



What Counts as Medical Education Research and Innovation

MERI 2026 scope guide for submitters and reviewers | Abstracts due Sunday, October 18, 2026

The working definition

Medical education research and innovation is systematic work whose central question is about teaching, learning, or assessment in medicine or the health professions, at any level from pathway programs through residency, continuing education, and faculty and staff development.

The one-question test

Ask what the project is trying to change or understand. If the answer is how learners learn, how educators teach, how learning is measured, or how the environment around training works, it belongs at MERI. If the answer is a patient outcome, a disease mechanism, a clinical process, or a technology judged on its own terms, it belongs elsewhere, even when students did the work. Setting does not decide scope, and neither does having students as subjects. The question does.

Scope checks by submission type

For each submission, check the three boxes for its type. All three checked means the submission is in scope. If any box cannot be checked, mark the submission borderline and name the educational question the project could answer; the leads make the final call and may accept with a reframe request. Workshops are not scope-checked with this tool.

Research

- ☐ The central question is about teaching, learning, assessment, or the learning environment in medicine or the health professions.
- ☐ The abstract states a method and presents data or findings (or, for a work in progress, a defined analysis plan).
- ☐ The outcomes are educational (learners, educators, assessment, or the training environment), not patient care, disease, or clinical processes judged on their own terms.

Innovation

- ☐ The innovation's central purpose is educational: it changes how learners learn, how educators teach, or how learning is measured.
- ☐ The abstract describes what was designed or implemented and for whom (curriculum, tool, program, or process).
- ☐ Some evaluation of educational effect is included, even if early (or, for a work in progress, a defined evaluation plan).

Work in Progress

- ☐ The central question or need is educational, held to the same standard as completed work.
- ☐ A defined analysis plan (research) or evaluation plan (innovation) is described in place of final results.
- ☐ Progress to date and concrete next steps with a realistic timeline are described.

In scope

- Curriculum. Designing, implementing, or evaluating courses, sessions, clerkships, electives, and co-curricular programs.
- Teaching and learning. Instructional methods, simulation, peer teaching, clinical teaching, study strategies, metacognition.
- Assessment and evaluation. Exams, OSCEs, rubrics, workplace-based assessment, feedback, competency measurement, program evaluation.
- Learners and the learning environment. Wellbeing and burnout as they relate to training, professional identity, mistreatment, belonging, remediation, advising.
- Educational technology and AI. Tools for learning, teaching, or assessment, including generative AI, evaluated for their educational effect.
- Faculty and staff development, interprofessional education, admissions and transitions. Including pathway programs and the transition to residency.
- Community-engaged and health-equity education. SDOH curricula, service learning, and community partnerships, when the question is about what learners learn or how the program works.
- Educational quality improvement. QI methods applied to an educational process, with a measured change.

Research has a question, a method, data, and findings. Innovation describes a new curriculum, tool, or process, how it was implemented, and some evaluation, even if early. Works in progress are welcome in both.

Out of scope

- Clinical research where the outcome is patient care: chart reviews, treatment cohorts, clinical trials, diagnostic accuracy.
- Basic science and bench research. Case reports, unless the submission is about using the case to teach and evaluates that use.
- Clinical or operational QI aimed at patient-care processes (throughput, readmissions, safety events) with no educational question.
- Health services, policy, or public health research with no learner-focused component. Technology evaluated on clinical performance alone.
- Literature summaries with no method or educational question, and opinion pieces without systematic inquiry. Some of these fit a workshop instead.

Borderline cases

Some projects sit on the line. The fix is usually a reframe, not a rejection.

- Patient outcomes at a student-run free clinic is out. What students learn there, how they are supervised, or how it shapes career choice is in.
- An AI tool that summarizes clinical notes is out. The same tool as a study aid, or its effect on how students write notes, is in.
- A curriculum on a clinical topic is in when the submission evaluates the teaching, not the clinical rates alone.

Reviewers. Mark a submission borderline when the topic is educational but the question, outcome, or framing is not yet. Name the educational question the project could answer. The leads make the final call and may accept with a reframe request.

Submitters. If you are unsure, ask before the October 18 deadline. We would rather help you reframe a good project than decline it.

MERI 2026 | Wayne State University School of Medicine | Conference December 1, 2026