Teaching Dossier

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Summary of Teaching Responsibilities

Teaching Interests

My primary teaching interests are in the Undergraduate Medical Education Program, where I teach Human Gross Anatomy and Embryology. I came to teach anatomy and embryology based on my background in Anatomy and Cell Biology and my completion of a two-year anatomy teaching fellowship. Given my additional education and training in Medical Education, I also have an interest in teaching "educational" concepts that are relevant to medical students, including: study strategies, peer-to-peer teaching, and reflection and self-directed learning. My medical education background also qualifies me to provide faculty development teaching, particularly in the areas of multiple choice question writing, teaching methods, establishing a quality environment learning, and providing feedback, as a few examples. My program of research is in the area of learner motivation, specifically using Self-Determination Theory, and this is an area that I would like to expand for my teaching, particularly in faculty development where I would like to be able to teach faculty how setting the right motivational context can significantly impact learning outcomes and learner well-being.

Teaching Activities

Undergraduate Teaching

All courses listed are courses that I taught in the most recent academic year. I have taught in most of these courses for at least 5 years. Any new courses will be indicated as such. Courses where students provided evaluations of my teaching will be indicated with an asterisk * (see Appendix A).

MEDC 115 (PRINCIPLES OF BIOMEDICAL SCIENCES - ANATOMY)*
(100 Students; Large Grp Teaching – 14 hrs; Lab Teaching – 65 hrs)
This large course has 5 modules, one of which is the Physiology, Histology, Embryology and Anatomy module. I teach Human Gross Anatomy and Embryology, where I teach the Thorax, Abdomen and Pelvis sections, and for Embryology, I teach early embryologic development. I primarily use a flipped classroom approach, which requires development of videos, handouts, and case-based worksheets. I also use lectures. I prepare dissection guides for the students. I also oversee an online self-directed module on medical imaging, which draws the link between medical imaging and anatomy. Instructor evaluations for the last 4 years are in Appendix A.

DENT 291 (DENTISTRY ANATOMY)
(30 Students; Large Grp Teaching – 6hrs; Lab Teaching – 40hrs)
The course is an anatomy course for Dentistry students. I teach anatomy of the thorax and the embryology of the heart and lungs. I also help teach in all other labs for the course.

MEDC 111 (SUCCESS IN MEDICAL SCHOOL)
(100 Students; Large Grp Teaching – 7hrs)
The course contains topics related to being a successful medical student. I am the Course Director, which means I oversee all the course components. I am responsible for and lead many of the activities during the 3-day orientation of incoming Year One medical students. I also teach study skills, reflection and self-directed learning, and understanding yourself -personality inventory. I host 4 Feedback Forums throughout the academic year which is an opportunity for the Year One class to meet with me, as the Year Chair, to give feedback on their courses and learning experiences.

MEDC 126/216/226 (FOUNDATIONS IN CLINICAL MEDICINE I, II, III)*
(100 Students; Large Grp Teaching – 6 hrs)
The course teaches students the clinical science of medicine in 11 different modules representing the major body systems or disciplines in clinical medicine, spanning 3 academic terms. Basic science topics are integrated into each body system. I teach anatomy reviews and embryology in the Resp, CV, GI, and Kidney/Urinary Tract modules. Instructor evaluations for the last 4 years are in Appendix A.

MEDC 114 (CLINICAL INTEGRATION I)
(100 Students; Large Grp Teaching – 1 hr)
The course teaches students about clinical reasoning and decision making, ethics, and information literacy. I teach a session on peer-teaching and effective small group learning.

MEDC 212 (MEDICINE AND SOCIETY III)
(100 Students; Large Grp Teaching – 2 hr)
The course teaches students about the Health Care System. Within it there is also a Research module, where I teach the students about Qualitative Research (principles, methods, data collection, analysis). This was a new teaching assignment for the 2018/19 academic year.

MEDC 308 (SELECTED TOPICS IN MEDICINE)
(100 Students; Large Grp Teaching – 1 hr)
The course teaches students about a broad range of clinical and educational topics to supplement their clinical learning. The course uses Team-Based Learning as a teaching method, and I teach a session on creating quality multiple choice questions, which is needed because students are required to submit multiple choice questions for the TBL sessions. This was a new teaching assignment for the 2018/19 academic year.

Graduate Teaching

CLR 800 (CLINICAL RESEARCH METHODOLOGY)
(Student enrollment varies – approx. 20 students per term)
This course is online and self-directed for graduate students and residents and provides an overview of the basic methods relevant to clinical research. I coordinate and oversee a module on N-of-1 trials, bridging clinical practice and research.

MASTERS AND PHD STUDENTS COMMITTEE MEMBERSHIP
External Examiner
Katherine Lysak, 2016, Supervisor – Dr. D. Jorgenson.

Postgraduate Teaching

TIPS FOR RESIDENTS

(Student enrollment varies – approx. 4-6 residents per small group)

The course is two full days and is designed to teach resident the core principles of effective teaching in both the classroom and small group environment. All residents present 2 short microteaching sessions in small groups. I am a regular facilitator of these small group facilitators where I provide feedback and reinforce the principles from TIPS.

Mentorship

I am a regular formal mentor in the Synergy Mentorship program in the College of Medicine. This involves being matched with a second-year medical student and meeting with them regularly throughout the remainder of their four-year program. I regularly have 3 students (one in each of 2nd, 3rd, and 4th year). We typically meet monthly for about one hour and discuss anything of relevance or concern to the student, both academic and non-academic. I also provide informal mentorship to anywhere between 25-40 first year students on matters related to the personal and academic transition to medical school.

Supervision

2018

- Supervisor, Summer student research – Adam Neufeld, Medical students' self-determination and coping, stress, and well-being. Funding: CofM Dean's Student Research Award ($5,000)
- Supervisor, Summer student research – Ashley Palmer, The impact of teacher interrogation on student self-determination. Funding: CofM Dean's Student Research Award ($5,000)
- Supervisor, Summer student research – Bruce Radmacher, The impact of vocal coaching on medical student communication. Funding: CofM Dean's Student Research Award ($5,000)

2017

- Supervisor, Summer student research – Adam Neufeld, Medical students' self-determination in the learning environment and their perceived well-being and resilience. Funding: CofM Dean's Student Research Award ($5,000)

2016

- Supervisor Summer student research – Kara Jodouin, Medical students' self-determination and empathy. Funding: CofM Research Award ($12,500)

2014

- Clerkship Medical Education Elective – Kylie Riou – Supervised Kylie during a two-week elective to learn key topics in Medical Education and to advance a project on Student Wellness, including a grant proposal, advocacy to College of Medicine Leadership for more wellness programming in the curriculum, Speaking engagements with students.

2013

- Clerkship Medical Education Elective – Melissa Anderson – Supervised Melissa to develop and begin to work on a small project on Student Wellness. In addition to the project, Melissa was also given a list of "hot-topics" in Medical Education to read and discuss during the elective. These hot-topics were tailored to her interests and related to the project.
- Co-Supervisor – Summer student research – Barry Robin Bushell, Development and Implementation of an online self-study introduction to research module for undergraduate medical students. Funding: CofM Dean's Student Research Award ($5,000)

2012

- Supervisor – Summer student research – Brittni Webster, An evaluative study of the effectiveness of providing an approach to reflection on medical students' self-reflections. Funding: CofM Dean's Student Research Award ($5,000)

2011

- Supervisor – Summer student research – Dorian Irwin-Kristmanson, Evaluation of the Anatomy Laboratory for First Year Medical Students. Funding: Gwenna Moss Centre for Teaching Effectiveness research award ($2,000)
- Co-supervisor – Summer student research – Neil Kalra, Development and Evaluation of a Medical Imaging Teaching File for Undergraduate Medical Students. Funding: CofM Dean's Student Research Award ($5,000)

Continuing Professional Development/Faculty Development/CME Teaching

WORKSHOPS PRESENTED IN 2017/18 ACADEMIC YEAR (WORKSHOPS FROM PREVIOUS YEARS AVAILABLE AS APPENDIX B)

Date	Duration	Title of Talk/Audience	Organizer/Event/Location
June 2018	90 min	• Introduction to Team-Based Learning o CofM Faculty	CofM Curriculum Committee
June 2018	2 hr	• Writing Your Teaching Philosophy o DAFM faculty	DAFM Retreat/Cochin, SK
June 2018	½ day	• State of the Art in Anatomy Teaching o CofM Alumni	CofM Alumni Assoc.
May 2018	2 hr	• MCQ Writing Workshop o Year 2 remediation students	CofM UGME remediation/ Saskatoon, SK
Feb 2018	½ day	• MCQ Writing Workshop o Foundations Module Directors	CofM Foundations Course Retreat/ Saskatoon, SK
Feb 9 & 27, 2018	½ day	• MCQ Writing Workshop o Clerkship Rotation Directors	CofM UGME Clerkship committee/ Saskatoon, SK
Feb 2018	2 hr	• Faculty On-Boarding – Curriculum Delivery	CofM Fac Development/ Saskatoon, SK
Dec 2017	½ day	• MCQ Writing Workshop o Psychiatry Residents	Dept of Psychiatry/ Saskatoon, SK
Oct 2017	1 hr	• Narrative Feedback o CofM Faculty	CofM Fac. Development/ Saskatoon, SK
Sept 2017	½ day	• College of Medicine Who's Who • Giving Feedback o Saskatchewan Family Physicians	Saskatchewan Chapter CFPC/ Regina, SK

WORKSHOPS/COURSES/SESSIONS ATTENDED IN 2017/18 ACADEMIC YEAR (WORKSHOPS FROM PREVIOUS YEARS AVAILABLE AS APPENDIX B)

Date	Duration	Title of Talk	Organizer/Event

June 2018	5 days	• Harvard Macy Leading Innovations Course	Harvard Macy Institute/ Boston, MA
June 2018	2 hr	• Cognitive Bias	DAFM Retreat/ Cochin, SK
May 2018	90min	• Peer Evaluation of Teaching	CCME / Halifax, NS
Oct 2017	½ day	• Metacognition and Grit	Gwenna Moss / Saskatoon, SK
Sept 2017	½ day	• CBAS and Feedback	Saskatchewan Chapter CFPC/ Regina, SK

Teaching Awards

2018 College of Medicine Excellence in Teaching Award
- This award provides an opportunity for faculty members to honor two peers for their teaching and for being exceptional in practicing their art and craft and have significantly contributed to the teaching mission of the College of Medicine.

2017 Pre-Clinical Teacher of the Year
- Awarded by students of MD class of 2020 recognizing excellence in teaching in the pre-clinical year of undergraduate medical education

2012 Pre-Clinical Teacher of the Year
- Awarded by students of MD class of 2015 recognizing excellence in teaching in the pre-clinical year of undergraduate medical education

Teaching Philosophy

The principles of my teaching philosophy have remained fairly consistent over time; however, they have become more refined and grounded in theory as I have gained more knowledge and experience in education. My knowledge and experience in Self-Determination Theory, in particular, but also various other learning theories and best practices has played a significant role in helping me to focus and understand my philosophy. Below are the key principles that are critical to my teaching style and philosophy:

1) Support Student Autonomy – It is important to first define autonomy from a motivational perspective – it is the perspective from an individual that they are acting out of sense of personal volition or agency. It is about choice and taking individual responsibility to actions and behaviours. Autonomy in its truest sense, is not the same as independence. A person in a new or unfamiliar situation may choose to act with relative dependence, yet they are autonomous in that choice. A person may choose to act with relative independence in that same situation. What is important is that it is a choice to be relatively independent or dependent. Ways that I support student autonomy is by supporting opportunities for students to make choices in their learning. In my flipped lectures, I provide brief video-recorded lectures that they can watch at their own time and their own pace. They are given worksheets in class, and they can choose to work in small groups, individually, or they can even leave the classroom and go to a quite space.

Supporting autonomy goes beyond offering choice. When faculty listen to students, answer questions thoroughly, seek and acknowledge student opinions and ideas, and actively engage learners in the learning process, this gives the students the feeling that they are active agents in their learning, which is a significant source of autonomy. Another key action that supports autonomous engagement in learners is when teachers demonstrate the relevance of the material they are teaching. When students have a clear sense of why the material being taught is important for them and their career as physicians, they will engage more wholeheartedly. Clinical cases applications are the most effective ways to demonstrate relevance.

2) Relevance – For the learner, relevance serves as a source of motivation and effective learning. For the teacher, it serves as a focal point for content management and application. When students recognize that what they are learning has relevance for their education and their future, they are much more willing to engage in the learning process. In order for teaching to be effective, the content needs to be relevant and revisited frequently (i.e., repetition). Frequency for learning is clear – the more that students repeat a concept in their mind, the better they will remember it. However, the more relevant the content, the less frequently it needs to be repeated for people to remember. When we help students to recognize the relevance of the content, they are better motivated to engage in learning it, and they learn it better and can apply the knowledge better.

3) Zone of Proximal Development – Proposed by Vygotsky, a social psychologist, in the 1970s, it is defined as "the distance between the actual development level as determined by independent problem solving and the level of potential development as determined through problem solving under guidance or collaboration with more capable peers." I have found that one of the biggest challenges in our teaching is determining the amount of content we teach and the level at which we teach it. One of the reasons for this challenge is that faculty have difficulty prioritizing and relating their content for novice learners, which results in learners feeling overwhelmed. I put significant effort into prioritizing key content for learners and delivering it in a way that is still scientifically accurate, but meets the learners where they are at. Because the content that I teach is more manageable, students find it easier to understand and learn and they remember it better. My teaching evaluations show that students recognize and appreciate this effort. Content management and teaching at the appropriate level is one of the biggest players in supporting a student's feeling of competence and mastery. This is also one of the biggest reasons why students struggle and experience anxiety and other mental health issues, because they feel somewhat overwhelmed at the scope of medical school learning such that it feels like an impossible task. It is better to teach students relatively fewer critical concepts and have them learn and apply them better, than it is to try to teach them everything and have them learn and integrate less, or, even more concerning, learn less important content over critical content, because they don't know how to effectively prioritize everything that we have taught them. Motivational theory and learning theories have clearly demonstrated this, it is now time that we as faculty apply it.

4) Application – Supports engagement in learning by supporting relevance, in that students work through authentic problems that challenge them, but also allow them to see themselves in their future role as a physician. It supports learners' confidence in their abilities (i.e. self-efficacy) by getting them to practice their knowledge and skills and preparing them for future practice in meaningful ways. I have adopted a flipped lecture approach to many of teaching sessions, because it allows me to focus more in-class time on helping and guiding learners during the application phase, rather than using that time for basic content delivery. It also gets the students more actively engaged in the learning process.

5) Active Learning - Supports student engagement and places learning back into the hands of the learners. Some of my most simple active learning strategies, which pull together major concepts, have been the ones most appreciated by the students and the most effective teaching moments for me. Active learning activities also allow students to receive immediate feedback on their knowledge, which supports better learning.

6) Feedback – A critical step in the learning process that we often overlook as teachers. We understand its importance, but we lack skills in delivery, such that we end up giving vague, non-specific feedback and avoid constructive change-oriented feedback. Detailed, timely, constructive feedback in all forms is essential for learners to develop mastery and confidence and support their motivation toward that mastery.

7) Cooperative Learning – Facilitates peer teaching and learning and a culture of mutual interdependence, such that students desire to support one another rather than compete against one another. The process of working through cognitive dissonance, teaching and learning from each other, building collective wisdom, and developing relationships is a powerful tool to support learning.

8) Relationships – Developing effective and meaningful relationships with students has been the cornerstone of my teaching philosophy and practice. Things that I do to try to create a meaningful relationship include: getting to know the students by name; meeting with them one-on-one to learn a little about them – where they came from, what they are looking forward to about medical school, any fears or concerns they have; I make an effort to tell them about myself as well; I listen to them; I try to engage humour where appropriate; I try to relate with them at their level; and I express that I care about them and their well-being. From a motivational perspective, when students know that they are cared about and feel a sense of belonging, they are much more willing to actively engage, model behaviours, and take greater responsibility for their learning. When students trust me, they are more likely to approach me with concerns, which may be educational, personal, or professional. I may not always be able to help them myself, but I can point them in the right direction to resources or support people. Students more willingly engage when they have a good relationship with their teacher. They take more (healthy) risks when they know they will be supported. They express their concerns and creativity more willingly because they know that their opinions matter, their voice will be heard, and they will be supported. Through these various means, I have tried to help my students to become more autonomous learners, more confident and competent with their knowledge in order to create a firm foundation on which to build subsequent knowledge related to their education, and hopefully also beyond their formal education.

Courses/Workshops/Teaching Materials Developed or Modified

Content presented in this section include materials that have been developed in the 2017/18 academic year. Materials created in previous years are provided in Appendix C.

MEDC 126/216/226 (FOUNDATIONS IN CLINICAL MEDICINE I, II, III)

Co-developer of a new remediation learning plan for students who failed the final exam in the Foundations course. This exam has both MCQ and clinical decision-making questions. Students who fail meet as a group where part of the session is a review of the exam and trouble areas in terms of content. The other part of the session teaches the students about how to write MCQs and clinical decision-making questions. The purpose of the latter exercise was three-fold: 1) if students better understand how the questions are constructed, it may help them to better understand how to approach thinking through them on an exam; 2) by creating questions, it gets the students to focus on a few specific content areas to reinforce learning/review; 3) we collate all questions prepared by the students, which then serves as a practice exam. To date, feedback from students has been positive, in terms of support for learning. The numbers are too small at this point to do statistical comparisons, but all students have been successful on the subsequent supplemental exam.

MEDC 111 (SUCCESS IN MEDICAL SCHOOL)

Developed a Self-Directed Learning component and reflective assignment. The purpose of this course component was to reinforce the link between reflection/reflective practice and self-

directed learning as a key professional activity for physicians. Students are first taught about reflection and then they are introduced to a general approach to engaging in effective but meaningful reflection. They then view it in the context of self-directed learning. Student must then complete a SDL reflection assignment where they consider a clinical experience where they may have experienced a deficiency in their knowledge or skill and they engage in the reflective/SDL process to improve their knowledge or skill.

MEDC 112/122/212/222 (Medicine and Society I-IV)
Co-developer of a longitudinal research theme in the Medicine and Society course. In Year One the students are introduced to Quantitative research (Hypothesis/research question/methods/designs/data collection/analysis). The students work with data points and answer their research questions, through design, data collection, and analysis. Students work in small groups and provide an abstract summary of their research. Students are also introduced to ethics and ethical research protocols. In Year Two they are taught about Qualitative research (Philosophical paradigms, methodologies, data collection, analysis) and engage in a data collection and analysis activity. They provide an abstract summary of their research. In Years Three and Four they engage in mixed methods and QI projects.

TEACHING MATERIALS
Teaching Philosophy – Prepared a description of and instructions for faculty on how to develop a Statement of Teaching Philosophy. The materials are available to all College of Medicine Faculty on the College of Medicine Website, along with supporting resources

Publications/Presentations Related to Teaching/Education

Publications:

Ellaway R, Mackay M, Lee S, Hofmeister M, Malin G, Archibald D, Lawrence K, Dogba J, Côté L, Ross S. The Impact of a National Competency-Based Medical Education Initiative in Family Medicine. *Academic Medicine,* Accepted, 2018.

Thoma B, Hayden E, Wong N, Sanders J, ***Malin G***, Gordon J. 2015. Intrinsic motivation of preclinical medical students participating in high-fidelity mannequin simulation. BMJ Simulation and Technology Enhanced Learning. Apr;1(1):19-23.

Burbridge B, Kalra N, ***Malin G***, Trinder K, Pinelle D. 2015. University of Saskatchewan Radiology Courseware (USRC): an assessment of its utility for teaching Diagnostic Imaging in the medical school curriculum. *Teaching and Learning in Medicine*, 7:1, 91-98.

Kamrul R, ***Malin G***, Ramsden V. 2014. The Beauty of Patient-Centred Care within a Cultural Context. *Canadian Family Physician.* Apr;60(4):313-15.

Oral Presentations at Conferences:

Neufeld A, McKay S, ***Malin G***. 2018. Supporting medical student psychological needs: The relationship between learning environment, self-determination and well-being[abstract]. Paper presented at: Canadian Conference on Medical Education; Halifax, NS

Lloyd J, Taylor-Gjevre R, ***Malin G***, Perrot J. 2018. Providing formative individualized feedback while maintaining exam security[abstract]. Paper presented at: Canadian Conference on Medical Education, Halifax, NS

Malin G. 2018. Empathy in medical students: Does support of self-determination have a role? [abstract]. Paper presented at: Canadian Conference on Medical Education, Halifax, NS

Chlan J, ***Malin G***, Taylor-Gjevre R, Lloyd J, Trinder K, McKague M. 2017. Grade deficit point system: Applying an insurance industry concept to medical education promotions policies[abstract]. Paper presented at: Canadian Conference on Medical Education, Winnipeg, MB

Malin G. 2016. Self-determination in medical school: Medical students' perspectives. [abstract]. Paper presented at: Canadian Conference on Medical Education, Montreal, QC

Kalra N, Burbridge B, ***Malin G,*** Trinder K, Pinelle D. 2014. A Study of the Effectiveness of a Self-study Online Imaging Courseware for First-year Medical Students[abstract]. Paper presented at: Canadian Conference on Medical Education, Ottawa, ON.

Irwin-Kristmanson D, ***Malin G***, Trinder K, D'Eon M. 2012. Evaluation of the Anatomy Laboratory for First Year Medical Students[abstract]. Paper presented at: Canadian Conference on Medical Education, Banff, AB.

Malin G, D'Eon M. 2011. Doctors are Teachers: Early student education about medical education[abstract]. Paper presented at: Canadian Conference on Medical Education, Toronto, ON.

Poster Presentations at Conferences:

Hager B, Chlan J, ***Malin G***, Taylor-Gjevre R, McKague M, Lloyd J, Trinder K. 2018. Grade deficit point system: Applying an insurance industry concept to medical education promotion standards. Poster presented at: Canadian Conference on Medical Education, Halifax, NS.

Taylor-Gjevre R, Trinder K, ***Malin G***. 2017. Scheduled independent learning time utilization and perceived requirements: A student survey. Poster presented at: Canadian Conference on Medical Education, Winnipeg, MB.

Bushell R, ***Malin G***, Ramsden V. 2014. Integrating Research Skills into the Undergraduate Medical Program at the University of Saskatchewan. Poster presented at: Canadian Conference on Medical Education, Ottawa, ON.

Malin G. 2014. Formalizing and inspiring student-intiated educational innovation in a medical school curriculum. Poster presented at: Canadian Conference on Medical Education, Ottawa, ON.

Dyck A, Bacher C, McInnes A, Ziola B, ***Malin G***. 2014. A Student-initated MD/MBA Program at the University of Saskatchewan. Poster presented at: Canadian Conference on Medical Education, Ottawa, ON.

Webster B, ***Malin G***. 2013. Talk is cheap: Can lecture on reflection improve student reflection? Poster presented at: Canadian Conference on Medical Education, Quebec City, QC

Kalra N, Pinelle D, Burbridge B, ***Malin G***. 2012. University of Saskatchewan Radiology Courseware: A Digital Imaging Solution for Medical Education. Poster presented at: Canadian Conference on Medical Education, Banff, AB.

Peer Evaluation of Teaching

Peer evaluation of my teaching is important to me for personal improvement of my teaching. Where possible, I made an effort to have the same faculty member provide a teaching evaluation of the same session over the course of two sequential years so that I could get feedback on the changes I made from the previous year. I was able to do this twice with two different faculty members involved two different teaching sessions (Reflection and Cardiovascular Embryology). Evaluations are listed in Appendix D.

- Collated peer evaluations from my Tenure Seminar presentation Self-Determination in Medical Education: Translating Theory into Practice in June 2017
- Peer evaluation from my Tenure Seminar presentation in June 2017 by a member of the College Review Committee
- Two peer evaluations from Dr. Jackie Perrot for my lecture in Cardiovascular Embryology in 2015/16 and then my flipped classroom approach to the same content in 2016/17, presented to Year One students
- Two peer evaluations from Dr. Andries Muller for my lecture on Reflection in 2013/14 and then in 2014/15, presented to Year One students
- Peer Evaluation from Dr. Marcella Ogenchuk from an embryology lecture in 2012/13, presented to Year One students
- Peer evaluation from Dr. Alanna Danilkewich for my session on Approach to Writing the MCCQE I exam in 2012/13
- Collated peer evaluations from a workshop that I taught for Faculty in Family Medicine in March 2012 on Writing Effective Multiple Choice Questions. These evaluations cover a full range of teaching episodes and teaching methods – classroom, half-day, seminar, and workshops.

Service to Teaching

Year One Chair (2011- present) – Oversee the operations of all courses in the first year of the medical school curriculum, which include: ensuring appropriate integration across courses; ensuring appropriate content is being taught and that appropriate pedagogic methods are used, specifically that all objectives, teaching, and assessment methods are aligned; identifying students in difficulty across multiple courses and refer to supports as necessary; and arranging meetings of course coordinators of all first year courses to address any issues and determine promotion of students at end of Terms 1 and 2.

Committee Membership:

- Curriculum Committee – (2012-present) – oversees curricular planning, design, and implementation for the undergraduate medical school program.
- Student Academic Management Committee (2012-present) - oversees regulation and governance of undergraduate program, including final decision-making on student progress and promotion.
- Faculty Development Committee – (2012-present) – planning faculty development for the department
- Undergraduate Education Committee – (2012-present) - committee to oversee FM involvement in the undergraduate medical school program.
- 2+2 Curriculum Renewal Working Group – (2010-2017) – working to plan and oversee implementation of a new undergraduate curriculum

Appendices

Appendix A – Student Evaluations of Teaching (2015-2017/18)

Appendix B – Workshops Presented and Attended pre-2017/18

Appendix C – Sample Teaching Materials Developed pre-2017/18

Appendix D – Peer Evaluations

Appendix A

Student Evaluation of Undergraduate Teaching (2015-present)

Malin, Greg

Year 2: Foundations III - Reproductive Health Instructor Evaluation for Classroom Teaching (Evaluator: Student (curriculum))
From Aug 14 2017 to May 16 2018
Generated on May 16, 2018

question	number of responses	score for Malin, Greg	score out of	average score for all Undergrad
1) The instructor was knowledgeable and analytical (breadth, analysis, and synthesis of ideas)	26	8.96	10	8.63
2) The instructor was clear and organized (explains clearly and stresses important concepts)	26	8.85	10	8.25
3) The instructor was enthusiastic and stimulating (enjoys teaching and is dynamic)	25	8.96	10	8.46
4) The instructor established rapport (respects students, listens, is supportive)	26	8.77	10	8.43
5) The instructor actively involved learners (challenges thought; questions; answers precisely)	25	9.04	10	8.36
6) The instructor provided direction and feedback	23	8.61	10	8.32
7) The instructor was accessible	25	8.88	10	8.51
8) Overall, the instructor's teaching was effective.	26	8.85	10	8.26

Comments about this instructor. If you gave any ratings below 5, please give an explanation using constructive feedback:

- A good presentation overall, however a little more explanation on some of the slides with diagrams and pictures may be helpful in the future.
- Dr. Malin as usual was a good instructor.
- Dr. Malin's teaching was (as always) wonderful.
- Dr. Malin is always great. Lectures are clear and concise, it's always a pleasure to learn from him.

Malin, Greg

Year 1: Principles in Biomedical Sciences: Embryology/Anatomy - Classroom Teaching Instructor Evaluation Questions (Evaluator: Student (curriculum))
From Aug 1 2017 to Dec 31 2017
Generated on Jan 5, 2018

question	number of responses	score for Malin, Greg	score out of
1) The instructor was knowledgeable and analytical (breadth, analysis, and synthesis of ideas)	61	9.69	10
2) The instructor was clear and organized (explains clearly and stresses important concepts)	61	9.67	10
3) The instructor was enthusiastic and stimulating (enjoys teaching and is dynamic)	61	9.54	10
4) The instructor established rapport (respects students, listens, is supportive)	61	9.82	10
5) The instructor actively involved learners (challenges thought; questions; answers precisely)	61	9.66	10
6) The instructor provided direction and feedback	59	9.54	10
7) The instructor was accessible	57	9.67	10
8) Overall, the instructor's teaching was effective.	60	9.68	10

Comments about this instructor. If you gave any ratings below 5, please give an explanation using constructive feedback:

- Thank you for the flipped lecture style. Works amazingly well.
- The lectures were very well organized with clear objectives. The images and the labels really helped especially for the anatomy lectures. The lectures were very engaging and helped me enjoy the subject.
- Excellent professor. Very good at teaching and explaining concepts. Established rapport and explains concepts in different ways for better understanding.
- Fantastic teacher. I especially like that he is calm and not rushed when he is teaching. He is about big picture rather than memorize-detail orientated. Very much appreciate the classes that he teaches.
- I really liked the flipped lecture approach, I felt much more prepared showing up for class and to do the dissection.
- Great instructor. Very informative and took time with students to ensure that they understood the material. Could tell that Dr. Malin was interested in making sure that the students understood the material and felt confident after asking questions.
- I like the music.
- The flipped lectures are extremely helpful in making sure we are on top of our material and understanding it.
- Excellent Teacher. He made very difficult/confusing concepts relatively easy and actually enjoyable to learn. So glad I got to have him and I hope to have him again in the future!
- Great teacher, great job.
- Dr. Malin is an excellent teacher! He made anatomy much easier.
- Excellent Instructor
- Dr. Malin's lectures are always engaging and help me think critically about the material presented.
- Dr. Malin is fantastic, he is engaging and knowledgable and clearly wants the best for his students and makes us feel supported and encouraged.
- Dr. Malin is relateable, very knowledgeable and approachable! Amazing instructor! Very lucky to have had him as an instructor!
- Dr. Malin did a wonderful job of instructing embryology/anatomy. His lectures and objectives were always clear, and he communicated information in a way that was very easy for students from all different educational backgrounds to understand. I found his anatomy lectures particularly helpful, as I did not have any anatomy exposure in my undergraduate education. The slides were easy to follow, concise, and he was always clear about what information he wanted us to focus on.
- Dr. Malin is fantastic, he is very organised, enthusiastic and supportive. He makes challenging material very easy to grasp and makes the content very applicable.
- Dr. Malin is an exceptional teacher.

Malin, Greg

Year 1: Principles in Biomedical Sciences: Embryology/Anatomy - Classroom Teaching Instructor Evaluation Questions (Evaluator: Student (curriculum))
From Aug 1 2016 to Dec 30 2016
Generated on Jan 19, 2017

question	number of responses	score for Malin, Greg	score out of
1) The instructor was knowledgeable and analytical (breadth, analysis, and synthesis of ideas)	67	9.66	10
2) The instructor was clear and organized (explains clearly and stresses important concepts)	67	9.45	10
3) The instructor was enthusiastic and stimulating (enjoys teaching and is dynamic)	67	9.52	10
4) The instructor established rapport (respects students, listens, is supportive)	67	9.67	10
5) The instructor actively involved learners (challenges thought; questions; answers precisely)	67	9.45	10
6) The instructor provided direction and feedback	65	9.43	10
7) The instructor was accessible	66	9.45	10
8) Overall, the instructor's teaching was effective.	67	9.54	10

Comments about this instructor. If you gave any ratings below 5, please give an explanation using constructive feedback:

- Dr. Malin really cared about the students and helping us understand the material. I liked the flipped lectures a lot because applying the material helped the knowledge stick much easier.
- Awesome teacher.
- Excellent professor
- Highly value and appreciate Dr. Malin's teaching style. He is focused on making it digestible for us to learn and keeps our sanity in mind - he brings a sense of calmness to lectures and labs.
- Dr. Malin is one of the best instructors I've ever had. His lectures are very clear and well-organized, and follow and logical linear progression. When he speaks, he sounds calm and explains concepts in a concise and straightforward manner. It never feels like there is any missing information, or that he jumps around from idea to idea. Keep up the great work!
- I really enjoy the flipped lectures and questions that challenge you to apply the content.
- Dr. Malin is an absolutely fantastic lecturer.
- Knows his stuff and can effectively convey them to the students. It was also easy to follow along with him. Great lectures!
- I find Dr. Malin's flipped lecture approach leaves me knowing the material much better than traditional lectures
- Fewer Flip lectures would help students that have a hectic November with lots of assignments due. I tried emailing him with a question and I never received a response.
- This last set of flipped lectures was extremely valuable because they were topics that you really needed to spend time orienting yourself to understand them.
- Great instructor. Clear objectives, and well planned and organized lectures. Case studies are helpful.
- In his lectures it's so easy to understand and he makes good comparisons in his videos to help you and really focuses on the main things you need to know, instead of the giving us every branch of every nerve and every artery.
- Always enjoy Dr. Malin's lectures
- Dr. Malin is a wonderful instructor. His slide shows are extremely well organized and clear, and his teaching style follows suit. He does a great job eliciting input and incorporating changes into his teaching (ie. uploading videos to youtube so that the playback is more convenient for us). His efforts are truly appreciated.
- One of the best professors I have had. The reason for this is because he teaches in very basic, simple manner which allows us as students to make sense of the information being presented.
- I really enjoyed Dr. Malin's teaching style. He was very approachable and accessible whether via e-mail or in-person. I found his "flipped-lecture" format effective in helping me to achieve the objectives of each topic, and appreciated the time that he and the teaching fellows spent circulating the class as we worked through our assignment.

Malin, Greg -- Undergrad

Year 1: Principles in Biomedical Sciences: Embryology/Anatomy - Classroom Teaching Instructor Evaluation Questions (Evaluator: Student (curriculum))
From Jul 1 2015 to Jun 30 2016
Generated on Jul 26, 2016

question	num responses	score for Malin, Greg	out of	average score for all Undergrad
1) The instructor was knowledgeable and analytical (breadth, analysis, and synthesis of ideas)	32	9.20	10	9.30
2) The instructor was clear and organized (explains clearly and stresses important concepts)	32	9.20	10	8.60
3) The instructor was enthusiastic and stimulating (enjoys teaching and is dynamic)	32	9.40	10	8.90
4) The instructor established rapport (respects students, listens, is supportive)	32	9.30	10	9.00
5) The instructor actively involved learners (challenges thought; questions; answers precisely)	32	9.20	10	8.80
6) The instructor provided direction and feedback	31	9.10	10	8.70
7) The instructor was accessible	30	9.10	10	8.90
8) Overall, the instructor's teaching was effective.	32	9.30	10	8.80

Comments about this instructor. If you gave any ratings below 5, please give an explanation using constructive feedback:

- Great lecture!
- Always love when Dr. Malin is teaching us! He does a great job integrating clinical scenarios with the material we are learning so we can see why it is important to understand. I do appreciate the flipped lectures that he does for anatomy. While it does make for more work than the traditional lecture, it is much easier to go back and study and recall the material learned in the flipped lecture. He also goes at a nice pace and is easy to follow.
- If only all of our classes went at this pace and with this much clarity during lectures
- Most stimulating lecture in months. Greg has a way of keeping me engaged. Embryo is a class that I was dreading. We only covered a small amount of material but it was delivered in a manner that made it easy to understand.

I liked the call for key points from the students, keep doing that.

- Dr. Malin does a really great job of engaging the class and encouraging participation. His enthusiasm and love of teaching is evident. I also appreciated how he asked us to email him points that we learned in class so that he can provide us with a summary for studying purposes.
- fantastic! Great enthusiasm and very approachable.
- Basically, Dr. Malin is fantastic.
- I found there was a lot of pictures and I think I would have benefitted from the pictrues with more descriptors of what I was suposed to be seeing in the pictures
- Dr. Malin's analogies were very helpful in picturing certain anatomy concepts. He also did a good job on cutting down on extraneous information.

Malin, Greg -- Undergrad

Year 2: Clinical Skills III - Advanced Communciation Skills Instructor Evaluation for Small Groups (Evaluator: Student (curriculum))
From Jul 1 2015 to May 12 2016
Generated on May 12, 2016

question	num responses	score for Malin, Greg	out of	average score for all Undergrad
1. Understood the objectives of this module	3	10.00	10	9.20
2. Helped me achieve the objectives of this module	3	10.00	10	9.20
3. Taught/modeled effective clinical and technical skills	3	10.00	10	9.10
4. Taught/modeled effective communication skills	3	10.00	10	9.10
5. Gave me an appropriate amount of autonomy	3	10.00	10	9.20
6. Established a good learning environment (punctual, available, open to feedback, enthusiastic, respects students, listens, is supportive)	3	10.00	10	9.20
7. Offered regular feedback (both positive and negative)	3	10.00	10	9.20
8. Modeled integrity, honesty and compassion in patient interactions.	3	10.00	10	9.30

Malin, Greg -- Undergrad

Year 2: Clinical Integration III - Ethics Instructor Evaluation for Small Groups (Evaluator: Student (curriculum))
From Jul 1 2015 to Apr 22 2016
Generated on Apr 22, 2016

question	num responses	score for Malin, Greg	out of	average score for all Undergrad
1. Understood the objectives of this module	4	9.30	10	9.00
2. Helped me achieve the objectives of this module	4	9.00	10	8.90
3. Taught/modeled effective clinical and technical skills	4	9.00	10	9.00
4. Taught/modeled effective communication skills	4	9.50	10	8.90
5. Gave me an appropriate amount of autonomy	4	9.80	10	8.90
6. Established a good learning environment (punctual, available, open to feedback, enthusiastic, respects students, listens, is supportive)	4	10.00	10	9.00
7. Offered regular feedback (both positive and negative)	4	10.00	10	9.00
8. Modeled integrity, honesty and compassion in patient interactions.	2	10.00	10	9.00

Comments about this instructor. If you gave any ratings below 5, please give an explanation using constructive feedback:

- Dr. Malin does an excellent job at fostering an open environment that helps everyone contribute and learn in an effective way.
- N/A given due to no patient interaction during the session. Dr. Malin was encouraging, knowledgeable, and provided good feedback. About the session itself however, I think it would be easier and more comfortable to discuss in smaller groups.

Malin, Greg -- Undergrad

Foundations in Clinical Medicine I: Cardiovascular - Instructor Evaluation Questions for Classroom Teaching (Evaluator: Student (curriculum))

From Jul 1 2014 to Jun 2 2015

Generated on Jun 2, 2015

question	num responses	score for Malin, Greg	out of	average score for all Undergrad
1) The instructor was knowledgeable and analytical (breadth, analysis, and synthesis of ideas)	32	9.40	10	8.90
2) The instructor was clear and organized (explains clearly and stresses important concepts)	32	9.40	10	8.40
3) The instructor was enthusiastic and stimulating (enjoys teaching and is dynamic)	32	9.60	10	8.40
4) The instructor established rapport (respects students, listens, is supportive)	32	9.50	10	8.50
5) The instructor actively involved learners (challenges thought; questions; answers precisely)	31	9.40	10	8.30
6) The instructor provided direction and feedback	28	9.40	10	8.50
7) The instructor was accessible	30	9.50	10	8.60
8) Overall, the instructor's teaching was effective.	32	9.30	10	8.40

Comments about this instructor. If you gave any ratings below 5, please give an explanation using constructive feedback:

- As always, Dr. Malin was very clear and engaging.
- Dr. Malin's lecture was very engaging and easy to understand. The sock diagram was very helpful!
- The sock folding didn't make a lot of sense to me. I feel like a youtube video could really highlight what is happening well.

Malin, Greg -- Undergrad

Principles in Biomedical Sciences: Embryology/Anatomy - Classroom Teaching Instructor Evaluation Questions (Evaluator: Student (curriculum))
From Jul 1 2014 to Feb 23 2015
Generated on Feb 23, 2015

question	num responses	score for Malin, Greg	out of
1) The instructor was knowledgeable and analytical (breadth, analysis, and synthesis of ideas)	40	9.40	10
2) The instructor was clear and organized (explains clearly and stresses important concepts)	40	9.10	10
3) The instructor was enthusiastic and stimulating (enjoys teaching and is dynamic)	40	9.40	10
4) The instructor established rapport (respects students, listens, is supportive)	40	9.40	10
5) The instructor actively involved learners (challenges thought; questions; answers precisely)	40	9.30	10
6) The instructor provided direction and feedback	38	9.30	10
7) The instructor was accessible	35	9.40	10
8) Overall, the instructor's teaching was effective.	40	9.30	10

Comments about this instructor. If you gave any ratings below 5, please give an explanation using constructive feedback:

- Dr. Malin's lectures were very well-organized and stressed the important concepts effectively. I really liked his video lectures and found them to be helpful as it was nice to be able to go back and listen to/watch something again if I needed to.
- Should give lessons to other lecturers on how to teach. Seriously.
- It is very clear that Dr. Malin truly cares about his students. He makes an effort to get to know us and to ensure that we are succeeding.
- Very likely one of the best professors I have ever had. Very good at explaining hard concepts, as well as keeping the class' attention. He truly cared about each and every student and was always available if anyone ever needed any help. The preparation time for the flipped lectures was sometimes overwhelming. However, the flipped lectures were quite effective at getting a better understanding of key concepts, and applying knowledge to clinical scenarios was very interesting.
- Found slide layout to be confusing
- Best instructor. Powerpoints were labelled and easy to follow. Teaching was concise, relevant, and not overwhelming.
- Dr. Malin is everything you could ask for in a professor for first year medical students. He did an exceptional job and employing several teaching methods and clearly understood the importance of a sound pedagogical approach to medical education. His emphasis on critical information allowed students the time to master the important aspects as opposed to spending a considerable amount of time deciphering that information as seen in other courses. I really appreciate the high level of effort he commits to the delivery of medical education.
- Dr. Malin was a great professor
- Dr. Malin was by far one of the best instructors of the course. He should lead the other profs into tweaking their instructing.
- Absolutely outstanding teacher. Very much invested in his student's education and truly cares about what students take away from the course. Beyond that he makes sure it is an enjoyable learning experience. His videos were clear, well thought out and concise. He clearly put a lot of time and effort into his teaching and I so appreciate it. Thank you Dr. Malin!
- worksheets were amazing!!!
- Dr. Malin's classes were always great. I really enjoyed his flipped lectures. I thought they were a great way to learn on my own and really understand the concepts.

Appendix B

Workshops Attended and Presented Pre-2017

Workshops Attended

June 2017	1 day	Family Medicine Faculty Development Retreat • Coaching • Using Technology in Teaching • Professionalism in Teaching	DAFM
June 2017	1 day	Family Medicine Undergrad Educ. Committee Retreat • Strengths Finder • Strategic Planning	DAFM
June 2017	1 day	Curriculum Committee Retreat • Indigenous Culture • Assessment of Program Learning Objectives	College of Medicine
April 2017	4 days	Canadian Conference on Medical Education • Attended Plenaries, Poster Sessions, Oral Presentations and Workshops	AFMC
Nov 2016	2 hrs	Integrated Testlets – A novel approach to application MCQs	GMCTE
Jun 2016	½ day	Year One Committee Retreat • Assessment and Standard Setting	Year One Chair
Jun 2016	1 day	Curriculum Committee Retreat • Curriculum Integration	College of Medicine
Jun 2016	1 day	Family Medicine Faculty Development Retreat • Assessment and Evaluation	DAFM
May 2016	4 days	Canadian Conference on Medical Education • Attended Plenaries, Poster Sessions, Oral Presentations and Workshops	AFMC
Mar 2016	1 hr	CAME Webinar • Flipping the Classroom	CAME
Nov 2015	2 days	Family Medicine Forum • Attended Plenaries, Poster Sessions, Oral Presentations and Workshops	CFPC
Sept 2015	2 days	CACMS Accreditation Workshop • Learned about the new accreditation standards and processes	College of Medicine
April 2015	4 days	Canadian Conference on Medical Education • Attended Plenaries, Poster Sessions, Oral Presentations and Workshops	AFMC
Mar 2015	1 day	2+2 Curriculum Retreat	College of Medicine
Dec 2014	1 day	Family Medicine Faculty Development Retreat • Identifying and remediating professionalism issues	Dept. of Academic Family Medicine

April 2014	1 day	Family Medicine Faculty Development Retreat • Teaching styles and impact on teaching	Dept. of Academic Family Medicine
April 2014	4 days	Canadian Conference on Medical Education • Attended Plenaries, Poster Sessions, Oral Presentations and Workshops	AFMC
Mar 2014	3- ½ days	Session Development Workshops	College of Medicine
Feb 2014	1 day	College of Medicine Educational Leaders Retreat	College of Medicine
Nov 2013	4 days	Family Medicine Forum • Attended Plenaries, Poster Sessions, Oral Presentations and Workshops	CFPC
April 2013	1 day	Scholarship of Teaching and Learning Symposium	GMCTE
April 2013	3 days	Canadian Conference on Medical Education • Attended Plenaries, Poster Sessions, Oral Presentations and Workshops	AFMC
Jan 2013	1 day	Family Medicine – Research Retreat	DAFM
Jan 2013	1 day	Medical Council of Canada – Centenary Workshop Series • Blueprinting & choosing appropriate tools for assessment of student performance: Integrating a curriculum • Assessment and Clinical Decision Making using a key-featured approach	MCC * certificates provided
Nov 2012	3 days	Family Medicine Forum • Scholarship and Innovation in Medical Education: From idea to action plan – • Attended Plenaries, Poster Presentations, Oral Presentations, Workshops	CFPC
Oct 2012	2 hr	Flipped Classroom Interactive Seminar	GMCTE
Sept 2012	1 day	Mentoring in Medicine Workshop	College of Medicine
June 2012	3 x 2hrs	Learner-Centred Assessment Workshop Series • Using Rubrics to Provide Feedback • Using Ill-Structured Problems • Portfolios	ES&D
April 2012	3 days	Canadian Conference on Medical Education • Attended Plenaries, Poster Presentations, Oral Presentations, and Workshops	AFMC
Feb 2012	½ day	Award Winning Teachers	GMCTE
Nov 2011	3 days	Family Medicine Forum • Attended Plenaries, Poster Presentations, Oral Presentations, and Workshops	CFPC

Workshops/Seminars Presented

June 2017	1 hr	• Setting the Motivational Context for Learning o CofM Faculty	CofM Curriculum Committee
June 2017	½ day	• Back to the Future: Alumni Tour of Anatomy Lab o CofM Alumni	CofM, Alumni Assoc.
June 2017	1 hr	• Self-Determination in Medical Education: Translating Theory into Practice o DAFM Faculty	DAFM – Faculty Development
May 2017	90 min	• Setting the Motivational Context for Learning o Medical Educators	AFMC/CAME
Apr 2017	30 min	• Keynote Address - Mentorship and Self-Determination o Students and Faculty	CofM Career Mentoring Office
Mar 2017	½ day	• Writing Quality MCQs o Faculty	GMCTE
Dec 2016	1 hr	• Writing Quality MCQs o Graduate Students	Graduate Studies
Nov 2016	½ day	• Writing Quality MCQs o DAFM Faculty	DAFM
Nov 2016	½ day	• Writing Quality MCQs o Psychiatry Residents	Dept of Psychiatry
Oct 2016	½ day	• Podcasting and Screencasting o Faculty	GMCTE
Sept 2016	½ day	• Writing Quality MCQs o Clinical Skills Faculty	CofM Clinical Skills Sub-Committee
Aug 2016	½ day	• Writing Quality MCQs o Pharm and Nutrition Faculty	College of Pharmacy and Nutrition
June 2016	½ day	• Back to the Future: Alumni Tour of Anatomy Lab o Alumni	CofM Alumni Assoc.
June 2016	1 hr	• Scaffolding to Meet Learner Needs o DAFM Faculty	DAFM
Feb 2016	½ day	• Writing Quality MCQs o Psychiatry Faculty	Dept of Psychiatry
Dec 2015	½ day	• Writing Quality MCQs o Psychiatry Residents	Dept of Psychiatry
Dec 2015	2 hrs	• Using Screencasting o Faculty	GMCTE
Dec 2015	2 hrs	• Flipping Your Classroom o Faculty	GMCTE
Dec 2015	1 hr	• Writing Quality MCQs o Graduate Students	Graduate Studies

Nov 2015	2 hr	• Med Ed Grand Rounds – Self-Determination Theory o CofM Faculty	CofM Faculty Development
Oct 2015	½ day	• Writing Quality MCQs o CofM Faculty	Clinical Skills Sub-Committee
Sept 2015	½ day	• Writing Quality MCQs o Nursing Faculty	College of Nursing
Aug 2015	2 hrs	• Screencasting o Faculty	GMCTE
Aug 2015	2 hrs	• Flipping Your Classsroom o Faculty	GMCTE
Apr 2015	2 hrs	• Screencasting o Faculty	GMCTE
Apr 2015	½ day	• Writing Quality MCQs o CofM Faculty	Foundations Course Team
Mar 2015	½ day	• Writing Quality MCQs o CofM Faculty	Clinical Skills Sub-Committee
Mar 2015	½ day	• Writing Quality MCQs o Faculty	GMCTE
Jan 2015	1 hr	• Tips for Effective Presentations o Emergency Faculty	Division of Emergency Medicine
Jan 2015	2 hr	• Flipping Your Classroom o Emergency Faculty	Division of Emergency Medicine

Appendix C

Sample Curriculum Innovation Documents

Sample Worksheets from Flipped Classroom Activities

SAMPLE A

Worksheet for Thoracic Wall and Lung Anatomy

1. A 24 year old male presents to emergency after a motor vehicle accident with severe left-sided chest pain near the mid-axillary line at the level of the 8/9th rib. He is diagnosed with multiple rib fractures. He is in significant respiratory distress and an ultrasound reveals significant internal bleeding within the abdomen.
    a. Where is the most common site of fracture on the ribs? (1 mark)

    b. What could be the cause of his respiratory distress? (1 mark) Internal bleeding? (1 mark)

2. Define supernumerary rib. List some of the clinical symptoms that may result from the cervical type, thinking specifically of the anatomical relationships. (2 marks)

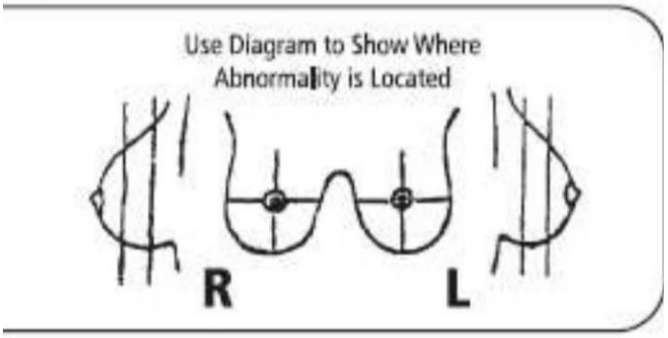
3. List 5 important anatomic relationships of the sternal angle (angle of Louis/ manubriosternal junction). Discuss the clinical importance of this landmark. (3 marks)

4. Define sternotomy. Briefly describe one common use of it. Describe the anatomy involved when performing it. (1 mark)

5. A 67 year old women presents to the ER with crushing chest pain. Her history, physical exam, ECG and lab results are all consistent with a myocardial infarction (heart attack). Imaging reveals that the blockage is in the anterior interventricular artery (also called the Left Anterior Descending artery). She must undergo coronary artery bypass surgery. Which artery is most likely to be used for bypass involving this specific artery? Why, anatomically speaking, is it a good choice? (2 marks)

6. Define Thoracocentesis and briefly note why it is done. Discuss the 2 important anatomical considerations when performing this procedure. (3 marks)

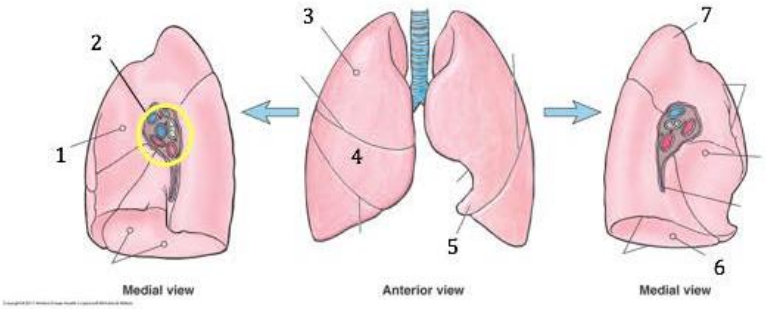
7. A 49 year female presents to you with a history of recently discovering a lump in her left breast. You perform a breast examination and discover the lump in the left breast in the superior lateral quadrant. You fill out medical imaging requisition form so that you can a better view of the lump.
   a. Draw the location of the lump (based on the info available). (1 mark)



   b. What is the most common method of spread (metastasis) of breast cancer in the body? Based on this, what physical exam would you preform, and where, specifically, on this patient? (1 mark)

8. A two year old is eating peas and manages to inhale one into her airway. She is now in respiratory distress. In which lung airway is the pea most likely located? Explain why. (1 mark)

9. Identify the number-labeled structures, and name the red and blue vessels (in yellow circle). (2 marks)



10. Define pneumothorax and pleural effusion. Describe the anatomical structures involved. (3 marks)

SAMPLE B

Worksheet for GI Abdominal Wall

1. A cardiovascular surgeon is completing a bypass surgery and must insert drainage tubes from the pericardium through the upper abdominal wall near the subcostal margin to the left of the midline to prevent accumulation of blood in the pericardium once the wound is closed. When inserting this tube, which artery is important to avoid? What is the origin of this artery? (1 mark)

2. A surgeon has just completed a successful open appendectomy at McBurney's point and now must close up the abdominal wall in order to ensure proper wound healing and proper integrity of the abdominal wall in the future.
    a. Provide a description of the location of McBurney's point. (1 mark)

    b. Describe the layers of the abdominal wall at this location. (1 mark)

    c. How would the layers be different if the incision was made through the rectus abdominis just above the level of the umbilicus? (1 mark)

3. An 8 year old boy presents to his physician with a history of a mass that extends into his scrotum when he coughs hard, or when he sits up from a laying position. The mass goes away on its own once he relaxes his abdominal muscles. He is diagnosed with an inguinal hernia.
    a. How are inguinal hernias classified? Specifically, name and describe the relevant anatomy of the inguinal region that helps to distinguish inguinal hernias. Also include the basic course of herniated bowel in each form of hernia. (2 marks)

    b. What is the name of the embryologic structure involved in the congenital form of inguinal hernias? (1 mark)

4. A newborn baby is brought to her family physician because the parents were concerned about a bulge in baby's abdominal wall when she cries or is straining to void. The mass protrudes near her umbilicus along the midline of her abdominal wall. She is otherwise healthy. What abdominal wall structures are involved in this problem? (describe structures where appropriate) (1 mark)

5. You are performing an abdominal exam on a man who is a known long-time alcoholic with advanced liver cirrhosis. This day he looks particularly unwell and during the exam he vomits a large amount of blood. He is diagnosed with portal hypertension and esophageal varices.
    a. Provide a brief (basic) description of portal hypertension and describe the anatomy relevant to his portal hypertension and esophageal varices. (2 marks)

6. Describe how the abdomen is subdivided into quadrants and regions. List at least two major organs that you would find in each quadrant. (2 marks)

SAMPLE C

Worksheet for Reproductive Anatomy – Pelvis

1) A 30 year female is 15 weeks pregnant with her first child and is experiencing significant pelvic and low back pain.
    a. What joints and ligaments would be affected? (1 mark)

    b. What is the physiologic explanation? (1 mark)

2) A 65 year old male with a history of prostate cancer presents to the ER with suprapubic pain. Physical exam and ER ultrasound indicate significant urinary retention secondary to the prostate cancer. His bladder must be drained, but because of the state of his prostate cancer, urethral catheterization is contraindicated.
    a. Explain the anatomy relevant to this supra-pubic procedure. (1 mark)

3) A 38 year old female, mother of 4 children, presents to her family physician with a history of urinary incontinence when coughing, sneezing or laughing. All children were delivered vaginally.
    a. What anatomic structures have been affected that can explanation her incontinence? (1 mark)

4) A gynecologist is performing an abdominal hysterectomy and oophorectomy on a 50 year old woman. During the procedure, the major vessels that supply the pelvic viscera must be clamped and cut.
    a. What is the key anatomic relationship to know when performing this part of the procedure? (1 mark)

5) A 45 year old female must undergo a vaginal hysterectomy due to fibroids.
   a. What are some of the important anatomical relationships to consider in this procedure? (1 mark)

6) A 26 year female presents to emergency with acute onset lower abdominal pain and is hemodynamically unstable. A sample of peritoneal fluid must be collected to determine if this is due to a ruptured ectopic pregnancy.
   a. Where is fluid most likely to collect in the peritoneal cavity (assuming she is sitting up-right and not laying down)? (1 mark)

   b. How could the physician obtain a peritoneal fluid sample as minimally invasive as possible (ie. without performing surgery)? (1 mark)

7) A 53 year old woman presents to her family physician with a feeling of pressure in her vagina. She has 3 children the first delivered vaginally and the other two by C-section. She is post-menopausal. On inspection it is discovered that her uterus has prolapsed into her vagina.
   a. What is the anatomic and physiologic explanation for her prolapsed uterus? (1 mark)

Description and Rubric for Self-Directed Learning Assignment

Success in Medical School Reflection and SDL Assignment

Objective:

1. Develop an approach to reflection that will support self-directed and life-long learning. (Scholar)

Assignment:

In order to be effective learners and physicians, medical students need to develop/hone their skills in self-directed learning during their undergraduate educational experience. Being a self-directed learner involves reflecting on and identifying individual learning needs (including setting a goal to guide the self-directed learning process), seeking out credible resources to address the learning need, sharing lessons learned with peers/mentors/tutors, applying lessons learned to the resolution of the learning need, and finally identifying a plan for monitoring future effectiveness.

The purpose of this assignment is to practice these skills in a structured context and for you to receive feedback on the reflective process.

For this assignment, please reflect on and choose an experience from your shadowing or clinical skills encounters where you felt you had a learning deficit, issue, or need. Based on that experience, engage in the reflection and self-directed learning sequence:

1. Reflect on the experience and identify the learning need
2. Establish a goal to guide the SDL process
3. Review relevant literature to address the learning issue in an evidence-informed manner
4. Assess the credibility of the sources used
5. Share/discuss learning issue and lessons learned with a peer, mentor or facilitator for feedback
6. Apply lessons learned to the resolution of the learning need or to the previously established goal for learning
7. Discuss a plan for monitoring effectiveness

Format: Typed, 12 font size, double-spaced. Maximum 3 pages (no minimum, as long as it achieves the expectations). May include visual elements (e.g. pictures, drawings) in the reflection if it is felt that it helps to provide clarity. Citation and references according to the ICMJE guidelines. Please ensure patient confidentiality in your reflection. If a different reflective format is preferred (e.g. video narrative), please contact Dr. Malin to discuss options to ensure expectations for assignment will be met. You will not be assessed on the content or outcome of your reflection, but rather on the reflective process you follow, the depth to which you engage in the reflective process, and the clarity in how you express yourself.

Due Date: March 30th, 2018.

Grading:
See Rubric on next page.

Success in Medical School Reflection and SDL Assignment

Marking Rubric Checklist:

Element 1 – Learning need identification and goal setting	**No**	**Yes**	**Excels**
Reflects on the experience and identifies the learning need	Simple recall/ list of events	Describes experience with discussion of personal thoughts/values/biases, past experiences, others' perspectives	All of "Yes", with engaging writing style, with clarity on purpose of reflection for learning and improvement in practice.
Establishes Goal	Not listed	Provides clear goal related to learning need	
Element 2 - Sources	**No**	**Yes**	**Excels**
Reviews relevant literature related to learning issue	No sources used	Relevant literature selected	All of "Yes", and sources incorporated into narrative in fluid manner
Assesses Credibility of Sources	No discussion of quality of sources	Discusses quality of sources including possible limitations of credibility	All of "Yes" and discusses strengths or limitations of sources related to application to individual patient or clinical context
Uses proper ICMJE citation formatting	No citations, or poor use of ICMJE style	Appropriate citation style	
Element 3 – Sharing and Feedback	**No**	**Yes**	**Excels**
Shares/Discusses learning need and lessons learned with peer/preceptor/mentor	Did not share, or no description/ superficial description of conversation	Discusses conversation with external individual, and how it shaped learning	All of "Yes" and also incorporates external feedback into their lessons learned
Element 4 - Application	**No**	**Yes**	**Excels**
Apply lessons learned to resolution of learning issue or to the previously established learning goal	Superficial description of lessons learned, no link to future implications	Description of lessons learned, with link to learning goal and implications for future practice.	All of "Yes" and discussion of influence of learning personal values, assumptions, biases, and patient care
Element 5 – Monitoring	**No**	**Yes**	**Excels**
Discusses a plan for future monitoring	No plan discussed or superficial discussion not linked to lessons learned	Description of basic plan, with link to lessons learned and future clinical encounters	All of "Yes" but with a more detailed or sophisticated plan

Successful completion of this assignment requires at least ONE "Yes" in each of the Elements

Excerpt from MEDC 126 Syllabus describing use of Grade Deficit Point System

Pathology - Robbins & Cotran Pathologic Basis of Disease, 9e (Robbins Pathology) [Hardcover] Vinay Kumar MBBS MD FRCPath (Author), Abul K. Abbas MBBS (Author), Jon C. Aster MD PhD (Author) Publication Date: July 9, 2014 [ISBN 978-1455726134] Edition: 9

COURSE ASSESSMENT OVERVIEW

Course Component	Component Requirement	Weighting in Final Mark
Hematology Module	70% on module	25%
Respiratory Module	70% on module	25%
Cardiovascular Module	70% on module	25%
Gastrointestinal Module	70% on module	25%
Course Total Mark		100%
Final Integrative Exam	60% on exam	-

COURSE POLICY FOR SUCCESSFUL COMPLETION & REMEDIATION

For successful course completion for the purposes of promotion, students must achieve a minimum grade of 70% in each of the four modules within the Foundations I course (Hematology, Respiratory, Cardiovascular and Gastrointestinal Medicine Modules). Students must also achieve a minimum grade of 60% in the end-of-term integrated examination for Foundations I. The end of term integrated examination will include both multiple choice questions and clinical decision making problems. Students who are unsuccessful on the course will receive a grade of "F" on their transcipts

A student's grade for each module will be determined at the end of each module and is based on the weighted cumulative average of all graded assessments within each individual module.

The requirements for successful completion of the Foundations I Course are listed below. Please note that students must meet the overall Term 2 promotion standards in order to be promoted to Year 2 (see Student Information Guide):

A) Students will be considered to have successfully completed the Foundations I Course if they have achieved a minimum 70% average grade in each of the four modules and a minimum 60% grade on the end-of-term Foundations I integrated examination.

B) Students who have not received the required 70% average grade in any of the four modules or a 60% grade in the end of term integrated examination will be deemed to be experiencing academic difficulty. The severity of academic difficulty will be based on a weighted grade deficit assessment (see Table 1 for grade deficit point allocation rubric). Students accumulating 2 or more deficit points at any point in the course will be required to meet with a course sub-committee of at least 3 people (made up of Course Chairs(s); relevant Module Director(s); Year Chair or designates) to discuss ways to improve academic performance. The goal of such a meeting is not meant to be punitive, but should be student-centered, and focused on the success and well-being of the student. With any further accrual of deficit points, the student will be required to again meet with the course sub-committee.

C) Students who are identified as being in academic difficulty as defined in (B) above may potentially be offered remediation for the modules or the integrated examination for which they did not achieve the standard. The module director retains the right to determine the specific type of remediation needed for each individual student. This remediation may be in the form of additional assignments, assigned readings, meetings with the module director and/ or supplemental examinations as determined by the module director and/ or course chair(s). The determination of eligibility for any type of remediation will be based on a weighted grade deficit assessment (see Table 1 for grade deficit point allocation rubric). Students will be offered remediation up to and including the point where they have accrued a maximum of **five** grade deficit points for Foundations I.

D) Supplemental assignments and/ or supplemental exams will be written as arranged between the student, module director and/ or course chair(s). These supplemental assignments and examinations must be written within one

month after the completion of final examination period. Remediation will NOT be offered more than one month after the final remediation period except under exceptional circumstances (such as personal illness, bereavement, etc.) as determined by the Course Sub-Committee in consultation with Assistant Dean Academic. Further decisions regarding academic outcomes will be adjudicated by the Year 1 (Term 2) Promotions Committee and the Student Academic Management Committee (formerly the Undergraduate Education Committee).

E) Students who have **accrued six or more** grade deficit points in Foundations I will be considered to have been unsuccessful in the Foundations I Course and will NOT be offered supplemental assignments and/ or examinations as per usual course policy. Further decisions regarding academic outcomes will be adjudicated by the Year 1 (Term 2) Promotions Committee and the Student Academic Management Committee (formerly the Undergraduate Education Committee).

F) Students who have not achieved the required 70% average grade in each of the four modules and a 60% grade in the end of term integrated examination and who have written a supplemental examination, but who still have not achieved the required standard, will be required to meet with the Course Sub-Committee to determine a course of action, which may include additional opportunity to remediate as defined in Sections (C) and (D) (depending on number of grade deficit points accrued and any other mitigating factors); or may include a decision that the student has been unsuccessful in the course and will NOT be offered further supplemental examinations. If the failure of a supplemental examination occurs during or after the final examination period, this decision will be adjudicated by the Promotions Committee and the Student Academic Management Committee (formerly the Undergraduate Education Committee).

G) Success in any supplemental assessment will be accorded a maximum grade equivalent to the minimum requirement for that component of the course (70% for a Module and 60% for the end-of-term integrated exam). Lack of success in supplemental assessments will result in additional grade deficit point accrual commensurate with the student's performance level and allocation outlined in Table I. Students accumulating **six or more** grade deficit points after remediation will be deemed unsuccessful in completing the Foundations I course. Further decisions regarding academic outcomes will be adjudicated by the Year 1 (Term 2) Promotions Committee and the Student Academic Management Committee (formerly the Undergraduate Education Committee).

H) Students are required to complete all assignments, quizzes, and examinations in each of the three modules, as well as the integrated examination. A mark of 0% will be given for any missed assignment, quiz, or examination, unless otherwise arranged as per the College of Medicine Attendance Policy and Deferral Policy.

I) Grade deficit points will not appear on the student's transcript, nor are they transferred to the next Foundations course.

Students who are eligible for supplemental examination will be contacted by the Module Director and should arrange to meet with the Module Director or designate to discuss educational issues and develop a learning plan.

Table I: Grade deficit point allocation

	Overall grade achieved in module before remediation		
	Average 69-60%	Average 59-50%	Average <50%
Haematology Module	I	II	III
Respiratory Module	I	II	III
Cardiovascular Module	I	II	III
Gastrointestinal Module	I	II	III
Integrated Examination	N/A	II	III

I: one grade deficit point; II: two grade deficit points; III: three grade deficit points; N/A: not applicable

Appendix D

Peer Evaluation of Teaching

UNIVERSITY OF SASKATCHEWAN

Academic Family Medicine
University of Saskatchewan
PEER REVIEW (Summary) for Tenure Case File

Presenter: Dr. Greg Malin

Date: June 14, 2017

Location: Living Skies Retreat Centre – Lumsden, SK
Presentation to Faculty

Title: Self-Determination Theory in Medical Education: Translating Theory into Practice

1-5 Scale:		
	1	inadequate (does not meet the standard)
	2	borderline
	3	good (top 50%)
	4	very good (top 25%)
	5	excellent (top 5%)

Objectives Clear? n= 26 Average 4.3

1 response of 2
1 response of 3
13 responses of 4
11 responses of 5

- I may have missed them but the objectives were not clearly delineated.
- Yes
- Tenure presentation
- Not so much – how would this help me day to day
- Initial objectives clear. Would have been nice to review them at the end
- Clear appropriate & well covered

Content appropriate? n= 28 Average 4.6

2 responses of 3
8 responses of 4
18 responses of 5

- Excellent
- Yes, excellent topic. Thought provoking and will add to my teaching kit.
- Yes
- Interesting! Obviously immersed self in this research and thought about how it applies in med education.
- Very relevant
- Clean definitions/concept explored in a logical fashion

Timing/Amount of Material? n= 28 Average 4.5

1 response of 3
12 responses of 4
15 responses of 5

- Excellent
- Appropriate amount of time. Not too wordy or busy slides
- Well done
- Well done – approp. Content theory and application
- 45 minutes is long for a theory heavy talk
- Well paced. Opportunity to consider concepts during lecture

Active learning? n= 26 Average 3.8

10 responses of 3
10 responses of 4
6 responses of 5

- Participants were invited to ask questions throughout the presentation and as a result they were very engaged
- Yes
- Very active during discussion
- Only Q & A, not much interaction
- Lecture – not so much. However engaging/relevant.
- Fairly passive structure but open to questions.
- Very constructive approach to discussion
- Enthusiastic, engaging speaker. Provided good background to audience
- Very interactive at the end.
- Early engagement of audience around definitions (i.e. competence & automony)

Use of AV? n= 27 Average 4.3

3 responses of 3
13 responses of 4
11 responses of 5

- Excellent
- Yes
- Appropriate simple
- (Screen too small!)
- Some slides have too much info
- Spoke well to slides. Slides used as goal posts for info

Response to Questions? **n= 27** **Average 4.7**

9 responses of 4
18 responses of 5

- Provided meaningful response to the questions asked.
- Knowledgeable, examples of personal experience to explain results, articulate
- Nice facilitation of discussion
- Clearly answered.
- Very evident is a content expert.
- Very well done.
- Conversational
- Interactive re questions & exploring concepts.

OVERALL Assessment **n= 27** **Average 4.5**

13 responses of 4
14 responses of 5

- Excellent
- Excellent and relevant topic. I learned a lot in a short period of time. Will improve my teaching, coaching skills
- Very well done!
- I learned a lot about self-determination theory

Feedback

- I learned a number of new concepts.
- Thank you!
- Really rich discussion. I will be thinking about these concepts and trying to apply them.
- Learned new ideas/words that I will use or think about!
- As always, fascinating information about the kind of thoughts I have about medical education!
- Great informative presentation
- Nice job! Informative
- Very interesting
- Content expertise very apparent. Good link to audience for today made me look forward to follow up application.
- Excellent presentation. The topic is very important/appreciate introduction and resources presented.
- Interesting presentation. It motivated me to go and look for more information.
- Great session. Relevant. Interesting
- Very good presentation on self-determination theory – way to "learner centered" coaching instead of former preceptor oriented teaching.
- Look forward to incorporating some elements into U/G teaching.
- Excellent talk overall. Hopefully the outcomes of your research & understanding of SDT will translate into tools & FD activities to improve the quality of teaching students receive.

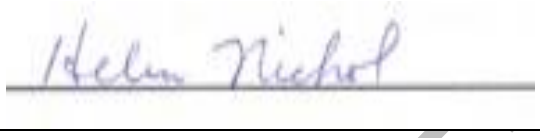
- I found the comments re: wellness/well-being and how this effects students' empathy and self-determination key take home parts. Also helped to highlight re: autonomous feedback and how to give options for e.g. managing a case -> giving student's more choice.
- Very interesting topic. Very well presented.
- Relevant to faculty – the theory will help us personally explore our teaching/mentoring techniques & improve our ability to support autonomy, competence & relevance.
- Very clearly and well presented. Great explanation of topic very good coverage of future directions. Exciting!
- Dr. Malin works hard to coordinate untapped education in many aspects of our College. Engaging presentation that gave a new framework SDT to think about how we're already working with students.
- Helpful for the usual learner but somehow "misses" my difficulties with problematic learners. As teachers of medicine we also have to look at the needs of the recipients of our skills (patients) necessitating a more "material vs psychologic definition of such things as "competence". Where does Professionalism fit with notions of autonomy and self-determination? Relatedness – for example – has to include fellow students, colleagues but also patients.
- Provided good background of research and its potential relevance in medical education. Great brainstorming for future research opportunities in the area.
- Clear presentation, able to convey complex issues/concepts. Great questions asked and dealt with this well.
- This presentation utilized much of the concepts explored in self-determination theory. Intentional vs. hidden curriculum for us.
- Liked your enthusiasm – found it very motivating.

Collated by K Burlock

Presenter's Name: Greg Malin

Department: ___Family Medicine_____ Date: _____June 14, 2017

Reviewer's Name	Helen Nichol	
Venue	Workshop at retreat in Lumsden – recorded and posted online. Held in a small classroom.	
Audience	About 30-40 faculty – could not count	
Title of Presentation	Self Determination in Medical Education	
Description	Open Seminar – Workshop seminar	
	EVALUATION / COMMENTS	SCALE (1-5) *
Were objectives clear?	Yes	5
Was content appropriate?	The first part addressed the nature and duties of his current position The second part was an overview of the theory underlying his research The third part was his preliminary results and conclusions The 4th part was future directions for research	5
Timing / Amount of material?	Well timed – appropriate amount of material	5
Engaged learners?	Learners were very engaged. He took some questions during the seminar and there were a lot of questions and discussion after.	5
Use of AV?	Standard Powerpoint – good slides, uncluttered	4
Good Response to Questions?	Yes – very good. Lots of questions	5
Other Comments	An excellent seminar that linked theory to practice with respect of motivating medical students throughout their program. Greg's expertise as a teacher was clear.	

OVERALL; ie. -stimulating presentation, level of knowledge on topic, areas for improvement	Level of knowledge was high. I would have liked to see a timeline for completion for the research project that was presented.	5
Reviewer's Signature:		

***1-5 Scale:**

1 Inadequate (does not meet the standard)
2 Borderline
3 Good (top 50%)
4 Very good (top 25%)
5 Excellent (top 5%)

Academic Family Medicine
PEER REVIEW OF TEACHING

Name of Presenter	Greg Malin	
Date of Presentation	March 3, 2017	
Location and Audience	HSc E1130 – Year 1 Medical Students	
Title	Cardiovascular Embryology	
Description	Flipped Classroom – basic embryologic processes in pre-recorded lectures, interactive in-class session applying clinical correlations	
	EVALUATION/FEEDBACK	SCALE*
Objectives clear?	- left up during groupwork - great	5
Content appropriate?	- yes → novel approach to complex topic	4
Timing/Amount of material?	good - perhaps give the students a bit less group time to allow more for questions	4
Active learning?	"put things in your own words" group work & discussion	5
Use of AV?	- flipped classroom w videos, then worksheets	5
Response to Questions?	- summarizes then answers, then checks for understanding	5
OVERALL Assessment	- improved fluidity of speech from last year's already strong presentation style	5
Feedback	- great movement around room → allowed unpressured interaction w students - unique and successful learning approach to a challenging topic	

*1-5 Scale;
1 inadequate (does not meet the standard)
2 borderline
3 good (top 50%)
4 very good (top 25%)
5 excellent (top 5%)

Signature _____ **Print Name** Jaclyn Perrot

Date Completed Mar 3, 2017

Peer Evaluation Form August 21, 2013

UNIVERSITY OF SASKATCHEWAN

Academic Family Medicine
PEER REVIEW OF TEACHING

Name of Presenter	Dr. Greg Malin	
Date of Presentation	Tues. March 1, 2016	
Location and Audience	B450 - 100 first year med students	
Title	Cardiovascular Development	
Description	embryological development of fetus	
	EVALUATION/FEEDBACK	SCALE*
Objectives clear?	yes	5
Content appropriate?	yes - good review of basic embryology	4
Timing/Amount of material?	good amount for time restriction	4
Active learning?	~~asked~~ asked questions, encouraged discussion but a lot of didactic info	4
Use of AV?	-great use of coloured socks to show heart folding; images & videos	5
Response to Questions?	-repeats student question so all hear, clear explanations	5
OVERALL Assessment	- inviting approach to challenging topic; engaging speaker	4.5
Feedback	-perhaps consider flipped classroom & video of various effects	

*1-5 Scale;
1 inadequate (does not meet the standard)
2 borderline
3 good (top 50%)
4 very good (top 25%)
5 excellent (top 5%)

Signature _____ **Print Name** Jackie Rivot

Date March 1, 2016

Peer Evaluation Form August 21, 2013

UNIVERSITY OF SASKATCHEWAN

Academic Family Medicine
PEER REVIEW OF TEACHING

Name of Presenter	Dr. Greg Malin	
Date of Presentation	Aug 18, 2014	
Location and Audience	HSB B450 Med Students 1	
Title	Reflection	
Description	Lecture to full class of med students.	
	EVALUATION/FEEDBACK	SCALE*
Objectives clear?	Yes	4
Content appropriate?	Yes	4
Timing/Amount of material?	Good. Well planned	4
Active learning?	ongoing involvement of audience	4
Use of AV?	Busy slides can be broken up in "smaller" ones	3
Response to Questions?	Very good	5
OVERALL Assessment	Very good.	4
Feedback	good incorporation of feedback. Actively involved audience.	

*1-5 Scale;
1 inadequate (does not meet the standard)
2 borderline
3 good (top 50%)
4 very good (top 25%)
5 excellent (top 5%)

Signature [signature] **Print Name** Andries Muller

Date Aug 18, 2014

Peer Evaluation Form August 21, 2013

Academic Family Medicine
PEER REVIEW OF TEACHING

Name of Presenter	Dr. Greg Malin	
Date of Presentation	Aug 28, 2013.	
Location and Audience	Health Sciences B3. Med Students PhA	
Title	Reflection	
Description	Lecture	
	EVALUATION/FEEDBACK	SCALE*
Objectives clear?		4
Content appropriate?	Good use of examples.	4
Timing/Amount of material?		4
Active learning?	Effective at start, but should try and use throughout	3
Use of AV?		4
Response to Questions?		4
OVERALL Assessment		4
Feedback	Difficult topic to teach - well done. Use audience participation throughout to avoid long monologues.	

*1-5 Scale;
1 inadequate (does not meet the standard)
2 borderline
3 good (top 50%)
4 very good (top 25%)
5 excellent (top 5%)

Signature _____ **Print Name** Andries Muller

Date Completed Aug 28, 2013

Peer Evaluation Form August 21, 2013

UNIVERSITY OF SASKATCHEWAN

Academic Family Medicine
University of Saskatchewan
PEER REVIEW (Summary) OF TEACHING

Presenter: Dr. Greg Malin

Date: March 8, 2012

Location: Saskatoon SK - Presentation to FM Faculty

Title: Developing MCQ Questions (FD Workshop)

1-5 Scale:

1	inadequate (does not meet the standard)
2	borderline
3	good (top 50%)
4	very good (top 25%)
5	excellent (top 5%)

Objectives Clear? **n=8** **Average 4.6**
3 responses of 4
5 responses of 5
- yes

Content appropriate? **n=8** **Average 4.8**
2 responses of 4
6 responses of 5
- yes

Timing/Amount of Material? **n=8** **Average 4.4**
4 responses of 4
1 response of 4.5
3 responses of 5
- yes
- well balanced

Active learning? **n=8** **Average 4.8**
2 responses of 4
6 responses of 5
- yes

Use of AV? **n=7** **Average 4.3**
1 response of 3
3 responses of 4
3 responses of 5
- yes

Summary of Peer Evaluations March 8, 2012 (Malin)

KB

UNIVERSITY OF SASKATCHEWAN

Response to Questions? **n=8** **Average 4.6**

3 responses of 4
1 response of 4.5
4 responses of 5

- thoughtful
- good

OVERALL Assessment **n=6** **Average 4.7**

1 response of 4
2 responses of 4.5
3 responses of 5

- excellent and productive day
- excellent – thanks

Feedback

- organized, useful resources, great tips. Could spend more time writing questions
- perhaps not enough time to debrief in large group
- excellent review and opportunity to write questions under supervision and with feedback
- very interactive, relevant , very good pre-readings
- hands-on. – Pre-reading useful. Relaxed presentation style helped with rapport
- would recommend talk to other faculty
- topic was daunting after pre-reading but simplified by Dr. Malin's input
- practical workshop with appropriate amount of background information, useful resources

Collated by K Burlock Sept 23-14

Summary of Peer Evaluations March 8, 2012 (Malin)

Academic Family Medicine
PEER REVIEW OF TEACHING

Name	Dr. Greg Malin	
Venue/Date	April 16, 2013	
Audience	Class of 2013 - Fm Prep.	
Title	Introduction to the MCC Part I Exam using the web site, key features, goals and objectives	
Description	MCC Part I Prep Course	
	EVALUATION/COMMENTS	SCALE*
Objectives clear?	very clear	4
Content appropriate?	Blue Printing / key features tied to [illegible] learning	4.5-5.0
Timing/Amount of material?	just right	4.6
Active learning?	Student centered very active	5.0
Use of AV?	AV - very comfortable	4.0
Response to Questions?	- many questions - Answers clear, appropriate	5.0
Other Comments	[illegible] Involved the audience at the [illegible] PA engaged the audience, very interactive	
OVERALL	- student centered - delivered @ the level of med 4	4.5
Reviewer	A. Danilkewich	

*1-5 Scale:
1 inadequate (does not meet the standard)
2 borderline
3 good (top 50%)
4 very good (top 25%)
5 excellent (top 5%)

Signature [signature] ~~Print Name~~ Date April 16/2013