

# **TEACHING DOSSIER**

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Appendices included in submission but  
removed for posting:  
- teaching evaluations  
- teaching award supporting material

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### **TEACHING AWARDS**

- i. Queen’s University 2022 Faculty of Health Sciences Education Award
  - a. Notification of Nomination letter
  - b. Letter from Dr. Stephen Archer in support of my Faculty of Health Sciences Education Award Nomination

- ii. American Society of Nephrology (ASN) Midcareer Award 2022  
Recipient for Distinguished Clinical Service (International – Awarded for Clinical and Teaching Excellence)
  - a. Nomination Award Letter signed by 10 Queen’s University Faculty Members and Nephrology Trainee in support
  - b. Announcement of ASN Award Recipient 2022
- iii. Medical Staff Association Outstanding Clinical of the Year award letter 2020-2021 (Local - Awarded for Clinical and Teaching Excellence)

### **TEACHING EVALUATIONS**

- i. Morbidity and Mortality Rounds Evaluation Queen’s University, February 2022.
- ii. Nephrology Rotation Faculty Evaluation July-December 2021
- iii. Nephrology Rotation Faculty Evaluation ending August 2021
- iv. Nephrology Rotation Faculty Evaluation ending July 2021
- v. Nephrology Academic Half Day Evaluation ending June 2022 – TTP / HUS
- vi. Nephrology Academic Half Day Evaluation ending June 2022 – Pregnancy Kidney Physiology, Pathophysiology and Renal Diseases
- vii. Nephrology Academic Half Day Evaluation ending June 2022 – Polycystic Kidney Diseases
- viii. Canadian Society of Nephrology AGM 2019 Pre-Course Evaluation
- ix. May 2021 Obstetrics, Gynecology and Newborn Care rounds, May, 2021
- x. Clinical Clerk Faculty Evaluation Nephrology Rotation February 2020
- xi. MEDS 231 Renal Block Faculty Evaluation December 2020
- xii. MEDS 231 Renal Block Faculty Evaluation December 2019
- xiii. MEDS 231 Renal Block Faculty Evaluation December 2018
- xiv. MEDS 231 Renal Block Faculty Evaluation December 2017
- xv. Student’s Course Evaluation MEDS 234 Clinical and Communication Skills for the last 4 years Course Director

### **SPEAKING INVITATIONS/ LETTERS OF APPRECIATION**

- i. Royal College of Physicians and Surgeons of Canada letter to head of National Working Group Committee (of which I am a member) Re: Outcome of consideration of the application for recognition of Adult Glomerular Diseases as an Area of Focused Competence (successful)
- ii. Invitation Letter – International Speaking request at The Ohio State University / Wexner Medical Center for Department of Internal Medicine Grand Rounds

- iii. Letter of Appreciation – Academic Advisor of Core Internal Medicine Program June 2022
- iv. Letter of Appreciation- Canadian Apheresis Group – Invited lecture on aHUS/TMA in Pregnancy, October 2021
- v. Letter of Appreciation – Admissions Committee End of Term Service June 2021
- vi. Invitation Letter – National Speaking request at the Canadian Society of Nephrology Annual General Meeting – “*Clinical Conundrums in aHUS – A case-based presentation*”

Upon Request, I may provide teaching evaluation and testimonials prior to 2017 (previously submitted)

- i. Evaluations as a Term 3 / 4 Clinical Skills tutor (prior to 2015)
- ii. Summary of Undergraduate and post-graduate ratings for Teaching
- iii. FSGL Course Tutor Evaluation
- iv. Internal Medicine Postgraduate Resident Evaluations last 5 years
- v. Clerkship Preceptor Evaluations
- vi. Meds 231 Faculty Evaluations for Hematuria/Proteinuria Lecture
- vii. Dr. Stephen Archer’s “News, Innovations and Discoveries Blog” entry, which includes a nomination letter from a patient.
- viii. The Kingston Whig Standard article: “Back from the Brink of Death” in which I was mentioned. June, 2017.
- ix. Testimonial from patient R.H. for the Department of Medicine Annual Report Book.
- x. Testimonials from my Department Chair, medical students, and other faculty who have written about my advocacy and dedication to clinical care
- xi. Reports from when I served as Program Director for the Adult Nephrology Training Program
- xii. Clinical Skills Letters to Core and Consolidative tutors explaining course content and objectives

## **1. Executive Summary:**

I have been a member of the Division of Nephrology, Department of Medicine, Queen's University, since 2003. I currently hold an appointment at the Associate Professor rank in the Department of Medicine and I am also cross appointed as Associate Professor in the Department of Obstetrics and Gynecology. My job description is that of a clinician scholar. I devote 90% of my time to clinical activity, 5% to citizenship activities, 5% time to education.

During the last 19 years of my academic appointment at Queen's University, my commitment to teaching and medical education has been strong. I will expand on my teaching skills in this document. But, I believe it is evident that I found my true passion for academic medicine through the delivery of excellence in clinical care, and instilling the desire to provide excellence in clinical care in medical learners, through my teaching. I am known as a very strong patient advocate, and have had consistently achieved high ranking in teaching performance during my academic career. My patient advocacy skills and teaching expertise have been recognized by the nomination for numerous teaching and clinical service and leadership awards.

I have also held important administrative roles involving mentorship and training of medical learners within the Division of Nephrology at Queen's University. From 2004-2011, I was the Royal College of Physicians and Surgeons of Canada Program Director for the Adult Nephrology Training Program. I successfully led the Adult Nephrology training program through two External Royal College reviews, both with full approval. I also was the original author of the Queen's University Nephrology Training Program's Goals and Objectives in CanMEDS format, which was new at that time. I have chaired and served as a member on many educational committees as a result of my work as Program Director, and I enjoyed this experience very much.

In 2015, I changed my job description to clinician scholar so that I could focus my efforts on delivery of excellence in clinical care, while providing teaching and mentorship to medical learners. I became the Medical Director of the Specialized Kidney (SK) Disease Clinic and Apheresis which was created in 2015. The Specialized Kidney Disease clinic cares for arguably the sickest nephrology patients, who require treatment for multi-system, life-threatening diseases (Glomerulonephritis) (GN) with chemo-therapeutic like medications. It also serves to assess and care for pregnant patients who have underlying chronic kidney disease. Overall, the SK clinic has provided me with a wonderful opportunity to mentor and teach medical learners in the area of rare nephrological disease.

Moreover, my role as Director of the Specialized Kidney Disease clinic has allowed me to collaborate with pediatric and adult nephrologists across Canada and internationally who also specialize in the provision of nephrology care to patients who have glomerular diseases and thrombotic micro-angiopathies (TMA). Over the last 5 years in particular, I am known nationally and now internationally as an expert in glomerular disease, pregnancy care in kidney disease, and TMA. I am considered a Canadian expert in the field of atypical hemolytic uremic syndrome (aHUS) diagnosis and treatment and I have international recognition with an invitation to speak at the University of Ohio in September, 2022 on TMA in pregnancy. In addition, my clinical teaching and leadership were recognized by the American Society of Nephrology (ASN) in 2022, as I am

the recipient for the ASN's Distinguished Clinical Service Award, which is a highly competitive international award for clinical leadership and excellence in teaching. To contribute to the professional development of colleagues, I have been invited to lecture at many different institutions provincially, nationally and internationally in the area of Thrombotic Microangiopathy (over 70 invited presentations, 20 external to Queen's University) and I have also published 80 abstracts and manuscripts during my medical career.

## **2. Reflection on Personal Approach to Teaching and Education: Teaching Philosophy**

*I seek to foster the concept of the "3 A's" with medical learners: Ability, Availability, and Affability". This simple philosophy for the clinical practice of medicine is something I have tried to pass on to many medical learners over the years. I think it remains relevant today, and I have added two more A's - Adapability, and Advocacy.*

The practice of internal medicine and nephrology is linked to relationships. In my clinical teaching, my goal is to ensure that medical students and residents develop the knowledge and skills they need to develop the clinical competencies required to provide excellent, independent clinical care. I strive to provide practical teaching of common nephrology problems, focusing not only on medical issues that are emergencies, (which can harm patients if missed); but also, on the relationships between the patient and his or her family, and their care-providers. I teach medical learners that in nephrology, nephrologists often act as primary care providers. Nephrologists see their patients regularly, and sometimes, more frequently than their family doctor.

My teaching philosophy includes: 1) Development of independence: My aim is help medical students and residents develop their clinical reasoning skills in learning an approach to clinical problems, so that they can eventually learn how to practise independently; 2) Medical-learner focused: Before starting any teaching session, (eg: ward and consult rounds, or a small group teaching sessions), I survey the students in order to understand what their learning goals are, to gain some understanding as to what they would like to learn. This helps me evaluate their level of expertise of a particular topic before we begin, and importantly helps me with providing feedback later; 3) Demonstration of a collaborative, interdisciplinary, patient-centered model in my teaching of medical learners are attributes I strive to display consistently.

As a clinical teacher in nephrology, my goal is to develop a supportive, relaxed, non-intimidating learning environment which promotes discussion, sharing of ideas, and the ability for learners to ask questions. I adapt my teaching according to the medical learner's level. For instance, I delegate more responsibility to nephrology PGY-4 and PGY-5 residents, but provide more direct supervision for third or fourth year medical students. I spend a great deal of time reviewing how to assess a patient's goals of care with medical learners, and teaching the concept of patient autonomy in clinical encounters.

The arrival of the COVID-19 pandemic required me to adapt as a clinical teacher to deliver teaching in novel ways, (such as provision of on-line learning - please refer to section 4 iv Teaching Effectiveness) and to vigorously advocate for my patients' access to care. I do point out to medical learners where these important traits are needed in the practice of medicine.

### **3. Teaching Responsibilities:**

#### **i) Summary:**

My teaching responsibilities have been focused in three main areas at Queen's university: Post-graduate Nephrology Residents, Internal Medicine Residents, and Undergraduate Medical Students. I have been involved with a number of teaching opportunities and courses in both undergraduate and postgraduate medical education. At the undergraduate level, I have conducted lectures and tutorials on Glomerular Diseases as part of the Nephrology undergraduate curriculum (MEDS 231 Renal Block) on an annual basis since I began my faculty appointment at Queen's. On an ongoing basis, I have been the teacher for the Nephrology Fellows in the area of glomerular diseases, and general nephrology. I also teach Internal Medicine Residents nephrology concepts at Internal Medicine half-day, or during small group sessions as part of the ward and consult service for nephrology. I have striven to include a wide variety of cases in my teaching, ensuring that issues regarding equity, diversity and inclusiveness are included in my curricular content. I adjust my curriculum every year, and I have selected cases to describe difficulties in access to care, in particular, in the KHSC region, for indigenous patients. In addition, I have chosen cases carefully to highlight where racial issues may have impacted on a patient's ability to access care to heighten clinical awareness regarding these important aspects of the patient journey.

My main passion with undergraduate medical student teaching has been the teaching of clinical skills. I was a clinical skills tutor for second year medical students since I began on faculty at Queen's University in 2003. This activity has evolved over time, I was asked to be the Course Director for Term 4 Clinical Skills by the previous Queen's Health Sciences Undergraduate Assistant Dean, Dr. Tony Sanfilippo. This activity was supported by my Departmental Chair, Dr. Stephen Archer, and my Divisional Chair, Dr. David Holland. Term 4 Clinical Skills is the last term medical students complete before starting clinical clerkship. While keeping the "spirit" of Term 4 Clinical Skills intact, I have innovated the course to positive reviews. (See section 4 on Innovation). I have enjoyed all of these teaching experiences very much, and it is rewarding to see how my teaching has impacted on a medical student's learning as he or she progresses through medical training, when I encounter him or her during clinical clerkship in the hospital.

A previous student for Term 4 Clinical Skills, who was now a clinical clerk completing his nephrology rotation, recently said to me, "Clinical skills helped my preparation for in-patient medicine". This comment was important to me since I organize and develop the Term 4 Clinical Skills course. I spend a significant amount of time interacting with medical students and providing them feedback after their formative or final OSCE exams. Students have been extremely appreciative of my comments, and I have realized over the years that students really yearn for feedback so they can improve. I have provided some examples of their correspondences with me in this document (Please see Section 10, testimonials). I do work very hard on student evaluations, and strive to provide timely, constructive feedback which helps the learner build on his or her clinical skills and gain confidence in participating in the provision of clinical care.

In 2015 - 16, I was a small group tutor for facilitated small group learning (FSGL) sessions for first year medical students. This was the first time I have taught first year medical students

since leaving the medical school environment almost 20 years after my own graduation! Not only did I have the opportunity to teach the group some medical concepts, I also learned a great deal from the students in my group.

Involvement in these diverse medical student teaching experiences has helped to improve my teaching style. I understand how the Medical School curriculum evolves so that I can link concepts taught in medical student lectures into the Clinical Skills curriculum more effectively. For example, at the beginning of the Term 4 Clinical Skills course, I have developed (along with two other faculty members) an Introduction to Clinical Reasoning session. This session occurs the first week of Term 4 Clinical Skills, and serves to review concepts learned in Term 3 Clinical Skills, to review concepts taught in previous medical lectures (eg: during cardio/resp block) and to emphasize the importance of developing improved Clinical Reasoning Skills over the duration of the course.

## ii) Educational Portfolios

### Undergraduate Medical Education

- Course Director : Term 4 Clinical Skills 2015-2021
- Course and Faculty Review Committee Member 2015-2017  
Queen's School of Medicine
- Term 4 Clinical Skills Tutor 2009 - 2015
- Facilitated Small Group Learning Tutor Jan – May, 2015
- Phase IIE Clinical Skills Tutor 2004 -2009
- Lecturer Glomerular Diseases December 2005-Present

### Postgraduate Medical Education

- Royal College Physicians and Surgeons of Canada (RCPSC) Area of Focused Competence (AFC) GN Committee - national committee whose goal is to have GN recognized as an AFC by the RCPSC. 2021- present.
- Nephrology Residency Program Committee Member Queen's University Postgraduate Medical Education. Division of Nephrology. July 2011 - Present.
- Academic Advisor, Core Internal Medicine Residency Program, 2021- present
- Post Graduate Medical Education Residency Program Committee Member. Queen's University Postgraduate Medical Education. July 2004 – July 2011.
- OSCE examiner
- Program Director Adult Nephrology Training Program 2004-2011
- Nephrology Residency Training Committee
  - Chair 2004-2011
  - Member 2011-present

### Other teaching Activity



1) Undergraduate Medical Education

i) Clinical Clerks during Adult Nephrology rotations

- Supervision of Medical Student Observerships.
- Supervision of Medical Students during core clerkship rotation in Nephrology Consults

ii) Undergraduate Renal Block lecturer

Formal teaching

MEDS 231 Proteinuria and Hematuria (small group learning)

2) Postgraduate Medical Education

i) Internal Medicine

- Academic Half Day
- Internal Medicine Evening Journal Club
- Internal Medicine Royal College Exam Teaching

ii) Adult Nephrology

- Academic Half Day Supervision – Nephrology Trainees.
- Nephrology Journal Club
- Supervisor, Nephrology Fellow Longitudinal Clinic

**iii) Trainee Mentorship and Advising:**

I have always had an interest in resident well-being, and since the Nephrology program at Queen's University is relatively small, this has allowed me to evolve, over time, as a true mentor for a number of trainees. As the Program Director for the Adult Nephrology Training program from 2004 – 2011, I was directly responsible for ensuring nephrology trainees at Queen's University achieved their educational goals. During this time, I met with and counseled these trainees on a one-to-one basis. I have been an assigned mentor for Internal Medicine residents within the Department of Medicine, serve as an Academic Advisor for the Core Internal Medicine program, and also mentor Nephrology Fellows, whose longitudinal clinic I supervise. During my academic career, I have established a mentoring relationship with many residents and have supervised a number of scholarly projects and dissemination (Section 8: Scholarship in Medical Education).

I complete rotation evaluations for many nephrology, internal medicine residents and medical students and I regularly take this opportunity to ask about the residents' future career goals and provide some informal career counselling. Several of these students have subsequently chosen

nephrology or internal medicine as a residency program, at Queen's University, and across the country. Verbal feedback from a number of trainees has suggested to me that residents and trainees appreciate discussing what it is really like to practice once one has completed his or her training. Thus, I do ask medical learners about their career goals, and provide advice on the clinical practice of medicine, as appropriate.

#### **4. Teaching Effectiveness:**

##### **i. Teaching strategies:**

I have provided academic half day sessions for nephrology fellows and internal medicine residents for the past 19 years. I utilize a case based, interactive format with a small group classroom approach. Actual cases with specific questions and challenging concepts that are meant to develop clinical reasoning skills, are provided during the session. I emphasize the real-life application wherever possible and asked the residents to develop an approach with my guidance (for example, "how not to miss an overdose" in an unconscious patient with acute kidney injury, who also has an unexplained metabolic acidosis). I always ask residents to challenge themselves by asking three questions when providing clinical care: 1) Do you believe the clinical story? 2) Does the story make sense 3) Convince yourself. These questions are asked to ensure there is critical thinking when new consults are obtained, as sometimes information included in the patient record could be incomplete, or even inaccurate. Thus, it is a way to ensure patient advocacy is maintained, and taught. Verbal feedback shows that the students really enjoy this variation in teaching methods and the opportunity to learn "clinical pearls".

##### **ii. Methods of student assessment:**

Clinical Skills – formative and summative assessments

Medical Students/Clinical clerks – weekly evaluation of clinical performance during in-patient nephrology rotation

Internal Medicine Residents – As past Program Director for the Adult Nephrology Training program, I designed resident evaluations for the nephrology trainees in a CanMEDS format. In completing an evaluation, I communicate with all nephrology supervisors a trainee may have encountered on a particular rotation to ensure broad feedback is received. The nephrology program at Queen's and Queen's Internal Medicine now follows a competency- based method of evaluation of residents. This method of evaluation has only been in place for a few months, and I have attended faculty development sessions to learn how this method of evaluation is to proceed, and to learn how to provide effective feedback with this new approach to student evaluation.

##### **iii. Instructional Materials developed:**

During my time as Program Director for the Adult Nephrology Training program, I personally designed the entire nephrology curriculum for nephrology residents at Queen's University. The year I assumed the role as Program Director for Adult Nephrology at Queen's University, in 2004, the Royal College of Physicians and Surgeons of Canada mandated that Goals and Objectives for Royal College Accredited Training Programs needed to ensure all aspects of a

physician's role in practice were taught: educator, professional, collaborator, communicator, scholar and advocate. Thus, I revised the entire nephrology curriculum, as well as the corresponding resident evaluations, ensuring a CanMEDS format was adhered to. This required a tremendous amount of time and resources, and was completed successfully.

In addition to this, as program director, I organized the weekly academic half day sessions for Nephrology trainees. I also created an "introduction to nephrology" curriculum which began in the summer (in July) when residents initiate training. These introductory sessions were interdisciplinary, and included teaching from nurses so that the trainees could gain a different perspective. The residents received teaching from nursing staff on 1) Hemodialysis 2) Peritoneal Dialysis 3) Renal Transplantation. The residents received introductory teaching from Nephrology Staff (Nephrologists) on similar topics, so they could compare the perspectives. Verbal feedback for these sessions was very positive, and these sessions remain part of the curriculum.

Currently, I am assigned a number of topics to teach for Nephrology Academic Half Day. I compiled a number of current literature articles and a suggested list of reading topics for these sessions. Feedback was not specifically solicited for this but would be reflected in the overall feedback for the rotation.

Clinical clerk teaching: I use a case-based method. References are supplied to the students either during, or after the session depending on the format. For example, if I am going to teach on a particular topic, I provide references in advance, so that the students are better prepared, and have the opportunity to participate more effectively. If I am to discuss a case, once we are finished, I provide extra material to solidify topics that were covered during the session.

Nephrology Fellow GN teaching:

In 2019, I created a rotational teaching schedule for GN, along with dedicated teaching materials, a reading list for GN and pregnancy and re-established renal pathology rounds. Pathology rounds are presented by the nephrology fellow during the GN rotation. Over the 4 weeks of the GN/Pregnancy block the following topics are taught: Nephrotic syndrome (Minimal change disease, Membranous glomerulonephritis), RPGN (ANCA associated vasculitis), Goodpasture's syndrome/anti-glomerular basement membrane antibody disease), IgA Nephropathy, Focal Segmental Glomerular sclerosis, thrombotic micro-angiopathy syndromes, Lupus Nephritis, pregnancy in renal disease and complications of immunosuppression. The weekly dedicated teaching time and curriculum has been very positively reviewed to the point that other nephrology rotations (eg transplant) also adopted this approach.

#### **iv. New Courses Developed and Courses re-designed:**

##### Innovation: Term 4 Clinical Skills

Through my experience as a Clinical Skills tutor from 2004 – 2015, I have had the unique opportunity to observe the evolution of the Clinical Skills Course in the second-year curriculum. Subsequently, I became the Clinical Skills course director for Term 4 Clinical Skills in 2015. Currently, curricular time for medical students in pre-clerkship courses, versus clerkship work in the hospital and community settings, has changed, such that more time is devoted to clerkship

training. Thus, the Clinical and Communication Skills curriculum needed to operate in a shorter time span while ensuring all the required curricular objectives were achieved. A challenge was ensuring students were provided with enough clinical encounter experiences, and enough direct supervision, so that they were prepared better to begin clerkship training.

From 2015- 2021, I was recruited to become the Course Director for Term 4 Clinical Skills. I re-designed this course completely, twice, once in 2016, and again in 2020, implementing substantial innovations to allow for growth in curricular content. In 2016, to foster better one-on-one interactions with faculty, the clinical skills groups were divided into 2 separate groups which operated independently, yet cohesively: a “core” session group, and a consolidative skills group. For the former, students were divided into groups of 10 students for a number of rotating sessions: known as “core” sessions (please consult Core Tutor letter in: Evidence of Teaching Effectiveness Section, #14). These sessions are:

- 1) Introduction to Clinical Reasoning, (new session organized and led by me),
- 2) Abdominal Pain clinical reasoning,
- 3) Headache Clinical Reasoning,
- 4) Kingston Health Science in-patient encounter,
- 5) Kingston Health Sciences Emergency Room patient encounter (recruited Emergency room physician staff to participate in this role),
- 6) Pediatrics, (helped with reorganization of this session)
- 7) Volunteer Patient History and Physical,
- 8) Difficult Conversations (helped with reorganization of this session including recruitment of new facilitators when the previous facilitator retired)
- 9) Jointly, with Drs. Laura Milne and Amer Johri, helped to implement a POCUS (point of care ultrasound) session into the curriculum

Separately, I designed a series of self-scheduled patient encounter sessions where the student would arrange, with a faculty member (tutor) from the Department of Medicine, to assess a new patient consult on 3 different occasions. These sessions I called “consolidative sessions” and the tutor to student ratio was 1 to 4 for these groups. However, each student saw his or her own patient independently, supervised by his or her tutor. Course evaluations and feedback on this smaller group idea were excellent. (Please consult Consolidative Tutor letter in: Evidence of Teaching Effectiveness Section, #14)

Based on my review of student performance in previous years, I also added a new Core Session: “Introduction to Clinical Reasoning” where students were encouraged to broaden their approach to a clinical problem using the technique of Script Concordance Testing. While this session was not evaluated separately, the verbal feedback I received from students was excellent, and many tutors emailed me to indicate they liked this approach to beginning the course.

This curricular re-design required a substantial amount of time and effort in order to: ensure adequate numbers of tutors were recruited, to ensure tutors understood his/her role and duties, to ensure students understood the course structure. Student and tutor faculty orientation sessions were given by me to explain the new course structure, course objectives were revised for the new sessions, and the end of term OSCE blueprints were revised to ensure these were in line with the goals and objectives for the revised course layout.

Evaluations for the course were received and reviewed in detail by me, and were very positive (Section 10: Evidence of Teaching Effectiveness; Course Evaluation for MEDS 244). In 2020, a new challenge occurred: COVID 19 pandemic. The clinical skills curriculum content required immediate adaptation and was completely changed into an on-line format, given the ability to have limited in-person learning. This required many hours to facilitate and develop curriculum for on-line learning as well as OSCE examination of skills. The weeks for Term 4 clinical skills course became divided into colored zones that dictated the type of activity that could be offered. Red zones were the only in-person sessions, and only one-on-one observer-ship was permitted to allow social distancing. Thus, every week of the Term 4 clinical skills course, plus the OSCE exams needed to be re-developed in a short period of time in 2020-2021. We did our absolute utmost to deliver the course content to the best of our ability. When the course was completed, I received a letter of thanks as Course Director, from the clinical skills medical student course representative. An excerpt from her letter states,

*“Dr. Garland was the director of one of the only in-person curricular components during the global COVID-19 pandemic at the height of the second wave. Despite the barriers and restrictions placed on her as course director due the nature of the pandemic, Dr. Garland adapted and rose to the challenge to provide students with meaningful learning opportunities and experiences. As the term director she sought out student input throughout the term on what types of sessions students would appreciate, reached out for clarification to manage student expectations, and sought feedback both throughout and at the end of the term from the student body. Dr. Garland also made herself available to students both via live zoom sessions and via email at the start of terms, throughout the term and before major assessments to provide students with opportunities to ask her questions during a stressful time. She also provided clear expectations and went above and beyond to provide students with detailed assessment checklists to help prepare students for major assessments. I believe that Dr. Garland has demonstrated her commitment to the clinical skills program, her resiliency and adaptability as a course director, and has made a significant contribution to medical students through her role.”*

#### **v. Evaluations of Teaching:**

I have received excellent undergraduate teaching evaluations over the years. I do review feedback and always aim for improvement where I can in my clinical teaching. Generally, I receive evaluation averages that are greater than the average score received as compared to other teachers. Twice, I have been awarded the Award for “Best Teacher for Clinical Skills” from undergraduate Medical Students.

Below are examples of comments I have received. Please see “Evaluations” section for full details.

For Clinical Skills as a tutor:

*“Dr. Garland was an exceptional clinical skills tutor. She provided valuable feedback for all clinical Skills encounters. Throughout the course, she encouraged us to develop clinical reasoning and communication skills. I feel that my clinical skills have improved dramatically as a result of her mentorship this year”.*

For Facilitated Small Group Learning:

*“I cannot think of any ways Dr. Garland could improve. She did a wonderful job facilitating discussion, ensuring we were on topic, and meeting important points, all the while letting us lead the session!”*

For Post Graduate:

At the post-graduate level, I have encountered only very positive experiences with my interactions with residents over the years. I believe residents understand that I am genuinely interested in them, and in their future careers. I received a nomination for the PARO Excellence in Clinical Teaching Award from Queen’s University Internal Medicine Residents for my work in teaching nephrology. Also, in 2015, I received the Department of Medicine Clinical Teaching Award for outstanding role as a consultant. Comments from a recent evaluation from a medical resident post nephrology rotation, I believe reflects aspects of my teaching philosophy:

*“I have nothing but great things to say about Dr. Garland. She is incredibly knowledgeable, a fantastic teacher, and a pleasure to work with. She has every positive attribute of a great teacher. One of the key things that make her an effective teacher is her ability to work “with” the students to teach a diagnosis, and allow us to be in charge of our learning. This helps us feel like we are an important part of the team, and generates more interest in learning topics. Nephrology was one of my favorite rotations due to Dr. Garland”.*

Specific comments from some nephrology fellows evaluating my teaching and clinical mentorship over the years include the following:

A) *“When providing care to patient's in the GN clinic Dr. Garland highlights important learning points and enhances learning around each individual case. She also ensures comprehensive care is provided to all of her patients”.*

B) *“Dr. Garland creates a good learning opportunity while spending time providing care to complex GN patients. She uses patient's cases to discuss pathology including reviewing biopsy reports, treatment options and treatment potential adverse effects”*

C) *“Incredible physician who is always happy to teach and support. She is a great role model for fellows”.*

D) *“Always a pleasure learning from and taking care of patient's under the guidance of Dr. Garland. She tailors the responsibilities given to residents to their level of training. She also discusses important aspects of cases to ensure learners have absorbed and understood key aspects”.*

E) *She teaches the value of not taking a story at face value and ensuring the facts make sense. And finally, she teaches – through example – the importance of patient advocacy.*

## **5. Teaching Awards and Recognition:**

My dedication to clinical teaching has been recognized and I have been nominated or have received a number of awards for my work as a clinical teacher. Locally, I have been the recipient of three Queen's University clinical teaching awards in 2008 and 2009 by medical students, and in 2015 by internal medicine residents as the best clinical teacher. Separately, I was nominated for the provincial PARO award for Excellence in Clinical Teaching in 2015. I have been nominated for the Department of Medicine, Queen's University Master Clinician Award in 2019 and 2021. Also, in February, 2022, I was nominated for the Queen's Faculty of Health Sciences Education Award. Last year, I won the KHSC Medical Staff Association Outstanding Clinician of the Year 2020-2021 for my demonstrated clinical and teaching abilities. In 2022, I was the recipient of the international award for Distinguished Clinical Service from the American Society of Nephrology, which was granted for excellence in clinical and teaching endeavors.

## **6. Professional Development:**

1. American Society of Nephrology Kidney Week 2016 Glomerular Diseases Update 2021
2. American Society of Nephrology Kidney Week 2016 Glomerular Diseases Update 2017
3. American Society of Nephrology Kidney Week 2016 Glomerular Diseases Update 2016
4. Competency Based Medical Education Workshops, Office of Faculty Development, Queen's University (2016)
5. Competency Based Medical Education Workshops, Office of Faculty Development, Queen's University (2015)
6. Course Directors Retreat for UGME, Queen's University (2017)
7. Course Directors Retreat for UGME, Queen's University (2016)
8. Course Directors Retreat for UGME, Queen's University (2015)
9. Department of Medicine Wellness Retreat Queen's University (2016)
10. Department of Medicine Education and Research Retreat Queen's University (2013)
11. Teaching Workshop for New Faculty, FHS, Queen's University (2003)

## **7. Educational Administration and Leadership**

### **i. Service in Academic Administration**

#### Undergraduate Medical Education

- |  |             |
|--|-------------|
| 1. Course Director, Term 4 Clinical Skills         | 2015 - 2021 |
| 2. Clinical Skills Committee Member                | 2015 - 2021 |
| 3. OSCE Planning Committee Meetings                | 2015 - 2021 |
| 4. Course and Faculty Review Committee             | 2015 - 2017 |
| 5. Chief Examiner, Term 4 OSCE                     | 2015 - 2021 |
| 6. Admissions Committee Queen's School of Medicine | 2018 - 2021 |

#### Postgraduate Medical Education

1. Residency Program Committee Member Queen's University Postgraduate Medical Education. Division of Nephrology. July 2011 - Present.
2. Academic Advisor, Core Internal Medicine Residency Program, 2021- present

3. Residency Program Committee Chair. Queen’s University Postgraduate Medical Education. Division of Nephrology. July 2004 – July 2011.
4. Queen’s University Postgraduate Medical Education Committee Member July 2004 – 2011
5. CARMS Interviews for Internal Medicine Interviewer
6. Nephrology Residency Training Interviewer
7. OSCE examiner Core Internal Medicine Program

External to Queen’s University

1. Royal College Physicians and Surgeons of Canada (RCPSC) Area of Focused Competence (AFC) GN Committee - national committee whose goal is to have GN recognized as an AFC by the RCPSC. 2021- present.
2. Ontario Renal Network Priority Panel Glomerulonephritis July 2019-present
3. Palliative Care Champion, Ontario Renal Network, Division of Nephrology, Kingston General Hospital, February, 2016.
4. Ontario Renal Network Mentorship Program (June, 2012 - September, 2013)
5. Steering Committee, Canadian Renal Rehabilitation Network (2013)
6. Integrated Vascular Health Primary Care Working Group Committee Member (2012)
7. Early Detection Advisory Panel Member, Ontario Renal Network (2011-13)

**ii. Service to the Professional Development of Colleagues:**

My clinical focus and passion for rare disease, in particular in the field of thrombotic microangiopathy (TMA) has led to the creation of a number of innovations and scholarly work: 1) co-supervision of a joint nephrology/rheumatology vasculitis clinic, 2) numerous (> 50) invited presentations nationally and internationally on the topic of TMA, and 3) requests for assistance from external institutions/consultations from other nephrologists across Canada, 4) invitation to participate in the recently published TMA diagnostic guideline in the Canadian Journal of Health and Kidney Disease called, ‘Making the Correct Diagnosis in Thrombotic Microangiopathy: A Clinical Pathway’ (#23, page 6, Dr. Garland CV).

Speaking Invitation	External to Queen’s	Internal to Queen’s	Total
Upcoming	2	0	18
Completed	18	48	56
Total	20	48	74

**Noted external to Queen’s University speaking professor lectureship invitations (national and international, last five years):**



1. Thrombotic Microangiopathy in Pregnancy – is this Pre-eclampsia / HELLP? Department of Medicine, Division of Nephrology, The Ohio State University Wexner Medical Center, Columbus, Ohio, September 2022.
2. Thrombotic Microangiopathy in Pregnancy – is this Pre-eclampsia / HELLP? Department of Obstetrics and Gynecology, Saint John Regional Hospital, University of New Brunswick, Saint John, NB, September 2022.
3. Ontario Renal Network Provincial Wide Glomerulonephritis Rounds - C3 Glomerulopathy. May, 2022.
4. aHUS/TMA in Pregnancy. Canadian Apheresis Group Annual General Meeting. Ottawa, Ontario, October, 2021.
5. Thrombotic Microangiopathy in Pregnancy – is this Pre-eclampsia / HELLP? Department of Medicine, Division of Nephrology, Western University, September 15, 2021.
6. aHUS: Application and Utility of C5b-9 endothelial deposition testing” Dr. Marina Noris and Dr. Jocelyn Garland; May 18, 2021 12:00-1:30 pm. National Webinar by Zoom.
7. Thrombotic Microangiopathy in Pregnancy – is this Pre-eclampsia / HELLP? Department of Obstetrics and Gynecology and Newborn Care, University of Ottawa, April 21, 2021.
8. Canadian Society of Nephrology Annual General Meeting invited Lecture: Case based approach to aHUS: Advances in Complement Blockade. November, 2020.
9. Critical Care Canada Forum. Approach to Thrombotic Microangiopathy in the Critical Care Setting. November 12, 2019. Toronto, ON.
10. Practical Approach to TMA’s. University of New Brunswick Hematology Divisions; Saint John, NB.
11. Clinical Excellence in TMA Forum. Challenging TMA Case. October 4<sup>th</sup>, 2019. Toronto, ON.
12. Canadian Society of Nephrology Pre-Course GN Expert: Glomerulonephritis Cases for Clinical Nephrology Fellows. May 1, 2019 Montreal, Quebec.
13. Canadian Society of Nephrology Annual General Meeting: Invited presentation: Weird Cases of TMA. May 2<sup>nd</sup>, 2019. Montreal, Quebec.
14. Clinical Excellence in TMA Forum, Toronto ON. Faculty. “Biomarkers of Endothelial Injury. Practical Aspects”. November, 2018.
15. Clinical Excellence in TMA Forum, Toronto ON. Faculty. “Patient Advocacy in rare disease. How can we get there?” November 2018.
16. Ontario Renal Network Provincial Wide Glomerulonephritis Rounds - Thrombotic microangiopathy / atypical hemolytic uremic syndrome. September, 2018.
17. University of Ottawa. “Hindsight’s 20/20: “The Diagnostic Challenges of TMA (aHUS in particular)”. Invitation for October 4, 2017.

### **iii. Mentorship of Faculty:**

I have participated in informal mentorship of numerous junior faculty members over the years and am currently a Department of Medicine Mentor for Dr. Christina Liak, division of Respiriology.

### **iv. Achievements as a Clinical Teacher in Nephrology/Glomerulonephritis Clinical Teacher/Administrative Leader in Glomerular Disease**

- Recognized as an international clinical expert and leader in the field of Glomerulonephritis/Kidney disease in pregnancy - recipient of Distinguished Clinical Service Award for Nephrology by the American Society of Nephrology, 2022 (21,000 members – awarded for clinical service and teaching).
- Clinical expertise in GN/TMA recognized at national and international level enabling international clinical collaborations and many invited speaking events to improve knowledge in the area of rare disease.
- Royal College Physicians and Surgeons of Canada (RCPSC) Area of Focused Competence (AFC) GN Committee - national committee whose goal is to have GN recognized as an AFC by the RCPSC. (This has been successful. Please see additional relevant material)
- Medical Director, Glomerulonephritis/ Specialized Kidney Disease Clinic, September, 2015 - present. As part of this role, providing CME is required to allied health and medical staff.
- Invited as Ontario Renal Network Priority Panel Glomerulonephritis Member July 2019-present – as part of this role, providing CME is required.
- Recognition that KHSC's GN clinic is a Specialty Center (2018) thus KHSC's GN clinic is now the referral center for Peterborough Nephrology, aiding in the consolidation of GN expertise for Peterborough Nephrology group, upon request.
- Enabled specialized testing to be available for KHSC GN/pregnancy patients: placental growth factor, advanced complement functional testing, ANCA / AntiGBM, improving patient diagnosis and medical expert roles/teaching of the impact of these tests.
- Invited to present at national meetings to teach in the field of TMA (Canadian Society of Nephrology (CSN) 2019, Critical Care Canada Forum, Toronto, 2019)) and invited presentations at Western University (2021), University of Ottawa (2021), University of New Brunswick (2019, 2022), and The Ohio State University Wexner Medical Center, USA, (2022).
- Created clinical collaboration with Italian researchers (Dr. Marina Noris and Dr. Miriam Galbusera at the internationally renown Instituto di Recerche Farmacologiche Mario-Negri in Bergamo, Italy. This collaboration has led to the presentation of a number of clinical abstracts, and the ability to measure C5b-9 deposition on endothelial cells in kidney patients suspected of complement mediated disease. In particular, this test helps the assessment and management plan for pre-kidney transplant patients, and risk stratification for pregnancy in CKD patients, post episode of TMA. I have presented on this topic in Medical rounds on numerous occasions, teaching in the area of rare disease.

- Invited to participate in the creation of recent published Canadian Clinical Practice guidelines in the Diagnosis and Management of TMA (#23, page 6, Dr. Garland CV).
- Selected as a GN expert for the nephrology fellows teaching course at the CSN in 2019.
- Created a Renal/Rheumatological Vasculitis clinic which occurs on a monthly basis to aid in the care of complex GN patients who are also being followed by Rheumatology. This clinic is a wonderful opportunity for medical learners to consolidate skills in the area of rare disease.
- Created combined specialty clinic for Fabry Disease with Medical Geneticist Dr. Jennifer Mackenzie to aid in the teaching – diagnosis and management of this rare disease.
- A collaborative care model with Queen’s University Obstetrical Medicine Physicians Drs. Lisa Nguyen and Zijing Wu, and with High Risk Obstetrics Physicians Drs. Graeme Smith and Laura Gaudet, has been established to consolidate the care of pregnancy syndrome patients (eg. pre-eclampsia) who also have CKD. This also has enabled teaching of pregnancy syndromes and in 2022, our group presented a multidisciplinary round at Morbidity and Mortality Rounds which was very well received. Please see attached PDF of teaching evaluations, Feb, 2022.
- Cross appointment to Obstetrics and Gynecology Department in 2020 allowing opportunity to provide clinical expertise and teaching in Pregnancy Syndromes and Chronic Kidney Disease.

## 8. Scholarship in Medical Education:

I have been a supervisor for many resident clinical research projects over the years. The list below is of resident projects (resident name italicized, bolded).

1. *Kerr JD*, Holden RM, Morton AR, Nolan RL, and **Garland JS**. Epicardial Fat Volume in Stage 3-5 CKD Patients and its Associations with Obesity, CKD, and Coronary Artery Calcification. American Society of Nephrology Meeting, Philadelphia, PA, November, 2011. (**Internal Medicine Resident Research Project. Role: Supervisor**)
2. *Sukhi A*, Holden R, Morton AR, Nolan R, Hopman W and **Garland J**. 25-Hydroxyvitamin D, Parathyroid Hormone, and Coronary Artery Calcification in Pre-dialysis Chronic Kidney Disease. American Society of Nephrology, San Diego, CA, USA, November, 2012. (**Internal Medicine Resident Research Project. Role: Supervisor**)
3. *Majdi, G*, **Garland J** and Houlden, R. Perceived Diabetes Related Service Needs of Chronic Kidney Disease Patients with Diabetes at the Kingston General Hospital. Queen’s University Department of Medicine Research Day, May, 2013. (**Endocrinology Fellow Project. Role: Co-Supervisor**)
4. *Pyka K*, Lui J, **Garland J**, Hopkins-Rosseel, Hopman W and Parsons T: Chronic Kidney Disease in Canadian Cardiac Rehabilitation Centers: A brief Report from the Canadian Cardiac Rehab Registry, Presented as Poster Presentation Canadian Association of Cardiovascular Prevention and Rehabilitation Conference, Toronto, ON, October, 2015. (**Masters student in Cardiac Rehabilitation. Role: Joint –Supervisor, participated on thesis committee**)

5. **Dimaria, E, Del Paggio J**, Taylor D, Young I and **Garland J**. Not a “Good” Disease: Acute Kidney Injury in Pregnancy, May, 2015, Queen’s University Department of Medicine Research Day. (**Internal Medicine Resident Research Project. Role: Supervisor**)
6. **Lamarche M**, Hopman W, **Garland JS**, White CM and Holden RM. Relationship between coronary artery calcification and renal function decline, end stage kidney disease, and mortality in Stage 3-5 CKD patients. Canadian Society of Nephrology Annual General Meeting Presentation, Montreal, Quebec, May, 2017. (**Internal Medicine Resident Research Project. Role: Co-Author**)
7. **Lamarche M**, Hopman W, **Garland JS**, White CM and Holden RM. Relationship between coronary artery calcification and renal function decline, end stage kidney disease, and mortality in Stage 3-5 CKD patients. Queen’s University Department of Medicine Research Day Oral Presentation, May, 2017. (**Internal Medicine Resident Research Project. Role: Co-Author**)\*
8. De Novo ANCA-Associated Vasculitides in Pregnancy: A Systematic Review on Maternal, Pregnancy and Fetal Outcomes. **Veltri N.L.**, Hladunewich M, **Garland J**, Thomson B. Queen’s University Department of Medicine Research Day Oral Presentation, May, 2017. (**Internal Medicine Resident Research Project. Role: Supervisor**)
9. **Phung M** and **Garland JS**. Murky Waters: Dilemmas in diagnosis and Management of hemolysis. Queen’s University Department of Medicine Research Day Poster Presentation, May, 2017. (**Internal Medicine Resident Research Project. Role: Supervisor**)
10. **Thomas, D**, Licht C, Lapeyraque A-L, Gastoldi S, Bonnefoy A, **Garland J**. Eculizumab treatment of Shiga toxin E. Coli hemolytic uremic syndrome. Poster presentation, EDTA, Madrid, Spain, June, 2017. (**Internal Medicine Resident Research Project. Role: Supervisor**) \* \*
11. **Lamarche MC**, Hopman WM, **Garland JS**, White CA, Holden RM. Relationship of coronary artery calcification with renal function decline and mortality in predialysis chronic kidney disease patients. *Nephrol Dial Transplant* Oct 1;34(10):1715-1722, 2019
11. **Bethany E. Monteith**, Christopher P. Venner, Donna E. Reece, Andrea Kew, Marc Lalancette, **Jocelyn S. Garland**, Lois E. Shepherd, Gail T. McDonald, Joe L. Pater, Annette E. Hay. Drug Induced Thrombotic Microangiopathy with Concurrent Proteasome Inhibitor use in the Treatment of Multiple Myeloma: A Case Series and Review of the Literature. 11-2020. *Clinical Lymphoma Myeloma and Leukemia*. 20(11): 791-800.
12. **Caitlyn Vlasschaert**, Amy J. M. McNaughton, Wilma Hopman, Bryan Kestenbaum, Cassianne Robinson-Cohen, **Jocelyn Garland**, Sarah M. Moran, Rachel Holden, Matthew B. Lanktree, Michael J. Rauh. Clonal hematopoiesis of indeterminate potential is associated with a relative decline in kidney function and anemia in a cohort of patients with advanced chronic kidney disease. *Journal of the American Society of Nephrology*, 33(5):985-995, May 2022.
13. **Michael Che**, Sarah M. Moran, Richard J H Smith, Miriam Galbusera, Sara Gastoldi, **Jocelyn S. Garland**. C5b-9 Deposition on Human Microvascular Endothelial Cells Aids Diagnosis of Early Pregnancy Associated Atypical Hemolytic Uremic Syndrome: A Case Report. Poster Presentation. International Society of Nephrology Complement-related kidney diseases meeting. June, 2022.
14. **Michael Che**, Sarah M. Moran, Richard J H Smith, Miriam Galbusera, Sara Gastoldi, **Jocelyn S. Garland**. Early Pregnancy-Associated Atypical Hemolytic Syndrome. Accepted to American Society of Nephrology Meeting, November 2022.

15. **Michael Che**, Sarah M. Moran, Richard J H Smith, Miriam Galbusera, Sara Gastoldi, **Jocelyn S. Garland**. Severe Post-Partum HELLP Syndrome – is this aHUS? Accepted to American Society of Nephrology Meeting, November 2022.

\* Department of Medicine at Queen’s University Research Prize for the best project from a post-graduate PGY 1 Internal Medicine Resident.

\*\*Department of Medicine at Queen’s University Research Prize for the best project from a post-graduate specialty resident PGY 4.

## 9. **Teaching Goals:**

I seek to provide a positive learning environment for all medical learners. Although not all students will pursue nephrology as their eventual career choice, my main goal as their clinical teacher is for students to learn nephrology medical expert fundamentals, while developing skills in communication, collaboration and above all, patient-advocacy. My hope is that students who learn with me will carry these skills forward in all areas of medicine and of life.

10. **Evidence of Teaching Effectiveness/ Testimonials – Please see included documents:**  
Additional relevant materials, teaching evaluations and teaching awards