UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

Cumming School of Medicine Teaching/Education Dossier

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Glossary

AFMC – Association of Faculties of Medicine of Canada

AIMG – Alberta International Medical Graduate Program

CSM – Cumming School of Medicine

FM – Family Medicine

OFDP – Office of Faculty Development and Performance

PGME – Postgraduate Medical Education

UME – Undergraduate Medical Education

Contents

Teaching Responsibilities

Formal Instruction Events

UME

- Large class teaching (160-175 students)
  - MDCN 350 Introduction to Medicine, Blood and GI (Course 1) – *The Mouth* – 1 hour
  - MDCN 490 Introduction to Clinical Practice – *Resolving Conflict with Preceptors* – 1.5 hours
  - MDCN 470 Psychiatry (Course 7) – *Mental Health in the Community* - 2 hours
- Medical Education Elective supervision; 1-3 students per year (both UCalgary and external); 15 hours of direct (one-on-one) teaching per learner
- MDCN 440 Evidence-Based Medicine project supervisor; 0-2 students per year; 15 hours of direct (one-on-one) teaching per learner
- Small group teaching (4-12 students; case teaching, simulation teaching, skills teaching), varies: 4-10 hours/year

Faculty Development – 70 hours per year

- Workshops (virtual and in-person; 6-40 participants)
- 1- and 2-day courses (3-18 participants)
- CSM Teaching Excellence Program – *Small Group Teaching, Teaching Communication Skills* (16 participants)

AIMG whole group teaching (40 students)

- Externship Orientation, *How to Present Patient Cases, Patient Care Documentation, Resolving Conflicts with Preceptors* – 4 hours

Clinical Supervision

UME

- MDCN 330 FM Clinical Experience preceptor – 1-2 learners per year (4 half-days/learner)
- MDCN 430 FM Clinical Experience preceptor – 1-2 learners per year (3 half-days/learner)
- FM Clerkship preceptor – 2-3 learners per year (8 half-days per learner)

PGME FM Residency

- Clinical preceptor for 2 first-year and 2 second-year residents each year (residents involved in almost all of my clinical half-days in Central Family Medicine Teaching Clinic)
- Competency Coach (direct oversight of resident progress) – 1 first-year and 1 second-year resident each year

AIMG Externship – 1 AIMG Extern for 1-2 month period

Teaching Philosophy

I am grateful for the opportunity to have trained in a heavily publicly-subsidized educational system. As a result, I feel it is my duty to repay this debt by teaching and mentoring students and colleagues. But it is also my joy; I simply love the challenge of a teaching mandate and figuring out how to engage my learners, illuminate key principles and skills, and challenge them to apply these skills and continue to grow.

As I look back over my journey from medical student to academic physician, the things that stand out are the times when I was privileged to learn with incredible teachers. These great teachers had a variety of styles – some more boisterous, some more reflective. I recall clearly as a first year medical student working with Dr. Dan Malone in the rural community of Placentia (where I eventually practiced as well): how he described for me the role I was to play in helping him put a patient's dislocated hip back into place, and then how after we had completed the procedure and confirmed the patient was stable, he reviewed with me the mechanics of this procedure and the importance of the angles of our traction forces in relation to patient anatomy. The importance of such careful traction angle planning in dislocation care was firmly embedded for the rest of my life, as was the importance of clear and practical clinical teaching and great communication between team members.

All my great teachers followed these essentials: they engaged me, illuminated knowledge and skill, and pushed me to develop by applying new learning. My further extensive training in health professional education has demonstrated that these three common features learned from my own great teachers are, indeed, critical for great learning, and have formed the core of my own teaching philosophy.

Engaging Learners

The first key step in teaching is engaging my learners – getting them "hooked". Once I know the goal of my teaching (whether self-mandated or assigned), I focus on answering the question, "Why will they care?"

By example, I regularly teach principled negotiation in project design (the strategy of determining who the key stakeholders for an issue or project are, estimating and confirming their core needs, and ensuring the final outcome meets everyone's needs). The first time I ran this workshop, I called it "How to Engage Stakeholders in Your Project". A small number of people signed up, but were thrilled with their learning in the workshop. I realized at that moment that any elective training opportunities need to be proximally worded to my anticipated audience. In other words, it has to speak to them and their needs directly. I renamed this workshop "How to Get Buy-In"; since then, this workshop has seen high numbers of registrations.

Engagement goes beyond words. I don't have a standard approach for engagement as it varies depending on the learning cohort, context, and content. My favorite strategy is quirkiness. As the teacher of the brand-new large group session "The Mouth / GI Complaints" for first year medical students, I dwelt on what the single most important thing I wanted students to remember and, hopefully, be able to do. I settled on safely removing a foreign body (such as a coin) stuck in the palate

(roof) of a child's mouth. If a coin is dislodged incorrectly, it could bounce or slip down the throat, leading to airway obstruction or bowel obstruction. I didn't want fear to stick with the medical students; I wanted them to confidently remember how to do this in the future. I recruited my childhood Kermit the Frog toy which has a very visible palate. With a volunteer student assisting me, I demonstrated how to restrain and position the child (Kermit) face down. I then demonstrated how to position oneself correctly (by wearing a face-shield and laying on the floor looking up at the patient) and use curved forceps to extract the coin. (This way, if the coin slips or falls, the coin falls on one's face-shield, not down into the patient's airway.) As a previous medical student, Dr. Lana Fehr, wrote,

> *"I still recall a lecture that Dr. David Keegan gave my class on pediatric gastrointestinal complaints. The reason I recall this lecture, almost four years later, is because he found ways to connect the content to his audience. I know for a fact that he really thought about how to engage us…."*

I was thrilled when the Class of 2018 created and presented to me a unique award for this learning session, "The Creative Use of Puppetry in Teaching Award (a.k.a. The Kermit Award) for unusual and highly effective teaching strategies." That they remembered my teaching session 18 months later meant that I had successfully engaged them.

Illumination

A fundamental element of medical training is ensuring learners understand the reasoning behind choices, and not simply learn algorithms in patient care. This is critical as patients may appear to have the same clinical condition, yet have different underlying pathophysiology meaning their management will require different approaches. Similarly, variations in patients' contexts and other factors mean there is no standard patient, which means that physicians need to be able to adjust their patient assessments and styles to the person in front of them; this can only be done if the rationale for each piece of patient assessment and examination is clearly understood.

In today's world with learner access to unlimited resources, my key role is to explain the reasoning behind patient assessment techniques and clinical decision-making. In my teaching sessions, I make sure to illuminate these rationales, using patient cases and other strategies.

One example is my interprofessional teaching for newly licensed practical nurses in our clinic to develop skill in standardized visual acuity testing. The feedback from the first year of my session was that they appreciated the focus on explaining the rationale of the different elements of this acuity exam. We encountered scheduling challenges the following year and I recorded a video on the topic instead and uploaded it to YouTube, which allowed our staff to access it whenever they needed. Unexpectedly, it is now YouTube's most-watched video on the topic (over 1.2 million views), despite multiple other pre-existing visual acuity testing videos on the platform. Ninety-six post-secondary institutions from 14 countries now directly link to this video.

An educational specialist responsible for programming for students with disabilities at a Nigerian university commented,

"I'm presently carrying out research on information resources for visually impaired students, i kept seeing 20 this, 20 that in all of my readings, decided to check out videos here on you-tube to understand what all those is about, and this really did justice to my comprehension."

A certified Pediatrics medical assistant in the USA commented,

"Thank you for this video! Very clear on how to score visual acuity. I have my first job in pediatrics as a CMA and I am doing physicals all day and this was somewhat unclear to me until I watched this video! I now can be more confident on how to score them."

Active application

When I design learning events, I strive to ensure students and participants walk away with expanded skills: not just knowing conceptually how to apply new knowledge, but having applied it in real time in the learning session. Much of medical education is built upon this philosophy, with most learning events including (or being primarily based upon) application scenarios or patient cases.

As Associate Dean of Faculty Development and Performance, I led the creation and continued expansion of the Practical Leadership for University Scholars (PLUS) program. The goal of PLUS is to help faculty members develop their skills to be more effective leaders in the projects and groups they lead. There are great leadership frameworks and resources available to us, yet they commonly lack practical tools to help individual academics apply them to their own scenarios. I have developed a series of such knowledge translation tools which guide participants in applying frameworks to their projects and contexts within PLUS sessions. The outcomes are that they leave the session with (1) customized plans or analyses related to their own issues, and (2) ability to apply the same frameworks to future projects.

Dr. Mark Yarema, who attended all of our PLUS courses, sent the following correspondence in 2019 to Drs. Glenda MacQueen (then Vice-Dean) and Charles Leduc (then Head, Family Medicine), which was later shared with me.

"In all honesty, thus far in my career I have never been through a series of leadership courses that have been more worthwhile to attend.

"David's ability to turn leadership concepts into practical 'what does the physician leader need to know' concepts is excellent. The format of taking the relevant theory … and distilling it down into a one day session works very well for people who are unable to take several days off to attend longer courses.

"Please note that David does not know that I'm emailing you, and he hasn't asked me to do so. I'm doing this on my own accord because I think it's important that you both know how valuable these courses are and how engaging a teacher he is. I plan on attending more PLUS courses in the future as my schedule permits."

Teaching Methodologies and Materials (Examples of how you teach)

Example 1: Patient Safety Small Group 1 – Writing Prescriptions and Orders (MDCN 490 - Introduction to Clinical Practice)

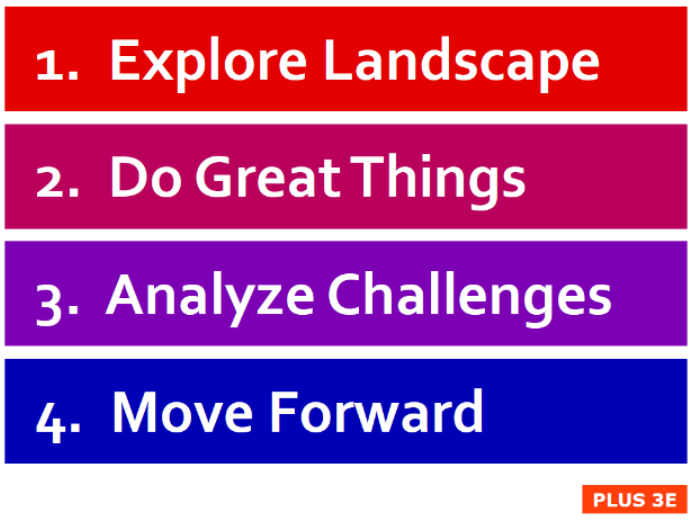
A critical skill in safe care of patients is accurate writing of care directions through prescriptions given to a patient or orders written in a patient's hospital chart. While such things written by medical students will always need to be "co-signed" by someone else with a medical license (resident or practicing physician), students need to have these skills well developed by the time of graduation. While developing early ideas to teach these skills, I became aware that the assessment and management of many common infectious diseases were not taught elsewhere in the curriculum. I worked with two infectious diseases specialists to create a two-hour session in which students would practice writing prescriptions and orders, using five mock cases of patients with common infectious diseases. In this way, the single learning session provided a "two-for-one" value.

Prior to the session, students were provided with materials on safe prescription-writing published by the Health Quality Council of Alberta. The session handouts for both students and faculty small-group teachers can be found in Appendix A. (For safety reasons, we created a mock prescription sheet for student use designed in a way that it would not be accepted by any pharmacist as a genuine prescription. This may also be found in Appendix A. Students were provided real blank hospital order sheets to practice order-writing.)

Example 2:

Practical Leadership for University Scholars 3 – Educational Leadership

The PLUS program is described above in *Teaching Philosophy* under *Active Application*. The third program in PLUS is a two-day program aimed at helping educational leaders enhance their skills further. The program has four ½ day components, as represented by this graphic from the program.



Participants use worksheets or "maps" which adapt key leadership frameworks to educational contexts. The maps contain key questions to consider and spaces to make notes and analysis, according to the topic under discussion. Appendix B contains the four core maps from PLUS 3, one for each of these themes. Printed on 11x17 inch paper, participants regularly provide feedback that the maps allow them to broaden their thinking and engage deeply with leadership frameworks under discussion and walk away with practical next steps for their initiatives.

Workplace Based Teaching Methodologies and Materials

Most of my FM clinical work incorporates medical learners and sometimes a mix of learners at the same time. As clinic is busy and patient-care needs must be met, I want to maximize the value of the time I spend teaching my learners. I am always seeking to understand the edge of my learners' knowledge and focus my in-the-moment teaching on areas to expand their knowledge and skill. In general, medical learners will see a patient on their own first, then tell me about the patient (through a "case presentation") during which we will have a short discussion about any key issues. We then return to see the patient together during which time I may confirm certain pieces of the patient's history or exam, and build a management plan together with the patient and the learner. This model is generally excellent, as it is scaleable to the learner. With a junior medical student, the case presentation discussion may focus on the importance of clarifying exactly which medications the patient was taking; if a senior resident, the discussion may instead focus on complex management issues related to how best help a patient with chronic depression now experiencing a relapse in substance abuse.

The main challenge with this model is that sometimes the learner's case presentation does not provide clarity on where the edge of their knowledge is for that particular kind of patient, context or medical condition. To facilitate identification of learners' gaps, I developed a model of case presentation called *The Signpost Method*, about which I have since published a YouTube teaching video (over 157,000 views) and trained learners in its use. The key benefit of this model is that it quickly brings to light learners' areas of uncertainty, which has been confirmed through an evaluation study I conducted (manuscript under development). I ask all my clinical learners to use this case presentation method, resulting in our teaching time being focused on their unique gaps in knowledge and skill.

The second main clinical teaching method I use on a regular basis is helping learners transfer their knowledge from one specific patient to other hypothetical patients who are similar but with key differences which change a patient's diagnosis or their treatment or management. These differences are known as semantic qualifiers.[1,2] For example, if we were to assess a 2 year old child with intermittent wheezing triggered by viral infections and a history of eczema skin rashes, we would likely make a provisional diagnosis of asthma and care for the child accordingly. Once the parent and patient leave, I would ask my learner, "What if this wheezing has only been present for 1 week and there is no connection to viral infections?"

By asking such a question, it provides an efficient opportunity for the learner to apply the same diagnostic reasoning used for the real patient to this hypothetical patient. (In this case and given the age of the patient a sudden onset of consistent wheeze without viral infection means we should make sure the child hasn't aspirated a foreign body into their airway.) If a learner struggles with this "What if?" scenario, we discuss the scenario along with a learning resource to consult in their study time. If a learner is able to navigate the "What if?" scenario with strong clinical reasoning, then I propose additional scenarios of increasing complexity to match their evident skill level.

[1] Bordage, G. (1994). Elaborated knowledge: A key to successful diagnostic thinking. Academic Medicine, 69(11), 883-5.
[2] Bordage, G. (2007). Prototypes and semantic qualifiers: From past to present. Medical Education, 41(12), 1117-1121.

Teaching Assessments

My major contributions in this area are in the field of UME, as follows.

MDCN 330/430 – FM Clinical Experience

- I was the inaugural course chair, and developed the formative and summative assessment strategy and tools. I was succeeded as course chair in 2014; modified versions of the tools I developed are still in use.
- Students are required to practice writing patient notes within the traditional "SOAP note" format: Subjective (what the patient describes), Objectives (what can be found on physical exam and tests), Assessment (the likely condition/diagnosis), and Plan (what the treatment, investigation and follow-up plan is).
- Students get formative feedback on two notes at the mid-point, and submit two more patient notes at the conclusion of each of MDCN 330 and 430.
- The assessment strategy is primarily formative; students get feedback even on their summative two notes. Students fail the summative notes if they haven't made genuine attempts at documenting patient encounters and have failed to incorporate feedback into their notes.

MDCN 490 – Introduction to Clinical Practice

- I was the inaugural course chair for this course, which was focused on helping students build patient safety competencies. The course is a series of practical sessions related to patient care, such as prescription-writing, hand-washing, discussing challenging scenarios with colleagues, and prioritizing care needs for critically-ill patients.
- Each session had 1 or 2 "must-complete" skills which students practiced, getting real-time feedback from in-room clinical teachers.
- Students were required to demonstrate competence in the target skill by the end of the session; students failing to do so had repeated opportunities throughout the course to demonstrate success, will all students eventually demonstrating competency in these skills.
- This quality-improvement style of assessment was heartily endorsed by learners, creating collegial learning environments with robust open feedback. Students expressed their gratitude for this "try as often as you want" model of assessment, and described that it created a stress-free environment for the learning of critical patient safety skills.
- I last chaired this course in 2016. The course has continued to evolve; some of the assessment tools I created for the course are still in use.

FM Clerkship

- From 2008 to 2015, I contributed extensively to the Multiple Choice Question (MCQ) banks for the mid-rotation formative and end-of-rotation summative exams.
- I wrote my questions to the standard of the Medical Council of Canada (considered the "gold standard" for medical education assessment instruments in Canada, if not the world).
- I partipated in and sometimes led reviews of examination performance, including psychometric review, future minimum pass line decisions, and revisions, deletions and additions of MCQs.
- I led or contributed to processes related to professionalism assessments of medical students, including making summative decisions regarding "Pass", "Pass with performance deficiencies (professionalism)" and "Fail (professionalism)", and determining remediation pathways.

National FM Formative Exam Bank

- I was the inaugural lead and currently co-lead for our national FM curriculum (LearnFM) initiative's open-access formative exam bank. (I am also LearnFM's founder and chief editor.)
- I led the 5-phased modified Delphi process to identify the national consensus on key clinical scenarios for medical students, and the subsequent Delphi process to identify the observable objectives for each key clinical scenario.
- I led the national writing workshops at which my FM educator colleagues from medical schools across Canada wrote and peer-reviewed formative micro-cases aligned with the key clinical scenarios and their objectives. Authors also wrote student feedback for each question, explaining why each choice (distractor) was correct or incorrect, and also identified key references for the clinical issue addressed in the micro-case.
- I personally have written over 50 published micro-cases and peer-reviewed over 80.
- These micro-cases are written so that features which would not change the nature of the question are randomized. If a student gets a question wrong, the Calgary Cards platform which hosts our formative exam keeps track of the incorrect question and later feeds it back to the student within a re-randomized version. This harnesses the power of formative feedback as the student *cannot memorize the questions* and can only consistently correctly answer the question if they are able to identify the specific patient elements (semantic qualifiers) which point to the correct diagnosis or management.
- These micro-cases have been accessed over 120,000 times by medical students and others across Canada and from 38 other countries. The direct link to our platform is here.
- The use of this formative feedback system meets a key accreditation standard for UME programs and saves CSM at least $7500 in annual subscription costs for available similar private platforms.
- Our success has led to AFMC asking us to create a formative exam as part of its Opioid Response Curriculum.

Mentorship

I routinely mentor others, from undergraduate students to junior colleagues. I encourage mentees to develop mentorship teams and not rely upon me exclusively. I generally engage in semi-formal mentorship, in which I let the mentee drive the relationship's structure including frequency and nature of discussions. I also make my mentees aware of opportunities which appear to be good fits for them based upon my understanding of their aspirations and share my perspectives, letting them make their own choices.

My mix of mentees varies year by year. Currently, I am mentoring:

- 1 undergraduate student,
- 1 medical student,
- 1 family medicine resident,
- 1 Academic Staff researcher

- 6 faculty members with clinical/adjunct appointments
  - 1 researcher
  - 1 administrator
  - 1 hospital-based clinician
  - 3 community-based clinicians

Professional Learning and Development

I have taken many opportunities to expand my skill and knowledge in teaching and learning during my career including multiple workshops and short courses at Memorial and Western Universities and UCalgary, the *Harvard Macy Program for Educators in the Health Professions*, eight courses within the *Physician Leadership Institute* of the Canadian Medical Association, and longitudinal executive education courses at both the Haskayne School of Business (UCalgary) and Ivey School of Business (Western). I am nearing completion of my Master of Health Professional Education at the University of Illinois at Chicago (UIC), with all coursework completed and my thesis project underway.

It is hard to describe succinctly what I have learned from these programs. The Harvard Macy Program and Masters at UIC helped me develop understanding of the science of education and health professional education in particular. I am grateful for my resulting familiarity with multiple conceptual frameworks which help me approach educational challenges in different ways.

Some key highlights from my professional teacher development and their impact on my work:

- Ever since learning about principled negotiation and stakeholder needs from Dr. Janice Stein of the Munk School of Global Affairs and Public Policy at the University of Toronto, I have used this strategy for every project I lead. While this makes project development more complex up-front, it makes buy-in and implementation of projects almost frictionless. I now regularly train others in this approach through workshops and courses provided by the Office of Faculty Development and Performance.
- In a core Masters course with Drs. Rachel Yudkowsky and Georges Bordage at UIC, I learned about the nature of scholarship and the best kinds of scholarship. As a direct result, I seek out the gaps in knowledge and educational practice which are tough to fill and work at filling them.
- From Dr. Wayne Weston at Western University, I learned from his modelling about the need to set the stage for true learning to occur through focused session design and teacher patience. Since then, I work to align everything in an educational session with its goals, strip away anything that distracts, and ensure sufficient time for people to apply their learning in vibrant ways.

Teaching and Learning Research/Scholarship

Throughout this section I have underlined the names of the 45 learners involved as primary or co-authors. Through these experiences, they developed skills in curriculum design and evaluation, and in the preparation of scholarship for dissemination. As described by Dr. Bruce Wright, Associate Dean, UME, 2006-2014,

"His innovative elective medical education training program drew medical students from across the country. While learning about the standards of curriculum development, they develop curricular materials under his mentorship that get peer-reviewed and published."

Peer-reviewed Education Manuscripts

9. Keegan DA and Bannister SL. Reflections on curriculum development after the onset of COVID-19. Med Educ. (Invited commentary; in development).

8. Banniser SL and Keegan DA. Staff physicians as learners: Answering the call to improve workplace-based learning. Med Educ. 2020; 54(9)778-780. (Invited commentary.)

7. Keegan DA, Chan MK, Chan TM. Helping medical educators world-wide pivot their curricula online. Med Educ. 2020; 54(8)766-7.

6. Bannister SL, Wu TF, Keegan DA. The Clinical COACH: How to Enable Your Learners to Own Their Learning. Pediatrics. Nov 2018;142(5):e20182601.

5. Bannister SL, Dolson MS, Lingard L, Keegan DA. Not just trust: Factors influencing learners' technical skill attempts on real patients. Med Educ. 2018 Jun;52(6)605-619.

4. Keegan D, Scott I, Sylvester M, Tan A, Horrey K, Weston W. Shared Canadian Curriculum in Family Medicine. Can Fam Physician. 2017 Apr;63:e223-e231.

3. Yu Y, Arnold A, Keegan DA. The Calgary Guide: teaching disease pathophysiology more effectively. Med Educ 2016 May 03;50(5):580-1.

2. Keegan DA, Bannister SL. Determining the benefits and objectives of a child health residency program for Canadian rural family physicians: An international qualitative research study. Paediatrics and Child Health. 15:6. e9-e13. 2010.

1. Curran V, Kirby F, Parsons W, Tannenbaum D, Keegan DA, Rideout G, Fleet L. A comparative analysis of the perceived continuing medical education needs of a cohort of rural and urban Canadian family physicians. CJRM. 2007;2(3):161-6.

Invited Education Presentations

38. Busari J and Keegan DA. Key literature on medical education leadership development. Leading Beyond Borders Conference, Nederlandse Vereniging voor Medisch Onderwijs. Amsterdam, Netherlands. November 23, 2019.

37. Keegan DA. Building objectives for remedial physician training. Banff Symposium on Practice-Based Remediation. Banff, Canada. September 13, 2019.

36. Bannister SL, Dudas R, Barone M, Keegan DA. PEDSLEADS: A Leadership Program for Undergraduate Pediatric Educators. Full-day program. Council on Medical Student Education in Pediatrics. Portland OR, USA. March 29, 2017.

35. Keegan DA and Chan MK. Advancing Your Leadership Development Curriculum. Workshop. Toronto International Summit on Leadership Education for Physicians. Niagara Falls, Canada. September 27, 2016.

34. Keegan DA and Bannister SL. How to Get Buy-In for Student Advocacy Initiatives. Keynote Workshop. Canadian Federation of Medical Students Annual General Meeting. Edmonton, Canada. September 23, 2016.

33. Keegan DA and Fehr L. Lessons Learned from Building a Pipeline of Family Medicine Learners. Grand Rounds. Department of Family Medicine, Mayo Medical School. Rochester MN, USA. March 7, 2016.

32. Keegan DA and Bannister SL. Understanding How Your Learners Think. Workshop. Department of Family Medicine, Mayo Medical School. Rochester MN, USA. March 7, 2016.

31. Keegan DA and Bannister SL. Advanced Leadership Development. Pre-conference half-day session. Conference on Medical Student Education, Society of Teachers of Family Medicine. Phoenix, USA. January 28, 2016.

30. Keegan DA and Fehr L. Lessons from Building a Pipeline of Family Medicine Learners. Keynote Talk. Annual Family Medicine Faculty Development Colloquium, University of Kansas. Wichita, USA. October 30, 2015.

29. Keegan DA and Bannister SL. How to Engage All Your Learners. Workshop. Annual Family Medicine Faculty Development Colloquium, University of Kansas. Wichita, USA. October 30, 2015.

28. Keegan DA and Bannister SL. How to Get Stakeholder Buy-In for Your Project. Workshop. Annual Family Medicine Faculty Development Colloquium, University of Kansas. Wichita, USA. October 30, 2015.

27. Keegan DA and Bannister SL. Setting Junior Faculty Up for Success: Personal Leadership Development and Alignment of Academic Work. Workshop. Department of Family Medicine, University of Kansas. Wichita, USA. October 29, 2015.

26. Keegan DA. Projects Fishbowl - Design, Strategy, Execution, Evaluation, and Hiccups. Workshop. Department of Family Medicine, University of Kansas. Wichita, USA. October 29, 2015.

25. Keegan DA. Late Career Faculty Development. Workshop. Department of Family Medicine, University of Kansas. Wichita, USA. October 29, 2015.

24. Keegan DA and Fehr L. The Pipeline of Family Medicine. Keynote Talk. Conference on Medical Student Education, Society of Teachers of Family Medicine. Atlanta, February 2015.

23. Horrey K, Tan A, Keegan DA. Undergraduate Education Committee (UGEC) Showcase: Resources for teachers of medical students in family medicine. Family Medicine Forum. Quebec City. November 2014.

22. Keegan DA and Bannister SL. Square Pegs and Round Holes: How Understanding Learning Styles Can Transform Your Teaching. Keynote Lecture, Medical Education Day. Tufts University. Boston, USA. May 2014.

21. Keegan DA and Bannister SL. Turning Critics into Fans: The Art of Earning Buy-In. Workshop, Medical Education Day. Tufts University. Boston, USA. May 2014.

20. Keegan DA and Bannister SL. Achieving the Goals You Want by Getting Big Buy-In. Cabin Fever 2014. University of Calgary. Kananaskis, Canada. 2014.

19. Keegan DA and Scott I. How to Increase Student Interest in Family Medicine: The Canadian Success Story. Conference on Medical Student Education, Society of Teachers of Family Medicine. Seminar. Nashville, USA. 2014.

18. Keegan DA and Bannister SL. Medical Education Leadership I: Getting 'buy-in' for your educational initiatives. Faculty of Medicine TSIMP. Calgary, Canada. 2014.

17. Bannister SL and Keegan DA. Medical Education Leadership II: Strategic readiness. Faculty of Medicine TSIMP. 2014. Calgary, Canada.

16. Keegan DA. Four Key Rules for Residency Interviewing. Undergraduate Medical Education Program, University of Calgary. December 2013. (online video at www.youtube.com/watch?v=iT66caXEYNU)

15. Bannister SL, Kellner J and Keegan DA. Strategic Readiness for Canadian Undergraduate Paediatric Programs. Paediatric Chairs of Canada and Paediatric Undergraduate Program Directors of Canada. Toronto, Canada. 2013.

14. Bannister SL and Keegan DA. Learning styles in action: Connecting with all of your students. Workshop. Department of Paediatrics Education Retreat. Calgary, Canada. 2013.

13. Bannister SL and Keegan DA. How to get 'buy-in' for your projects. Department of Paediatrics Mentorship Program, November 1, 2013, Calgary, Canada.

12. Keegan DA. How to get your team ready to pounce on opportunities and handle unexpected challenges! John McCahan Medical Campus Education Day. Boston University, 2013.

11. Keegan DA and Bannister SL. Getting Buy-In For Your Educational Initiatives. John McCahan Medical Campus Education Day. Boston University. Boston, USA. 2013.

10. Keegan DA. Making Change Happen: Increasing the Percentage of Students Choosing Family Medicine as a Career. Boston University Department of Family Medicine Grand Rounds. Boston, USA. 2013.

9. Keegan DA and Bannister SL. Achieving the Goals You Want By Getting "Big Buy-In". Cabin Fever Faculty Development Conference; Universities of Calgary and Alberta. Kananaskis, Alberta, 2011.

8. Keegan DA. Making Stuff Happen With Big Buy In: Developing Practical Negotiation Skills To Get The Outcomes You Need. Department of Family Medicine, Calgary Zone. Calgary, Alberta. 2009.

7. Keegan DA and Bannister SL. How to make sure your teaching engages all of your learners. Rural Preceptors Conference, Memorial University of Newfoundland. Marble Mountain, Newfoundland, Canada. 2008.

6. Keegan DA. Navigating the Canadian residency application process. University of Ottawa. Ottawa, Canada. 2005.

5. Keegan DA. Navigating the Canadian residency application process. Memorial University of Newfoundland. St. John's, Canada. 2005.

4. Keegan DA. Challenges in the residency application process. Memorial University of Newfoundland. St. John's, Canada. 2004.

3. Keegan DA. Navigating the residency application process. University of Ottawa. Ottawa, Canada. 2004.

2. Keegan DA. Navigating the residency application process. Memorial University of Newfoundland. St. John's, Canada. 2004.

1. Keegan DA. Leadership in medicine: carpe diem / carpe turbot. Implementing Change in Medical Education: The Learner's Role. (Presented by the Northeast Group Organization of Student Representatives, Association of American Medical Colleges, and The Students-Residents Committee of the Educating Future Physicians for Ontario Project.) Ottawa, Canada. 1995.

Peer-Reviewd Education Presentations

70. Bannister SL, Dudas R, Barone M, Keegan DA. PEDSLEADS: A Leadership Program for Undergraduate Pediatric Educators. Pre-conference half-day workshop. Council on Medical Student Education in Pediatrics Annual Conference. St. Petersburg, USA. March 19, 2019.

69. Bannister SL, Dudas R, Barone M, Keegan DA. PEDSLEADS: A Leadership Program for Undergraduate Pediatric Educators. Pre-conference full day workshop. Council on Medical Student Education in Pediatrics Annual Conference. Denver, CO. April 11, 2018.

68. Kenny N, Berenson C, Chick N, Johnson C, Keegan DA, Read E, Reid L. A framework for developing teaching expertise in postsecondary education. Poster presentation. International Society for the Scholarship of Teaching and Learning Annual Conference. Calgary, Canada. October 12, 2017.

67. Keegan DA, Scott I, Sylvester M, Tan A, Horrey K, Weston WW. The Shared Canadian Curriculum in Family Medicine: Lessons learned from building a collaborative scholarship program from scratch. Oral Presentation. International Society for the Scholarship of Teaching and Learning Annual Conference. Calgary, Canada. October 12, 2017.

66. Keegan DA, Scott I, Weston W. How to Chart Your Medical Student Education Program's Path Forward. Workhop. Conference on Medical Student Education, Society of Teachers of Family Medicine. Anaheim, USA. February 10, 2017.

65. Keegan DA. Lessons Learned from the Renewal of Family Medicine Medical Student Education in Canada. Oral Presentation. Conference on Medical Student Education, Society of Teachers of Family Medicine. Anaheim, USA. February 10, 2017.

64. Binienda J, Cochella S, Chao J, Harris G, Heldelbaugh J, Hustedde C, Keegan DA, Last A, Greco D, Nolte T. Using the STFM National Clerkship Curriculum (NCC) to Solve Common Clerkship Dilemmas. - Workshop. Conference on Medical Student Education, Society of Teachers of Family Medicine. Phoenix, USA. January 29, 2016.

63. Horrey K, Keegan DA, Paget M, Tan A. Oral Presentation: Creating Open-Access FM Micro-Cases for Online Medical Student Learning. Oral Presentation. Conference on Medical Student Education, Society of Teachers of Family Medicine. Phoenix, USA. January 29, 2016.

62. Easterbrook J and Keegan DA. OsteoRx: A One-Page Tool for the Management of Osteoporosis and an Example of Student-Led Quality Improvement. Poster. Conference on Medical Student Education, Society of Teachers of Family Medicine. Phoenix, USA. January 29, 2016.

61. Charania I, Goldsworthy S, Keegan DA, Waegenakers Schiff J, Wishart I, Fraser K. Workshop: Interprofessional Education: Debriefing Team Competencies in a Large Scale Trauma Simulation. Workshop. SIM EXPO. Toronto, Canada. December 15, 2015.

60. Keegan DA, Bannister SL, Moddemann D, Bernstein S. Setting yourself up for success: Strategic Leadership Development. Pre-conference half-day workshop. Canadian Conference on Medical Education. Vancouver, Canada. April 2015.

59. Keegan DA, Bannister SL. Setting yourself up for success: Strategic Leadership Development. Pre-conference half-day workshop. Conference on Medical Student Education. Atlanta. February 2015.

58. Cochella S, Last A, Chao J, Binienda J, Hustedde C, Heidelbaugh J, Keegan DA, Pratt J, Greco D, Harris G. What can STFM's National Clerkship Curriculum (NCC) do for me? Seminar. Conference on Medical Student Education. Atlanta. February 2015.

57. Keegan DA, Yu Y, Leduc C. The R-Zero Program: Developing fresh MD graduates as members of the family medicine education team. Faciliated Discussion. Conference on Medical Student Education. Atlanta. February 2015.

56. Yu Y, Arnold D, Keegan DA. The Calgary Guide to Understanding Disease: A Student-Led Open-Access Project that Explains the Underlying Pathophysiology of Clinical Signs and Symptoms. Poster. Conference on Medical Student Education. Atlanta. February 2015.

55. Keegan DA, Bannister SL. Square pegs and round holes: Understanding the different styles of your learners. Workshop. Conference on Medical Student Education. Atlanta. February 2015.

54. Easterbrook J, Keegan DA, Sharma N. A framework to incorporate patient safety into the Undergraduate Medical Education curriculum. Workshop. Conference on Medical Student Education. Atlanta. February 2015.

53. Keegan DA, Bannister SL. Square pegs and round holes: Understanding the different styles of your learners. Workshop. Conference on Medical Student Education. Atlanta. February 2015.

52. Fehr L, Hacking P, Hanif M, Keegan DA. FM Resident Teaching Nights: a program to "feed and grow" undergraduate medical students' interest in family medicine while providing teaching experiences for residents. Oral Presentation. Conference on Medical Student Education, Society of Teachers of Family Medicine. Atlanta. February 2015.

51. Keegan DA and Bannister SL. Setting Yourself Up for Success: Strategic Leadership Development. Workshop. Family Medicine Education Forum. Quebec City. November, 2014.

50. Bannister SL and Keegan DA. Setting up Your Educational Team for Success: Developing Strategic Readiness. Workshop. Council on Medical Student Education in Paediatrics Annual Meeting. Ottawa, Canada. March 2014.

49. Bannister SL and Keegan DA. Learning Styles in Action: Connecting With All of Your Students. Workshop. Council on Medical Student Education in Paediatrics Annual Meeting. Ottawa, Canada. March 2014.

48. Keegan DA, Bannister SL, Moddemann D, Bernstein S. Setting Yourself Up for Success: Strategic Leadership Development. Workshop. Council on Medical Student Education in Paediatrics Annual Meeting. Ottawa, Canada. March 2014.

47. Keegan DA. A "Family Medicine/Medical Education" Elective for Medical Students. Oral presentation. Conference on Medical Student Education, Society of Teachers of Family Medicine. Nashville, US. January 2014.

46. Fehr L, Coley C, Keegan DA, Palacios M. The Role of FM in the Pre-clerkship MD Curriculum: A Needs Assessment. Oral presentation. Conference on Medical Student Education, Society of Teachers of Family Medicine. Nashville, US. January 2014.

45. Keegan DA, Wright B, Woloschuk W. Making Change Happen: Increasing the Percentage of Students Choosing Family Medicine as a Career. Oral presentation. Conference on Medical Student Education, Society of Teachers of Family Medicine. Nashville, US. January 2014.

44. Seto A, Keegan DA, Scott I, Sylvester M, Weston W. Determining the Practice Competency Objectives of SHARC-FM (the Shared Canadian Curriculum In Family Medicine). Oral presentation. Conference on Medical Student Education, Society of Teachers of Family Medicine. Nashville, US. January 2014.

43. Keegan DA. Getting Really Big Buy-in for Your Educational Initiatives. Mini-Workshop. Conference on Medical Student Education, Society of Teachers of Family Medicine. Nashville, US. January 2014.

42. Kelly M, Myhre D, Keegan DA, Bennett D. How to Measure the Learning Environment. Mini-Workshop. Conference on Medical Student Education, Society of Teachers of Family Medicine. Nashville, US. January 2014.

41. Keegan DA, Kaminska M, Hofmeister M. A Program to Immunize Incoming Medical Students against the Hidden Curriculum. Oral Presentation. Canadian Conference on Medical Education. Quebec City, Canada. 2013.

40. Keegan DA, Scott I, Sylvester M, Weston WW. Developing a Free National Collaborative Clerkship Curriculum in Family Medicine. Oral Presentation. Conference on Medical Student Education, Society of Teachers of Family Medicine. San Antonio, US. 2013.

39. Keegan DA, Kaminska M, Hofmeister M. A Program to Immunize Incoming Medical Students Against the Hidden Curriculum. Oral Presentation. Conference on Medical Student Education, Society of Teachers of Family Medicine. San Antonio, US. 2013.

38. Keegan DA and Bannister SL. How to Kick-Start Strategic Planning for Your Undergraduate Family Medicine Education Committee. Workshop. Conference on Medical Student Education, Society of Teachers of Family Medicine. San Antonio, US. 2013.

37. Bannister SL and Keegan DA. Getting Big Buy-In to Move Your Projects Forward. Mini-Workshop. Conference on Medical Student Education, Society of Teachers of Family Medicine. San Antonio, US. 2013.

36. Keegan DA and Bannister SL. How to Get Your Predoctoral Education Team Ready to Accomplish Some Great Things. Mini-Workshop. Conference on Medical Student Education, Society of Teachers of Family Medicine. San Antonio, US. 2013.

35. Keegan DA and Bannister SL. Leading National Curriculum Collaborations: From Consensus-Building to Reality. Workshop. Canadian Conference on Medical Education. Toronto, Canada. May 2011.

34. Keegan DA. A "Medical Education" Elective for Medical Students. Oral Presentation. Canadian Conference on Medical Education. Toronto, Canada. May 2011.

33. Bannister S and Keegan DA. How to Develop a Strategic Plan That Helps You and Your Group Accomplish Great Things. Half-Day Pre-Conference Workshop. Council on Medical Student Education in Paediatrics. San Diego, United States of America. March 2010.

32. Keegan DA, Scott I, Sylvester M, Graves L, on behalf of the Canadian Undergraduate Family Medicine Directors. The Canadian Shared Family Medicine Clerkship Curriculum. Oral Presentation. Canadian Conference on Medical Education. May 2010, St. John's, Canada.

31. Keegan DA, MacLean C, Wright B. Making More Change Happen: A Renewed Emphasis on Family Medicine at the University of Calgary. Poster Presentation. Family Medicine Education Forum. November 2010, Vancouver, Canada.

30. Keegan DA and Bannister SL. Leadership in Medical Education. Half-Day Pre-Conference Workshop. Council on Medical Student Education in Paediatrics. Albuquerque, United States. March 2010.

29. Bannister SL and Keegan DA. Connecting with Your Learners. Workshop. Council on Medical Student Education in Paediatrics. Albuquerque, United States. March 2010.

28. Keegan DA. How to strategically prepare your team to accomplish great things. Workshop. Family Medicine Forum, October 2009, Calgary, Canada.

27. Keegan DA and Bannister SL. The Key Features of Key Features. Workshop. Family Medicine Education Forum, October 2009, Calgary, Canada.

26. Keegan DA, Scott I, Sylvester M, Graves L, on behalf of the Canadian Undergraduate Family Medicine Directors. The Shared Canadian Curriculum in Family Medicine. Oral Presentation. Family Medicine Education Forum, October 2009, Calgary, Canada.

25. Keegan DA, Scott I. The Canadian Shared Family Medicine Clerkship Curriculum: A Grass-Roots National Collaboration Meeting Diverse Needs. Workshop. Canadian Conference on Medical Education, May 2009, Edmonton, Canada.

24. Keegan DA, Scott I, Weston W, on behalf of the Canadian Undergraduate Family Medicine Directors. Determining the Clinical and Patient Context Objectives of the Canadian Shared Family Medicine Clerkship Curriculum – A Four-Phase Modified Nominal Delphi Study. Oral Presentation. Canadian Conference on Medical Education, May 2009, Edmonton, Canada.

23. Keegan DA. Developing Capacity in Medical Students to Address Professionalism Lapses by their Peers. Oral Presentation. Teaching the Art of Medicine: Practical Teaching for Medical Professionalism. 2009, University of Calgary, Canada.

22. Keegan DA, Bannister SL. Learn What Makes Your Learners "Tick". Workshop. Family Medicine Forum, November 2008, Toronto, Canada.

21. Keegan DA, Scott I, Sylvester M, Dyck C, Bernier C, Graves L, Miklea J, Ste-Jean M, McCabe J, McKague M, DiTommaso S, Frenette J, Hauch S, Brenneis F, Wycliffe-Jones K, Kim G, Levy M, Gagnon A, Horrey K, Moffat S, Duggan N, Weston W. The Canadian Shared Family Medicine Clerkship Curriculum. Poster Presentation. Family Medicine Forum, November 2008, Toronto, Canada.

20. Keegan DA, Faulds C, McLennan K, Wolting J, Kwok T, Wong E, Jordan J, Dixon D, Weston W. The Spectrum Course: An Efficient and Effective Way to Teach Medical Students How to Practically Use the Patient-Centred Clinical Method. Oral Presentation. Inagural Canadian Family Medicine Undergraduate Education Conference. November 2008, Toronto, Canada.

19. Keegan DA, Faulds C, McLennan K, Wolting J, Kwok T, Wong E, Jordan J, Dixon D, Weston W. The Spectrum Course: An Efficient and Effective Way to Teach Medical Students How to Practically Use the

Patient-Centred Clinical Method. Poster Presentation. Family Medicine Forum, November 2008, Toronto, Canada.

18. Keegan DA. Building Capacity in Medical Students to Address Professionalism Lapses by Their Peers.- Oral presentation. Group for the Advancement of Medical/Dental Education and Scholarship Symposium. October 2007.

17. Keegan DA, Goldszmidt M, Westmore S. Making the Vision of an Integrated PGY3 Family Medicine Program a Reality. Poster presentation. Family Medicine Forum, October 2007, Winnipeg, Canada.

16. Keegan DA and Goldszmidt M. Developing Postgraduate Curricula that Meets Real Needs. Workshop. Canadian Association of Medical Education Conference. May 2007.

15. Keegan DA, Branigan M, Rieder MJ. Professionalism Remediation. Workshop. Inaugural Canadian Clerkship Directors Conference, Medical Education Conference, May 2007.

14. Keegan DA and Bannister SL. Learn About Learning Styles and How to Engage All Learners. Workshop. Council on Medical Student Education in Paediatrics Annual Meeting. March 2007.

13. Keegan DA. The Key Features of Developing Key Features Examinations. Workshop. Group for the Advancement of Medical/Dental Education and Scholarship Scholars Group, UWO, January 2007.

12. Keegan DA and Bannister SL. Developing an evaluation mechanism for a new residency program in family medicine child health. Oral Presentation. GAMES Educational Research Symposium, UWO. 2006.

11. KeeganDA, Bannister SL. The determination of key objectives and elements of a family medicine child health residency. Poster Presentation. Canadian Paediatric Society 83rd Annual Meeting. June 2006.

10. Keegan DA, Bannister SL. The research-based determination of the objectives and structure of a new type of family medicine residency. Oral Presentation. 2006 Canadian Conference on Medical Education, AFMC/CAME.

9. Bannister SL, Kennedy T, Keegan DA. Qualitative research in medical education: How to write a successful grant proposal. Workshop. 2006 Canadian Conference on Medical Education, AFMC/CAME.

8. Davidson L, Bannister SL, Keegan DA. Professionalism in medical education: Challenges and solutions in evaluation of professional behaviour during training. Workshop. 2006 Canadian Conference on Medical Education, AFMC/CAME.

7. Keegan DA, Bannister SL. Key elements of a new residency program in family medicine child health. Oral Presentation. Family Medicine Forum. Vancouver, Canada, December 2005.

6. Keegan DA, Bannister SL. The qualitative determination of guiding objectives of a new residency in family medicine child health. Oral Presentation. Ontario Medical Education Network Educational Research Symposium. London, Canada, May 2005.

5. Keegan DA. A prospective analysis of patient encounters to identify medical education curriculum objectives and continuing education needs. Facilitated Poster Presentation. Ontario Medical Education Network Educational Research Symposium. London, Canada, May 2005.

4. Bannister SL, Keegan DA, Lingard L. Qualitative research in medical education: How to write a successful grant application. Workshop. Ontario Medical Education Network Educational Research Symposium. London, Canada, May 2005.

3. Keegan DA, Bannister SL. Key objectives for a family medicine child health residency according to families and physicians. Poster Presentation. Council on Medical Student Education in Pediatrics Annual General Meeting. Greensboro, North Carolina, April 2005.

2. Keegan DA. Using immediate reflections on patient encounters to identify medical curriculum objectives and continuing education needs. Poster Presentation. Council on Medical Student Education in Pediatrics Annual General Meeting. Greensboro, North Carolina, April 2005.

1. Keegan DA. Building the benchmark: a pilot study of patient encounter analysis to enhance undergraduate medical education and improve rural health care delivery. Poster Presentation. 41st Annual Conference on Research in Medical Education Conference, Association of American Medical Colleges, November, 2002. San Francisco, USA.

Peer-Reviewed Learning Resources

53. McCarthy JA, Keegan DA. Pain Management. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2019.

52. McCarthy JA, Keegan DA. Opioid Care Guidance. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2019

51. Forsey WA, Keegan DA. Pain Assessment. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2019.

50. Kaikov T, Bates S, Keegan DA. Hypertension Assessment. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2019.

49. Steed RC, MacQueen GM, Keegan DA. Depression. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2019.

48. Bugbee CA, Keegan DA. Comprehensive Family History. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2019.

47. Burles K, Vaughan SD, Keegan DA. Sexually Transmitted Infections. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2019.

46. Burles K, Vaughan SD, Keegan DA. Urinary Tract Infection (UTI). Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca.. 2019.

45. Burles K, Vaughan SD, Keegan DA. Sore Throat. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca.. 2019.

44. Burles K, Vaughan SD, Keegan DA. Sinusitis. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca.. 2019.

43. Burles K, Vaughan SD, Keegan DA. Otitis Media. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca.. 2019.

42. Burles K, Vaughan SD, Keegan DA. Gastroenteritis. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca.. 2019.

41. Burles K, Vaughan SD, Keegan DA. Conjunctivitis. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca.. 2019.

40. Keegan DA, Kim G, Thornton TH. Asthma. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2019.

39. Fateaux J, Yu Y, Keegan DA, Aggarwal SK, Imbeault P, Thornton T. Type 2 Diabetes. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2018.

38. Bourqui PD, Keegan DA, Slawnych M. ECG Morphology Interpretation. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2017.

37. Yang M, Slawnych M, Keegan DA. ECG Rhythm Interpretation Clinical Cards. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. July 1, 2016.

36. Khattab Y, Keegan DA. Ischemic Heart Disease Management. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2015.

35. Englert S, Elliot M, Keegan DA. COPD. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2015.

34. Karram JJ, Keegan DA. Approach to Limb Injury. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2015.

33. Karram JJ, Kendal JK, Keegan DA. Joint Pain 3. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2015.

32. Taylor RC, Tink W, Keegan DA. Substance Addictions. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2014.

31. Devrome AN, Natsheh A, Keegan DA. Skin Conditions 2. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2014.

30. Luk T, Kelly M, Keegan DA. Menopause. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.c.. 2014.

29. Kendal JK, Keegan DA. Joint Pain 1 & 2. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2014.

28. Kaikov T, Keegan DA. Hypertension Management. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2014.

27. Englert S, Elliot M, Keegan DA. Cough. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2014.

26. Wickenheiser HM, Corbet S, Keegan DA. Exercise Prescriptions. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. Accessible at sharcfm.ca. July 1, 2014.

25. Chadha NG and Keegan DA. Asthma Devices. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. July 15, 2013.

24. Yu Y, Spaner SJ, Keegan DA. Chest X-Ray Interpretation. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. July 15, 2013.

23. Devrome AN, Natsheh A, Keegan DA. Skin Conditions 1. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca. 2013.

22. Ram R, Wright B, Keegan DA. Senior Snapshot. Canadian Family Medicine Clinical Cards, LearnFM: The shared Canadian curriculum in family medicine. Accessible on-line at www.learnfm.ca.. 2013.

21.Keegan DA, Thornton TH, Bannister SL. Infant Nutrition. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. Accessible at sharcfm.ca. June 28, 2012.

20. Keegan DA, Kim G, Thornton TH. Asthma. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. June 28, 2012.

19. Bach TV, O'Beirne M, Keegan DA. Routine Prenatal Care. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. February 15, 2012.

18. Chung AB, Bannister SL, Keegan DA. Fever. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. December 27, 2011.

17. Sandercock LE and Keegan DA. Abdominal Pain. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. December 27, 2011.

16. Goodwin KM, Norman WV, Keegan DA. Contraception. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. Dec 5, 2011.

15. Bach TV, O'Beirne M, Keegan DA. Common Prenatal Problems. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. December 1, 2011.

14. Elzinga KE, Krejcik VH, Walker I, Keegan DA. Chest Pain - ER Care. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. October 28, 2011.

13. Walzak AA, Kachra R, Keegan DA, Thornton TH. Fatigue. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. October 7, 2011.

12. Creba AS, Walker I, Keegan DA. Headache. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. September 16, 2011.

11. Leung WPH, Nixon L, Keegan DA. Sexual Health History. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. September 16, 2011.

10. Fauteux J, Keegan DA, Aggarwal ST, Thornton TH. Type 2 Diabetes. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. Sept 15, 2011.

9. Gill HS, Keegan DA. Anxiety Disorders. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. Sept 12, 2011.

8. Sherlock KM and Keegan DA. Low Back Pain. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. January 25, 2011.

7. Munro J and Keegan DA. Dizziness. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. November 22, 2010.

6. Fauteux J, Keegan DA, Braun T. Palliative Care. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. 2010.

5. Steed R, Haslam D, Keegan DA. Depression. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. 2009.

4. Ottenhof TA and Keegan DA. Development. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. 2009

3. Keegan DA, Thornton TH, Bannister SL. Infant Nutrition. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. 2009. (2012 update in press)

2. Keegan DA, Thornton TH, Bannister SL. 18 Month Enhanced Visit. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. 2009.

1. Keegan DA and Thornton TH. Child Injury Prevention. Canadian Family Medicine Clinical Cards, Shared Canadian Curriculum in Family Medicine. 2009.

Educational Service

University of Calgary

- Member, Academic Portfolio Steering Committee, 2019 to present.
- Member, Steering Committee, Precision Health Professionals Program, 2019 – present.
- Member, Interim Accreditation Review Team, 2018 - present.
- Reviewer, FM residency application files, 2008 – present.
- Member, Academic Development and Performance Project Steering Committee, 2017 – 2019.
- Member, Recognition of Teaching Expertise Framework Working Group, Taylor Intitute, 2016-2018.
- Member, Leadership Team, Department of FM, 2008-2015.
- Member, FM Search and Selection Committee (faculty positions), 2008-2015.
- Member, FM Department Head Search and Selection Committee, 2012-2013.
- Member, Education Committee, Department of FM, 2010-2015.

- Member of Undergraduate Medical Education Committee, 2008-2015.
- Member of Curriculum Design & Implementation Committee, 2008-2015
- Alternate member of Student Academic Review Committee, 2012 – present.
- Member of Fall Together Faculty Development Conference planning committee, Department of Family Medicine, 2009 - 2015
- Member, Family Medicine Clerkship Committee, 2008-2105
- Member, Interim Accreditation Review Team, 2011-2012.
- Member, Associate Dean for UME Review Committee, 2011.
- Member, UME Student Evaluation CDIC Sub-Committee, 2010-2011.
- Member, UME Curriculum Scan Working Group, 2008-2009.
- Member, Associate Dean's Task Force on Family Medicine as a Career Choice, 2009.
- Member, Expansion of Generalism initiative, 2008.

Provincial

- Educational/Knowledge Translation Consultant, Digestive Health Strategic Clinical Network, 2020.

National

- Consultant, AFMC *Opioid Response Project*, 2020.
- Invited member, *Generalism in Undergraduate Education Retreat*, College of Family Physicians of Canada, 2020.
- Invited member, Inaugural Banff Symposium on Practice-Based Remediation.
- Member, Equity Bridge Symposium Planning Committee, Office of Professionalism, Equity and Diversity, 2019 – 2020.
- Member, AFMC Faculty Development Network, 2015 – present.
- Inaugural member, Canadian Association for Medical Education Foundation Board, 2011-2019.
- Member, Future of Medical Education in Canada (PG) Leadership Working Group, 2014-2016.
- Inaugural member, CFPC Undergraduate Education Committee, 2006-2012.
- Member, CFPC Peer Consultative Review development working group, 2009-2012.
- Member, Board of Directors, Canadian Resident Matching Service, 1994-1995.

International

- Inaugural member, Sanokondu Board (international health leadership education collaboration), 2015-2020.
- Manuscript reviewer, *Medical Education* and *Advances in Medical Education and Practice.*
- Member, editorial board of Family Medicine Clerkship Curriculum, Society of Teachers in Family Medicine, 2013-2017.

Educational Leadership

University Leadership

University of Calgary

- Associate Dean, Faculty Development and Performance (reappointed to expanded role in 2020), 2015 – present.
- Chair, MDPR 632 Leadership in Health Professional Education graduate course, launching 2021.
- Lead, Academic Medicine Health and Service Plan Individual Report (AIR) development and implementation, 2019 – present.
- Faculty Lead, Health Professional Education Leadership Specialization within the Precision Health Professionals Program (Certificate, Diploma, Master), 2019 - present.
- Lead, Practical Leadership and Community Engagement program, 2019 – present.
- Lead, Practical Leadership for University Scholars program, 2016 – present.
- Developer and lead, *Medical Education Scholarship Elective*, 2008 to present.
- Faculty Lead, development of non-pharmacologic depression care curriculum, Choosing Wisely Canada (Calgary), 2019.
- Co-Chair, Advisory Committee, Academic Development and Performance Project, 2018 – 2019.
- Facilitator, FM Postgraduate Education Program Strategic Planning, 2017.
- Inaugural course chair, MDCN 490 *Introduction to Clinical Practice*, 2014-2016.
- Deputy Head, Family Medicine, 2012-2015.
- Inaugural Undergraduate Education Director, Family Medicine, 2008-2015.
- Chair, Undergraduate Family Medicine Education Committee, 2008-2015.
- Chair, UCalgary Committee for National CFPC Scholarship and Awards, 2009-2015.
- Lead, *MedZero* program for incoming medical students, 2011-2015.
- Lead, UME Working Group on the Implementation of the Future of Medical Education of Canada MD Initiative at the University of Calgary, 2013-2014.
- Course chair, MDCN 490 *Introduction to Clerkship*, 2009-2014.
- Interim Head, Family Medicine, 2013.
- Chair, Family Medicine Residency Ad Hoc Appeal Committee, 2013.
- Inaugural course chair, MDCN 330/430 *Family Medicine Clinical Experience*, 2010-2011; co-chair, 2011-2013.
- Chair, Family Medicine Residency Special Appeal Hearing, 2009.

Western University

- Undergraduate Academic Director, Family Medicine, 2006-2008.
- Founding Course Chair, Spectrum Course, UME, 2007-2008.
- Founding Program Director, Family Medicine Child Health Residency Program, 2005-2008.
- Co-Chair, UME Professionalism Task Force, 2005-2007.

Memorial University

- Medical Education Director, Placentia, Newfoundland and Labrador; tripled on-site rural medical student learning and developed Placentia as a new core Rural FM Residency training site, 1997-2001.

- Consultant to Assistant Dean for UME, clerkship restructuring, 1997-1998.
- Founding Editor, *The Anchor*, UME student handbook first and second editions, Division of University Relations, 1994-1995.

Provincial

- Founding Co-Chair, Alberta Health Sciences Leadership Symposium, 2016 to present.

National

- Chair, AFMC Faculty Development Network, 2020 - present.
- Founding Editor, LearnFM, the shared Canadian curriculum in Family Medicine (previously known as SHARC-FM), 2006 – present.
- Co-Chair, Future of Medical Education in Canada (PG) Leadership Working Group, 2015-2016.
- Founding editor, facdev.ca (Faculty Development Network internal site), 2015 to present.
- Chair, CFPC Undergraduate Education Committee, 2012-2015.
- Lead author of CFPC input on development of Canadian-specific LCME/CACMS accreditation criteria for MD programs, 2013.
- Chair, Canadian Undergraduate Family Medicine Directors (CUFMED), 2008-2011.
- President, Canadian Association of Internes and Residents, 1995-1996.
- President, Canadian Federation of Medical Students, 1994-1995.
- Lead Editor, *Mediscan*, official journal of the Canadian Federation of Medical Students, 1992-1994.

International

- Founder and lead editor, PIVOTMedEd (pivotmeded.com), 2020 - present.
- Lead Editor, *Sanokondu* online resource library, 2018 – 2020.
- External Reviewer and Visiting Professor, FM Undergraduate Medical Education Program, Mayo Medical School, USA, 2016.
- External Reviewer, Predoctoral FM Education Program, Tufts University, USA, 2014.
- External Reviewer, Medical Student Education Division, Department of FM, Boston University, USA, 2013.

Education Leadership Philosophy Statement

As an educational leader, I have the incredible privilege of taking mandates and challenges, and working with others to not just deliver solutions, but to create a better educational landscapes for learners, staff and teachers. I gravitate towards working on challenges for which solutions aren't readily apparent, and mandates which have complex competing priorities. I love exploring challenges and listening deeply to others about their core needs, and putting these needs together with the needs of our society, to end up with collaborative solutions that are full of energy and innovation, and just sparkle.

My leadership philosophy is grounded in five main elements: being bold, engaging others, doing the hard work, being mindful of my duty, and being balanced.

Being Bold

Colleagues tell me that what I bring to discussions are big bold ideas. It is part of my leadership fabric; I am not someone to maintain the status quo when problems exist and the way forward is unclear. I will always step forward to lead and collaborate with others to help figure out solutions that not only resolve the challenge, but exceed it, creating a dynamic future with great possibilities in the process.

Engaging Others / Being Connected

I had the immense privilege of taking a three-day course on negotiation partly taught by Dr. Janice Stein of the Munk School of Global Affairs. While I might have been dimly aware of the importance of the needs of all stakeholders in negotiations, her teaching shone a bright light on the concept. Ever since, for every leadership initiative, I take a stakeholder needs approach in which I deliberately identify key stakeholders for whatever project I'm working on, consult with them to intentionally understand their needs, and make sure our final implementation addresses these needs. As promised by Dr. Stein, this approach leads to incredible buy-in and strengthened relationships.

Doing the Hard Work

Being a leader means embracing the difficult work that needs to be done on behalf of a team. While there are some tasks that can be delegated, it is important for leaders to take on the grittiest. Stepping forward to chair high-stakes hearings for learners, being part of accreditation preparation teams, and finding team resources are good examples of these challenging tasks.
Once you're in an educational leadership role, it becomes clear how critical resources are to being able to accomplish anything. Time, space, people, and money are all vital to have in place. A strong leader does the background work to get the resources necessary to enable faculty and staff to deliver great educational experiences.

Being Mindful of My Duty

As an educational leader, I hold a profound duty to others. Over the years, I have been inspired by leaders who look after team members, and I have tried to emulate them. This duty includes making sure team members have the information, guidance and resources to be successful in their roles. It includes identifying opportunities for them to grow and develop. It also means watching for potential threats, and helping others overcome obstacles.

Being Balanced

As a family physician caring for patients, I recognize the critical importance of being balanced in life, and the deleterious effects of being unbalanced. As a leader, it is critical to be balanced too, so that the people I lead see me modelling the importance of balance. To achieve balance, I workout on an almost daily basis and make sure I only rarely bring work to my home. I go on all sorts of adventures with my family, including hiking, camping, and sometimes acting in musical theatre.

Being balanced means that when I am working, I can dig into a topic, ignite creativity, bring passion, and work hard. It means that when I am leading others, I can easily feel the dynamics in the room, be insightful, listen deeply, and help make things happen. Anytime I fell less in balance, I can feel I've lost the sharpness from my ability to engage, and makes me all the more determined to get back into balance.

Student Feedback and Course Evaluations

My teaching in UME and Faculty Development results in formal evaluations. My average student ratings are 4.2/5 for UME (2013 to present) and 4.5/5 for faculty development (2008 to present).

Please see Appendix C for raw documentation from UME. Student comments are ordinarily *not* released to teachers within UME. I requested a special exemption in 2017 for three course cohorts and have included that report here as Appendix D.

Please see Appendix E for raw documentation from OFDP, and Appendix F for complete evaluation reports (including comments) from my teaching in the most recent full academic year (2019-2020).

I read comments closely, looking for evidence of me delivering on my their needs and my teaching goals, and insights on how to improve. A key theme in comments on my teaching is student/participant support for my focus on breaking concepts down and making them practically applicable.

Peer Feedback

When possible, I arrange for colleagues to drop into my sessions and give me feedback, which I use to improve my teaching. Through my current role in Faculty Development and Performance, I am part of the team which has developed a program for formal peer-review of teaching. We are implementing it for clinical teaching (i.e. individual or small-group teaching in clinical care contexts), and plan to introduce a similar program for formal instruction, with early discussions underway with Graduate Studies for research workplace teaching review.

As an example, in 2014, I asked my colleague Dr. Phillip Stokes (psychiatrist and course chair) to conduct a formal peer-review on my inaugural 2 hour large-class interactive session on FM Mental Health. I asked him to provide feedback to me in the following structure: what was good, things to do more of, things to do less of, and problems (things to stop or change). By asking for this kind of feedback, I gave him permission to be clear and hold nothing back. Some excerpts from his feedback:

> *"What was good: The degree of audience participation. You forced this initially (and with some preceptors it breeds opposition when they demand answers but with you it didn't). Eventually it was spontaneous participation. The liveliness of your style, the opposite of a flat drone. Synthesizing a lot of different aspects of psychiatry, and different diagnostic possibilities.*
>
> *"Things you might do less of: Not much here but (a) you ran out of time and I would suggest you drop cases rather than material from part 1, and (b) you talk faster and more than any other lecturer in the course! I'm not sure that this is actually a problem, from what I could see in the room, but we'll see if it shows up in the student feedback…."*

On reflection, it seemed I had fallen into an age-old trap: trying to squeeze in too much content, through too many application patient cases. While the my pace of speech did not show up in the

student feedback, I took all this feedback to heart. In future iterations of this session, I decreased the clinical case discussions from nine to six and, after practicing the timing, was able to slow down my speech while still maintaining the 'liveliness' and interactivity in the room.

Awards and Recognition

Competitive/Adjudicated Awards and Recognition

International

- Research Paper Award, Association for Medical Education in Europe, (co-author with Bannister S of winning presentation, *Not just trust: Factors influencing learners' technical skill attempts on real patients*), 2018.
- Excellence in Education Award, Society of Teachers of Family Medicine, *"awarded to an STFM member who has demonstrated excellence in teaching, curriculum development, mentoring, research, or leadership in education,"* 2015.
- Top Eleven Research Submissions, Conference on Medical Student Education, Society of Teachers of Family Medicine (with Fehr L, Coley C, and Palacios M), 2014.
- Top Eleven Research Submissions, Conference on Medical Student Education, Society of Teachers of Family Medicine (with Seto A, Scott I, Sylvester M, and Weston W), 2014.
- Best Presentation Award, MHPE Medical Education Conference, University of Illinois at Chicago, (co-authors: Wright B, Woluschuk W, MacLean C, *Making Change Happen: increasing the Percentage of Students Choosing Family Medicine as a Career*), 2012.
- Best Presentation Award, MHPE Medical Education Conference, University of Illinois at Chicago, (co-authors: Sylvester M, Scott I, Weston W, Graves L, Dyck C, Bernier C, *The Shared Canadian Curriculum in Family Medicine)*, 2011.

National

- Canadian Association of Medical Education Merit Award, *"Recipients will have made a contribution to medical education deemed to be valuable within their medical school (teaching, assessment, evaluation, educational leadership, course coordination, education, research)."* 2012.
- Honourary Lifetime Membership, Canadian Association of Interns and Residents (now known as Resident Doctors of Canada), 1997.

Municipal

- The Calgary Award - Community Achievement (Education), City of Calgary, for *"an individual Calgarian who has enhanced learning opportunities for Calgarians or brought recognition to Calgary due to outstanding academic achievement in their field,"* 2020.

University

- Killam Award for Excellence in Teaching, University of Calgary, (Highest university-wide award for teaching and educational leadership at University of Calgary, since renamed the McCaig-Killam Award), 2014.

Faculty-Level

- Cumming School of Medicine
  - Gold Star Teaching Award, awarded by MD Class of 2019, presented 2018.
  - Gold Star Teaching Award, awarded by MD Class of 2018, presented 2017
  - The Creative Use of Puppetry in Teaching Award (a.k.a. The Kermit Award) for "unusual and highly effective teaching strategies," Class of 2018, presented 2017.
  - Outstanding Presenter Award, presented by participants of the Alberta International Medical Graduates Externship Orientation, 2016.
  - Gold Star Teaching Award, awarded by MD Class of 2017, presented 2016.
  - Gold Star Teaching Award, awarded by MD Class of 2016, presented 2015.
  - Gold Star Teaching Award, awarded by MD Class of 2014, presented 2013.
  - Dare to Be Different Award, Department of Family Medicine, University of Calgary, 2009.
- Schulich School of Medicine and Denistry, Western University
  - Course of the Year Award, Spectrum Course (founding chair), the University of Western Ontario Medical Students, 2008.
  - Excellence in Teaching Award, The University of Western Ontario Medical Students, 2008.
  - Award of Honour, The University of Western Ontario Family Medicine Interest Group, 2008.
  - Faculty Development Mini-Fellowship, Faculty of Medicine and Dentistry at The University of Western Ontario, 2004, $3,500.
  - Honourary Hippocratic Council President, Schulich School of Medicine & Dentistry, 2007.
- Faculty of Medicine, Memorial University of Newfoundland
  - Teacher of the Year, awarded to a teacher in the First Year of the MD Program, Class of 2000, Memorial University of Newfoundland (award rescinded by the Faculty as I was a resident (not a continuing faculty member) at the time of my Anatomy teaching), 1996.
  - Dr. Ian Rusted Award for Leadership in Medicine, Memorial University of Newfoundland, in recognition of my medical education leadership activities, 1995.
  - Newfoundland and Labrador Medical Association Scholarship for Leadership in Medicine, in recognition of my medical education leadership activities, 1994, $1,000.

Criterion-Based Awards and Recognition

International

- Partner recognition by the United Nations Sustainable Development Goals initiative of LearnFM (the Canadian collaborative FM curriculum which I founded and continue to lead), 2017.

Faculty (Cumming School of Medicine)

- Gold Award for Undergraduate Medical Education Teaching, 2020.
- Associate Dean (UME) Letter of Excellence in Teaching, University of Calgary, 2020.
- Platinum Award for Undergraduate Medical Education Teaching, 2019.
- Associate Dean (UME) Letter of Excellence in Teaching, University of Calgary, 2019.

- Teaching Honour Roll (2020), awarded by MD Class of 2021.
- Teaching Honour Roll (2019), awarded by MD Class of 2020.
- Associate Dean (UME) Letter of Excellence in Teaching, University of Calgary, 2018.
- Silver Award for Undergraduate Medical Education Teaching, 2018.
- Teaching Honour Roll (2018), awarded by MD Class of 2019.
- Associate Dean (UME) Letter of Excellence in Teaching, University of Calgary, 2017.
- Platinum Award for Undergraduate Medical Education Teaching, 2017.
- Associate Dean (UME) Letter of Excellence in Teaching, University of Calgary, 2016.
- Associate Dean (UME) Letter of Excellence in Teaching, University of Calgary, 2016.
- Platinum Distinguished Service Award for Teaching Contributions, Introduction to Clerkship Course, University of Calgary, 2014.
- Faculty Honour Roll, awarded by Class of 2015, 2014.
- Associate Dean (UME) Letter of Excellence in Teaching, University of Calgary, 2014.
- Gold Distinguished Service Award for Teaching Contributions, Introduction to Clerkship Course, University of Calgary, 2013.
- Associate Dean (UME) Letter of Excellence for Teaching, University of Calgary, 2013.
- Faculty Honour Roll, awarded by Class of 2014, 2013.
- Platinum Distinguished Service Award for Teaching Contributions, Introduction to Clerkship Course, University of Calgary, 2012.
- Associate Dean (UME) Letter of Excellence for Teaching, University of Calgary, 2012.
- Platinum Distinguished Service Award for Teaching Contributions, Introduction to Clerkship Course, University of Calgary, 2011.
- Associate Dean (UME) Letter of Excellence for Teaching, University of Calgary, 2011.
- Associate Dean (UME) Letter of Excellence for Teaching, University of Calgary, 2010.
- Bronze Distinguished Service Award for Teaching Contributions, Introduction to Clerkship Course, University of Calgary, 2010.

Next Steps

I am passionate about helping my colleagues develop skills. Leading the Office of Faculty Development and Performance since 2015 has been an excellent fit, enabling me to expand the programming and resources in our unit to help our faculty members. In 2020, I was appointed as the Chair of the AFMC Faculty Development Network. I am looking forward to these next few years in this role as I now have a mandate to help the community of faculty development leaders develop. I am working on initiatives which will lead to greater collaborative research initiatives in our group, opportunities for my colleagues to develop skill in creating collaborative scholarship platforms, and new connections with major medical professional organizations. The outcomes of this work will be (1) expanded ways for faculty developers to share their work, (2) expanded collaboratively-developed resources to enhance all of our ability to support the faculty members at our respectives schools, and (3) a dynamic community of practice in faculty development.

Patient Safety I – Writing Prescriptions and Orders - ICP 2014

By the end of this session, you should be able to:

1. Write a safe prescription
2. Write a safe hospital medication order
3. Describe empiric antibiotic therapy for common infectious diseases (Bugs and Drugs book or the Sanford Guide may be helpful resources)

< names and addresses in these cases are entirely fictional; any similarities to real people is entirely concidental>

Case 1

A three year old boy (Raheem Nyad of 220 80th Ave NW, Calgary) comes to clinic with 2 days of fever, measured at 38.5 C (axilla) by his mother. He has no localizing symptoms. He is eating and, while a bit fussy, does not seem to be otherwise ill. On examination, he is 12.5 kg and his temperature is 37.4 C (tympanic). His HR is 108, RR is 45. Head and neck exam is clear, chest exam is clear, normal heart sounds, normal abdominal exam.

What are the most likely diagnoses?

A chest xray (PA and lateral) is conducted and demonstrates a RLL area of mild consolidation.

What should you do now?

What would you have done if the CXR was negative?

Case 2

A 9 year old girl (Karyn O'Brien; 882 Plainsview Drive SE, Calgary) comes for assessment of ++ cough that gradually started 2 days ago. She had a temperature of 38.6 C (axilla) last evening (treated with acetaminophen). On exam, she is 28kg, and has a temperature of 37.9 C (forehead). Her RR is 33 and HR 98. Her chest auscultation is clear. CXR reveals focal infiltrates at LUL.

What is the most likely diagnosis?

What would you prescribe?

Case 3

Jack Newman (69 year old type 2 diabetic) comes in with severe shortness of breath and cough. History of fever x 2 days. O2 sat 86% on room air, RR62 on room air. After arrival in ER was started on O2 4L by NP and felt better: O2 sat 95% and RR38. The patient is nauseated and has vomited once in the last 24 hours.

Xray demonstrates RUL pneumonia.

What is your management plan for this patient?

Case 4

Joey Laroque of 47 Smith Avenue in Okotoks is a17 year old boy who got bitten at his R forearm by a cat. He has a healthy history otherwise. On examination, he has a puncture wound to dorsal mid forearm at ulnar side.

What is your management plan?

Case 5

23 year old female, Shelly Michielson of 55 Paradise Heights, Calgary, NE has 3 days of dysuria, frequency and urgency. She is sexually active with a long-term partner. She looks well, is afebrile and has no costovertebral angle tenderness.

What do these symptoms mean (i.e. their definitions)?

- Dysuria
- Frequency
- Urgency

How do you want to treat?

Are there any investigations you need to do?

Case 6 [Bonus Case – if extra time within the group]

Same as Case 5, but she has mild fevers and chills; temp. in clinic is 38.2 oral, and looks well. She has R sided costovertebral angle tenderness.

What is the most likely diagnosis?

How would you manage her?

1

Introduction to Clinical Practice Health Centre
This is NOT a real prescription.
It is a practice Rx only.
Calgary Alberta. T2Nowhere

Name: Date:

Address:

Rx

PHARMACIST: DO NOT FILL THIS PRESCRIPTION. IT IS A TRAINING TOOL ONLY.

2

Introduction to Clinical Practice Health Centre
This is NOT a real prescription.
It is a practice Rx only.
Calgary Alberta. T2Nowhere

Name: Date:

Address:

Rx

PHARMACIST: DO NOT FILL THIS PRESCRIPTION. IT IS A TRAINING TOOL ONLY.

3

Introduction to Clinical Practice Health Centre
This is NOT a real prescription.
It is a practice Rx only.
Calgary Alberta. T2Nowhere

Name: Date:

Address:

Rx

PHARMACIST: DO NOT FILL THIS PRESCRIPTION. IT IS A TRAINING TOOL ONLY.

4

Introduction to Clinical Practice Health Centre
This is NOT a real prescription.
It is a practice Rx only.
Calgary Alberta. T2Nowhere

Name: Date:

Address:

Rx

PHARMACIST: DO NOT FILL THIS PRESCRIPTION. IT IS A TRAINING TOOL ONLY.

Patient Safety I – Writing Prescriptions and Orders - ICP 2014

Thank you for helping teach this small group. Through this session, we wish to give students practice in writing prescriptions and medication orders, using common infectious disease scenarios and their corresponding antibiotic therapy. As a result, some of your discussion may focus on the clinical assessment and management, not just how to correctly write a prescription (and that's okay).

< names and addresses in these cases are entirely fictional; any similarities to real people is entirely concidental>

Case 1

A three year old boy (Raheem Nyad of 220 80th Ave NW, Calgary) comes to clinic with 2 days of fever, measured at 38.5 C (axilla) by his mother. He has no localizing symptoms. He is eating and, while a bit fussy, does not seem to be otherwise ill. On examination, he is 12.5 kg and his temperature is 37.4 C (tympanic). His HR is 108, RR is 45. Head and neck exam is clear, chest exam is clear, normal heart sounds, normal abdominal exam.

What are the most likely diagnoses?

- Pneumonia or viral infection
- Rationale: Children can easily have a pneumonia without a cough. The key finding in this case is the clearly increased respiratory rate. Chest auscultation in children with pneumonia may often sound normal.
- Additional issues to consider might be the possibility that this could be an aspiration pneumonia, given that it is only a three-year old.

A chest xray (PA and lateral) is conducted and demonstrates a RLL area of mild consolidation.

What should you do now?

- If not already mentioned, he boy's oxygen saturation should be checked, to make sure it's stable (≥94%) on room air.
- Amoxicillin 40-50 mg/kg/day (divided tid) is an appropriate first-line empiric agent for this age group. **Please share this with the group and have them practice writing a prescription on the supplied fake Rx.**
- **Please check for the following:**
    - **Correct name, address, date on Rx**
    - **Well-written Rx ("amoxicillin suspension, 200mg PO TID x 10 days")**
    - **Line drawn through empty space**
    - **Signature with printed name**
- Follow-up is key. If a child gets pneumonia, it is prudent to observe/monitor over time to look for asthma or other underlying respiratory condition.

What would you have done if the CXR was negative?

- Follow-up with the child in approximately 2 days would be a good strategy. The parents should be advised to ensure quicker reassessment if he starts having difficulty breathing, or deteriorates in any way. (If doing great at 2 days later (afebrile, running around, etc.) then likely he has a resolving viral infection. If still febrile, he should be reassessed.)

Case 2

A 9 year old girl (Karyn O'Brien; 882 Plainsview Drive SE, Calgary) comes for assessment of ++ cough that gradually started 2 days ago. She had a temperature of 38.6 C (axilla) last evening (treated with acetaminophen). On exam, she is 28kg, and has a temperature of 37.9 C (forehead). Her RR is 33 and HR 98. Her chest auscultation is clear. CXR reveals focal infiltrates at LUL.

What is the most likely diagnosis?

- pneumonia

What would you prescribe?

- Clarithromycin 15mg/kg/day (divided bid)
- Rationale: *Mycoplasma pneumoniae* becomes a common pneumonia pathogen for children 5 years of age and over. Her prominent cough and CXR findings suggest this pathogen, though it can be hard to separate "atypical" pneumonia from "typical" pneumonia.
- **Please have students write another prescription, using criteria above.**
- Aspiration pneumonia is far, far less likely in this age group (as 9 year olds typically don't put stuff in their mouths). In fact, it would only likely need to be considered in a patient with developmental delay or known poor swallowing ability. In these patients, there is almost always a prior (recurrent) history of aspiration and possibly aspiration pneumonia.

Case 3

Jack Newman (69 year old type 2 diabetic) comes in with severe shortness of breath and cough. History of fever x 2 days. O2 sat 86% on room air, RR62 on room air. After arrival in ER was started on O2 4L by NP and felt better: O2 sat 95% and RR38. The patient is nauseated and has vomited once in the last 24 hours.

Xray demonstrates RUL pneumonia.

What is your management plan for this patient?

- Admission and oxygen
- Blood culture – may point to the underlying pathogen
- Consider sputum culture, though there is debate about utility
- Rationale: this patient is clearly too unstable to go home.

- Antibiotic therapy: ceftriaxone 1-2g IV daily PLUS azithromycin 500mg IV daily
- **Have the patients practice writing this out. Ensure they write the drugs out fully, and do not use ".0" after the numbers, and write "daily" out in complete. They should number the drugs.**
- Consider TB as an alternate diagnosis
- Examine to rule out associated appendicitis

Case 4

Joey Laroque of 47 Smith Avenue in Okotoks is a17 year old boy who got bitten at his R forearm by a cat. He has a healthy history otherwise. On examination, he has a puncture wound to dorsal mid forearm at ulnar side.

What is your management plan?

- Clarify Joey's Tetanus immunization status
- Clarify rabies vaccination status of cat – if unable to nail this down (eg. cat's run away and is a stray), then the patient will require anti-rabies virus Ig and rabies vaccination
    - The exact management of this is beyond the scope of this small group, but public health would typically be contacted (as they have the Ig and vaccine), half the Ig is injected around the wound, and half IM into the patient for systemic delivery. The rabies vaccine follows a multi-day schedule of administration.
- Wound irrigation – copious using a 60g syringe with a 16g (or other) cannula
- Antibiotics (amox/clavulinic acid) – 875/125mg bid (or 500/125mg tid) x 7-10 days.
    - Ensure patient knows to try to take this combination drug with food and at evenly space intervals; by doing so drastically reduces the rate of diarrhea from approx 45% to 5%.
    - **Have students practice writing this Rx.**
- Even if the cat was a known cat with likely rabies coverage, public health still needs to be notified as they will want to track down the cat's records.

Case 5

23 year old female, Shelly Michielson of 55 Paradise Heights, Calgary, NE has 3 days of dysuria, frequency and urgency. She is sexually active with a long-term partner. She looks well, is afebrile and has no costovertebral angle tenderness.

What do these symptoms mean (i.e. their definitions)?

- Dysuria = pain during micturition
- Frequency = micturating more frequently than normal
- Urgency = feeling an urgent need to micturate, "almost as if you can't get to the bathroom in time"

How do you want to treat?

- Trimethoprim/sulphamethoxazole double strength one tab PO bid x 3 days, or
- Nitrofurantoin 100mg PO bid x 5 days, or
- Ciprofloxacin 250mg PO bid x 3 days, or
- **Have the students practice writing the Rx.**

Are there any investigations you need to do?

- with rising Gram negative resistance rates, a urine culture (taken prior to starting antibiotics) is helpful to ensure the pathogen is sensitive to the empiric therapy chosen
- a urine screen for chlamydia/gonorrhea could be considered at the same time to detect asymptomatic cases (it would be important to do pre-test counseling).

[Bonus Case – if extra time within the group]

Case 6

Same as Case 5, but she has mild fevers and chills; temp. in clinic is 38.2 oral, and looks well. She has R sided costovertebral angle tenderness.

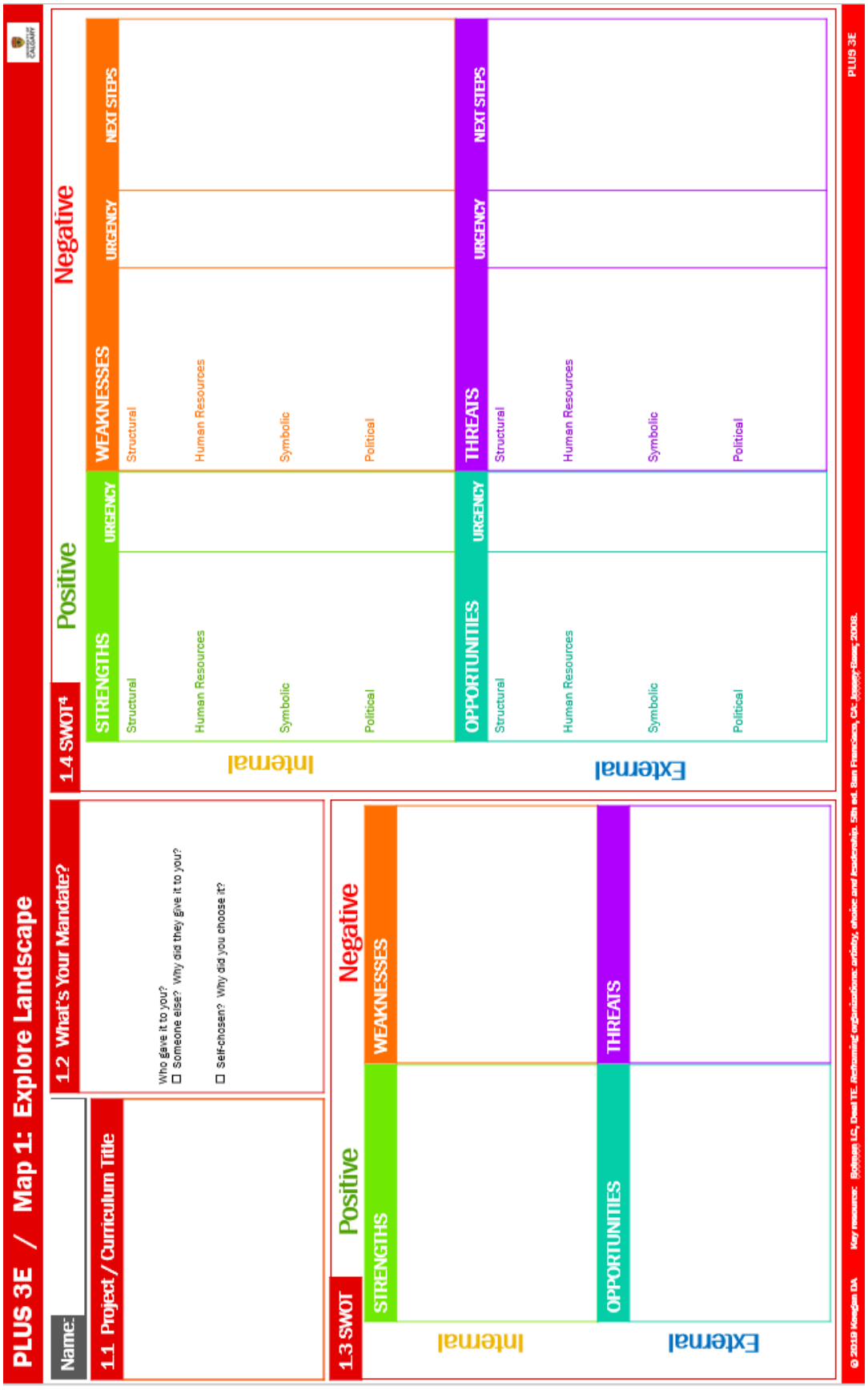
What is the most likely diagnosis?

- Pyelonephritis – moderate (not requiring inpatient therapy)

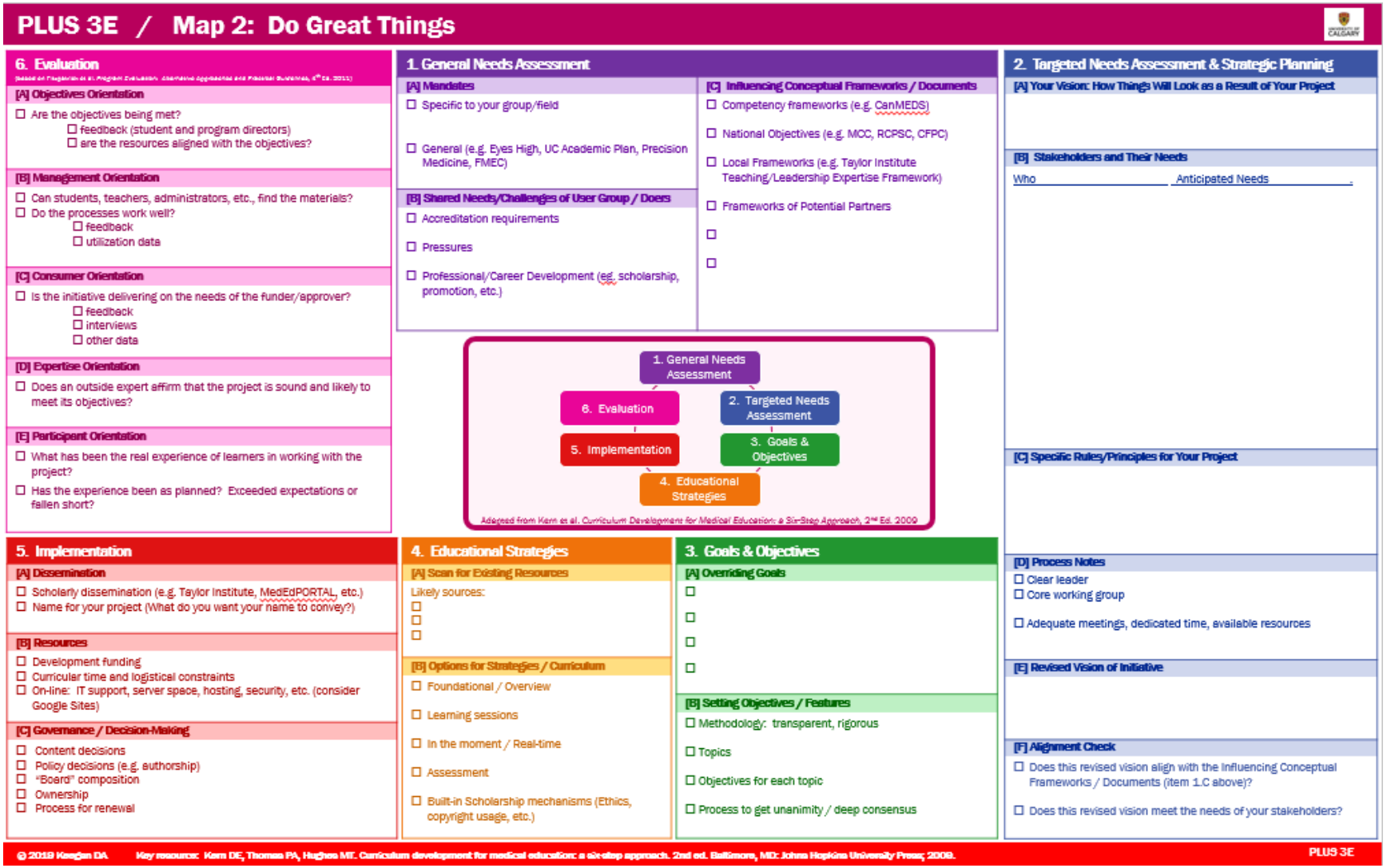
How would you manage her?

- Ciprofloxacin 500mg bid x 7 days, or
- Amoxicillin-Clavulanate 875/125mg PO bid or 500/125mg PO tid x 14 days, or
- Trimethoprim/sulphamethoxazole double strength i tabs bid x 14 days (higher risk of failure than ciprofloxacin)
- You would want to closely follow this patient to ensure full resolution.
- Cultures should be sent on the urine to ensure the pathogen(s) involved are susceptible to the empiric therapy.
- You could consider a urine screen for chlamydia/gonorrhea as well.
- **Again, students could practice this Rx.**

Appendix B



In this first half day of the program, participants explore the mandate of their program through facilitated discussion and independent work. They then conduct a Strengths-Weaknesses-Opportunties-Threats analysis. Finally, they revisit SWOT through the four organizational lenses described by Bohlman and Deal (2008).



In the second half day of the program, participants apply the curriculum development framework of Kern et al (2009). The interactive discussion and the map include custom trigger questions based upon the context of the Cumming School of Medicine and Canadian academic medicine.

PLUS 3E / Map 3: Analyze Challenges

Name: Project:

3.1 What's the challenge (in brief)?

3.2 What's the challenge (detail)?

A. STAKEHOLDER NEEDS

Have I missed any key people/groups?	Have I missed any of their needs?	Have I confirmed their needs?

B. BOHLMAN & DEAL – FOUR FRAMES

1. Structural
- ☐ Have I followed all the right processes?
- ☐ Have I got the right approvals in place?

2. Human Resources
- ☐ Are we missing any people from our team?
- ☐ Do we need to build our skills?

3. Symbolic
- ☐ Are there any local stories or narratives I should be leveraging?
- ☐ Am I portraying this initiative the right way – symbols, style, etc.?

4. Political
- ☐ Have I developed the right relationships?
- ☐ Am I missing any critical background history?

C. LEADS

1. Lead Self
- ☐ What assumptions have I made?
- ☐ Am I missing important skills?
- ☐ Am I healthy?
- ☐ Am I being honest?

2. Engage Others
- ☐ Am I helping our team members develop?
- ☐ Am I ensuring good exchange of ideas and info?
- ☐ Have I set up my team to succeed?

3. Achieve Results
- ☐ Have I made clear what we're trying to achieve and how it aligns?
- ☐ Am I doing my job and aligning with key values?
- ☐ Are we measuring our progress and outcomes?

4. Develop Coalitions
- ☐ Have I created the right partnerships with other units/groups?
- ☐ Are we gathering the evidence we need to make decisions?
- ☐ Am I watching for and resolving conflicts?

5. Systems Transformation
- ☐ Am I challenging the status quo?
- ☐ Have I learned from best practices?
- ☐ Have we designed this project to solve different problems?

D. INFLUENCER

	Motivation	Ability
Individual	What have I done to make people want to engage with this project?	Are people individually able to engage with this project? Do they have the skills?
Social	What have we done to develop group motivation and encouragement?	What have I done to ensure everyone is sharing their skills and expertise?
Structural	What have I done to leverage or build systems to provide rewards and ensure people do their roles?	What have I done in the systems and structures to enable people to engage in this project?

E. KOUZES & POSNER

1. Model the Way
- ☐ Have I clarified the values that are guiding this project?
- ☐ Am I setting a good example?

2. Inspire a Shared Vision
- ☐ Have I anchored this project in our common purpose?
- ☐ Have I been able to bring others in – by speaking to their values and bringing the project vision to life?

3. Challenge the Process
- ☐ Am I searching for opportunities?
- ☐ Are we taking risks and learning from them?

4. Enable Others to Act
- ☐ Have I proven I can be trusted? Have I made things "safe"?
- ☐ Am I giving people autonomy?

5. Encourage the Heart
- ☐ Am I recognizing everyone's contributions in an authentic way?
- ☐ Am I working to build this community?
- ☐ Are we celebrating our values and victories?

In the third half day of the program, participants explore multiple frameworks as a means to understand challenges which their initiatives may be facing. I teach multiple frameworks as problems can be best understood when viewed from different perspectives, as the essence of a challenge may not be easily apparent when analysed with a single framework.

PLUS 3E / Map 4: Move Forward

Name: Project:

KOTTER'S 8 STEPS

1. Create a Sense of Urgency	5. Enable Action by Removing Barriers
2. Build a Guiding Coalition	**6. Generate Short Term Wins**
3. Form a Strategic Vision and Initiatives	**7. Sustain Acceleration**
4. Enlist a Volunteer Army	**8. Institute Change**

D. INFLUENCER

	Motivation	Ability
Individual	What can I do to make people want to be part of / support this project?	What can I do to ensure people are enabled to be part of / support this project?
Social	What can I do to get the group / participants to motivate each other?	What can I do to get the group to help each other engage / support?
Structural	What systems can I leverage or put in place to reward people and keep them accountable?	What systems can I activate or create to make it possible for people to engage? Which barriers do I need to remove?

KEY PRIORITIES

Item	Timeline

 PLUS 3E

The final half day is focused on moving things forward. Participants learn about two very different models of change and analyse their own initiatives. The program concludes with a facilitated planning of priorities for action.

Undergraduate Medical Education
3330 Hospital Drive NW
Calgary, Alberta T2N 4N1
T 403.220.3843
F 403.270.2681
Email: wrightb@ucalgary.ca

May 28, 2013

Dear Dr. Keegan:

It is my pleasure to acknowledge and thank you for your teaching in the Undergraduate Medical Education Program (UME) at the University of Calgary during the 2012-2013 academic year.

In this letter, student ratings have been compiled for your convenience. You will have already received these ratings throughout the year via our automated system. Please note that the ratings for Communications and Physical Examination sessions were collected monthly, and the others were collected immediately following each session. This letter includes ratings from all year 1 and 2 courses and Course 8. However, ratings of individual preceptors for 1:1 clinical experiences in Summer Electives, Medicine 440 (Applied Evidence Based Medicine), and Medicine 330 (Family Medicine Clinical Experience) are not included in this summary. Additionally, some sessions including those with patient presentations and clinical skills small groups, appear in the report as "other teaching" but were not rated by students.

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Sincerely,

Bruce J. Wright, MD, CCFP, FCFP
Associate Dean
Undergraduate Medical Education

CC: Department Head of Family Medicine

Thanks for your MASSIVE contribution. B

Course 1 - Introduction to Medicine/Blood/Gastrointestinal 2015: MDCN 350

CPS - Approach to Lymphadenopathy:

Organization/flow:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	5	7	12	0	4.29

Content:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	6	6	12	0	4.25

Presentation style:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	4	6	14	0	4.42

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	4	7	13	0	4.38

Medical Disorders of the Mouth:

Organization/flow:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	0	6	28	0	4.82

Content:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	2	5	27	0	4.74

Presentation style:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	0	3	31	0	4.91

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	0	7	27	0	4.79

Family Medicine Approach to Common GI and Blood Problems:

Organization/flow:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	1	8	13	1	4.55

Content:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	2	6	14	1	4.55

Presentation style:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	1	1	4	16	1	4.59

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	1	7	14	1	4.59

Course II - MSK, Derm 2015: MDCN 360

Family Med & MSK:

Organization/flow:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	3	11	5	1	4.11

Content:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	6	8	5	1	3.95

Presentation style:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	2	10	7	1	4.26

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	3	11	5	1	4.11

Course III - CV, Resp 2015:

Upper Respiratory Tract Infections:

Learning environment:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	3	6	8	1	4.29

Content:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	1	3	7	6	1	4.06

Feedback to learners:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	5	4	8	1	4.18

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	4	4	9	1	4.29

Family Medicine Clinical Experience (Year 1) 2015: MDCN 330

Family Medicine Clinical Experience Orientation - MANDATORY:

Organization/flow:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
30	0	0	6	12	16	0	4.29

Content:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
30	0	0	5	14	15	0	4.29

Presentation style:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
30	0	0	4	12	18	0	4.41

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
30	0	0	3	14	17	0	4.41

Family Medicine Clinical Experience: Small Groups - MANDAT:

Learning environment:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
90	0	0	0	0	2	0	5.00

Content:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
90	0	0	0	0	2	0	5.00

Feedback to learners:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
90	0	0	0	0	2	0	5.00

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
90	0	0	0	0	2	0	5.00

Intro to Clerkship 2014: MDCN 490

Survival Skills - History Taking :

Organization/flow:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	1	8	11	0	4.50

Content:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	1	8	11	0	4.50

Presentation style:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	1	8	11	0	4.50

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	1	8	11	0	4.50

Survival Skills - Documenting :

Organization/flow:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	1	9	10	0	4.45

Content:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	1	9	10	0	4.45

Presentation style:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	1	9	10	0	4.45

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	1	9	10	0	4.45

Lecture, Small group and Clinical Core Teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
840	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Family Medicine Clinical Experience 2014: MDCN 330

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
180	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Interpretation of Mean Ratings

<1.50	**Unacceptable**
1.50 - 2.49	**Below Expectations**
2.50 - 3.49	**Good**
3.50 - 4.49	**Very Good**
> 4.50	**Outstanding**
U/A	**No Data Available**

UNIVERSITY OF CALGARY

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Email: wrightb@ucalgary.ca

May 22, 2014

Dear Dr. Keegan:

It is my pleasure to acknowledge and thank you for your teaching in the Undergraduate Medical Education Program (UME) at the University of Calgary during the 2013-2014 academic year.

In this letter, student ratings have been compiled for your convenience. You will have already received these ratings throughout the year via our automated system. This letter includes ratings from all year 1 and 2 courses and Course 8. However, ratings of individual preceptors for 1:1 clinical experiences in Summer Electives, Medicine 440 (Applied Evidence Based Medicine), and Medicine 330 (Family Medicine Clinical Experience) are not included in this summary. Additionally, some sessions including those with patient presentations and clinical skills small groups, appear in the report as "other teaching" but were not rated by students.

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Sincerely,

Bruce J. Wright, MD, CCFP, FCFP
Associate Dean
Undergraduate Medical Education

CC:Dr. Charles Leduc

Course I - Introduction to Medicine/Blood/Gastrointestinal 2016: MDCN 350

CPS - Approach to Lymphadenopathy:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	12	30	26	9	4.21

Medical Disorders of the Mouth:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	1	11	17	35	11	4.34

Family Medicine Approach to Common GI and Blood Problems:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	8	21	27	6	4.34

Course II - MSK, Derm 2016: MDCN 360

Family Medicine & MSK:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
80	0	0	10	28	38	21	4.37

Course III - CV, RESP 2016 MDCN 370:

Upper Respiratory Tract Infection:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	1	19	25	23	24	4.03

Course V Neurosciences, Aging and Special Senses Class of 2015:

Headache: A Family Medicine Perspective:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	1	9	16	7	4.58

Course VII - Psychiatry Class of 2015:

A Family Medicine Perspective on Mental Health:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	6	10	8	12	4.08

Family Medicine Clinical Experience (Year 1) 2016: MDCN 330

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
960	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Intro to Clerkship 2015: MDCN 490

Survival Skills - History Taking (Mandatory for the ENTIRE Class):

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	8	11	6	1	3.92

Survival Skills - Documenting (Mandaftory for the ENTIRE Class):

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	8	11	6	1	3.92

Survival Skills - Discharge Planning (Mandatory for the ENTIRE Class):

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	8	11	6	1	3.92

Bugs and Drugs:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	5	4	1	1	3.60

Survival Skills - Hunting for Info:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	1	1	6	1	2	3.78

Survival Skills - Verbal:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	0	5	4	4	4.44

Bugs and Drugs:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	1	8	13	2	8	3.67

Suvival Skills:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	0	1	0	0	4.00

Hand Wash Certification:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	0	1	0	0	4.00

Survival Skills - Hunting for Info:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	2	9	4	5	4.13

Recognition of Common Medical Emergencies 'D':

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
240	0	0	0	5	2	3	4.29

Survival Skills - Verbal:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	0	6	0	2	4.00

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Interpretation of Mean Ratings

<1.50	**Unacceptable**
1.50 - 2.49	**Below Expectations**
2.50 - 3.49	**Good**
3.50 - 4.49	**Very Good**
> 4.50	**Outstanding**
U/A	**No Data Available**

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Email: coderre@ucalgary.ca

May 26, 2015

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Sincerely,

Sylvain Coderre, MD, FRCPC, MSc (Med Ed)
Associate Dean, Undergraduate Medical Education
Professor, Department of Medicine
Cumming School of Medicine, University of Calgary

CC:Dr. Charles Leduc

Course I - Introduction to Medicine/Blood/Gastrointestinal 2017: MDCN 350

CPS - Approach to Lymphadenopathy:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	20	42	22	15	4.02

Medical Disorders of the Mouth:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	12	22	51	22	4.46

Family Medicine Approach to Common GI and Blood Problems:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	15	34	43	12	4.30

Course III - CV, RESP 2017 MDCN 370:

Upper Respiratory Tract Infection:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	8	7	17	31	4.28

Course V Neurosciences, Aging and Special Senses Class of 2016:

Headache: A Family Medicine Perspective:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	1	15	18	18	24	4.02

Course VII - Psychiatry Class of 2016:

A Family Medicine Perspective:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	2	14	17	8	28	3.76

Family Medicine Clinical Experience (Year 1) 2017: MDCN 330

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Intro to Clinical Practice 2016: MDCN 490:

Mandatory - Orientation - Intro to Clinical Pratice:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
15	0	0	17	30	33	1	4.20

Mandatory - Survival Skills: Documenting Patient Encounters:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
115	0	0	17	33	30	1	4.16

Mandatory - Small Group: Survival Skills - Documentation of Patient Encounters:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	1	6	2	0	4.11

Mandatory - Skills Fair: Groups C (Grps 9-12), D (Grps 13-16):

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
240	0	0	3	4	5	7	4.17

Mandatory - Small Group: Patient Safety I:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	3	6	3	1	4.00

Mandatory - Small Group: Patient Safety II:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	4	2	4	2	4.00

Mandatory - How to Hunt for Clinically Relevant Information:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	16	27	25	2	4.13

ICP Student-Choice Curriculum:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	9	18	25	16	4.31

Mandatory - Skills Fair: Groups A, B (Grps 1-4 and 5-8):

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
240	0	0	2	7	5	0	4.21

Mandatory - No podcast - Survival Skills: Dealing with Difficult Situations Arising with Colleagues and Preceptors:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	1	6	13	19	0	4.28

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
240	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Interpretation of Mean Ratings

<1.50	**Unacceptable**
1.50 - 2.49	**Below Expectations**
2.50 - 3.49	**Good**
3.50 - 4.49	**Very Good**
> 4.50	**Outstanding**
U/A	**No Data Available**

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June 1, 2016

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Sylvain Coderre, MD, FRCPC, MSc (Med Ed)
Associate Dean, Undergraduate Medical Education
Professor, Department of Medicine
Cumming School of Medicine, University of Calgary

CC:Dr. Charles Leduc

Course I - Introduction to Medicine/Blood/Gastrointestinal 2018: MDCN 350

Medical Disorders of the Mouth:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	5	13	46	9	4.64

Year 2 Class of 2017:

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Course V Neurosciences, Aging and Special Senses Class of 2017:

Headaches: A Family Medicine Perspective #2:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	3	16	12	9	19	3.67

Headache: A Family Medicine Perspective (#1):

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	1	18	15	14	15	3.88

Course VII - Psychiatry Class of 2017:

A Family Medicine Perspective:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	2	16	12	7	18	3.65

Applied Evidence Based Medicine 2017: MDCN 440

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
560	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Family Medicine Clinical Experience (Year 2) 2017: MDCN 430

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
720	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Intro to Clinical Practice 2017: MDCN 490

Mandatory - Orientation - Intro to Clinical Pratice:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
15	1	1	9	34	28	1	4.19

Mandatory - Survival Skills: Documenting Patient Encounters:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
105	0	1	11	36	25	1	4.16

Mandatory - Patient Presentation: Patient Safety:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	1	9	13	8	3	3.90

Mandatory - Fluids:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	11	15	15	0	4.10

Mandatory - How to Hunt for Clinically Relevant Information:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	9	19	14	0	4.12

Mandatory - No podcast - Survival Skills: Dealing with Difficult Situations Arising with Colleagues and Preceptors:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	1	8	18	15	0	4.12

Mandatory - Small Group: Survival Skills - Documentation of Patient Encounters:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	2	1	3	0	4.17

Mandatory - Small Group: Pain Management:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	2	1	3	0	4.17

Mandatory - Small Group: Patient Safety I:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	1	0	0	0	3.00

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
480	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Course VIII - Comprehensive Clinical Skills Curriculum for Clerkship - Class of 2016:

CaRMS Interviews Workshop:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	1	1	2	9	4.25

Interpretation of Mean Ratings

<1.50	**Unacceptable**
1.50 - 2.49	**Below Expectations**
2.50 - 3.49	**Good**
3.50 - 4.49	**Very Good**
> 4.50	**Outstanding**
U/A	**No Data Available**

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June 7, 2017

Dear Dr. Keegan:

It is our pleasure to acknowledge and thank you for your teaching in the Undergraduate Medical Education Program (UME) at the University of Calgary during the 2016-2017 academic year. In this letter, metrics about your contributions have been compiled for your convenience.

The Cumming School of Medicine is committed to providing ongoing support for all faculty members. The Office of Faculty Development provides development in teaching and leadership. For more information, go to https://www.ucalgary.ca/ofd/.

Your participation within our program is a cornerstone to the success of Undergraduate Medical Education at the University of Calgary. We wish to extend a heartfelt thank you for your contribution to our program. Please do not hesitate to contact us if you have any questions or concerns.

Sincerely,

Sylvain Coderre
MD, FRCPC, MSc (Med Ed)
Associate Dean
Undergraduate Medical Education
Cumming School of Medicine
University of Calgary

Kevin Busche
MD, BSc, FRCPC
Assistant Dean, Pre-clerkship
Undergraduate Medical Education
Cumming School of Medicine
University of Calgary

Pamela Veale
MD, MSc, FRCPC
Assistant Dean, Clerkship
Undergraduate Medical Education
Cumming School of Medicine
University of Calgary

CC: Dr. Charles Leduc

Awards

Dr. Keegan is a recipient of the Associate Dean's Letter of Excellence for Lecturing. To qualify for this award, teachers must have taught a minimum of 3 lecture sessions over the academic year and receive an average rating greater than or equal to 4.0 (very good - outstanding) on the student feedback.

Dr. Keegan won the Platinum award for contributing 55.00 hours in direct teaching time.

Classroom Based Teaching and Supervision

This section includes ratings from all year 1 – 2 courses, Course 8, and MCC review. Additionally, some sessions, (e.g. those with patient presentations and clinical skills small groups) appear in the report as "other teaching" but were not rated by students.

The mean values for all teaching in UME on Lecture, Small group and Clinical core are 3.92, 4.14, and 4.36 respectively.

Family Medicine Clinical Experience (Year 1) 2019: MDCN 330

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
960	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Family Medicine Clinical Experience (Year 2) 2018: MDCN 430

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
1440	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Intro to Clinical Practice 2018:

Video (see email) Survival Skills: Documenting Patient Encounters:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	7	9	5	2	3.90

Mandatory - Fluids:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	2	6	8	0	4.38

Mandatory - How to Hunt for Clinically Relevant Information:

Overall Rating

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	4	7	4	1	4.00

Mandatory - No podcast - Survival Skills: Dealing with Difficult Situations Arising with Colleagues and Preceptors:

Overall Rating

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	4	6	6	0	4.13

Mandatory - Clinical Practice:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	6	4	6	0	4.00

Other teaching

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
180	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Interpretation of Mean Ratings

<1.50	Unacceptable
1.50 - 2.49	Below Expectations
2.50 - 3.49	Good
3.50 - 4.49	Very Good
> 4.50	Outstanding
U/A	No Data Available

Service to Education and Course Coordination

Dr. Keegan attended 2 Pre-Clerkship Committee Meetings.

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June 18, 2018

Dear Dr. Keegan:

It is our pleasure to acknowledge and thank you for your teaching in the Undergraduate Medical Education Program (UME) at the University of Calgary during the 2017-2018 academic year. In this letter, metrics about your contributions have been compiled for your convenience.

The Cumming School of Medicine is committed to providing ongoing support for all faculty members. The Office of Faculty Development provides development in teaching and leadership. For more information, go to https://www.ucalgary.ca/ofd/.

Your participation within our program is a cornerstone to the success of Undergraduate Medical Education at the University of Calgary. We wish to extend a heartfelt thank you for your contribution to our program. Please do not hesitate to contact us if you have any questions or concerns.

Sincerely,

Sylvain Coderre
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Associate Dean
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University of Calgary

Kevin Busche
MD, BSc, FRCPC
Assistant Dean, Pre-clerkship
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Pamela Veale
MD, MSc, FRCPC
Assistant Dean, Clerkship
Undergraduate Medical Education
Cumming School of Medicine
University of Calgary

CC: Dr. Charles Leduc

Dr. David Keegan

Awards

Dr. Keegan is a recipient of the Associate Dean's Letter of Excellence for Lecturing. To qualify for this award, teachers must have taught a minimum of 3 lecture sessions over the academic year and receive an average rating greater than or equal to 4.0 (very good - outstanding) on the student feedback.

Dr. Keegan won the Silver award for contributing 20.00 hours in direct teaching time.

Classroom Based Teaching and Supervision

This section includes ratings from all year 1 + 2 courses, course 8, clerkship seminar and MCC review. Additionally, some sessions, (e.g. those with patient presentations and clinical skills small groups) appear in the report as "other teaching" but were not rated by students.

The mean values for all teaching in UME of Lecture, Small group and Clinical core are 3.94, 4.18, and 4.58 respectively.

Course I - Introduction to Medicine/Blood/Gastrointestinal 2020: MDCN 350

Medical Disorders of the Mouth:
Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	6	5	39	11	4.66

CPS - Approach to Lymphadenopathy:
Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	8	17	30	6	4.40

Course VII - Psychiatry Class of 2019: MDCN 470

A Family Medicine Perspective:
Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	2	8	3	5	13	3.61

Family Medicine Clinical Experience (Year 2) 2019: MDCN 430

Other teaching

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
720	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Dr. David Keegan

Intro to Clinical Practice - 2019: MDCN490

MANDATORY: Difficult Conversations:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	0	0	2	8	9	4	4.37

MANDATORY: Reflective Practice:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	2	11	7	4	4.25

Interpretation of Mean Ratings

<1.50	Unacceptable
1.50 - 2.49	Below Expectations
2.50 - 3.49	Good
3.50 - 4.49	Very Good
> 4.50	Outstanding
U/A	No Data Available

Assessment Activities

Dr. Keegan participated in the following assessment activities:
Dr. Keegan completed 1 Family Medicine Clinical Experience ITER.

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June 11, 2019

Dear Dr. Keegan:

It is our pleasure to acknowledge and thank you for your teaching in the Undergraduate Medical Education Program (UME) at the University of Calgary during the 2018-2019 academic year. In this letter, metrics about your contributions have been compiled for your convenience.

The Cumming School of Medicine is committed to providing ongoing support for all faculty members. The Office of Faculty Development provides development in teaching and leadership. For more information, go to https://www.ucalgary.ca/ofd/.

Your participation within our program is a cornerstone to the success of Undergraduate Medical Education at the University of Calgary. We wish to extend a heartfelt thank you for your contribution to our program. Please do not hesitate to contact us if you have any questions or concerns.

Sincerely,

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CC: Dr. Charles Leduc

Awards

Dr. Keegan is a recipient of the Associate Dean's Letter of Excellence for Lecturing. To qualify for this award, teachers must have taught a minimum of 3 lecture sessions over the academic year and receive an average rating greater than or equal to 4.0 (very good - outstanding) on the student feedback.

Dr. Keegan won the Platinum award for contributing 51.50 hours in direct teaching time.

Classroom Based Teaching and Supervision

This section includes ratings from all year 1 – 2 courses, course 8, clerkship seminar and MCC review. Additionally, some sessions, (e.g. those with patient presentations and clinical skills small groups) appear in the report as "other teaching" but were not rated by students.

The mean values for all teaching in UME of Lecture, Small group and Clinical core are 3.94, 4.22, and 4.66 respectively.

Course I - Introduction to Medicine/Blood/Gastrointestinal 2021: MDCN 350

Medical Disorders of the Mouth:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	0	0	3	6	41	11	4.76

Course III - CV, Resp 2021: MDCN 370

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Family Medicine Clinical Experience (Cl 2021): MDCN 330

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
1920	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Course VII - Psychiatry Class of 2020: MDCN 470

A Family Medicine Perspective:

Overall Rating:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
120	1	0	6	12	5	5	3.83

Family Medicine Clinical Experience Yr2: Cl2020: MDCN 430

Other teaching:

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
720	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Intro to Clinical Practice - 2020: MDCN490

Difficult Conversations:

Overall Rating

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
90	0	0	5	6	10	0	4.24

Other teaching

Minutes of Instruction	Unacceptable (1)	Below Expectations (2)	Good (3)	Very Good (4)	Outstanding (5)	Unable to Assess	Mean
60	U/A	U/A	U/A	U/A	U/A	U/A	U/A

Interpretation of Mean Ratings

<1.50	Unacceptable
1.50 - 2.49	Below Expectations
2.50 - 3.49	Good
3.50 - 4.49	Very Good
> 4.50	Outstanding
U/A	No Data Available

Assessment Activities

Dr. Keegan participated in the following assessment activities:
Completed 2 Family Medicine Clinical Experience ITER(s).

Service to Education and Course Coordination

Dr. Keegan attended 1 Student Academic Review Committee Meeting.
Thank you for being a part of the Student Advising and Wellness (SAW) mentorship program. The expectation of the SAW office is that mentors meet with students 2-3 times a year over the course of their MD degree.

Appendix D: Detailed Ratings and Comments from Three Course Cohorts

(Document provided by Dr. Wayne Wolushcuk, previous Director of Evaluations, UME)

Teacher Ratings and Comments for Dr. David Keegan

Course: Intro to Clerkship, Class 2015

	Event Title	Question	Minutes	Unacceptable	Below expectations	Good	Very Good	Outstanding	Mean/5
Keegan, David	Bugs and Drugs	**Overall Rating**	120	0	0	5	4	1	3.60
	Bugs and Drugs	**Overall Rating**	120	0	1	8	13	2	3.67
	Hand Wash Certification	**Overall Rating**	120	0	0	0	1	0	4.00
	Recognition of Common Medical Emergencies 'D'	**Overall Rating**	240	0	0	0	5	2	4.29
		Comments	• Helpful to clarify some points my group got confused about.						
	Survival Skills - Discharge Planning (Mandatory for the	**Overall Rating**	60	0	0	8	11	6	3.92
		Comments	• Very useful information!						
	Survival Skills - Documenting (Mandatory for the ENTIRE Cl	**Overall Rating**	60	0	0	8	11	6	3.92
		Comments	• Very useful information!						
	Survival Skills - History Taking (Mandatory for the ENTIRE	**Overall Rating**	60	0	0	8	11	6	3.92
		Comments	• Very Practical! Very well taught • It is always clear that Dr. Keegan puts a lot of time and effort into his teaching sessions. It is greatly appreciated.						
	Survival Skills - Hunting for Info	**Overall Rating**	60	0	0	2	9	4	4.13
	Survival Skills - Hunting for Info	**Overall Rating**	60	0	1	1	6	1	3.78
		Comments	• Would be better as a small group with librarian downloading apps.						
	Survival Skills - Verbal	**Overall Rating**	120	0	0	0	6	0	4.00
	Survival Skills - Verbal	**Overall Rating**	120	0	0	0	5	4	4.44
	Survival Skills	**Overall Rating**	120	0	0	0	1	0	4.00

Course comments re: Dr. Keegan

- In these first few days of clerkship I have used Dr. Keegan's survival skills on documentation more than once!
- Having Dr Keegan assess our actual notes as we went. This helps us correct errors!
- Dr Keegan is a gem!
- I think the documentation and history taking talks that Dr. Keegan did for us would be super helpful.

Course: Intro to Clinical Practice, Class of 2016

	Event Title	Question	Minutes	Unacceptable	Below expectations	Good	Very Good	Outstanding	Mean/5
Keegan, David	ICP Student-Choice Curriculum	**Overall Rating**	120	0	0	9	18	25	4.31
		Comments	• Fantastic! Appreciated the fluid formulas and hands-on practice and other tools to help us. Very practical and high yield. • Helpful session on fluids and elective advice. Please keep this in the curriculum. • VERY useful information. Great session. • Love love love the fluids component. Surprised that this was not delivered earlier somewhere. Like maybe in the hypernatremia sections of course 4. Recommend that Dr. Keegan delivers this material, not some alleged subject matter expert that will over complicate it.						
	Mandatory - How to Hunt for Clinically Relevant Information	**Overall Rating**	60	0	0	16	27	25	4.13
		Comments	• Very helpful session. • great session. • Thank you - this session is super helpful to have the resources we need when we leave campus. • Thank you for this session! So important! I would have liked it to be longer because it felt rushed and many of these resources are new to me.						
	Mandatory - No podcast -	**Overall Rating**	120	0	1	6	13	19	4.28

	Survival Skills: Dealing with	Comments	• Helpful approach to difficult conversations.						
	Mandatory - Orientation - Intro to Clinical Practice	**Overall Rating**	15	0	0	17	30	33	4.20
		Comments	• I wish I had your energy. • Always has so much energy. It is really great for keeping things interesting. • Very interactive, well done!						
	Mandatory - Skills Fair: Groups A, B (Grps 1-4 and 5-8)	**Overall Rating**	240	0	0	2	7	5	4.21
		Comments	• Excellent session! Please offer more hands-on opportunities like this- it really helps solidify knowledge and Dr. Keegan is one of the best instructors we have!						
	Mandatory - Skills Fair: Groups C (Grps 9-12), D (Grps 13-1	**Overall Rating**	240	0	0	3	4	5	4.17
	Mandatory - Small Group: Patient Safety I	**Overall Rating**	120	0	0	3	6	3	4.00
		Comments	• Appreciated the practical exercises to help us learn how to write prescriptions.						
	Mandatory - Small Group: Patient Safety II	**Overall Rating**	120	0	0	4	2	4	4.00
	Mandatory - Small Group: Survival Skills - Documentation of	**Overall Rating**	120	0	0	1	6	2	4.11
	Mandatory - Survival Skills: Documenting Patient Encounters	**Overall Rating**	115	0	0	17	33	30	4.16
		Comments	• Some of this was a repeat from family med clinical experience,						

Event Title	Question	Minutes	Unacceptable	Below expectations	Good	Very Good	Outstanding		Mean/5
			but overall it was useful. • Very helpful lecture. • Very helpful.						
hand wash remediation (if applicable)	**Overall Rating**	0	0	0	1	2	9		4.67
hand wash remediation (if applicable)	**Overall Rating**	0	0	0	8	5	11		4.13
	Comments		• Fortunately I did not need this. A number of us did not realize that there was a video until it was too late because the link for it was buried in a fairly long email that may not have been read immediately. If that could be posted earlier on Osler that would help - Thank You. • This course has had some glitches and some irrelevant info, but I am grateful for all the work that Dr. Keegan has put into it. I don't always enjoy coming to ICP, but Dr. Keegan's happy smiley face makes it a lot easier to come every day.						

	1. Very Ineffective	2. Ineffective	3. Neutral	4. Effective	5.Very Effective	NR	Mean/5
Please rate the effectiveness of Dr. David Keegan as course chair.	0	1	8	36	40	14	4.35

Course comments re: Dr. Keegan

Strengths about ICP:

- Dr Keegan's advice to know the inotropes for ICU
- How fantastic and enthusiastic Dr. Keegan is.
- Dr. Keegan's enthusiasm.
- I can't imagine going into electives without this course. I am very grateful to the cows, the UME, and Dr. Keegan for making this happen. Please let this continue next year for the class of 2017.
- Dr. Keegan - AMAZING
- Dr. Keegan

Please list any faculty (lecturers, preceptors) that made an outstanding contribution to your learning experience. All results will be tallied for consideration for a CMSA Teaching Award, to be awarded at Faculty Appreciation Night.

- Dr. David Keegan
- Dr. Keegan is very enthusiastic
- Dr. Keegan should teach more in all courses. It is actually refreshing when the material delivered is practical and useful rather

than subject matter expert's latest "very interesting" (to them) research.

- Dr. David Keegan
- Dr. Keegan • Dr. Keegan.
- Dr Keegan
- Dr Keegan
- Dr Keegan did an excellent job as course chair. He was present and available for feedback the entire time, and went out of his way to ensure it was a good experience for us.
- Dr. Keegan is an amazing and enthusiastic individual, we really appreciate how much work he puts in to teaching us!
- Dr. Keegan has an enthusiasm that is infectious and he is a very adept speaker. If it wasn't for him I would have hated this course, rather than just disliking certain components of it. He made it bearable.
- Dr. Keegan showed unparalleled enthusiasm and willingness to adapt the course to meet our needs.
- I thought Dr. Keegan showed excellent commitment to the course and our learning experience as a whole.
- Dr. Keegan, the street smarts doctor
- Dr Keegan - it was obvious he put a LOT of work into this course, and is very passionate about teaching.
- David Keegan
- Dr. Keegan was an amazing instructor for this course. Extremely passionate about the material and all of his lectures were informative and entertaining. Really enjoyed this course and it was great to have it before pre-clerkship electives.

Intro to Clinical Practice Class of 2017

	Event Title	Question	Minutes	Unacceptable	Below expectations	Good	Very Good	Outstanding	Mean/5
Keegan, David	Mandatory - Fluids	**Overall Rating**	60	0	0	11	15	15	4.10
		Comments	• Fire alarm intrusion so I suppose the disorder was all due to that.						
	Mandatory - How to Hunt for Clinically Relevant Information	**Overall Rating**	60	0	0	9	19	14	4.12
		Comments	• I think it would have been useful to have an example where we pull out the app and try to use it like we would in the clinical setting. Give us a chance to try using it.						
	Mandatory - No podcast - Survival Skills: Dealing with Diff	**Overall Rating**	120	0	1	8	18	15	4.12
		Comments	• Dr. Keegan's lectures are generally entertaining and engaging but not informative. • This was a crucial lecture in our training. I think it should have come earlier. • I really like the Crucial Conversation Model. I am very glad it is being taught! • For the role-playing, giving a bit more of a detailed scenario would have helped us to actually practice, rather than struggling to come up with details for the scenario itself.						
	Mandatory - Orientation - Intro to Clinical Practice	**Overall Rating**	15	1	1	9	34	28	4.19
		Comments	• A common sense lecture. Waste of paper at the beginning of session. • Interesting but perhaps not the most informative - could probably be shortened. • Good introduction. • So. Much. Enthusiasm. Dr. Keegan is awesome. • Level of enthusiasm a little too high, but a good session overall. • It would have been fun to put those cards up on a wall somewhere.						
	Mandatory - Patient Presentation: Patient Safety	**Overall Rating**	120	0	1	9	13	8	3.90

	Mandatory - Small Group: Pain Management	**Overall Rating**	120	0	0	2	1	3	4.17
	Mandatory - Small Group: Patient Safety I	**Overall Rating**	120	0	0	1	0	0	3.00
	Mandatory - Small Group: Survival Skills - Documentation of	**Overall Rating**	120	0	0	2	1	3	4.17
	Mandatory - Survival Skills: Documenting Patient Encounters	**Overall Rating**	105	0	1	11	36	25	4.16
		Comments	• It would be nice to have more examples of completed notes. • I did not find this session of any benefit.						

	1. Very Ineffective	2. Ineffective	3. Neutral	4. Effective	5. Very Effective	NR	Mean/5
39. Please rate the effectiveness of Dr. David Keegan as course chair.	1	1	4	25	70	12	4.6

Please list any faculty (lecturers, preceptors) that made an outstanding contribution to your learning experience. All results will be tallied for consideration for a CMSA Teaching Award, to be awarded at Faculty Appreciation Night.

- Dr Keegan - I was excited because he was excited
- Dr. David Keegan
- Dr. Keegan
- Dr. Keegan
- Based on Dr. Keegan for getting us all hyped for our electives and our careers!
- Dr. Keegan as always (he is amazing to the power of spectacular)
- Dr David Keegan
- Dr. Keegan,
- Dr. David Keegan
- Dr. Keegan
- Dr. Keegan

- Dr. Keegan is always the best. I wish I could be half as excited and bouncy as he is on a daily basis.
- Dr. Keegan always goes above and beyond - wonderful teacher.

  Dr. Keegan.
- David Keegan.
- Dr. David Keegan
- Dr. David Keegan
- Dr. Keegan
- David Keegan
- Dr. David Keegan
- Dr. Keegan • Dr. Keegan • Dr. Keegan
- Dr Keegan,
- Dr. Keegan made it all happen - he deserves recognition.
- Dr. Keegan
- Dr. David Keegan • Dr. David Keegan
- Dr. David Keegan
- Dr. Keegan!
- Dr Keegan really put together a great course, and his energy and enthusiasm was greatly appreciated.
- Dr. Keegan
- Dr Keegan

Appendix E: Complete OFDP Evaluations

Prepared by Terri Moleski, OFDP.

Date	Title	Name	Number of Attendees	Rating out of 5
Oct 19, 2011	Strategic Leadership of Medical Educators AM	David Keegan / Susan Bannister	14	4.38
Oct 19, 2011	Strategic Leadership of Medical Educators PM	David Keegan / Susan Bannister	13	4.28
Sep 11, 2015	How to Get Great Buy-In for Your Projects	David Keegan / Susan Bannister	30	4.49
Sep 17, 2015	How to Get Great Buy-In for your Resident Research Projects	David Keegan	26	4.14
Sep 18, 2015	Habits of Successful Medical Educators	David Keegan	15	4.49
Sep 19, 2015	How to Succeed at Failing	David Keegan / Susan Bannister / Nicole Johnson	14	4.14
Nov 03, 2015	How to Get Great Buy-In for your Projects	David Keegan	13	4.29
Nov 05, 2015	Habits of Successful Medical Educators	David Keegan	5	4.43
Nov 16, 2015	How to have conversations about difficult issues	David Keegan	14	4.69
Nov 23, 2015	How to have Conversations about Difficult Issues	David Keegan	8	4.38
Mar 31, 2016	Key Habits of Successful Medical Educators	David Keegan	13	4.45
Apr 06, 2016	How to have conversations about difficult issues	David Keegan	13	4.45
May 10, 2016	How To Be A Great Mentor	David Keegan	12	4.23
May 27, 2016	How To Be A Great Mentor	David Keegan	17	4.21
May 30, 2016	How To Have Conversations About Difficult Issues	David Keegan	7	4.59
Sep 09, 2016	How to Get Great Buy in for your Projects	D. Keegan/S. Bannister	12	4.52
Sep 09, 2016	How to Be a Great Mentor	David Keegan	12	4.52
Sep 09, 2016	How to Get Great Buy in for your Projects	D. Keegan/S. Bannister	27	4.52
Sep 22, 2016	NFO: Navigating the Cumming School of Medicine Maze	A. Bharwani / D. Keegan	12	4.64
Sep 24, 2016	How to Get Great Buy in for your Projects	D. Keegan/S. Bannister	110	4.44
Oct 14, 2016	Cultivating Humanism in Healthcare: Teamwork	David Keegan / Susan Bannister	12	4.6
Oct 21, 2016	Setting Yourself Up for Leadership Success	David Keegan / Susan Bannister	11	4.29

Nov 16, 2016	How to Get Great Buy-In for Your Projects	David Keegan / Susan Bannister	9	4.6
Nov 16, 2016	How to Have Conversations about Difficult Issues	David Keegan / Susan Bannister	6	4.73
Nov 18, 2016	Key Habits of Successful Medical Educators	David Keegan	2	4.76
Dec 06, 2016	How to Kickstart Strategic Planning for Your Educational	David Keegan /	5	4.76
Dec 09, 2016	How to have conversations about difficult issues	David Keegan	9	4.44
Feb 10, 2017	How to Chart Your MSE Program's Path Forward	David Keegan / Ian Scott / Wayne	19	4.83
Mar 29, 2017	PEDSLEADS	David Keegan / Susan Bannister / Robert Dudas / Michael Barone	16	4.87
Apr 06, 2017	How to Get Buy-In For Your Rural Medicine Projects	David Keegan / Susan Bannister	2	4.42
Apr 06, 2017	How to Have Conversations About Difficult Issues	David Keegan / Susan Bannister	18	4.37
May 05, 2017	Teamwork	David Keegan / Susan Bannister	12	4.58
Sep 08, 2017	How to Get Great Buy-In for Your Projects	David Keegan	9	4.76
Oct 12, 2017	How to Get Promoted	David Keegan	22	4.55
Oct 27, 2017	Learning Styles	David Keegan	11	4.81
Nov 28, 2017	How to Get Promoted	David Keegan	20	4.64
Feb 13, 2018	NFO: Navigating the Cumming School of Medicine Maze	Aleem Bharwani / David Keegan	53	3.97
Apr 11, 2018	PEDSLEADS 2018	Susan Bannister/Rogert Dudas/Michael Barone/David	15	4.86
May 04, 2018	How to Get Promoted at U of C	David Keegan	6	4.69
May 04, 2018	How to Get Great Buy-In for Your Projects	David Keegan	3	4.05
May 04, 2018	How to Make Your Team Great	David Keegan	4	4.29
May 04, 2018	How to Develop Your Career as a Medical Educator	David Keegan	3	5
May 25, 2018	How to Get Promoted at U of C	David Keegan	3	4.76
May 25, 2018	Exploring Your Leadership Style: In Good Times and Bad	David Keegan	33	4.49
May 30, 2018	IIMEL: Educational Leadership I	David Keegan	16	4.87
Jun 06, 2018	IIMEL: Educational Leadership II	David Keegan	19	4.81
Jun 22, 2018	PLUS One: Foundations of Leadership	David Keegan	13	4.7

Jun 26, 2018	PLUS Two: Leadership in Action	David Keegan	15	4.71
Jul 06, 2018	PLUS One: Foundations of Leadership	David Keegan	15	4.62
Aug 10, 2018	Difficult Conversations	David Keegan	35	4.55
Oct 02, 2018	New Faculty Orientation	David Keegan	14	4.35
Oct 23, 2018	PLUS One: Foundations of Leadership	David Keegan	9	4.92
Feb 26, 2019	PLUS Two: Leadership in Action	David Keegan	7	4.76
Feb 28, 2019	PLaCE: Practical Leadership and Community Engagement	David Keegan	25	4.58
Mar 01, 2019	PlaCE: Practical Leadership and Community Engagement	David Keegan	25	4.66
Mar 08, 2019	PLUS One: Foundations of Leadership	David Keegan	21	4.7
Mar 19, 2019	PEDSLEADS	David Keegan	7	4.54
Apr 09, 2019	PLUS Two: Leadership in Action	David Keegan	17	4.6
Jun 07, 2019	PLUS Three: Education Leadership Part 1	David Keegan	15	4.82
Jun 18, 2019	PLUS Three: Education Leadership Part 1	David Keegan	12	4.73
Sep 06, 2019	Square Pegs and Round Holes: Kolbs	David Keegan	10	4.74
Sep 27, 2019	Small Group Teaching	David Keegan	14	4.9
Sep 27, 2019	Communication Skills	David Keegan	17	4.78
Oct 08, 2019	NFO: How to be a Successful Faculty Member	David Keegan	10	3.79
Oct 18, 2019	PLUS One: Foundations of Leadership	David Keegan	5	4.57
Oct 22, 2019	How to Get Promoted (Clinical)	David Keegan	9	4.57
Nov 28, 2019	Plus EM - Day 1	David Keegan	4	4.29
Dec 13, 2019	How to Develop Your Career as a Medical Educator	David Keegan	5	4.71
Dec 19, 2020	Plus EM - Day 2	David Keegan	7	4.08
Feb 07, 2020	Curriculum Design	David Keegan	15	4.69
Feb 08, 2020	Cabin Fever 2020 - Clinical Coach: How to Coach Your Learners	David Keegan	9	4.1
May 29, 2020	Plus 3E - Educational Leadership Online	David Keegan	3	4.29
Jun 12, 2020	Plus 3E - Educational Leadership Online Day 2	David Keegan	3	4.29
MEAN				**4.53589041**

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WORKSHOP EVALUATION SUMMARY

TITLE:	Small Group Teaching	FACILITATOR:	Dr. David Keegan
DATE:	September 27, 2019	TIME:	0800-1200
LOCATION:	HSC G43A	# OF EVALUATIONS RECEIVED:	14

Key for items rated:

The Facilitator(s)+

Item 1 Enthusiasm
2 Interaction with the audience
3 Apparent topic knowledge

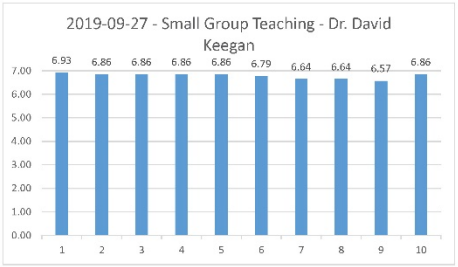
The Presentation

4 Information presented in an organized manner
5 Related the presented information to practical problems
6 Quality of support materials *(handouts, PowerPoint, etc.)*

The Content

7 Volume and complexity appropriate *(use + if excessive or – if insufficient)*
8 Related content to current evidence in the literature *(if applicable)*
9 Content was relevant to my practice
10 Overall, how I rate this session
11 I will change my practise in future *(1=yes, 0=no)*

Mean Presentation Ratings



Likert-Type Scale: 1 = Unacceptable; 2 = Needs work; 3 = Fair; 4 = Good; 5 = Very good; 6 = Excellent; 7 = Outstanding

Global Rating of session ("Overall, how I rate this session") converted to scale of 1 to 5: **4.90**

Which aspects of this presentation did you like the most?

- think pair share, role play
- post and sort, models of pt interraction
- Big reveal, very interactive
- live demonstration of educational techniques with learner participation
- the reveal, very cleaver and well done
- big reveal, small group techniques

Which aspects of this presentation would you suggest be changed in the future?

- Nothing
- no

Retrospective pre- / post- self-efficacy ratings

Participants were invited to rate their self-efficacy prior to and as a result of the workshop, simultaneously at the end of the workshop using a 6-point scale #1 - No confidence; #6 Absolute Confidence. Using retrospective ratings of pre-workshop confidence eliminates response-shift bias[1], which poses threats to validity in traditional pre/post comparisons. Participants self-rated their own confidence in their ability to accomplish the following activities:

1. Describe and use interactive discussion methods in small group settings
2. Describe and use immersive/experiential methods in small group settings
3. Describe and use knowledge sharing methods in small group settings

Retrospective pre-assessments were compared with post-assessments using Student's paired t-test. There were statistically significant differences between mean retrospective pre and post ratings of self-efficacy for each activity. Table 1 summarizes the results of analysis.

TABLE 1. Paired samples t-test: self-efficacy, retrospective pre- and post-workshop

Activity		Mean Pre	Mean Post	t	Df
1.	Describe and use interactive discussion methods in small group settings	2.67	4.83	-10.457**	11
2.	Describe and use immersive/experiential methods in small group settings	2.75	4.92	-10.457**	11
3	Describe and use knowledge sharing methods in small group settings	2.67	4.92	-12.539**	11

*Mean difference is significant at the .05 level (2-tailed) **Mean difference is significant at the .001 level (2-tailed)

Reference List

(1) Skeff KM, Stratos GA, Bergen MR. Evaluation of a medical faculty development program: a comparison of traditional pre/post and retrospective pre/post self-assessment ratings. Evaluation and the Health Professions 1992; 15(3):350-366.

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WORKSHOP EVALUATION SUMMARY

TITLE:	Communication Skills	FACILITATOR:	Dr. David Keegan
DATE:	September 27, 2019	TIME:	1300-1630
LOCATION:	HSC G43A	# OF EVALUATIONS RECEIVED:	12

Key for items rated:

The Facilitator(s)+

Item 1 Enthusiasm
2 Interaction with the audience
3 Apparent topic knowledge

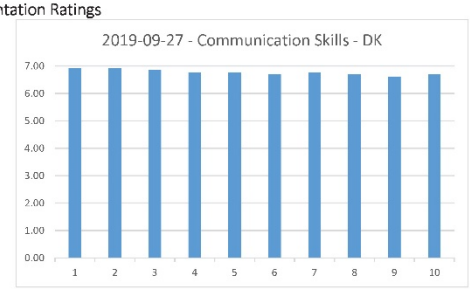
The Presentation

4 Information presented in an organized manner
5 Related the presented information to practical problems
6 Quality of support materials *(handouts, PowerPoint, etc.)*

The Content

7 Volume and complexity appropriate *(use + if excessive or – if insufficient)*
8 Related content to current evidence in the literature *(if applicable)*
9 Content was relevant to my practice
10 Overall, how I rate this session
11 I will change my practise in future *(1=yes, 0=no)*

Mean Presentation Ratings



Likert-Type Scale: 1 = Unacceptable; 2 = Needs work; 3 = Fair; 4 = Good; 5 = Very good; 6 = Excellent; 7 = Outstanding

Global Rating of session ("Overall, how I rate this session") converted to scale of 1 to 5: **4.78**

Which aspects of this presentation did you like the most?

- group discussions
- sticky notes, fish bowl
- crucial conversations, influencer model
- the big reveal, crucial discussion
- interaction and enthusiasm
- very interactive
- the reveal

Which aspects of this presentation would you suggest be changed in the future?

- give out evaluation sheets earlier so I can add things as I think of them
- none
- some of the tasks were too hard and hard to know reason for it until big reveal

Retrospective pre- / post- self-efficacy ratings

Participants were invited to rate their self-efficacy prior to and as a result of the workshop, simultaneously at the end of the workshop using a 6-point scale #1 - No confidence; #6 Absolute Confidence. Using retrospective ratings of pre-workshop confidence eliminates response-shift bias[1], which poses threats to validity in traditional pre/post comparisons. Participants self-rated their own confidence in their ability to accomplish the following activities:

1. Describe the importance of teaching communication skills
2. Describe the common features of good communications
3. Develop a strategy to increase the quality of communication
4. Describe and use structure models of effective clinical communication

Retrospective pre-assessments were compared with post-assessments using Student's paired t-test. There were statistically significant differences between mean retrospective pre and post ratings of self-efficacy for each activity. Table 1 summarizes the results of analysis.

TABLE 1. Paired samples t-test: self-efficacy, retrospective pre- and post-workshop

Activity		Mean Pre	Mean Post	t	Df
1.	Describe the importance of teaching communication skills	3.25	4.92	-5.863**	11
2.	Describe the common features of good communications	3.50	5.00	-5.745**	11
3.	Develop a strategy to increase the quality of communication	3.09	4.91	-8.032**	10
4.	Describe and use structure models of effective clinical communication	3.36	5.18	-10.000	10

*Mean difference is significant at the .05 level (2-tailed) **Mean difference is significant at the .001 level (2-tailed)

Reference List

(1) Skeff KM, Stratos GA, Bergen MR. Evaluation of a medical faculty development program: a comparison of traditional pre/post and retrospective pre/post self-assessment ratings. Evaluation and the Health Professions 1992; 15(3):350-366.

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WORKSHOP EVALUATION SUMMARY

TITLE:	How to be a Successful CSM Member	FACILITATOR:	Dr. David Keegan
DATE:	October 8, 2019	TIME:	9:30 am – 11:15am
LOCATION:	HSD Rm G500	# OF EVALUATIONS RECEIVED:	10

Key for items rated:

The Facilitator(s)+

Item 1 Enthusiasm
2 Interaction with the audience
3 Apparent topic knowledge

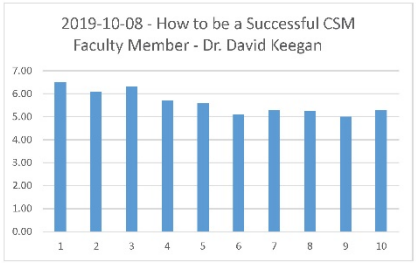
The Presentation

4 Information presented in an organized manner
5 Related the presented information to practical problems
6 Quality of support materials *(handouts, PowerPoint, etc.)*

The Content

7 Volume and complexity appropriate *(use + if excessive or – if insufficient)*
8 Related content to current evidence in the literature *(if applicable)*
9 Content was relevant to my practice
10 Overall, how I rate this session
11 I will change my practise in future *(1=yes, 0=no)*

Mean Presentation Ratings



Likert-Type Scale: 1 = Unacceptable; 2 = Needs work; 3 = Fair; 4 = Good; 5 = Very good; 6 = Excellent; 7 = Outstanding

Global Rating of session ("Overall, how I rate this session") converted to scale of 1 to 5: **3.79**

Which aspects of this presentation did you like the most?

- Discussion of CSM structure
- thinking/writing out our own personal goals
- a lot of information about how CSM works, learned more about the available support systems at U of C
- Organization
- workshops and open house
- review of OPD website for teaching resources

Which aspects of this presentation would you suggest be changed in the future?

- I am new to U of C - buit in leadership, not as junior faculty. I would have appreciated a specific orientation with othe mew division/dept. leads. In 1 hour -including the research presentation - all 1.5h in one - about 30% of this session was good for me, but a lot wasnt.
- do teaching improvement clinic
- a few more tidbits for the clinical teachers

Retrospective pre- / post- self-efficacy ratings

Participants were invited to rate their self-efficacy prior to and as a result of the workshop, simultaneously at the end of the workshop using a 6-point scale #1 - No confidence; #6 Absolute Confidence. Using retrospective ratings of pre-workshop confidence eliminates response-shift bias[1], which poses threats to validity in traditional pre/post comparisons. Participants self-rated their own confidence in their ability to accomplish the following activities:

1. Explain how the medical school works, and how you fit into these structures
2. Identify how to access resources critical to your success and safety
3. Talk with your department head about important career development issues
4. Get help from all kinds of support units to help you be successful

Retrospective pre-assessments were compared with post-assessments using Student's paired t-test. There were statistically significant differences between mean retrospective pre and post ratings of self-efficacy for each activity. Table 1 summarizes the results of analysis.

TABLE 1. Paired samples t-test: self-efficacy, retrospective pre- and post-workshop

Activity		Mean Pre	Mean Post	t	Df
1.	Explain how the medical school works, and how you fit into these structures	2.22	4.22	-8.485**	8
2.	Identify how to access resources critical to your success and safety	2.33	4.56	-6.860**	8
3	Talk with your department head about important career development issues	3.00	4.67	-5.000**	8
4.	Get help from all kinds of support units to help you be successful	2.00	4.38	-9.029**	7

*Mean difference is significant at the .05 level (2-tailed) **Mean difference is significant at the .001 level (2-tailed)

Reference List

(1) Skeff KM, Stratos GA, Bergen MR. Evaluation of a medical faculty development program: a comparison of traditional pre/post and retrospective pre/post self-assessment ratings. Evaluation and the Health Professions 1992; 15(3):350-366.

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WORKSHOP EVALUATION SUMMARY

TITLE:	Plus One: Foundations of Leadership	FACILITATOR:	Dr. David Keegan
DATE:	October 18, 2019	TIME:	9:00am – 3:30am
LOCATION:	Rose Room, TRW	# OF EVALUATIONS RECEIVED:	5

Key for items rated:

The Facilitator(s)+

Item 1 Enthusiasm
2 Interaction with the audience
3 Apparent topic knowledge

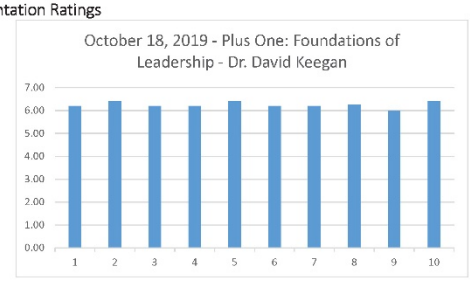
The Presentation

4 Information presented in an organized manner
5 Related the presented information to practical problems
6 Quality of support materials *(handouts, PowerPoint, etc.)*

The Content

7 Volume and complexity appropriate *(use + if excessive or – if insufficient)*
8 Related content to current evidence in the literature *(if applicable)*
9 Content was relevant to my practice
10 Overall, how I rate this session

Mean Presentation Ratings



Likert-Type Scale: 1 = Unacceptable; 2 = Needs work; 3 = Fair; 4 = Good; 5 = Very good; 6 = Excellent; 7 = Outstanding

Global Rating of session ("Overall, how I rate this session") converted to scale of 1 to 5: **4.57**

Which aspects of this presentation did you like the most?

- ability to openly share and discuss challenges and questions, practical tools and frameworks
- forced self reflection, framework for identifying needs
- the wellness wheel/leadership skill assessment, the very interactive nature of the workshop
- wheel inventory - I think the kinesthetic and visual aspects were helpful to highlight
- inventory assessments and leadership descriptions

Which aspects of this presentation would you suggest be changed in the future?

- less emphasis on personal career development and more on addressing specific challenges identified on skill audit or making strategic plan to address weaknesses beyond 'read this book'
- none that I can think of
- liked the small group size but recognize not always feasible to run a whole course with a few participants
- as is

Retrospective pre- / post- self-efficacy ratings

Participants were invited to rate their self-efficacy prior to and as a result of the workshop, simultaneously at the end of the workshop using a 6-point scale #1 - No confidence; #6 Absolute Confidence. Using retrospective ratings of pre-workshop confidence eliminates response-shift bias[1], which poses threats to validity in traditional pre/post comparisons. Participants self-rated their own confidence in their ability to accomplish the following activities:

1. Describe common leadership styles
2. Describe leadership pitfalls and solutions experienced by people with personalities similar to your own
3. Conduct a personal wellness audit
4. Conduct a personal leadership skill audit
5. Develop a strategic plan to guide your own leadership development

Retrospective pre-assessments were compared with post –assessments using Student's paired t-test. There were statistically significant differences between mean retrospective pre and post ratings of self –efficacy for describing common leadership styles, describing leadership pitfalls and solutions experienced by people with similarities similar to your own, and conduct a personal leadership skill audit. Table 1 summarizes the results of analysis.

TABLE 1. Paired samples t-test: self-efficacy, retrospective pre- and post-workshop

Activity		Mean Pre	Mean Post	t	Df
1.	Describe common leadership styles	3.40	5.20	-4.811*	4
2.	Describe leadership pitfalls and solutions experienced by people with personalities similar to your own	3.60	5.00	-2.746*	4
3.	Conduct a personal wellness audit	2.60	4.80	-4.491	4
4.	Conduct a personal leadership skill audit	2.20	4.60	-6.000*	4
5.	Develop a strategic plan to guide your own leadership development	2.40	4.20	-2.449	4

*Mean difference is significant at the .05 level (2-tailed) **Mean difference is significant at the .001 level (2-tailed)

Reference List

(1) Skeff KM, Stratos GA, Bergen MR. Evaluation of a medical faculty development program: a comparison of traditional pre/post and retrospective pre/post self-assessment ratings. Evaluation and the Health Professions 1992; 15(3):350-366.

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WORKSHOP EVALUATION SUMMARY

TITLE:	How to Get Promoted (CAR Faculty)	FACILITATOR:	Dr. David Keegan
DATE:	October 22, 2019	TIME:	1:00pm-3:00pm
LOCATION:	G639	# OF EVALUATIONS RECEIVED:	9

Key for items rated:

The Facilitator(s)+

Item 1 Enthusiasm
2 Interaction with the audience
3 Apparent topic knowledge

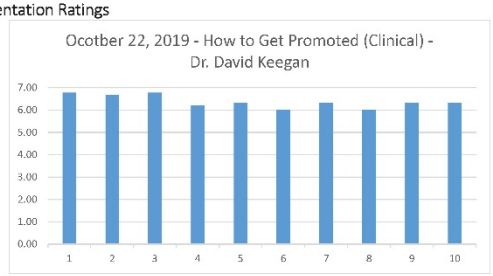
The Presentation

4 Information presented in an organized manner
5 Related the presented information to practical problems
6 Quality of support materials *(handouts, PowerPoint, etc.)*

The Content

7 Volume and complexity appropriate *(use + if excessive or – if insufficient)*
8 Related content to current evidence in the literature *(if applicable)*
9 Content was relevant to my practice
10 Overall, how I rate this session

Mean Presentation Ratings



Likert-Type Scale: 1 = Unacceptable; 2 = Needs work; 3 = Fair; 4 = Good; 5 = Very good; 6 = Excellent; 7 = Outstanding

Global Rating of session ("Overall, how I rate this session") converted to scale of 1 to 5: **4.71**

Which aspects of this presentation did you like the most?

- clear steps with explanation of structure of promotion, the planner is awesome
- clear direction for academic promotion, demystifying the promotion process
- visuals of promotion pathways, examples of what promotion is an the process
- presenter enthusiasm/engagement
- specific to audience needs
- enthusiastic presenter who worked to personalize for attendees, small group allowed for questions
- examples of real situations, lots of time for discussion
- transparency of process of promotion, organizational map
- promotion map, key principle
-

Which aspects of this presentation would you suggest be changed in the future?

- include links to U of C CV format and CSM EAR format
- I think it could be done in 1-1.5 hours
- really good, thanks!

Retrospective pre- / post- self-efficacy ratings

Participants were invited to rate their self-efficacy prior to and as a result of the workshop, simultaneously at the end of the workshop using a 6-point scale #1 - No confidence; #6 Absolute Confidence. Using retrospective ratings of pre-workshop confidence eliminates response-shift bias[1], which poses threats to validity in traditional pre/post comparisons. Participants self-rated their own confidence in their ability to accomplish the following activities:

1. Describe the benefits of clinical promotion
2. Describe the different academic ranks for clinical faculty members
3. Describe key principles that guide promotion
4. Follow key strategies for preparing for clinical academic promotion

Retrospective pre-assessments were compared with post –assessments using Student's paired t-test. There were statistically significant differences between mean retrospective pre and post ratings of self –efficacy for each activity. Table 1 summarizes the results of analysis.

TABLE 1. Paired samples t-test: self-efficacy, retrospective pre- and post-workshop

Activity		Mean Pre	Mean Post	t	Df
1.	Describe the benefits of clinical promotion	2.56	4.89	-7.000**	8
2.	Describe the different academic ranks for clinical faculty members	3.78	5.44	-4.082*	8
3.	Describe key principles that guide promotion	2.78	5.00	-6.100**	8
4.	Follow key strategies for preparing for clinical academic promotion	2.67	5.22	-6.782**	8

*Mean difference is significant at the .05 level (2-tailed) **Mean difference is significant at the .001 level (2-tailed)

Reference List

(1) Skeff KM, Stratos GA, Bergen MR. Evaluation of a medical faculty development program: a comparison of traditional pre/post and retrospective pre/post self-assessment ratings. Evaluation and the Health Professions 1992; 15(3):350-366.

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WORKSHOP EVALUATION SUMMARY

TITLE:	Plus EM – Foundations of Leadership in Emergency Medicine	FACILITATOR:	Dr. David Keegan
DATE:	November 28, 2019	TIME:	10:30am – 3:30pm
LOCATION:	Rose Room, TRW	# OF EVALUATIONS RECEIVED:	4

Key for items rated:

The Facilitator(s)+

Item 1 Enthusiasm
2 Interaction with the audience
3 Apparent topic knowledge

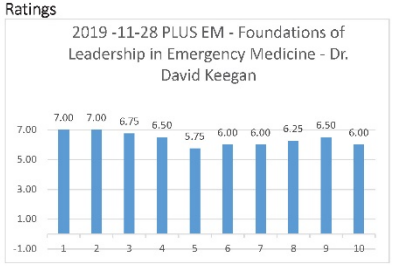
The Presentation

4 Information presented in an organized manner
5 Related the presented information to practical problems
6 Quality of support materials *(handouts, PowerPoint, etc.)*

The Content

7 Volume and complexity appropriate *(use + if excessive or – if insufficient)*
8 Related content to current evidence in the literature *(if applicable)*
9 Content was relevant to my practice
10 Overall, how I rate this session

Mean Presentation Ratings



Likert-Type Scale: 1 = Unacceptable; 2 = Needs work; 3 = Fair; 4 = Good; 5 = Very good; 6 = Excellent; 7 = Outstanding

Global Rating of session ("Overall, how I rate this session") converted to scale of 1 to 5: **4.29**

Which aspects of this presentation did you like the most?

- interactive, like that it was 1.5 hours SHORTER than planned - this way the content was kept concise
- Opportunity for interactive facilitated discussion, having a group of colleagues that I work with and trust to go through the workshop with
- The interactive context, the fact that the group are all young, soon to be ER leaders in our department
- self reflection exercises

Which aspects of this presentation would you suggest be changed in the future?

- Keep it short (10-3pm)
- Consider cutting back or eliminating the second 'balance wheel' exercise small group sharing portion and focus more time on other elements
- I did not find the wellness activity helpful - especially the fact that we discussed in small groups tips related to areas we all had strengths in. I would have loved more time on the final part of the session (the overall leadership plans we started to put down.)
- I enjoyed it all

Retrospective pre- / post- self-efficacy ratings

Participants were invited to rate their self-efficacy prior to and as a result of the workshop, simultaneously at the end of the workshop using a 6-point scale #1 - No confidence; #6 Absolute Confidence. Using retrospective ratings of pre-workshop confidence eliminates response-shift bias[1], which poses threats to validity in traditional pre/post comparisons. Participants self-rated their own confidence in their ability to accomplish the following activities:

1. Be able to describe common leadership styles
2. Be able to describe leadership pitfalls and solutions experienced by people with personalities similar to your own
3. Have conducted a personal wellness audit
4. Have conducted a personal leadership skill audit
5. Have developed a strategic plan to guide your own leadership development

Retrospective pre-assessments were compared with post –assessments using Student's paired t-test. There were statistically significant differences between mean retrospective pre and post ratings of self –efficacy for each activity. 'Have conducted a personal wellness audit' cannot be computed because the standard error of the difference is 0. Table 1 summarizes the results of analysis.

TABLE 1. Paired samples t-test: self-efficacy, retrospective pre- and post-workshop

Activity		Mean Pre	Mean Post	t	Df
1.	Be able to describe common leadership styles	1.50	4.25	-4.371*	3
2.	Be able to describe leadership pitfalls and solutions experienced by people with personalities similar to your own	2.75	4.75	-4.899*	3
3.	Have conducted a personal wellness audit	1.00a	6.00a		
4.	Have conducted a personal leadership skill audit	1.25	4.25	-7.348*	3
5.	Have developed a strategic plan to guide your own leadership development	1.25	5.25	-9.798*	3

*Mean difference is significant at the .05 level (2-tailed) **Mean difference is significant at the .001 level (2-tailed)

Reference List

(1) Skeff KM, Stratos GA, Bergen MR. Evaluation of a medical faculty development program: a comparison of traditional pre/post and retrospective pre/post self-assessment ratings. Evaluation and the Health Professions 1992; 15(3):350-366.

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WORKSHOP EVALUATION SUMMARY

TITLE:	How to Develop your Career as a Medical Educator	FACILITATOR:	Dr. David Keegan
DATE:	December 13, 2019	TIME:	0930 – 1200
LOCATION:	HSC Rm 1500	# OF EVALUATIONS RECEIVED:	5

Key for items rated:

The Facilitator(s)+

Item 1 Enthusiasm
2 Interaction with the audience
3 Apparent topic knowledge

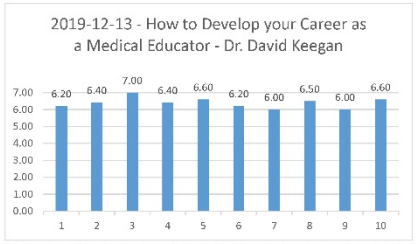
The Presentation

4 Information presented in an organized manner
5 Related the presented information to practical problems
6 Quality of support materials *(handouts, PowerPoint, etc.)*

The Content

7 Volume and complexity appropriate *(use + if excessive or – if insufficient)*
8 Related content to current evidence in the literature *(if applicable)*
9 Content was relevant to my practice
10 Overall, how I rate this session

Mean Presentation Ratings



Likert-Type Scale: 1 = Unacceptable; 2 = Needs work; 3 = Fair; 4 = Good; 5 = Very good; 6 = Excellent; 7 = Outstanding

Global Rating of session ("Overall, how I rate this session") converted to scale of 1 to 5: **4.71**

Which aspects of this presentation did you like the most?

- map
- exploring personal goals, training opportunities
- sharing elevator pitches
- interaction

Which aspects of this presentation would you suggest be changed in the future?

- I think it would benefit from an additional 30 min
- no changes
- explore educational roles -. Lecturer vs. assistant vs. associate
- extra 30 min

Retrospective pre- / post- self-efficacy ratings

Participants were invited to rate their self-efficacy prior to and as a result of the workshop, simultaneously at the end of the workshop using a 6-point scale #1 - No confidence; #6 Absolute Confidence. Using retrospective ratings of pre-workshop confidence eliminates response-shift bias[1], which poses threats to validity in traditional pre/post comparisons. Participants self-rated their own confidence in their ability to accomplish the following activities:

1. articulate your career goal(s) as a medical educator
2. describe key habits that enable success for medical educators
3. determine your own educator career growth areas

Retrospective pre-assessments were compared with post –assessments using Student's paired t-test. There were statistically significant differences between mean retrospective pre and post ratings of self –efficacy for each activity. 'articulate your career goal(s) as a medical educator' cannot be computed because the standard error of the difference is 0. Table 1 summarizes the results of analysis.

TABLE 1. Paired samples t-test: self-efficacy, retrospective pre- and post-workshop

Activity		Mean Pre	Mean Post	t	Df
1.	articulate your career goal(s) as a medical educator	2.75 a	4.25 a		
2.	describe key habits that enable success for medical educators	2.75	5.00	-3.773*	3
3.	determine your own educator career growth areas	3.50	5.25	-3.273*	3

*Mean difference is significant at the .05 level (2-tailed) **Mean difference is significant at the .001 level (2-tailed)

Reference List

(1) Skeff KM, Stratos GA, Bergen MR. Evaluation of a medical faculty development program: a comparison of traditional pre/post and retrospective pre/post self-assessment ratings. Evaluation and the Health Professions 1992; 15(3):350-366.

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WORKSHOP EVALUATION SUMMARY

TITLE:	PLUS 3E– Day 1	FACILITATOR:	Dr. David Keegan
DATE:	May 29, 2020	TIME:	0830-1630
LOCATION:	Zoom	# OF EVALUATIONS RECEIVED:	2

Key for items rated:

The Facilitator(s)+

Item 1 Enthusiasm
2 Interaction with the audience
3 Apparent topic knowledge

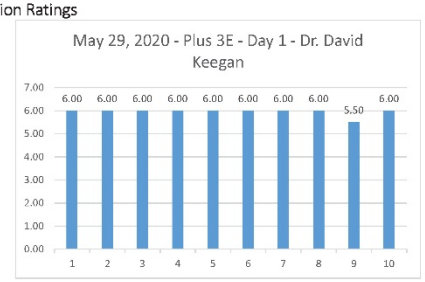
The Presentation

4 Information presented in an organized manner
5 Related the presented information to practical problems
6 Quality of support materials *(handouts, PowerPoint, etc.)*

The Content

7 Volume and complexity appropriate *(use + if excessive or – if insufficient)*
8 Related content to current evidence in the literature *(if applicable)*
9 Content was relevant to my practice
10 Overall, how I rate this session

Mean Presentation Ratings



Likert-Type Scale: 1 = Unacceptable; 2 = Needs work; 3 = Fair; 4 = Good; 5 = Very good; 6 = Excellent; 7 = Outstanding

Global Rating of session ("Overall, how I rate this session") converted to scale of 1 to 5: **4.29**

Which aspects of this presentation did you like the most?

- the 2 page handouts are easy to follow and so applicable - the SWOT is excellent as is the last handout on how to "do great things "
- Small group nature. The facilitator provided excellent individualized advice and suggestions

Which aspects of this presentation would you suggest be changed in the future?

- only criticism is the internet for me (my internet) wasn't great and i prefer in person sessions due to the interaction with others but both of these are outside the organizers control at present (covid and living rurally)
- I would not change the workshop format - perhaps a little more information prior to the start of t he workshop to prepare

Retrospective pre- / post- self-efficacy ratings

Participants were invited to rate their self-efficacy prior to and as a result of the workshop, simultaneously at the end of the workshop using a 6-point scale #1 - No confidence; #6 Absolute Confidence. Using retrospective ratings of pre-workshop confidence eliminates response-shift bias[1], which poses threats to validity in traditional pre/post comparisons. Participants self-rated their own confidence in their ability to accomplish the following activities:

1. Describe where things are at right now, in relation to the education work you lead,
2. Be able to describe and apply Kern et. al's curriculum development model,
3. Be able to analyze educational leadership challenges, and
4. Be able to apply leadership skills to resolve challenges and move things forward.

Retrospective pre-assessments were compared with post –assessments using Student's paired t-test. There were statistically significant differences between mean retrospective pre and post ratings of self –efficacy for each activity. Table 1 summarizes the results of analysis.

a. The correlation and t cannot be computed because the standard error of the difference is 0.

TABLE 1. Paired samples t-test: self-efficacy, retrospective pre- and post-workshop

Activity		Mean Pre	Mean Post	t	Df
1.	Describe where things are at right now, in relation to the education work you lead,	2.00	4.50	-5.000	1
2.	Be able to describe and apply Kern et. al's curriculum development model	1.00a	4.00a	a.	a.
3.	Be able to analyze educational leadership challenges, and	2.00	4.50	-5.000	1
4.	Be able to apply leadership skills to resolve challenges and move things forward.	2.00	4.50	-5.000	1

*Mean difference is significant at the .05 level (2-tailed) **Mean difference is significant at the .001 level (2-tailed)

Reference List

(1) Skeff KM, Stratos GA, Bergen MR. Evaluation of a medical faculty development program: a comparison of traditional pre/post and retrospective pre/post self-assessment ratings. Evaluation and the Health Professions 1992; 15(3):350-366.

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WORKSHOP EVALUATION SUMMARY

TITLE:	PLUS 3E– Day 2	FACILITATOR:	Dr. David Keegan
DATE:	June 12, 2020	TIME:	0830-1630
LOCATION:	Zoom	# OF EVALUATIONS RECEIVED:	2

Key for items rated:

The Facilitator(s)+

Item 1 Enthusiasm

2 Interaction with the audience

The Presentation

3 Related the presented information to practical problems

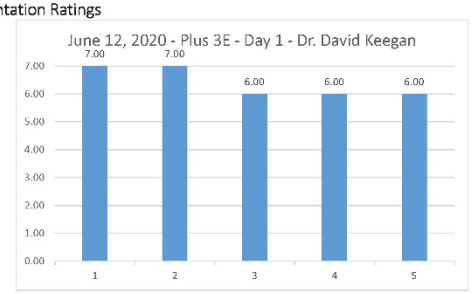
The Content

4 Content was relevant to my practice

5 Overall, how I rate this session

Note to dossier reviewers: We conducted a regression analysis of the previously used 11 questions asked in OFDP program evaluation. This analysis revealed little discrimination among the questions. We accordingly reduced the question number from 11 to the 5 seen here, to be respectful of the time of those completing our evaluations and the staff entering the data. This change was implemented just prior to this event, which is why it looks different from the others in this series.

Mean Presentation Ratings



Likert-Type Scale: 1 = Unacceptable; 2 = Needs work; 3 = Fair; 4 = Good; 5 = Very good; 6 = Excellent; 7 = Outstanding

Global Rating of session ("Overall, how I rate this session") converted to scale of 1 to 5: **4.29**

Which aspects of this presentation did you like the most?

- The interaction. Kotter analysis
- The small group interactive nature of the workshop - meant we were able to look at a topic from different viewpoints

Which aspects of this presentation would you suggest be changed in the future?

- Emailing people at least a week prior to the course
- "The workshop was great. Perhaps a slightly longer heads up prior to the workshop to aid with preparing a project. Consider a small amount of time for the small groups to first discuss a question/topic/share ideas, before preceptor interventions. But not always as this may not work for all groups!

Retrospective pre- / post- self-efficacy ratings

Participants were invited to rate their self-efficacy prior to and as a result of the workshop, simultaneously at the end of the workshop using a 6-point scale #1 - No confidence; #6 Absolute Confidence. Using retrospective ratings of pre-workshop confidence eliminates response-shift bias[1], which poses threats to validity in traditional pre/post comparisons. Participants self-rated their own confidence in their ability to accomplish the following activities:

1. Describe where things are at right now, in relation to the education work you lead,
2. Be able to describe and apply Kern et. al's curriculum development model,
3. Be able to analyze educational leadership challenges, and
4. Be able to apply leadership skills to resolve challenges and move things forward.

Retrospective pre-assessments were compared with post –assessments using Student's paired t-test. There were statistically significant differences between mean retrospective pre and post ratings of self –efficacy for each activity. Table 1 summarizes the results of analysis.

a. The correlation and t cannot be computed because the standard error of the difference is 0.

TABLE 1. Paired samples t-test: self-efficacy, retrospective pre- and post-workshop

Activity		Mean Pre	Mean Post	t	Df
1.	Describe where things are at right now, in relation to the education work you lead,	2.00a	4.50a	a.	a.
2.	Be able to describe and apply Kern et. al's curriculum development model	1.00	4.50	-7.000*	1
3.	Be able to analyze educational leadership challenges, and	2.00	4.50	-5.000	1
4.	Be able to apply leadership skills to resolve challenges and move things forward.	2.00	4.50	-2.000	1

*Mean difference is significant at the .05 level (2-tailed) **Mean difference is significant at the .001 level (2-tailed)

Reference List

(1) Skeff KM, Stratos GA, Bergen MR. Evaluation of a medical faculty development program: a comparison of traditional pre/post and retrospective pre/post self-assessment ratings. Evaluation and the Health Professions 1992; 15(3):350-366.

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WORKSHOP EVALUATION SUMMARY

TITLE:	PLUS EM – Day 2	FACILITATOR:	Dr. David Keegan
DATE:	December 19, 2019	TIME:	1030 – 1630
LOCATION:	HSC Rm G639	# OF EVALUATIONS RECEIVED:	7

Key for items rated:

The Facilitator(s)+

Item 1 Enthusiasm
2 Interaction with the audience
3 Apparent topic knowledge

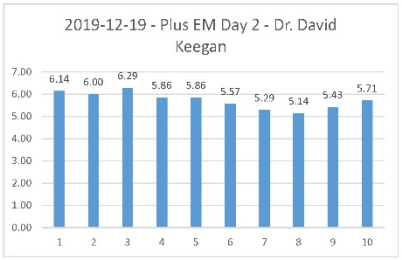
The Presentation

4 Information presented in an organized manner
5 Related the presented information to practical problems
6 Quality of support materials *(handouts, PowerPoint, etc.)*

The Content

7 Volume and complexity appropriate *(use + if excessive or – if insufficient)*
8 Related content to current evidence in the literature *(if applicable)*
9 Content was relevant to my practice
10 Overall, how I rate this session

Mean Presentation Ratings



Likert-Type Scale: 1 = Unacceptable; 2 = Needs work; 3 = Fair; 4 = Good; 5 = Very good; 6 = Excellent; 7 = Outstanding

Global Rating of session ("Overall, how I rate this session") converted to scale of 1 to 5: **4.08**

Which aspects of this presentation did you like the most?

- personal strategic planning, project mapping
- interactive worksheets
- stakeholder needs worksheet, personal strategic planning worksheet
- practical exercises around a project, roleplaying
- interactive worksheets
- cross knowledge pollination

Which aspects of this presentation would you suggest be changed in the future?

- For our group examples around CSM weren't super relevant - may be helpful to have more generic examples that don't involve CSM structure/jargon
- shorter example stories/anecdote
- add a brief break in the firs half, more real case scenarios
- could be condensed
- risky unsafe start. Need to define mandate

Retrospective pre- / post- self-efficacy ratings

Participants were invited to rate their self-efficacy prior to and as a result of the workshop, simultaneously at the end of the workshop using a 6-point scale #1 - No confidence; #6 Absolute Confidence. Using retrospective ratings of pre-workshop confidence eliminates response-shift bias[1], which poses threats to validity in traditional pre/post comparisons. Participants self-rated their own confidence in their ability to accomplish the following activities:

1. explore and clarify mandates
2. describe key elements of successful team sand create plans to strengthen your own team
3. get buy in from stakeholders for your projects
4. hold important conversations about difficult issues

Retrospective pre-assessments were compared with post –assessments using Student's paired t-test. There were statistically significant differences between mean retrospective pre and post ratings of self –efficacy for each activity. Table 1 summarizes the results of analysis.

TABLE 1. Paired samples t-test: self-efficacy, retrospective pre- and post-workshop

Activity		Mean Pre	Mean Post	t	Df
1.	explore and clarify mandates	2.71	4.00	-6.971**	6
2.	describe key elements of successful team sand create plans to strengthen your own team	3.00	4.43	-4.804*	6
3.	get buy in from stakeholders for your projects	3.29	4.29	-4.583*	6
4.	hold important conversations about difficult issues	3.43	4.57	-2.828*	6

*Mean difference is significant at the .05 level (2-tailed) **Mean difference is significant at the .001 level (2-tailed)

Reference List

(1) Skeff KM, Stratos GA, Bergen MR. Evaluation of a medical faculty development program: a comparison of traditional pre/post and retrospective pre/post self-assessment ratings. Evaluation and the Health Professions 1992; 15(3):350-366.