

Expanding the Conversation on Qualitative Rigor in Medical Education Research

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To the Editor:

Dr Blalock et al's recently-published methodological brief, "Qualitative Methods for Medical Education Research," makes a commendable contribution by distilling key approaches to qualitative inquiry and offering practical recommendations for medical education scholars navigating methodological design and analysis. Their emphasis on rigor, reflexivity, and congruent design is especially valuable in an academic climate where qualitative research continues to face misconceptions about its scientific credibility.¹

However, we believe the discussion would benefit from a deeper engagement with the epistemological dimensions of qualitative work. While the authors acknowledge that ontology and epistemology shape methodological choices, these foundational concepts remain underexplored. As noted by Varpio et al, clarity around theory, theoretical frameworks, and epistemological stance is critical for evaluating qualitative studies meaningfully.² Making these philosophical underpinnings explicit not only enhances trustworthiness but also encourages intentional research design.

The brief's discussion on thematic analysis (TA) is particularly relevant, given TA's widespread use in medical education. Yet, as Braun and Clarke argue, thematic analysis is not only a technique; it is also a theoretically informed method that demands transparency in decisions around coding, theme development, and interpretation.³ Without clear articulation of whether an inductive or deductive approach was used, readers may be left unsure of how conclusions were drawn—posing risks to both rigor and reproducibility.

Importantly, the authors underscore mentorship as essential to qualitative research development. We strongly agree. Given the interpretive nature of qualitative work, mentoring relationships can foster critical reflexivity and ethical research practice. As Appleton notes, peer dialogue—through "critical friends"—can also enhance the integrity of interpretive processes and support early-career researchers navigating methodological complexity.⁴

Finally, while saturation is presented as a practical guidepost, recent scholarship invites caution. Braun and Clarke argue that "saturation" may not always be epistemologically aligned with all qualitative traditions and they warn against its uncritical use as a quality marker.⁵ Future briefs could benefit from delineating which concepts of rigor apply to specific methodologies, recognizing that criteria like triangulation or member checking are not universally endorsed.

Dr Blalock and colleagues have laid a strong foundation. We hope this letter contributes to the growing conversation on how qualitative research in medical education can deepen its methodological reflexivity, sharpen its conceptual clarity, and continue building scholarly legitimacy.

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