tracing the interpretative work of Clinical Competency Committees. <i>Medical Education</i> , 2019 , 53, 723-734	3.7	18
64	Perseverance, faith and stoicism: a qualitative study of medical student perspectives on managing fatigue. <i>Medical Education</i> , 2019 , 53, 1221-1229	3.7	10
63	Can a complex adaptive systems perspective support the resiliency of the heart failure patient - informal caregiver dyad?. <i>Current Opinion in Supportive and Palliative Care</i> , 2019 , 13, 9-13	2.6	2
62	What is the state of complexity science in medical education research?. <i>Medical Education</i> , 2019 , 53, 95-104	3.7	10
61	Advance care planning in community dwellers: A constructivist grounded theory study of values, preferences and conflicts. <i>Palliative Medicine</i> , 2019 , 33, 66-73	5.5	12
60	Adaptive reinventing: implicit bias and the co-construction of social change. <i>Advances in Health Sciences Education</i> , 2018 , 23, 587-599	3.7	18
59	Considering the interdependence of clinical performance: implications for assessment and entrustment. <i>Medical Education</i> , 2018 , 52, 970	3.7	37
58	Not just trust: factors influencing learners' attempts to perform technical skills on real patients. <i>Medical Education</i> , 2018 , 52, 605-619	3.7	15
57	Beyond the realist turn: a socio-material analysis of heart failure self-care. <i>Sociology of Health and Illness</i> , 2018 , 40, 218-233	3	14
56	Resident hesitation in the operating room: does uncertainty equal incompetence?. <i>Medical Education</i> , 2018 , 52, 851-860	3.7	11
55	How Do Thresholds of Principle and Preference Influence Surgeon Assessments of Learner Performance?. <i>Annals of Surgery</i> , 2018 , 268, 385-390	7.8	18
54	Qualitative research essentials for medical education. <i>Singapore Medical Journal</i> , 2018 , 59, 622-627	1.9	22
53	Qualitative Research in Medical Education 2018 , 427-441		5
52	Navigating complexity in team-based clinical settings. <i>Medical Education</i> , 2018 , 52, 1125-1137	3.7	9
51	Patients with heart failure and their partners with chronic illness: interdependence in multiple dimensions of time. <i>Journal of Multidisciplinary Healthcare</i> , 2018 , 11, 175-186	2.8	7
50	Staging a performance: learners' perceptions about direct observation during residency. <i>Medical Education</i> , 2017 , 51, 498-510	3.7	71
49	Cracking the code: residents' interpretations of written assessment comments. <i>Medical Education</i> , 2017 , 51, 401-410	3.7	38

48	How do small groups make decisions? : A theoretical framework to inform the implementation and study of clinical competency committees. <i>Perspectives on Medical Education</i> , 2017 , 6, 192-198	4.3	30
47	Exploring the premise of lost altruism: content analysis of two codes of ethics. <i>Advances in Health Sciences Education</i> , 2017 , 22, 839-852	3.7	1
46	From problem solving to problem definition: scrutinizing the complex nature of clinical practice. <i>Perspectives on Medical Education</i> , 2017 , 6, 54-57	4.3	11
45	The other right? control strategies and the role of language use in laparoscopic training. <i>Medical Education</i> , 2017 , 51, 1269-1276	3.7	5
44	Beyond Simple Planning: Existential Dimensions of Conversations With Patients at Risk of Dying From Heart Failure. <i>Journal of Pain and Symptom Management</i> , 2017 , 54, 637-644	4.8	12
43	Strategies for Supporting Physician-Scientists in Faculty Roles: A Narrative Review With Key Informant Consultations. <i>Academic Medicine</i> , 2017 , 92, 1421-1428	3.9	12
42	Stories Doctors Tell. <i>JAMA - Journal of the American Medical Association</i> , 2017 , 318, 124-125	27.4	7
41	Mastering the sentence. <i>Perspectives on Medical Education</i> , 2017 , 6, 51-53	4.3	3
40	How would you call this in English? Being reflective about translations in international, cross-cultural qualitative research. <i>Perspectives on Medical Education</i> , 2017 , 6, 127-132	4.3	24
39	Who is on your health-care team? Asking individuals with heart failure about care team membership and roles. <i>Health Expectations</i> , 2017 , 20, 198-210	3.7	27
38	Hedging to save face: a linguistic analysis of written comments on in-training evaluation reports. <i>Advances in Health Sciences Education</i> , 2016 , 21, 175-88	3.7	69
37	Thinking like an expert: surgical decision making as a cyclical process of being aware. <i>American Journal of Surgery</i> , 2016 , 211, 64-9	2.7	24
36	Sometimes the work just needs to be done? socio-cultural influences on direct observation in medical training. <i>Medical Education</i> , 2016 , 50, 1054-64	3.7	66
35	Paradoxical Truths and Persistent Myths: Reframing the Team Competence Conversation. <i>Journal of Continuing Education in the Health Professions</i> , 2016 , 36 Suppl 1, S19-21	2.1	35
34	Principles of fatigue in residency education: a qualitative study. <i>CMAJ Open</i> , 2016 , 4, E200-4	2.5	11
33	Get control of your commas. <i>Perspectives on Medical Education</i> , 2016 , 5, 39-41	4.3	3
32	"They Have to Adapt to Learn": Surgeons' Perspectives on the Role of Procedural Variation in Surgical Education. <i>Journal of Surgical Education</i> , 2016 , 73, 339-47	3.4	23
31	Reducing length of stay and satisfying learner needs. <i>Perspectives on Medical Education</i> , 2016 , 5, 170-8	4.3	2

30	Rethinking research in the medical humanities: a scoping review and narrative synthesis of quantitative outcome studies. <i>Medical Education</i> , 2016 , 50, 285-99	3.7	33
29	It's a Story, Not a Study: Writing an Effective Research Paper. <i>Academic Medicine</i> , 2016 , 91, e12	3.9	9
28	Supporting children with disabilities at school: implications for the advocate role in professional practice and education. <i>Disability and Rehabilitation</i> , 2015 , 37, 2282-90	2.4	20
27	Patient safety, resident well-being and continuity of care with different resident duty schedules in the intensive care unit: a randomized trial. <i>Cmaj</i> , 2015 , 187, 321-9	3.5	61
26	The art of limitations. <i>Perspectives on Medical Education</i> , 2015 , 4, 136-7	4.3	10
25	Avoiding prepositional pile-up. <i>Perspectives on Medical Education</i> , 2015 , 4, 186-7	4.3	2
24	Joining a conversation: the problem/gap/hook heuristic. <i>Perspectives on Medical Education</i> , 2015 , 4, 252-4	4.3	35
23	You see? Teaching and learning how to interpret visual cues during surgery. <i>Medical Education</i> , 2015 , 49, 1103-16	3.7	30
22	Attending physician variability: a model of four supervisory styles. <i>Academic Medicine</i> , 2015 , 90, 1541-6	3.9	41
21	Adaptation and innovation: a grounded theory study of procedural variation in the academic surgical workplace. <i>Journal of Evaluation in Clinical Practice</i> , 2015 , 21, 911-8	2.5	9
20	Adaptive practices in heart failure care teams: implications for patient-centered care in the context of complexity. <i>Journal of Multidisciplinary Healthcare</i> , 2015 , 8, 365-76	2.8	16
19	Exploring the Realities of Curriculum-by-Random-Opportunity: The Case of Geriatrics on the Internal Medicine Clerkship Rotation. <i>Canadian Geriatrics Journal</i> , 2014 , 17, 126-32	2.8	7
18	Language matters: towards an understanding of silence and humour in medical education. <i>Medical Education</i> , 2013 , 47, 40-8	3.7	20
17	Qualitative research in medical education 2013 , 371-384		13
16	Are we all on the same page? A discourse analysis of interprofessional collaboration. <i>Academic Medicine</i> , 2013 , 88, 1509-15	3.9	62
15	Representing complexity well: a story about teamwork, with implications for how we teach collaboration. <i>Medical Education</i> , 2012 , 46, 869-77	3.7	83
14	Grounded theory in medical education research: AMEE Guide No. 70. <i>Medical Teacher</i> , 2012 , 34, 850-61	3	282
13	Conflicting messages: examining the dynamics of leadership on interprofessional teams. <i>Academic Medicine</i> , 2012 , 87, 1762-7	3.9	87

12	Evaluation of a preoperative team briefing: a new communication routine results in improved clinical practice. <i>BMJ Quality and Safety</i> , 2011 , 20, 475-82	5.4	65
11	Qualitative Research Methods in Medical Education 2010 , 323-335		24
10	Slowing down when you should: initiators and influences of the transition from the routine to the effortful. <i>Journal of Gastrointestinal Surgery</i> , 2010 , 14, 1019-26	3.3	79
9	Operating from the other side of the table: control dynamics and the surgeon educator. <i>Journal of the American College of Surgeons</i> , 2010 , 210, 79-86	4.4	54
8	The impact of space and time on interprofessional teamwork in Canadian primary health care settings: implications for health care reform. <i>Primary Health Care Research and Development</i> , 2009 , 10, 151	1.6	62
7	Silence, power and communication in the operating room. <i>Journal of Advanced Nursing</i> , 2009 , 65, 1390-1399	3.9	88
6	Preserving professional credibility: grounded theory study of medical trainees' requests for clinical support. <i>BMJ, The</i> , 2009 , 338, b128	5.9	127
5	Point-of-care assessment of medical trainee competence for independent clinical work. <i>Academic Medicine</i> , 2008 , 83, S89-92	3.9	150
4	Clinical oversight: conceptualizing the relationship between supervision and safety. <i>Journal of General Internal Medicine</i> , 2007 , 22, 1080-5	4	142
3	The rules of the game: interprofessional collaboration on the intensive care unit team. <i>Critical Care</i> , 2004 , 8, R403-8	10.8	128
2	Team communications in the operating room: talk patterns, sites of tension, and implications for novices. <i>Academic Medicine</i> , 2002 , 77, 232-7	3.9	318
1	How to tell compelling scientific stories: tips for artful use of the research manuscript and presentation genres 257-268		2