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The College of Medicine, University of Saskatchewan, has a solid reputation for providing high-quality training to our future physicians. We value your work in helping meet citizens’ need for physicians in urban and rural communities throughout the province.

Keeping our University of Saskatchewan graduates practising in the province is an important part of retention efforts, and we want to make sure new doctors feel welcome and appreciated. As a result, we’re training more medical residents in communities around the province. We know that doctors are more likely to practise in communities where they have trained.

When we doubled the number of postgraduate seats in Saskatchewan, the College showed great leadership in taking on the challenging task of expanding family medicine and specialty training. This expansion included distributing training to sites throughout Saskatchewan, including Prince Albert, Swift Current, North Battleford, La Ronge, Moose Jaw and continued expansion of the Regina Campus.
The residents of Saskatchewan are benefitting from our homegrown medical graduates. Ninety-three per cent of last year’s family medicine graduates are now practising in the province -- a significant increase over past years. These graduates join the ranks of a growing, vibrant physician workforce. We have almost 750 more doctors working in Saskatchewan than we did 10 years ago.

Thank you again for your commitment to medical education, medical residents, and to the people of this province. We are richer for your presence.

Jim Reiter  
Minister of Health

Greg Ottenbreit  
Minister Responsible for Rural and Remote Health
Message from the Dean

A strong and successful medical residency program is very important for our province, and our Postgraduate Medical Education (PGME) unit is pivotal in providing this to the people of Saskatchewan. Currently, PGME is leading the important work as our residency programs move towards improving methods of training and lifelong learning through Competence by Design. PGME is responsible for the oversight of all residency programs in the province, and ensures that educational experiences are designed according to national accreditation standards. The office also coordinates our residents’ training and work experiences within our teaching hospitals, and their interactions with various stakeholder agencies and medical departments.

As part of their work to develop competent physicians with professional values to meet society’s changing needs, the staff of PGME strive to attract residents to our program through high-quality residency training sites that offer a collegial learning environment. Their efforts in social and organizational accountability together with a strong focus on learner experience and academic programming support PGME in achieving its mission.

I extend my sincere appreciation to everyone on the PGME team for their dedication and commitment to our residents, our healthcare system and our college!
Message from the Vice-Dean Education

Over the past year, the PGME unit has been engaged in the implementation of Competence By Design in our Royal College specialty training programs (Anesthesiology went live in July 2017). Considerable resources have been dedicated to prepare the programs for an accreditation visit in the spring of 2018.

Workshops for Program Directors and Program Administrative Assistants assist with professional development. Chief Resident workshops are aimed at developing leadership abilities. The International Medical Graduate Orientation and Assessment program and the resident boot camp have been immensely helpful in getting all of our new residents better prepared as they begin this phase of their education and careers.

The Resident Resource Office is well established and supports residents through professional or personal challenges. PGME’s important role in supporting the work of the Canadian Resident Matching Service (the national, independent, not-for-profit, fee-for-service organization that provides a fair, objective and transparent application and matching service for medical training throughout Canada) is key to ensuring appropriate resident placements as they continue their medical training. We are proud to say that the University of Saskatchewan became the first in Canada to adopt CasPER as an entrance requirement in all postgraduate residency training programs.

Coordinating and supporting the various individuals and organizations involved in successful resident placements is a critical component of medical education. With 450 residents, more than 1,200 faculty, and 24 programs across seven sites in the province, significant work is involved and the PGME unit continues to deliver on its mandate.
Message from the Associate Dean PGME

I am pleased to present the 2016-1017 annual report of the Postgraduate Medical Education unit at the College of Medicine, University of Saskatchewan, with key highlights of the last academic year.

The activities to improve teaching and learning according to the 2012-2016 strategic plan continued in the past year.

Anesthesiology was the first Royal College Specialty program to go live with the new Competence By Design (CBD) format on July 01, 2017. The collaborative efforts within the program as well as outside involving a wide range of stakeholders are at the root of this successful venture. Since this was the first program to go live, it was particularly impressive to see how the department and program leadership successfully carved “paths in the forest.” Other programs that follow will certainly benefit from this work. The contributions by the PGME staff and CBD coordinator helped remove the obstacles.

Family Medicine program has been quietly strengthening their gains as this essential program continues the work with Triple-C curriculum (as you know Family Medicine was the first in the country to adopt competency-based mode of teaching/learning (the Triple C curriculum).

Our residency programs at the University of Saskatchewan, offered across the province from La Ronge to Swift Current, are key contributors to the physician human resource in our province and the country. We retain a large number of physicians in our province (this needs to increase further) upon completion of their training. We look forward to improving all our programs through a tailored and continuous quality improvement approach to address all weaknesses and leverage the strengths. A streamlined process, managed on project management principles, was initiated to prepare the programs for which an external survey visit is planned for the spring of 2018. This year was also the first to witness the launch of CASPer (a computer-based examination to assess non-cognitive skills) as one of the requirements for admissions to our residency programs.

The closely knit work of the program educational administration (program directors and program administrative assistants) and the PGME office staff is integral to support the learners and our faculty in PGME work environment. The key initiatives that continued in the past year included, enhancing wellness work, getting ready for CBD implementation, workshops for Program Directors and Program Administrative Assistants, workshops for Chief Residents, and continuation of work to further enhance the learning environment.

Dr. Preston Smith’s (our Dean) leadership has been and continues to be vital to PGME strategy and operations with a sustained sense of enthusiasm as our College continues its journey towards the “best small medical school in Canada.” Dr. Kent Stobart, our Vice-Dean Education, in a quiet and unassuming manner, continues to remove obstacles and has reshaped the landscape for success across the educational continuum; the positive impact on the PGME operations is profound.

Respectfully submitted,

Anurag Saxena

Anurag Saxena
MD, Med., MBA, FRCP, FCAP, CHE, CCPE
Associate Dean, PGME
PGME: The Who, What, Where, and How

WHO ARE WE

PGME Organizational Chart

Anurag Saxena
• Associate Dean, MD, M.Ed., MBA, FRCP, FCAP, CHE, CCPE

Shelley Christianson
• Manager, Accreditation and PGME Operations

Reola Mathieu
• Clerical Assistant, Administration

Maureen Lumbis
• Executive Assistant to Associate Dean

Audrey Kincaid
• Clerical Assistant, Admissions, Resident Administration & Accreditation

Aleksandra Pajic
• Coordinator, Academic & Non-Academic Processes

Sonja Lazic
• Clerical Assistant, Administration & PGME Reception

Della Toews
• Coordinator, Admissions and Resident Administration

Jennifer Dybvig
• Clerical Assistant, Residency Payments and Processing

Ope Okunola
• Coordinator, IMG Orientation Assessment & Educational Programs

Janine Corbett
• Clerical Assistant, PGME Electives (St. Paul's Hospital)

Betty Rohr
• Coordinator, Education and Metrics

Jennifer Uhryn
• Clerical Assistant, IMGOA & Education Programs

Tanya Robertson-Frey
• Program Evaluation Specialist

Chantel Gorin
• Clerical Assistant, CBD Support

Loni Desanghere
• Research Coordinator

Kim Laybourne
• Clerical Assistant, PGME Floater

Lisa Bagonluri
• Coordinator, Program Administrative Assistants

Gayathri Manoharan
• Resident Wellness Coordinator
WHAT DO WE DO - MISSION

We develop competent physicians with professional values to meet changing societal needs / demands

WHERE DO WE WANT TO GO - VISION

Establish a Postgraduate Medical Education Program that is a sought after training site that offers high quality training in a collegial learning environment and fosters appropriate professional enculturation

WHAT ARE OUR VALUES

Integrity - Respect - Diversity - Inclusivity - Responsibility - Excellence
HOW – STRATEGIC PLAN

**Social & Organizational Accountability**
- Social Accountability
- Organizational Accountability

**Social Accountability**
1. **Allocations**: Right mix and distribution of learners
2. **Distributed Medical Education**: Experience in diverse learning/work environments
3. Enhance **diversity and inclusiveness** in PGME settings
4. Meaningful contributions to **national and global educational organizations**

**Organizational Accountability**
1. Effective **collaborative governance** in PGME
2. Ensure operations meet **accreditation standards**
3. Actively **shape student body**
4. Postgraduate enterprise and Learners’ contributions to **knowledge creation**
5. Develop, support and recognize **clinical teachers**

**Learner Experience**
- Learner Success
- Learner Wellness

**Learner Success**
1. Create positive & supportive learning/work environments
2. Ensure effective integration and transitions along the educational continuum
3. Celebrate learner success and accomplishments

**Learner Wellness**
1. Develop an effective learner wellness program

**Academic Programming**
- Learner-centered Programming
- Efficient Educational Processes

**Learner-centered Programming**
1. Integrate **competency-based curricula** in postgraduate programs
2. Provide relevant teaching in **Intrinsic CanMEDS roles**
3. Enhance **inter-professional education**
4. Implement **effective assessments**
5. Foster **learner creativity and innovation**

**Efficient Educational Processes**
1. Apply **Continuous Quality Improvement** principles to educational processes
2. Develop **well-articulated policies** in areas of Postgraduate training for current work and planned initiatives
3. Ensure **actions and decisions** are consistent with local policies and training requirements of CFPC and RCPSC
4. Optimize **Information Technology support** across all sites in Saskatchewan
## Key Stats

<table>
<thead>
<tr>
<th>Number of Residents by Program</th>
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<th>As of June 2017</th>
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<td>33</td>
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<tr>
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<td>7</td>
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<tr>
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<td>Clinical Investigative Program (GIM)</td>
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</tr>
<tr>
<td>Clinical Investigative Program (Surgery)</td>
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<td>1</td>
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<tr>
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<tr>
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<td>Family Medicine Emergency Medicine (Saskatoon)</td>
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</tr>
<tr>
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<td>Family Medicine Enhanced Skills - Sports Medicine</td>
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</tr>
<tr>
<td>Family Medicine Enhanced Skills - Surgical Skills</td>
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<td>2</td>
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</tr>
<tr>
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<td>7</td>
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<tr>
<td>Family Medicine North Battleford</td>
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<td>9</td>
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<tr>
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<tr>
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<tr>
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</tr>
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<tr>
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<tr>
<td>Neurology</td>
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<tr>
<td>Neurosurgery</td>
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<tr>
<td>Obstetrics &amp; Gynecology (Regina)</td>
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<td>12</td>
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<td>Obstetrics &amp; Gynecology (Saskatoon)</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
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<td>11</td>
</tr>
<tr>
<td>Pathology</td>
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<td>10</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
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<td>9</td>
</tr>
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<td>Psychiatry (Regina)</td>
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<tr>
<td>Psychiatry (Saskatoon)</td>
<td>20</td>
<td>23</td>
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<tr>
<td>Public Health &amp; Preventive Medicine</td>
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<td>6</td>
</tr>
<tr>
<td>Respiratory Medicine</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Rheumatology</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Surgery</td>
<td>31</td>
<td>33</td>
</tr>
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<td><strong>Total</strong></td>
<td><strong>441</strong></td>
<td><strong>453</strong></td>
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<table>
<thead>
<tr>
<th>Number of Faculty by Program (N = 1268)</th>
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</thead>
<tbody>
<tr>
<td>Anesthesia</td>
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<tr>
<td>Cardiology</td>
</tr>
<tr>
<td>Child &amp; Adolescent Psychiatry</td>
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<tr>
<td>Clinical Investigative Program</td>
</tr>
<tr>
<td>Diagnostic Radiology</td>
</tr>
<tr>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Family Medicine all sites</td>
</tr>
<tr>
<td>Family Medicine Emergency Medicine</td>
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<tr>
<td>Family Medicine Enhanced Skills - Anesthesia</td>
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<tr>
<td>Family Medicine Enhanced Skills - Sports Medicine</td>
</tr>
<tr>
<td>Family Medicine Enhanced Skills - Surgical Skills</td>
</tr>
<tr>
<td>General Internal Medicine</td>
</tr>
<tr>
<td>Internal Medicine</td>
</tr>
<tr>
<td>Nephrology</td>
</tr>
<tr>
<td>Neurology</td>
</tr>
<tr>
<td>Neurosurgery</td>
</tr>
<tr>
<td>Obstetrics &amp; Gynecology</td>
</tr>
<tr>
<td>Ophthalmology</td>
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<tr>
<td>Orthopedic Surgery</td>
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<tr>
<td>Pathology</td>
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<tr>
<td>Pediatrics</td>
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<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
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<tr>
<td>Psychiatry</td>
</tr>
<tr>
<td>Respiratory Medicine</td>
</tr>
<tr>
<td>Rheumatology</td>
</tr>
<tr>
<td>Surgery</td>
</tr>
</tbody>
</table>
RETENTION IN SASKATCHEWAN U OF S RESIDENTS

2015-2016 Retention Rate

- Family Medicine Programs: 80%
- Royal College Programs: 52%
- All Programs: 65%

Percentage of Postgraduate Trainees That Remained in the Province 2010-2016

<table>
<thead>
<tr>
<th>Year</th>
<th>All Programs</th>
<th>Royal College Programs</th>
<th>Family Medicine Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-11</td>
<td>51%</td>
<td>44%</td>
<td>56%</td>
</tr>
<tr>
<td>2011-12</td>
<td>46%</td>
<td>39%</td>
<td>51%</td>
</tr>
<tr>
<td>2012-13</td>
<td>52%</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>2013-14</td>
<td>54%</td>
<td>43%</td>
<td>68%</td>
</tr>
<tr>
<td>2014-15</td>
<td>57%</td>
<td>44%</td>
<td>67%</td>
</tr>
<tr>
<td>2015-16</td>
<td>65%</td>
<td>52%</td>
<td>80%</td>
</tr>
</tbody>
</table>

ACCREDITATION STATUS – CURRENT

- All 24 programs are currently accredited.
- The last accreditation on-site visit was held November/December 2015.
- The follow-up includes site survey visits by the national colleges over a period ranging from 2 years to 7 years. The programs are variously engaged in continuous quality improvement efforts.
PASS RATES IN NATIONAL EXAMS

**MCCQE2 Pass Rate 2016**

- **IMGs**: 90%
- **Other CMGs**: 91%
- **UofS Grads**: 84%

**MCCQE2 Pass Rate 2011-2016**

- **UofS Grads**:
  - 2011 Spring/Fall: 89%
  - 2012 Spring/Fall: 90%
  - 2013 Spring/Fall: 98%
  - 2014 Spring/Fall: 87%
  - 2015 Spring/Fall: 84%
  - 2016 Spring/Fall: 81%

- **Other CMGs**:
  - 2011 Spring/Fall: 95%
  - 2012 Spring/Fall: 92%
  - 2013 Spring/Fall: 77%
  - 2014 Spring/Fall: 85%
  - 2015 Spring/Fall: 94%
  - 2016 Spring/Fall: 91%

- **IMGs**:
  - 2011 Spring/Fall: 62%
  - 2012 Spring/Fall: 44%
  - 2013 Spring/Fall: 54%
  - 2014 Spring/Fall: 71%
  - 2015 Spring/Fall: 65%
  - 2016 Spring/Fall: 90%
Key Findings from Resident Surveys

2016 – 2017 Resident Exit Survey

The Resident Exit Survey, which was adapted from the University of Toronto survey, asked for feedback on various aspects of resident training including: learning and work environment, call schedules, interprofessionalism, use of technology, debt, well-being, intimidation and harassment, and future plans. All residents who completed training between October 2016 and August 2017 were invited to complete the survey. A total of 66 residents participated, representing a 59% response rate.

Overall Experience

Residents were asked to provide an overall rating for five aspects of their residency experience. As shown below, “learning environment” received the highest average rating (m = 3.81), while “preparation for practice” was rated the lowest (m = 3.25).

### Additional Findings

- **Resident well-being:** 84% indicated that stress affected their personal life and 15% sought professional help for a stress-related condition.
- **Harassment/intimidation:** 89% reported they were aware of the University of Saskatchewan’s harassment/intimidation related policies and 19% indicated they experienced harassment, intimidation or discrimination during residency, with verbal harassment being the most common form.
- **Future plans:** only 4% of Family Medicine residents and 26% of RCPSC residents indicated they were concerned about securing a position in their chosen speciality. Top three options for future plans included: join/set up permanent practice (50%), clinical associate/contract position (22%), and further training in a subspeciality (20%). The majority of residents (72%) indicated they hope to pursue their future plans in Saskatchewan.
June 2016 Semi-Annual Survey

The June 2016 Semi-Annual Resident Survey was conducted in order to explore resident resilience, well-being, and professional quality of life (compassion satisfaction, burnout, and traumatic stress). Results from this survey will be used to help inform resident wellness initiatives.

A total of 202 residents (62 incoming, 140 current) completed the online survey between June 17 and July 1, 2016, representing a 36% response rate.

Key Findings

- **Resilience**: incoming residents reported slightly higher resilience (M=44.59) when compared to current residents (M=43.16).
- **Well-being**: incoming residents were less likely then current residents to report they were “struggling” (42% versus 50%).
- **Professional quality of life**: significantly more incoming residents had higher levels of compassion satisfaction (40% versus 17%), lower traumatic stress (84% versus 66%), and lower levels of burnout (58% vs. 29%) as compared to current residents.

December 2016 Semi-Annual Survey

The December 2016 Semi-Annual Resident Survey examined residents’ perceptions of their learning environment (LE) and factors impacting their satisfaction. Results of the survey will assist with developing effective intervention strategies to ensure an optimal learning environment.

A total of 257 residents completed an on-line survey (58% response rate) which asked them to assess the LE of their last rotation. The survey included measures of LE across three domains: content (e.g., teaching style, feedback), atmosphere (e.g., respect, support), organization (e.g., learning aims, task clarity); measures of burnout and mental health; experiences of intimidation or harassment (IH); and open-ended questions exploring strengths and challenges of their last LE.

Key Findings

- **LE domains**: based on a 4-point scale where 1 = strongly disagree and 4 = strongly agree, it was found that residents positively rated their last learning environment in relation to content (M=3.28), atmosphere (M=3.29) and organization (M=3.14).
- **LE and location**: ratings of Rural Family Medicine LE’s were significantly higher than those of Urban ratings in relation to LE content and atmosphere.
- **LE and time spent in rotation**: more time spent in a rotation resulted in more favorable ratings of LE.
- **LE and gender**: females rated the content domain of LE as less favorable than males.
- **LE and intimidation/harassment**: residents who experienced or witnessed IH on their last rotation or those who preferred not to say, rated the LE lower than those residents who reported they did not experience or witness IH.
- **LE and burnout/mental health**: residents reporting more burnout rated their LE as less favorable. As well, those who reported higher levels of anxiety, depression, hostility, inferiority and insomnia had less positive ratings of their LE.
- **LE strengths and challenges**: the main LE strength identified was: positive work & learning environment and the main LE challenge was intense clinical duties.
PGME Portfolio Reports

EDUCATION

International Medical Graduate (IMG) Orientation and Assessment

Program Overview

The IMG Orientation and Assessment (IMGOA) Program is mandatory for all individuals who completed their undergraduate medical training outside Canada and are to begin a postgraduate training program in Saskatchewan.

Program Aim: To prepare potential residents (IMGs) for medical training and practice in Saskatchewan.

Trainees who are current year graduates and have some Canadian experience may be recommended for exemption from the orientation but are assessed with an on-line examination.

IMGOA Participants to Date by Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td></td>
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<tr>
<td>2015</td>
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<td>2009</td>
<td></td>
</tr>
<tr>
<td>2008</td>
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</tr>
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</table>

Strengths of the program

- Customized, flexible, cooperative, collaborative and supportive training environment
- Interactive sessions facilitated by highly knowledgeable and experienced faculty
- Individualized support-feedback on clinical and communication skills
- Relationships developed with other IMGs become an important support to trainees during residency
- Multi-feedback to trainees; assessment of trainees using a variety of tools
- Continuous Review and update of the curriculum; each cohort brings in a new set of strengths and challenges, so flexibility is key
- Mentoring and Follow-up programs
- Stipends provided to trainees for the 6-week period

2017 Dates: There were eight IMGOA participants from May 15 to June 23, 2017 and two mini-orientation participants in July.

Curriculum (based on CanMEDS Framework)

- 24 Interactive sessions on a wide variety of topics relevant and useful to successful integration
- One-on-one and small group clinical skills practice sessions
  - Clinical bedside physical examination skills
  - Verbal communication skills with simulated patients
  - Simulations-practice of commonly encountered on-call emergency scenarios
- Buddying with residents or faculty from IMGs’ own and other training programs
- Mythbusters’ session

2017 Trainee Outcomes

All trainees successfully completed the orientation and assessment period.

Some participants’ comments

“Compared to other universities, I really believe the IMG orientation and assessment program at the U of S is a cut above. Very high quality facilitators. Material was interesting, useful, and informative”.

“Everything was so useful. Thank you!”

“I strongly suggest this should be mandatory program for all IMGs”

PGME Resident Boot Camp

The PGME Resident Boot Camp is mandatory for all incoming PGY1 residents. The program is aimed at consolidating baseline skills and knowledge and ensure an
understanding of the overarching and system issues needed to flourish during residency. The impact being sought is reduced variation in practices, increased collaboration across programs, greater residency success and greater retention of trainees. It is held annually in early July, to accommodate the vast majority of our incoming residents who start on cycle with the start of the academic year.

**2017 Dates:**  Wednesday, June 28 and Thursday June 29, 2017  
**Location:**  Saskatoon  
**Highlights:**
- Case-based interactive sessions  
- Simulation and other hand-on sessions  
- Information about RDoS (previously known as PAIRS)  
- Networking Dinner

Feedback on what the 2017 participants found most useful about the Boot Camp included the opportunity to network, the hands-on sessions, as well as the Legal Aspects of Medicine and RDoS sessions. The dates for the 2018 Resident Boot Camp are Wednesday 27th and Thursday 28th of June, 2018. The curriculum will continue to be reviewed based on resident feedback and best practices across institutions.

**Chief Resident Workshop**

The Chief/Admin Resident plays a key role in their residency training program and thus the need for diverse set of skills and duties. The one day workshop is a way to explore the different element relevant to their success in the position. The Chief Resident Workshop was offered in the August 2016 with plans to offer it again in August 2017.

Twenty-five residents participated the workshop on Tuesday, August 23rd at the University Club. Sessions were well received, interactive and included topics on Leadership in the context of the Chief Resident and the PAIRS contract. In addition, a Chief Resident panel, with Dr. Ankit Kapur, Dr. Pragma Roy, and Dr. Guillaume Leclair, addressed management topics. The average rating for how much they learned from attending was 4.1 and equivalent to a good amount on a scale from 1 (very little) to 5 (A great deal).

**Resident as Teachers Online Module**

Residents are required to complete the Residents as Teachers online module within the first month of their PGY1 year as well as the TIPS two day workshop within their first year. The module takes about one hour to complete and concludes with a short seven-item survey. The online module provides teaching fundamentals for medical education as well and teaching resources which includes the TIPS manual. 2016 participation in the online module was 100%.

**Critical Appraisal Course**

Residents are required to take the Critical Appraisal course in their PGY1 or PGY2 year. The course was for a half-day and offered between mid-February to the end of March 2017. One plenary session covered the review of the principles of critical appraisal. Small group discussions permit in-depth exploration of selected journal articles that residents are assigned prior to the session. Residents of the same discipline are placed in small groups led by a
faculty tutor from the same discipline, where possible. Student course and facilitator evaluations are administered following each course to provide feedback for future course planning.

**CBD Professional Development Workshop**

A Professional Development Workshop was held on Saturday, November 5, 2016 from 8:00 am to 4:00 pm; Registration and breakfast at 7:30 am. The event was an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada, and approved by the Division of Continuing Medical Education as well as by the College of Family Physicians of Canada and the Saskatchewan Chapter for up to 5.75 Mainpro-M1 credits.

Over 90 Program Directors, Program Administrative Assistants, Department Heads, Residents, and College of Medicine Faculty and Staff attended. Keynote sessions (i.e.; CBD overview, assessment, implementation plan) were facilitated by Royal College and local CBD champions including Dr. Kenneth Harris, Dr. Jolanta Karpinski, Dr. Farnham Bhanji, and Ms. Rhonda St. Croix from the Royal College and Dr. Sharon Card, Dr. Mateen Raazi, and Dr. Heather Ward from University of Saskatchewan. The first afternoon breakout sessions were distributed by role followed by sessions by CBD cohort rollout groupings. The sessions were interactive. The following figure indicates all sessions were well received.
2017 ADMISSIONS - (CARMS) MATCH RESULTS

In 2016-17, the University of Saskatchewan PGME participated in three CaRMS matches: R-1 Main Residency match; R-3 Family Medicine/Emergency Medicine match; and R-4 Medicine Subspecialty match.

The allocation of positions for each match is determined by the PGME Allocation Committee in consultation with key stakeholders including residency training programs, Regional Health Authorities and the Ministry of Health. The Ministry of Health approved 115 positions for the R-1 match; nine positions for the R-3 match; and eleven positions for the R-4 match.

CaRMS 2017
R-1 Match Results

The U of S matched all 115 available positions in the first and second iterations of the R-1 match. These positions were filled by 91 Canadian medical graduates (CMGs) and 24 international medical graduates (IMGs). More than half the CMG positions were filled by U of S medical students.
Total Matched Positions | 91 | 24 | 115

Sponsored training positions are funded by the Ministry of Health and have a return of service (ROS). Successful applicants will complete all training in the accredited specialty at Dalhousie University. The U of S has entered into these training agreements with other institutions to provide accredited training in specialties not available at the U of S.

International medical graduates matched to positions in Family Medicine, General Pathology, and Psychiatry have a Return of Service with a commitment to practice in Saskatchewan when they complete their training program.

## Modified Learning Plans

Regular and timely assessments are integral to the resident training to ensure that trainees progressively acquire required general as well as rotation-specific competencies (based on the CanMEDS Framework or CFPC Evaluation Objectives). Occasionally, residents will demonstrate borderline competencies, or exhibit performance or conduct deficiencies which will need to be addressed. Informal learning support or formal learning interventions (remediation or probation) are designed to address specific weaknesses and deficiencies identified in such residents.

<table>
<thead>
<tr>
<th>Deficiency identified</th>
<th>Cognitive (knowledge) or ineffective behavior (skills)</th>
<th>Non-cognitive (unprofessional behavior and/or inappropriate attitude)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td>Remediation</td>
<td>Probation (esp. if there are patient safety concerns)</td>
</tr>
<tr>
<td>Goal</td>
<td>Improvement</td>
<td>Stopping the behavior</td>
</tr>
<tr>
<td>Role of faculty</td>
<td>Tutoring and mentoring</td>
<td>Supervising</td>
</tr>
<tr>
<td>Outcome, if unsuccessful</td>
<td>Extension/ probation/ dismissal</td>
<td>Dismissal</td>
</tr>
</tbody>
</table>

*Intervention depends on the deficiency identified*

During the 2016/17 academic year 14 residents went through some modifications of their training: 3 modified learning plans, 10 remediations and 1 probation, which represents just over 3 percent of the total number of U of S residents. Reasons for modified learning were diverse, but the outcomes of these modifications were very positive: 8 were successfully completed, and residents continued or completed their training; the remaining 6 are still in progress.
Over the last five years the number of residents with formal modified training increased (i.e. number of remediations and probations), however, the average time of the process (including leaves and appeals) is decreasing.

PGME Office will continue to support programs and residents in their efforts of developing and completing modified learning plans, especially through the position of Coordinator for Academic and Non-academic Processes.
RESIDENT RESOURCE OFFICE

The Resident Resource Office (RRO) provides non-academic support in a safe and confidential environment to residents who may be coping with professional or personal challenges. The office directs residents to resources and provides education, and referrals to support services both on and off campus in order to maintain wellbeing throughout residency.

RESIDENT RESOURCE OFFICE: SERVICES & WORKSHOPS SURVEY

To evaluate the services and workshops, residents were invited to complete online surveys in February 2017 to ensure that the RRO was meeting their needs and to understand the requirements for additional services and resources. A total of 131 residents completed the surveys. Overall, respondents were satisfied with the services offered and the suggestions for improvement provided by them will be used in designing future workshops.

RESIDENT WELLNESS

The PGME recognizes resident health and wellness plays a significant role in successful residency training. The PGME has taken on an initiative to provide services and support to residents through an eight domain model of wellness. The model distinguishes eight areas of wellness including physical, emotional, intellectual, financial, spiritual, occupational, social, and environmental wellbeing.

A Wellness Strategic Plan 2017-21 was developed to focus our efforts in five strategic priorities: Supportive Work Environment, Resource Stewardship, Program Sustainability, Engagement and Partnerships. The Plan aims to improve access to resources, enhance support services and strengthen partnerships to implement wellness initiatives.

Current Status: Plan completed. Waiting for approval from PGME Committee.
Wellness Initiatives:

**Wellness Week:** The RRO hosted its first annual Resident Wellness Week in May 2017 to promote wellness during residency. This was a joint effort between the PGME and Resident Doctors of Saskatchewan (formerly PAIRS) and had over 125 residents participating from Saskatoon and other training sites.

A resiliency workshop was offered in June 2017 by Colonel Rakesh Jetly, Senior Psychiatrist & Mental Health Advisor to the Canadian Forces Surgeon General and efforts to implement the Resident Doctors of Canada’s skill-based resiliency curriculum at the University of Saskatchewan is underway. In the past year, RRO also piloted a Finding Meaning in Residency Support Group and 6-month Pet Therapy in residency programs.

**Resident Research Day:**

The Postgraduate Medical Education (PGME) and Office of the Vice-Dean Research (OVDR) teamed up and hosted an annual Resident Research Day in June 2017. Our poster day celebrated the accomplishments of our resident researchers and the positive impact of resident research. Dr. Michael Levin, MS Clinical Research Chair delivered the keynote address, “From Bedside to Bench and Back Again: the Role of Spasticity in Neuro-degeneration in Multiple Sclerosis” and the top poster award recipients will be recognized at the annual PGME Celebration Night in September. This partnership between OVDR and PGME will build the research profile at the College of Medicine.

**LOOKING AHEAD**

Over the coming year, the RRO will continue to partner with the Resident Doctors of Saskatchewan (formerly PAIRS) and other PGME stakeholders to provide a positive learning environment with a renewed focus on implementing programs and services designed to improve learner wellness.
Resident Awards

AWARDS

The Postgraduate Medical Education Office administrates the nomination and selection process for several program and resident awards.

The **CSCI/CIHR Resident Research Prize** is awarded annually for the best resident research project conducted during a RCPSC/CFPC training program at each Canadian medical school. Funding to support this initiative is provided by the Canadian Society for Clinical Investigation and the Canadian Institutes of Health Research. The successful prize winner from each medical school will receive $1,000; complimentary CSCI membership for two years; and a certificate signed by the CIHR and CSCI presidents.

The 2016-17 CSCI-CIHR prize recipient was Dr. Daniel Altman (Internal Medicine-Saskatoon).

The **Medical Class of 1939 Resident Teacher Award in Medicine** has been established through a donation from Dr. Donald Wilson (class of 1939) to recognize medical residents who have demonstrated excellence in teaching during their residency training. Dr. Wilson made this donation in recognition of the training received by him and his class during their time at the College of Medicine. Two awards of equal value are available on an annual basis. One award is granted to a Family Medicine resident training in Family Medicine and the other award is granted to a resident training in a Royal College specialty program.

The 2016-17 recipients were Dr. Kasie Kelln (Family Medicine-Saskatoon) and Dr. Stuart Wiber (Internal Medicine-Regina).

The **CanMEDS Awards** were introduced in 2013 to honour residents who model excellence in the following CanMEDS roles: Collaborator, Communicator, Health Advocate, Manager, or Professional. One award is available in each category on an annual basis.

The 2016-7 recipients in each category are: Collaborator: Dr. Nerusha Selvendrarajah (Psychiatry-Regina), Communicator: Dr. Neil Kalra (Diagnostic Radiology), Health Advocate (no nominations were received), Manager: Dr. Nishma Patel (Psychiatry-Regina), Professional: Dr. Sanchea Wasyliw (Neurology).

In 2015, the PGME office introduced the **Program Director of the Year** and **Program Administrative Assistant of the Year Awards**. These awards were created to publicly recognize the accomplishments and achievements of program directors and program administrative assistants in University of Saskatchewan residency training programs.

The 2016-17 Program Director of the Year award was given to Dr. Gary Hunter (Neurology); Karen Bader (General Surgery) was the recipient of the 2016-17 Program Administrator of the Year.
PGME Research

The PGME office, in collaboration with faculty, residents and medical students, have disseminated research findings in the form of both oral (14) and poster (10) presentations at national and local conferences.

PRESENTATIONS

• Oral Presentations (14)

POSTERS

• Poster presentations (10)


Program Reports

ANAESTHESIOLOGY

Key demographic data
Total number of residents: 36
PGY 1: 5
PGY 2: 7
PGY 3: 8
PGY 4: 8
PGY 5: 6
FPA: 2

Gender: Male: 21 Female: 15

Mission of the program
The mission of the Anesthesia program is to train high quality general anesthesiologists. This is achieved through exposure of broad subspecialty areas covering all facets of anesthesia care.

Sites of training
Saskatoon:
- Royal University Hospital
- St. Paul's Hospital
- Saskatoon City Hospital

Regina:
- General Hospital
- Wascana Hospital

Prince Albert:
- Victoria Hospital

Calgary:
- University of Calgary: Chronic Pain Centre

Innovations
- Resident/Faculty Sharepoint
- Wellness Initiative
- This program is the first at the University of Saskatchewan to transition to Competency By Design. This is a revolutionary new program from the Royal College of Physicians and Surgeons of Canada that redefines how new Physicians are educated.

Research/Publications
Publications
Gamble J, Chan I. Reply to Ideno, Satoshi; Seki, Hiroyuki; Morisaki, Hiroshi, regarding their comment ‘Consider an additional pressure-relief port before we abandon the use of the wall oxygen through a bronchoscope’. Paediatr Anaesth. 2016 July; 26(7):769-71.


Magistris FDS, Gamble J. Malignant hyperthermia in a morbidly obese patient depletes community dantrolene resources: a case report. AA Case Rep. 2017 (Accepted April 26).


Medical Education Projects in Progress


Presentations


2016-2017 Anesthesiology

<table>
<thead>
<tr>
<th>Executive Director Of Education</th>
<th>Program Director</th>
<th>Senior Program Administrator</th>
<th>Program Administrative Assistant</th>
<th>Program Administrative Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mateen Raazi</td>
<td>Dr. Ian Jorgensen</td>
<td>Krys Schornagel</td>
<td>Chelsea Malkowich</td>
<td>Raven St. Yves</td>
</tr>
</tbody>
</table>

Title of Report or Document || 27
CARDIOLOGY

Key demographic data

Total number of residents: 7

PGY 4: 2
PGY 5: 2
PGY6: 3

Gender: Male: 5 Female: 2

Mission of the program

The primary goal of the program is to create an environment conducive to learning with a wide range of experience, in order to allow our trainees the opportunity to develop into general cardiologists who are well equipped to meet the expectations of the contemporary cardiovascular specialist both from a patient and societal perspective. We are committed to fostering the career goals of our trainees across the broad spectrum of opportunities available in the specialty, either as a Clinical Cardiologist or as Clinician Scientist.

Sites of training

Saskatoon:

- Royal University Hospital
Research/Publications


Cardiology Residents 2016-2017

PGY4
Michael Cenkowski
Nishaant Sharma

PGY5
Chris Pekrul
Su Yuan

PGY6
Janine Eckstein
Steve Pylpchuk
Ravi Varshney (to March 15, 2017)

CLINICIAL INVESTIGATOR PROGRAM

Key demographic data

Total number of residents: 7
PGY 3: 2
PGY 4: 2
PGY 5: 3
Gender: Male: 2  Female: 5

Mission of the program

At the University of Saskatchewan, the Clinician Investigator Program (CIP) is available to residents enrolled in residency programs accredited by the Royal College that have demonstrated interest and potential for a career as a clinician investigator. The program accommodates training in diverse research areas ranging from basic and correlative science studies of disease pathogenesis to
epidemiological investigations of social/population determinants of health. It is expected that each CIP trainee will develop the specific skills and scholarly attitudes required to perform high quality health research. Scholarship implies an in-depth understanding of the area of research and the application of current knowledge to clinical practice. The quality of scholarship in the program will, in part, be demonstrated by a spirit of enquiry during clinical discussions, at the bedside, in clinics or in the community, and in seminars, rounds, and conferences.

Two CIP training streams are offered:

In the **Graduate Stream**, applicants enroll in graduate (M.Sc. or Ph.D.) programs at the University of Saskatchewan and must meet all requirements of the College of Graduate Studies and Research (CGSR). CIP trainees in the Graduate Stream must fulfill all the course and thesis requirements of their graduate degree program for successful completion of CIP research component. These trainees will also be required to complete a web-based training curriculum offered by the Canadian Child Health Clinician Scientist (CCHCS) program.

The **Postdoctoral Stream** is designed for residents who already hold a PhD and are interested in undertaking a structured research program. The program of research training may be individualized, but must be similar in content and rigor to a graduate school degree program. For Postdoctoral Stream trainees, completion of the research component means successfully attaining the specified research goals and objectives to the satisfaction of residents Research Program Advisory Committee and completion of a web-based CCHCS training curriculum.

**DIAGNOSTIC RADIOLOGY PROGRAM**

**Key demographic data**

Total number of residents: 19

- PGY 1: 3
- PGY 2: 5
- PGY 3: 4
- PGY 4: 3
- PGY 5: 4

Gender: Male: 13 Female: 6

**Mission of the program**

The University of Saskatchewan radiology residency program is the only radiology training program in the province and strives to train competitive radiologists in order to supervise, advise and deliver most up-to-date patient care in terms of medical imaging based on solid knowledge, technical skills and CanMEDs roles.

**Sites of training**

Saskatoon:
- Royal University Hospital
- Saskatoon City Hospital
- St. Paul’s Hospital
- Wall Street Clinic
- Saskatoon Medical Imaging

**Research/Publications**


**Medical Imaging Residents 2016-2017**

(Left to Right) **Top Row**: James Zheng, David Horne, Mia Du Rand. **Third Row**: Navdeep Sahota, Raza Naqvi, Meredith Lynch, Graeme Bell. **Second Row**: Sarah Melendez, Danielle Dressler, Kavita Kanga, Jimmy Wang. **Front Row**: Brie Alport, Nick Vassos, James Huynh, Neil Kalra, Yang Du. **Missing**: Mark Pearce, Matt Wright, Gage Watson

**EMERGENCY MEDICINE**

**Key demographic data**

Total number of residents: 20

PGY 1: 3
PGY 2: 3
PGY 3: 11
PGY 4: 1
PGY 5: 2

Gender: Male: 15 Female: 5
Mission of the program

The Emergency Medicine Residency Training Program at the University of Saskatchewan aims to train Emergency Medicine Specialists who:

- are able to initially manage acute illness in all age groups, skilled in resuscitative procedures
- possess a sound approach to initial management, treatment and disposition of all chief complaints that present to the Emergency Department
- possess strong organizational skills, able to manage multiple acutely ill patients and be a leader in disaster situations
- are able to function well within the team environment of the Emergency Department, and effectively able to negotiate situations of conflict
- are able to contribute to their administrative environment, at the hospital and pre-hospital organizations
- are able to contribute to the academic environment as an effective educator and researcher
- are able to contribute to the overall health of their community
- are able to successfully integrate work and life within the challenges of working in the ED environment

Sites of training

- Saskatoon
- Regina
- Prince Albert
- Moose Jaw
- Edmonton

Innovations

- Monthly wellness and exercise integrated into academic half-day.
- Novel EMS curriculum where residents serve as Deputy Medical Advisors for pre-hospital care in Saskatoon Health Region

Research/Publications


GENERAL INTERNAL MEDICINE

Key demographic data

Total number of residents: 7
PGY 4: 3
PGY 5: 4
Gender: Male: 3 Female: 4

Mission of the program

Upon completion of training, a General Internal Medicine resident is expected to be a competent subspecialist capable of assuming a GIM consultant’s role. It is recognized that General Internists have diverse careers with a variety of focus including clinical, administrative and research, both education and scholarly work. The program is therefore designed to facilitate the development of competencies enabling the resident to meet societal needs by tailoring, in conjunction with the program director, the flexible component of their training to their anticipated GIM career.

Sites of training

Saskatoon:
- Acute Care: Royal University Hospital, St. Paul’s Hospital, Saskatoon City Hospital
- Ambulatory Care: 3 GIM Community offices

Prince Albert:
- Victoria Hospital (required community rotation)

Swift Current:
- Cypress Regional Hospital (required community rotation)
Regina:
   o Regina General Hospital (elective rotations)

Innovations
   o **GOT Foundations**: a 2 week classroom ‘transition to discipline’ reflecting on the scope of practice and principles of GIM. ICRE selected Top 5 ‘what works’ 2016.
   o **Quality Improvement/Patient Safety longitudinal curriculum**: The curriculum was developed by Michael Prystajecky, PGY 5 GIM, following his PGME funded attendance at ASPIRE. PGY 4 personal practice audits and a PGY 5 continuous quality improvement project, peri-operative medication reconciliation, were a component of the curriculum. Project details were presented at the GIM scholar day. Curriculum evaluation is underway.

Research/Publications

Peer Reviewed Papers:

Abstracts: (presented at College of Medicine Inaugural Medical Education Scholarship Day)
   o **Card SE** and Ward HA. GOT Foundations – Laying the Foundation to Maximize Learning in the General Internal Medicine Residency Program.

Peer Reviewed Podium Presentations (College of Medicine Inaugural Medical Education Scholarship Day)
   o Ward H and Stevenson K. Driver Diagrams: Integrating Clinical and Learning Systems

Resident Publications:

Resident Abstracts: (presented at College of Medicine Inaugural Medical Education Scholarship Day)
   o **Fenske M.**, Perry R., Press M. Building Interprofessional Collaboration (IP) and patient/Family engagement (PFE) Capacity using Authentic Relational Learning.

Peer Reviewed Podium Presentations (College of Medicine Inaugural Medical Education Scholarship Day)

**General Internal Medicine Residents 2016-2017**
PGY 4

Natalia Jaworska  Kate Plaza  Nabeel Samad

PGY 5

Mark Fenske  Michael Prystajecky  Natalie Serrano  Alia Teja
GENERAL PATHOLOGY

Key demographic data

Total number of residents: 10

PGY 1:  4
PGY 2:  1
PGY 3:  2
PGY 4:  2
PGY 5:  1

Gender: Male: 2  Female: 8

Mission of the program

The overall goal of the General Pathology program is to provide residents with the educational tutelage that will make them competent pathologists and meet the needs of the people/patients they serve. The University of Saskatchewan offers a 5-year residency training program in General Pathology, and currently boasts twelve residents at various training levels between PGY-1 and PGY-5. The General Pathology Residency training program aspires to educate, support, and mentor residents that are capable, confident, and competent laboratory physicians with the skills to handle the wide variety of challenges posed in General Pathology practice.

Sites of training

Saskatoon:
- Royal University Hospital – RUH
- Saskatoon City Hospital – SCH
- St. Paul’s Hospital – SPH

Regina:
- Regina General Hospital
- Pasqua Hospital

Prince Albert
- Victoria Hospital

Program Director’s report

The year 2016/2017 was an interesting year. This was the fifth year of my tenure as Program Director. I feel the program has progressed in many areas and we continue to improve.

July 2016 saw the start of three PGY1s joining our program. Two were successful candidates (Jocelyn Barber and Alicia Andrews) through CARMS while the third (Hui Wang) was a replacement of a resident who had transferred out of the program.

We had the addition of Dr. A. Radomska to our faculty. She was an invaluable resource in providing many of the foundational concepts and basic histopathology teaching from which the residents can expand.

The end of August saw the residents attend the Banff Pathology Course, a Course offered annually. This course has been attended by our residents the past 4 years. It is a very thorough exceptional course which rotates through topics annually.

There were much preparations (PSQs) for the accreditation that occurred in November 2016. For the prior several years, our program had been accredited with external review every 2 years. While there are still challenges, the accreditors had noted the many improvements that had occurred. I am proud to say that through a combined effort, we are now on accredited status with regular survey with the next survey in 2023.

The next major challenge remains that of competency by design (CBD). My PA and myself attended ICRE again last year where CBD was probably the biggest focal subject. Our subspecialty group nationally met late in the fall in setting up EPAs and the framework to further develop the CBD curriculum. More work will occur through 2017 for an implementation in 2018.

We had a couple leaves of absence due to maternity.
There has been a change in the Royal College Exam starting this year with an added component and with a change in 2 components. There is a new added written component on the GP exam which incorporates anatomical pathology. There has been a change in 2 practical components from light microscopy to that of virtual microscopy. We have tried to incorporate more virtual microscopy and in particular into our 6 month exam format.

In the winter we were successful in the CARMS match and matched Dr. James McPherson and Dr. David Li. We look forward to them joining us in July. Unfortunately, one of our resident’s did transfer out.

In May we had our Resident Research day in collaboration with the Surgery Department. We were well represented and the venue, participation, and forum were excellent. It is anticipated that we will continue this format going forward. This year the award for best presentation was given to Dr. Hui Wang, PGY1.

We have one resident this year who is currently challenging, and did pass, the exam and completing her General Pathology training. The General Pathology program continues to strive to provide an excellent program and contribute excellent Pathologists for the province of Saskatchewan. We only anticipate continued improvements.

**Innovations**

Because of the recent changes within the Royal College Exam from light microscopy slides to virtual microscopy. We have started to incorporate this into our Six Month Exam, as well as singular virtual slide exams in between the Six Month Exam.

**Research/Publications**


- Best Pathology Presentation Award. Idiopathic myointimal hyperplasia of mesenteric veins-A Diagnosis not to miss in young men with bowel ischemia. Hui Wang, Sheev Dattani, Mary Kinloch, Dilip Gill, Chaturika Herath. Surgery/Pathology Resident Research Day. May 24, 2017, Saskatoon, SK, Canada


- 2nd Place in Clinical Category Poster Presentation (A7). Idiopathic myointimal hyperplasia of mesenteric veins- A Diagnosis not to miss in young men with bowel ischemia. Hui Wang, Sheev Dattani, Mary Kinloch, Dilip Gill, Chaturika Herath. PGME Resident Research Day, University of Saskatchewan, June 19, 2017, Saskatoon, SK, Canada


- 2016 The role of fine needle aspiration [FNA] in the detection of common and uncommon lesions of the pancreas: a single institutional series of 253 cases, Rani Kanthan, Nick Baniak, Yury Takhalov, 19th International Congress of Cytology held at Yokohama, Japan 28 May – 01 June 2016


- Follicular Lymphoma with Plasmacytic Differentiation – A Rare Entity. Dr. J. Kunasingam Dr. J. Stakiwm, Dr. J. DeCoteau, Dr. A. Saxena


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**Pathology & Lab Medicine Residents 2016 -2017 Academic Year**

[Images of residents]
GENERAL SURGERY

Key demographic data
Total number of residents = 32
PGY1: 5
PGY2: 6
PGY3: 8
PGY4: 5
PGYS: 8
Gender: Male: 14  Female: 18

Mission of the program
The goal of our training program is to produce fully trained and competent General Surgeons who are able to:

- Successfully pass the Royal College of Physicians and Surgeons Specialty Examination in General Surgery.
- Able to practice at a consultant level in General Surgery.
- Have a superior knowledge of General Surgery and other related disciplines.
- Obtain exceptional clinical knowledge and operative skills.
- Obtain proficiency in General Surgery procedures.
- Become a medical expert and scholar. To act in a professional manner with excellent communication, manager, health advocate and communicator skills.
- Exhibit excellent leadership skills.
- Have an excellent understanding of research methodology.

Sites of training

Saskatoon:
- Royal University Hospital
- St. Paul’s Hospital
- Saskatoon City Hospital

Regina:
- Regina General Hospital

Elective rotations:
- Lloydminster
- North Battleford
- Prince Albert
- Moose Jaw

Innovations
- In conjunction with the Western College of Vet Med, we put on a Laparoscopic Pig Lab for the General Surgery and Vet Med Residents. The lab took place Saturday, June 24, 2017.
- Surgical Boot Camp for Junior Surgery Residents took place the first week of July 2016.
- We now have a laparoscopic trainer and supplies available for residents to access 24 hours a day, one at Royal University Hospital and one at St. Paul’s Hospital.
- We finished the final touches to our Resident Teaching Room Renovations in Room 146 Ellis Hall.
- Our Residency Program now has an extra 1.5 FTE Program Administrative Support.
- We created two SharePoint Sites, one for Surgical Foundations Program and one for General Surgery Residency Training Program.
2015 – 2016 General Surgery

<table>
<thead>
<tr>
<th>Program Director</th>
<th>Program Administrative Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Paul Hayes</td>
<td>Karen Bader</td>
</tr>
</tbody>
</table>

General Surgery Residents 2016-2017

PGY 1

- Alexis Brassard
- Eoin McFaddin
- Brian Nocon
- Hong Pham
- Haven Roy

PGY 2

- Evan Barber
- Joel Herback
- Chris Pastor
- Jonathan Seto
- Niomi Singh
- Melissa Wood

PGY 3

- Simon Adams
- Taylor Bereti
- Alicia Chow
- Krista de Boer
- Jeffrey Gu
- Amanda Hall
- Vicky Loessin
- Sarah Miller
- Sarah Schmid
INTERNAL MEDICINE

Key demographic data
Total number of residents: 65
PGY 1: 22
PGY 2: 20
PGY 3: 22
PGY 4: 1
Gender: Male: 41 Female: 24

Mission of the program
The primary mission of the Internal Medicine Residency Program at the University of Saskatchewan is to train residents to gain knowledge, skills and attitudes to become excellent internists who are committed to upholding ethical and professional standards of medicine.

The ultimate goal of our training program is to prepare out trainees to enter practice as an internist or to pursue subspecialty training in Internal Medicine.

Sites of training

Saskatoon:
- Royal University Hospital
- St. Paul’s Hospital

Regina:
- Regina General Hospital
Innovations

- Work was begun on CBD for proposed launch for Internal Medicine in July 2018. As part of that work, curriculum specific for the Foundations stage was developed and is being trailed for the academic year starting July 2017.
- A proposal was developed to purchase iPads for residents to rectify a persistent Royal College Accreditation A-standard weakness of inadequate access to computers on the wards for clinical work. Projected start date will be July 2017.
- Residents who started on, or after, July 1, 2016, the following new innovation was made to accommodate the accelerated timeline of the Royal College Internal Medicine Exam now in the third year of residency.
  - PGY 1 – Case presentation
  - PGY 2 – QA presentation, expectation is that it will be started in January of your first year and presented at Research Days in your second year
  - PGY 3 – Optional research project
- This year, there were 10 residents who completed podium presentations and 12 completed posters.

Research/Publications

- Liu EY & Belletutti PJ.: Isolated esophageal tears from deceleration trauma. Gastrointestinal Endoscopy. Accepted April 21, 2017
Internal Medicine Residents 2016-2017

PGY 1

Fahd Al-Dhalaan
Michael Arget
Jessica Asgarpour
Matthew Baranyi
Mowad Benguazzi
Joshua Janzen

Jennifer Leung
Brendon Macknak
Jeffrey Marciniuk
Kirsten Marshall
Matthew Mittelstadt
Sarah Oberholtzer

Ilianne Phillipenko
Vanessa Rininsland
Gavasker Shivaskaranrajah
Lesya Skerry
Sarah Wang
Yuncong "Andy" Zhang

PGY 2

Patricia Arnetta
Mark Elliott
Bryan Evans
David Fox
Andrew Frost
Devon Housek

Rochelle Jalbert
Mithum Kularantne
Krista Lagmodiere
Arthur Ling
Kyle Murray
Joshua Nero

Matthew Skeldon
Megan Surkan
Kun Tian
Ingrid Wirth
Internal Medicine Regina Residents 2016-2017

PGY 1
Andy Dhaliwal
Mark McIsaac
Phyllis Sin
Zach Wolfinueller

PGY 2
Leon Byker
Shivraj Riar
Stuart Wiber
Eddie Liu

PGY 3
Kevin Hamming
Michelle Lund
Andrew Yang
NEPHROLOGY

Key demographic data
Total number of residents: 3
PGY 4: 1
PGY 5: 2
Gender: Male: 1 Female: 2

Mission of the program
The Nephrology Program is pleased to offer a complete program for training to the nephrology resident. This would include in center hemodialysis, home hemodialysis, peritoneal dialysis, ICU based dialysis delivery including CRRT, plasmaphoresis, a full transplantation service, Chronic Kidney Disease clinic and a supervised longitudinal outpatient clinic experience.

We have the capacity to train individuals who wish to pursue a career in an academic center or prefer a clinical/community focus.

The nephrology training program with the University of Saskatchewan is very much one that puts the resident as the center of the focus and the theme is to provide a balanced level of responsibility between exposure to patients in all clinical situations and an opportunity for independent study.

Sites of training
Saskatoon:

Acute Care:
- Royal University Hospital
- St. Paul’s Hospital
- Saskatoon City Hospital

Ambulatory Care:
- St. Paul’s Hospital

Research/Publications

Resident publications:

Resident conference presentations:

Sandi Dumanski:
- “Assessment of the longitudinal prevalence of home dialysis modalities in suboptimal initiation: a cohort comparison” Poster presentation, CSN AGM 2017, May 4-6 2017, Montreal
- “Timing of Dialysis Initiation in Peritoneal Dialysis Patients: A retrospective review for Quality Improvement” Poster presentation, Quality Improvement/Patient Safety Research Stream, College of Medicine Resident Research Day, University of Saskatchewan, Saskatoon, June 19, 2017 First place award winner
Nephrology Residents 2016-2017

PGY 4

Amanda Halpin

Jason Denis

PGY 5

Sandi Dumanski
NEUROLOGY

Key demographic data

Total number of residents: 10

PGY 1: 3
PGY 2: 2
PGY 3: 2
PGY 4: 2
PGY 5: 1

Gender: Male: 5  Female: 5

Mission of the program

We strive to facilitate excellence from our residents as they become well-rounded experts in delivery of care to neurology patients. We place the highest value on a collegial and resident focused learning environment, ensuring protected time for learning, and a commitment to quality education. We also demonstrate a highly patient-focused approach and emphasize communication and compassion in our daily work.

Sites of training

Saskatoon:

- Royal University Hospital
- St. Paul's Hospital
- Saskatoon City Hospital

Program Director's report

The last year seen ongoing growth and improvement for the adult neurology program. Last year’s seniors have moved on to fellowships in Epilepsy and Movement disorders, and we have high hopes for their returns. We have welcomed two new residents, Drs. Eric Noyes and Stephanie Ballendine, who have already demonstrated great promise as future neurologists. We have also welcomed Dr Omar De Rita from the internal medicine program, who will ultimately be dual certified in medicine and neurology. Our annual research day was again very successful with a wide range of high-quality projects presented, with excellent engagement from the staff physicians as well, who supervised and assisted with many of the projects. Dr Sanchea Wasyliw won the Rajput prize this year, and was also recognized at the surgery resident research day for her work in recognizing large vessel strokes.

We wish to recognize the tireless work of our program administrator Sherri Duggan, who has the impossible task of keeping a group of doctors organized, and does so with infallible organization, dedication, and limitless patience.

I would also like to thank our RPC committee members, who provide invaluable input and very high quality teaching and guidance to the residents. The Dr. Chris Voll award for teaching excellence was awarded this year to Dr. Kerri Schellenberg, who has initiated monthly neuromuscular rounds into our existing epilepsy teaching schedule, which have been very well-received by the residents.

The resident group as a whole continues to serve as an example of what it means to be an excellent physician, challenging me and teaching me on a daily basis. I am incredibly honored to have been named the program director of the year, and feel humbled by the nomination.

The new academic year is now in full swing, and the future of neurology in Saskatchewan looks bright indeed.

Research/Publications

- Dr. David Boyle, Neu1 - Case Study - A Case Presentation of Giant Cell Arteritis and Rapid Cognitive Decline
- Dr. Cassie Fehr, Neu1 – Case Study - Simultaneous Presentation of Glioblastoma Multiforme in Divorced Spouses
- Dr. Sanchea Wasyliw, Neu3 - FAST VAN - Screening Tool for Large Vessel Occlusions in Stroke - Prospective Data and Implementation Tools
- Dr. Pragma Roy, Neu4 - Delayed Response to corpus Callosotomy
- Dr. Pragma Roy, Neu4 - Risk Factors Associated with Drug Resistant Focal Epilepsy in Adults. In review, not published yet.
- Dr. Les Ferguson, Neu5 - Baseline motor findings and Parkinson disease prognostic subtypes
- Dr. Les Ferguson, Neu5 - Which Ante Mortem Clinical Features Predict Progressive Supranuclear Palsy Pathology?
- Dr. Les Ferguson, Neu5 - Conjugal parkinsonism - Clinical, pathology and genetic study. No evidence of person-to-person transmission
- Dr. Les Ferguson, Neu5 - Clinical Diagnosis of Progressive Supranuclear Palsy: The Movement Disorder Society Criteria
NEUROSURGERY

Key demographic data

Total number of residents: 5

- PGY 2: 1
- PGY 3: 1
- PGY 4: 1
- PGY 5: 1
- PGY 6: 1

Gender: Male: 4  Female: 1

Mission of the program

The mission of our Neurosurgery program is to provide our neurosurgery residents with exceptional education to reach the final goal of producing a competent Royal College of Physicians and Surgeons of Canada neurosurgeon.

Sites of training

Saskatoon:

- Royal University Hospital

Program Director’s Report

Our Neurosurgery program received full accreditation in the last Royal College Review. We addressed the weaknesses that were identified. This included a dedicated CanMEDS curriculum and revising the goals and objectives and ITERS so they were less generic. The program currently has seven residents which is an increase from the 2016-2017 academic year. These increased numbers allow for a more robust teaching program and learning environment.

Innovations

The most significant innovation of the last year is combining our academic rounds with the University of Manitoba’s program. These curriculum rounds occur every Friday for one hour and are video conferenced. This has allowed for much more faculty teaching. The feedback from the residents is that these rounds are excellent.

Research

Resident Publications


Resident Presentation Abstracts


Resident Poster Abstracts


Resident Book Chapters

Neurosurgery Residents 2016-2017

Left to Right: Dr. Sarah Edwards, Dr. Zane Tymchak, Dr. Michael Kindrachuk, Dr. Uzair Ahmed, Dr. Hao Li.

OPHTHALMOLOGY

Key demographic data

Total number of residents: 5

PGY 1: 1
PGY 2: 1
PGY 3: 1
PGY 4: 1
PGY 5: 1

Gender: Male: 4 Female: 1

Mission of the program

The Department of Ophthalmology provides primary, secondary and tertiary ophthalmological care for patients; teaches medical students, residents in ophthalmology and individuals in other health care disciplines; participates in research; participates in administrative duties particularly of the University of Saskatchewan and the Saskatoon Health Region; participates in the activities of national examining bodies and national specialty and subspecialty societies; and provides extension service to the public. Although a small program with limited resources, the Department tries to contribute maximally to the achievement of these schools and hopes to continue to provide excellent specialized expertise in eye disease.

Sites of training

Saskatoon:
- Saskatoon City Hospital (primary location)
- Royal University Hospital
- St. Paul’s Hospital
- Community Offices of Saskatoon Faculty
- Prairievie Surgical Centre (Surgical Centres Incorporated-SCI)
Regina:
  - Regina General Hospital

Prince Albert:
  - Victoria Hospital

Regina
  - Pasqua Hospital

Research/Presentations

Ophthalmology Residents 2016-2017

(Left to Right) Moness Masri, Sundeep Uppal, Gabriela Campos-Baniak, and Hasib Wesolosky, (Missing: Raymond Ko)
ORTHOPEDIC SURGERY

Key demographic data

Total number of residents: 11

- PGY 1: 1
- PGY 2: 3
- PGY 3: 1
- PGY 4: 2
- PGY 5: 3

Gender: Male: 8  Female: 3

Mission of the program

We will create competent orthopedic surgeons by systematically teaching, practicing, and assessing all the CanMEDS roles.

Sites of training

Saskatoon:
- Royal University Hospital
- Saskatoon City Hospital

Regina:
- Community (selective)

Prince Albert:
- Community (selective)

Program Director’s Report

This year in Orthopedic Surgery we had 11 residents, one is participating in the Clinician Investigator Program and is currently in Switzerland doing research on orthopedic implants.

The biggest change to the program was the reinstatement of the Combined UofM and UofS Orthopedic Surgery Resident Research Day. This occurred on November 2, 2016. The UofS Orthopedic Program chartered a flight and were able to be in Winnipeg for the entire day, participating in the Research Day. We were able to present our research and also hear from the UoM on their ongoing research efforts. We awarded our annual Kirkaldy-Willis cup and Dr. Alex Perreault was our award winner for his presentation that day on distal radius fractures.

All three of our fifth year residents, Drs. Mollison, Perreault, and Abou-Ghaida all passed their national exams which maintains a 100% pass rate for the UofS Orthopedic Surgery program of those residents matched through the CaRMS system.

We had our first simulation workshop for Orthopedics in the new Surgical Simulation area in the College of Medicine. This was greatly facilitated by Dr. Cole Beavis. This has led to a developing surgical simulation curriculum for the upcoming years as we start to incorporate competency-based learning which will require more surgical simulation in the future.

We have redefined the Terms of Reference for Residency Program Committee and have started the development of a Competency Committee to prepare ourselves well for the upcoming expectations from the Royal College.

Our two spots were matched successfully through the CaRMS Matching Service.

Research/Publications

Publications


Podium/Poster Presentations


- Ibrahim, Sam, Johnston, Geoffrey. Patient-Rated Outcomes of Fragility Distal Radial Fractures No Less Than 5 Years Post Fracture in Women 50 Years and Older. Poster presentation, Canadian Orthopedic Association Annual Meeting, Ottawa, June 15-18, 2017

- Sam Ibrahim, Johnston, Geoffrey. Patient-Rated Outcomes of Fragility Distal Radial Fractures No Less Than 5 Years Post Fracture in Women 50 Years and Older, 2017 Surgery & Pathology Resident Research Day, May 24, 2017 (Surgical Innovations Award, 2nd Prize)


- Gurney-Dunlop Tanner, Dust William, Taillon Mario, Acute Compartment Syndrome Following Surgical Treatment of Chronic Exertional Compartment Syndrome, Poster Presentation, Canadian Orthopedic Association Annual Meeting, Quebec City, QC, June 16-19, 2016

- Sims Laura, Johnston Geoffrey, A Novel Classification for Distal Ulna Fractures Associated with Distal Radius Fractures, Poster Presentation, Canadian Orthopedic Association Annual Meeting, Quebec City, QC, June 16-19, 2016

- Fox Shandy, Reliability in Interpreting Distal Radial Fracture Radiographs before and after a Technique Teaching Tutorial, Poster Presentation, Canadian Orthopedic Association Annual Meeting, Quebec City, QC, June 16-19, 2016

- Abou-Ghaida, M, Stewart SA, Johnston G, Temporal patterns of loss of radial height, length and tilt in distal radius fractures in women 50 years and older, podium presentation at the Canadian Orthopedic Association Annual Meeting, Quebec City, QC June 16-19, 2016

- Sims, L, Lukenchuk JMJ, Shin, J Variability in Outcome Reporting for Operatively Managed Anterior Shoulder Instability, Poster Presentation, Department of Surgery Residents’ Research Day, College of Medicine, University of Saskatchewan, Saskatoon, SK May 13, 2016 (Best Poster Presentation Award)


- Sims, Laura New Classification of Distal Ulna Fractures and their impact on Distal Radius Fracture Outcomes, Podium Presentation, American Academy of Orthopedic Surgeons Annual Meeting, Orlando, FL March 1-5, 2016
Orthopedic Surgery Residents 2016-2017

(Left to Right) Top Row: Scott Mollison, Alex Perreault, Scott Willms, Matthew Mastel Front Row: Sarah McLaren, Kristen Pugh, James Ardell, Laura Sims
Missing on photo day: Mark Abou-Ghaida, Sameh Ibrahim, and Paul Kuyk (CIP)

OBSTETRICS & GYNECOLOGY

Key demographic data
Total number of residents: 34

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Gender: Male: 5  Female: 29

Mission of the program
The residency program in Obstetrics and Gynecology at the University of Saskatchewan provides an environment fostering excellence in the training of new consultants in women’s health. Our residents are medical experts who are prepared to practice independently or to seek further sub-specialty training.

Sites of training
- Saskatoon, Regina, Prince Albert, and Moose Jaw
Saskatoon Program Director’s Report: Matt Schubert

This was a busy academic year where we concentrated on the 2015 Royal College accreditation survey report. We received full accreditation with an internal and external review to be done two years later.

Academic Half day was completely revamped to be consultant led and resident supported, the opposite of previous years. A dual site resident and program leadership committee was formed to develop this initiative.

Great efforts were made to repopulate resident cohort, we now have a completely full program at both sites. We had over 80 applications to our program, interviewed 40 at each site, and matched within our top 10 rank order list.

Six of our residents successfully passed the Royal College examinations. We retained five residents within our province. The fifth went onto fellowship training. Appropriate graduation celebrations were held at the site Director’s homes.

A specific Resident Wellness program was initiated with contributions from both the program and faculty. This is well received by residents.

Our usual activities went very smoothly including resident retreat in Lumsden, bi-annual OSCE examinations, yearly OSAT examination, many simulation labs, resident research day in Regina, advance suturing lab in April, ending with the resident anatomy lab at the College of Medicine. Journal Club continues to be strong in our program.

We are looking forward to the next year where we will continue to strengthen existing programs, work on resident wellness and better define the service element of our program. We also look forward to show casing our program in the upcoming internal and external review.

Regina Program Director’s Report: Darrien Rattray

2015 has been an exciting year in the Regina Postgraduate Obstetrics and Gynecology Residency Program. We started off by matching two excellent candidates through CaRMS for the 2015/2016 year: Drs. Marissa Topping and Lawrence Woo. Our residents continue to do well on their Royal College Exams. Drs. Sarah Hudgins and Adeloye Soyege were both successful in their endeavors and are now practicing in Angola and Moose Jaw, respectively.

We have strived to improve the quality of the “hands-on” education in our program with the development of a simulation course to add to the Academic Half Day. So far, we have had simulations on laparoscopic energy sources, DKA, shoulder dystocia, operative vaginal delivery, placental abruption, septic abortion, and ectopic pregnancies. As the nature of Obstetrics and Gynecology is one of “high acuity, low frequency” events, the use of simulation will better prepare our residents for their roles as consultants. With the assistance of the department, we have been able to purchase high resolution, state of the art, laparoscopic towers (including cameras and light sources) for both the Regina and Saskatoon campuses, thereby increasing the fidelity of the resident’s simulation experience.

In an effort to improve the objective evaluation of residents and to help prepare them for writing their Royal College exams, we have implemented two extra examinations per year (one in General Obstetrics and one in General Gynecology). These exams were constructed with questions submitted by the entire department and showcase everyone’s willingness to contribute. Along the same lines of objective evaluation, we have changed the format of OR evaluations to use a validated operative scoring tool, the O-Score, which is designed to gauge a resident’s ability to perform a specific surgery as opposed to some of the generic evaluations that we’ve used in the past.

Research remains a priority in the Residency program, and is highlighted by the quality of the projects that the Regina residents are putting efforts into. Their projects have been submitted and accepted for presentations at International conferences including the European Society for Gynecologic Endoscopy (ESGE), and the American Association of Obstetrics, Gynecology & Reproductive Sciences Annual Report 2015 & Gynecologic Laparoscopy (AAGL) in 2015. More completed projects and “works in progress” will be presented at the annual Department of Obstetrics and Gynecology Resident Research Day in Saskatoon on March 4, 2016.

The format of the annual resident retreat has been altered to be more in line with the rest of the University programs and other Obstetrics and Gynecology programs across the country. The residents will now have an overnight combination business and social retreat. In 2015 this was held at Elk Ridge Resort in Waskesiu, and it was a great success.
The University of Saskatchewan Postgraduate programs underwent a Royal College External Review in December of 2015. While the official report is still pending, we are looking forward to working with the department and its members to make the necessary changes for the betterment of the program over the next few years. Once again, thank you for your commitment to residency education, and for all of your hard work over the past academic year.

Research/Publications

- Dr Sarah Smith PGY-1: Review of stillbirths in a tertiary center.  
  Supervisor – Dr Adewumi Adanlawo, Dr Erwin Karreman, Ms. Leah Thorpe

- Dr Sarah Smith PGY-1: Trends in contraceptive care by women following termination of pregnancy in a Canadian urban centre.  
  Supervisor – Dr Corrine Jabs, Dr Erwin Karreman

- Dr Sarah Smith PGY-1: Contamination of the peritoneal cavity with leiomyocytes following total laparoscopic hysterectomy for the large fibroid uterus.  
  Supervisors – Dr John Thiel, Dr Sony Singh (University of Ottawa, Ottawa Ontario), Dr Ally Murji (Mount Sinai Hospital, Toronto Ontario), Dr Jonathon Solnik (Mount Sinai Hospital, Toronto, Ontario), Dr Mary Kinloch (Department of Pathology, University of Saskatchewan).  
  Medical student – Kayleen Wingert Med III

  Supervisors – Dr. Corrine Jabs, Dr Erwin Karreman  
  Medical student – Jenna Shirley

- Dr. Katarina Nikel PGY-3: Delayed insertion of a Mirena IUD postpartum versus interval insertion: a randomized control trial.  
  Supervisor – Dr Joanne Sivertson

- Dr James Hayward PGY-3: Postpartum hypertension  
  Supervisor – Dr Jill Newstead Angel (Department of Medicine and Department of Obstetrics and Gynecology).

- Dr Mae Cantos PGY-3: Effect of a physical activity intervention on physical fitness among obstetrics and gynecology residents in Saskatchewan  
  Supervisor – Dr Matt Schubert, Dr Scotty Butcher (Department of Physical Therapy)

- Dr Mae Cantos PGY-3: Factors in determining technicity index in Saskatchewan and Manitoba – a prairie perspective.  
  Supervisor – Dr John Thiel, Dr Darrien Rattray, Dr Laura Weins  
  Medical student – Mandeep Kaler Med II

- Dr Clara Wu PGY-3: Targeted hysteroscopic tissue removal for intrauterine pregnancy loss (miscarriages): the TTRIM trial  
  Supervisor – Dr Huse Kamencic, Dr Martha Briggs, Dr Erwin Karreman, Dr Darrien Rattray, Dr John Thiel

- Drs Natasha Pascas PGY-3 and Elise Lavoie Lebel PGY-3: Quality of life outcomes for ulipristal acetate and tranexamic acid in the management of heavy menstrual bleeding: a pilot randomized control trial.  
  Supervisor – Dr. Almereu Prollius

- Drs Erin Kot PGY-4 and Jackie Ferguson PGY-4: Morphologic and histologic changes in uteri removed by hysterectomy after Novasure ablation.  
  Supervisor – Dr John Thiel, Dr Darrien Rattray, Dr Jennifer Duda  
  Medical student – Luke Thiel Med IV

- Paige Dreaver PGY-4: Gestational weight gain in pregnancy.  
  Supervisor – Dr Joanne Sivertson
Dr Charles Zhao PGY-5: A randomized prospective trial of obstetrical outcomes in women with birth plans versus woman without a plan. Supervisor – Dr Rashmi Bhargava

Dr Jennifer Struble PGY-5: Evaluating the prevalence of cervical dysplasia in a high-risk population of women using visual inspection with acetic acid (VIA) as a primary screening tool. Supervisor – Dr Christopher Giede, Dr Lexy Regush, Dr Annette Epp, Della Magnusson

Manuscripts in Refereed Journals


Invited Abstracts at National and International Meetings


**Obstetrics & Gynecology Residents 2016-2017**

Left to Right) Dr. Lara Wesson; Dr. Donna Chizen; Dr. Ashton Craven; Dr. Erin McComb; Dr. Michael Hsiao; Dr. Megan Sander; Dr. Jillian Kerry; Dr. Krystine Mytopher; Dr. Lindsey Broberg; Dr. Carl Severson; Dr. Peter Thiel; Dr. Julie Vermeer; Dr. Catherine Granger; Dr. Arbbesa Dedinca; Dr. Tamara Kuzma; Dr. Mae Cantos; Dr. Erin Kot; Dr. James Hayward; Dr. Clara Wu; Dr. Maria Giroux; Dr. Kirsti Ziola; Dr. Cyndi Ciezki; Dr. Kim Ferguson; Dr. Genevieve Quesnel; Dr. Genevieve MacAulay Vacheresse; Dr. Katarina Nikel; Dr. Danielle Nault; Dr. Jackie Ferguson; Dr. Lawrence Woo; Dr. Matt Schubert; Dr. Darrien Rattray

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**PEDIATRICS**

**Key demographic data**

Total number of residents: 27

- PGY 1: 7
- PGY 2: 6
- PGY 3: 8
- PGY 4: 6

Gender: Male: 12 Female: 15

**Mission of the program**

The University of Saskatchewan’s Pediatric Residency Program is committed to excellence in training for General Pediatrics - providing residents with a breadth of clinical experiences that enable them to deliver equitable and sound patient care, providing them with the skills to continue learning throughout their careers, and providing them with the desire and skills that enable them to contribute to new knowledge in their fields of practice beyond residency.

Residents are equipped with the principles of critical appraisal and the tools for practicing evidence-based medicine irrespective of career paths - fellowship programs and subsequent subspecialty practice, or general pediatric practice in a community or a tertiary setting.
Sites of training

Saskatoon:
  o Royal University Hospital

Regina:
  o Regina General Hospital

Prince Albert:
  o Victoria Hospital

Out of Province electives:
  o University of Toronto
  o BC Children’s Hospital
  o Credit Valley Hospital
  o St. Michael's Hospital

Program Director’s Report

As always, the success of our program is built on a strong foundation of mentorship and working together. We are grateful to the many committed members of our department, and to all those individuals with whom we work and whose contributions are integral to our health care teams in Pediatrics and to the learning of our residents. The gratitude extends to patients and families who entrust us with their care and who are the backbone of our program’s training experiences.

This past academic year we matched our available R1 positions in Pediatrics. We said goodbye to our R4s - their career path choices taking some into fellowship positions and others into general Pediatric practice. In addition, two of our R3’s left to pursue fellowship positions. The number of residents choosing to do a fellowship and subsequent subspecialty practice vs general Pediatric practice remains consistent.

We continue to work with members of the Royal College specialty committee in Pediatrics, on the evolution of residency education from a time-based model into one that is based on competence.

Innovations

  o Social Pediatrics/ School-Based clinics - this year saw the Pediatric School-Based health celebrate 10 years of being in partnership with the Saskatoon Tribal council and the Greater Saskatoon Catholic School Division in order to provide access to pediatric care for low-income children and youth in a school-based- community setting. Residents from the Department of Pediatrics, Family Medicine and residents from Public Health and Preventative medicine (and medical students), continue to enhance their learning in this community setting.
  o Immigrant and Refugee Health clinics - clinical care to newcomer families by Paediatricians committed to the health care of all children.
  o *The Department of Paediatrics commitment to social accountability, and modeling the practice thereof in the clinical context is further demonstrated by both these programs.
  o Code Navy - a simulation program developed by members of the department in order to provide Paediatric residents opportunities to develop skills in the recognition, resuscitation and management of critically ill Paediatric patients.
  o Interdisciplinary health care teams - healthcare teams round on selected patients during rounds on the clinical teaching units (CTU), involving parents in the shared care of Paediatric patients
  o TeamSTEPPS - introduced by members of our department in acute care Paediatrics to improve team function and communication through the application of selected clinical tools in order to enhance patient safety.

Research/Publications

  o Felix Levesque Kidney development in newborns with diabetic mothers. Supervisor: Dr. Robin Erickson
  o Samantha Holbird Distractions in the NICU: Effect on patient care and workflow. Supervisor: Dr. Kalaniti
  o Elliot James Extraordinary immunization of children with congenital immunodeficiency disorders. Supervisors: Athena McConnell & Ben Tan
- **Ali Markland** Case Study: Atypical Mycobacterium Avium Complex infection isolated from outdoor hot tub. Supervisors: Darryl Adamko & Ben Tan

- **Chun Che** Urine metabolomic profiling in asthmatic children. Supervisor: Darryl Adamko

- **Kim Phung** Urine metabolite analysis to differentiate asthma from viral illness in preschool children. Supervisors: Darryl Adamko & Carmen Gamble

- **Kayla Flood** Quality improvement on diabetic ketoacidosis order set. Supervisor: Mark Inman

- **Kayla Flood** Case Study: Renal agenesis, Müllerian agensis, and hypomagnesemia. Supervisors: Anke Banks & Munier Nour

- **Mark Epp** A survey of physician attitudes on the healthcare of foster children in Saskatchewan. Supervisor: Maryam Mehtar

- **Gina Martin** Agreement between hemoglobin values in complete blood count vs. blood gases in an NICU cohort. Supervisor: Lannae Strueby

- **Hon Yan Ng** High mobility group box 1 protein in children with Kawasaki disease and systemic juvenile idiopathic arthritis. Supervisor: Alan Rosenberg

- **Danielle Stryanko** Use of RAM cannula in transport from the delivery room to the NICU: A feasibility study. Supervisor: Sibasis Daspal

- **Anna Donovan** Refeeding protocol for adolescent patients with anorexia nervosa. Supervisor: Ayisha Kurji

- **Breann Kozun** Use of ultrasound for the diagnosis of pneumonia in the pediatric emergency department. Supervisors: Sibasis Daspal, Carmen Gamble, Angela Jones, & Paul Olsynski.

- **Breann Kozun** Case Study: Trigeminal neuropathy secondary to acute sinusitis. Supervisor: Richard Huntsman.

- **Breann Kozun** Case Study: The prevalence of MSSA vs. MRSA osteomyelitis in the pediatric population. Supervisor: Athena McConnell.

- **Guillaume LeClair** Are infant car seat challenge results associated with post-discharge outcomes for preterm neonates? Supervisor: Sibasis Daspal

- **Camille Legoux** Case study: Incontinentia pigmenti: rash and seizure in a neonate. Supervisor: Krista Baerg

- **Kate Neufeld** Stressful life measures, biomarkers and clinical outcomes in Juvenile Idiopathic Arthritis. Supervisor: Alan Rosenberg

- **Iva Bursac** Significance of EEG findings in the management of PICU patients. Supervisor: Salah Almubarak

- **Shirley Chan** Demographics of sedentary behaviour in a pediatric outpatient population. Supervisor: Alan Rosenberg

- **Magalie Caudron** Acetominophen ingestion in teens. Supervisor: J. Frappier (U de Montreal)

- **Sharmin Hares** Case series: Pseudoacromegaly in the pediatric population. Supervisors: Munier Nour & Mark Inman
2016-2017 Pediatrics

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<tr>
<th>Program Director</th>
<th>Program Administrative Assistant</th>
<th>Program Administrative Assistant</th>
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<tr>
<td>Dr. Maryam Mehtar</td>
<td>Colleen Sopatyk</td>
<td>Jenelle Lohnes</td>
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Pediatric Residents 2016-2017
Key demographic data

Total number of residents: 9

PGY 1: 2
PGY 2: 2
PGY 3: 2
PGY 4: 2
PGY 5: 1

Gender: Male: 4 Female: 5

Mission of the program

The Physical Medicine and Rehabilitation (PMR) Residency Training Program produces well rounded rehabilitation physicians who serve patients’ needs to function at their best despite neurologic and musculoskeletal disease. We adopt progressive learning methods and generate new knowledge.

Sites of training

- Saskatoon
- Regina

Program Director’s Report

Our training is at both the Saskatoon campus (3 hospital faculty) and Regina campus (5 faculty) as well as at a busy community practice in Saskatoon. Our research faculty are based in Saskatoon but provide support provincially. We also utilize research scientists in RQHR on a per-project basis. Specialty specific rotations are flexibly distributed between the two campuses. The majority of required off-service training is at the Saskatoon campus, however there are several options available in Regina as well.

We link weekly through videoconference (TeleHealth) and desktop sharing (WebEx) for our academic half days and RPC meetings. We also use the videoconferencing for various meetings pertaining to program administration, research, promotions, and additional teaching sessions as below. The program director and all residents also gather for 5 mandatory anatomy lab sessions in Saskatoon per year.

This year, we initiated optional weekly “EMG Rounds” to facilitate resident learning of these skills outside of the mandatory academic half day. We also plan to begin optional ultrasound teaching rounds in association with the anatomy labs in the upcoming academic year. We hold a bi-annual OSCE/standardized assessment intended to simulate the structure of the Royal College certification exam, and for the first time held the spring event in Regina. With support from the CoM, our Program Admin was able to attend this in Regina as well, allowing her a first-hand look at the Regina training site.

We use a UofS hosted SharePoint site to facilitate organization and sharing of documentation between residents, faculty, and administrative staff across both sites. This allows us to easily communicate around educational and administrative processes. We also have a wiki page on this site dedicated to information dissemination for academic half day teaching to promote a flipped classroom approach. All teaching sessions are assigned a dedicated faculty preceptor to guide discussion. Evaluation and feedback of sessions is required by all attendees in order to record their attendance.

Research/Publications

This year we’ve had two resident conference presentations. On behalf of the teams, Dr. Darren Nickel presented our two posters on undergraduate medical education at the Medical Education Research & Scholarship Day at our local College of Medicine (June 2, 2017). These were previously presented at CAPM&R 2016. There is also a paper submitted for publication by a resident last year which is currently undergoing revision.
Physical Medicine & Rehabilitation Residents and Faculty (partial) 2016-2017

(Left to Right) Gary Linassi, Amanda Kleisinger, Brendan Kushneriuk, Melissa Andersen, Milo Fink, Jackie Kraushaar, Chris Embree, Mariam Rassem, Walt Hader, Lila Rudachyk, Shane Wunder, Katherine Knox

PUBLIC HEALTH & PREVENTIVE MEDICINE (CH&E)

Key demographic data
Total number of residents: 5

- PGY 1: 1
- PGY 2: 1
- PGY 3: 1
- PGY 5: 2

Gender: Male: 3 Female: 2

Mission of the program
We create, synthesize and translate knowledge for evidence-informed policies and practices which support population health equity locally and globally.

Sites of training

Mandated Rotation sites:
- University of Saskatchewan
- Saskatoon Health Region
- Regina Qu’Appelle Health Region
- Sun Country Health Region
- Five Hills Health Region
- Mamawetan Churchill River Health Region, Keewatin Yatthé Health Region & Athabasca Health Authority
- BC Centre for Disease Control, Vancouver BC
- Health Quality Council (Saskatchewan), Saskatoon

Clinical Rotation sites:
- West Side Community Clinic, Saskatoon
- City Centre Family Physicians, Saskatoon
- Rostern Hospital, Rostern SK
- Royal University Hospital, Saskatoon
Elective sites:
- Canadian Agency for Drugs Technology and Health (CADTH), Ottawa
- St. Paul’s Hospital, Vancouver BC
- Canadian Centre for Health and Safety in Agriculture
- BC Centre for Disease Control, Vancouver BC

Public Health and Preventative Medicine Residents 2016-2017

PGY 1  
Stanley Enebeli

PGY 2  
Suneel Bapat

PGY 3  
Sanaz Vaseghi

PGY 5  
Rotimi Orisatoki  
Hortense Nsoh Tabien
PSYCHIATRY

Key demographic data

Total number of residents: 31

PGY 1: 8
PGY 2: 6
PGY 3: 5
PGY 4: 7
PGY 5: 5

Gender: Male: 8 Female: 23

Mission of the program

The five-year residency program at the University of Saskatchewan mission is to produce competent psychiatrist consultants who will be leaders in the field. Our overall program goals and objectives are:

- To train residents to become specialists in psychiatry capable of practicing within the complex, changing field that is modern psychiatry.
- To provide trainees with a foundation of knowledge, skills, and attitudes appropriate to practice across the life span of patients with a range of psychiatric disorders in different settings in collaboration with others.
- To support trainees to become effective psychiatric consultants as they acquire life-long learning skills for the ongoing acquisition of knowledge to employ evidence based medicine.
- To prepare psychiatrists capable of serving and advocating for patients across diverse populations in the health care system effectively to meet societal needs.
- To provide a formal education program which prepares the residents not only for success at the Royal College of Physicians and Surgeons (RCPS) specialty examinations but will also fulfill the CanMEDS roles of a competent psychiatrist.
- To continue to change and evolve our training program in response to the changing needs of residents, community and the specialty of psychiatry.

Sites of training

Saskatoon:

- Royal University Hospital
- Saskatoon City Hospital
- St. Paul’s Hospital
- Regional Psychiatric Centre
- University of Saskatchewan Student Health Clinic
- Westside Clinic and the Community Clinic
- Community Practice
- Mental Health and Addictions Services

Regina:

- Regina General Hospital
- Pasqua Hospital
- Wascana Rehabilitation Centre
- Mental Health Clinic
- Family Medicine Unit
- Community Practice

Innovations

Over the past year faculty, residents and staff at both the Regina and Saskatoon sites have continued to participate in curriculum renewal. A few highlights include the development of a patient safety and quality improvement curriculum as well as a psychopharmacology Curriculum.

As part of the patient safety curriculum the program participated in the development of a handover process and a handover assessment tool to provide feedback to residents.
The Regina site implemented resident led QI rounds which occur every two months as part of morning teaching rounds.

Our program, under the leadership of Dr. Azaad Baziany, has received RCPSC approval as an accredited forensic psychiatry subspecialty training site.

Research/Publications

Publications


Poster Presentations

- Abedi Sohroforouzani, N, McCarron, M, Papish, A, Challenges of medical residency: Are they perceived and addressed differently by international medical graduates (IMGs), Canadian Medical Graduates (CMGs) and preceptors? Poster presented at: University of Saskatchewan PGME Resident Research Day; 2017 June; Saskatoon

- Abedi Sohroforouzani, N, McCarron, M, Papish, A, Challenges of medical residency: Are they perceived and addressed differently by international medical graduates (IMGs), Canadian Medical Graduates (CMGs) and preceptors? Poster presents at: RQHR Research Showcase; 2017 June; Regina

- Comfort, P, DeSouza, D, Pham, V, Adams, S, Baetz, M, Adams, C. The relation between adult attachment and spirituality in psychiatric patients with depression or anxiety. Poster presented at: Canadian Psychiatric Association 66th Annual Conference; 2016 Sep; Toronto


- Roccamatisi, D, Masood, A, Bowen, R. Mood Disorders’ classification: Is the Categorical Approach Valid? Poster presented at: Saskatchewan Psychiatric Association Scientific Conference & Annual Meeting; 2017 May; Saskatoon


- Santiago, M, Maciel, P, Reis de Sa, A. Attachment Style and Psychiatric Medication Use in the National Co-Morbidity Survey Replication. Poster Presented at: Saskatchewan Psychiatric Association Scientific Conference & Annual Meeting; 2017 May; Saskatoon

- Santiago, M, Stoops, M, Balbuena, L, Adams, C. Heart-focused Anxiety in A Cardiac Outpatient Clinic. Poster Presented at: Saskatchewan Psychiatric Association Scientific Conference & Annual Meeting; 2017 May; Saskatoon
**Resident Medical Education Scholarship**

Dr. Kylie Riou developed a medical education project on Stigma in Mental Health which includes a lecture to first year medical students in the MEDC 112 course. Dr. Riou also provides a lecture for second year medical students as part of the Mental Health Foundations Course. She has developed and facilitates a reflection assignment for the second year students in the Mental Health Foundations course that looks at stigmatization of mental illness, and giving formative feedback to each other.

Dr. Jennifer Waterhouse developed a Spirituality in Mental Health Workshop which was a 2 part lecture series presented to the PGY1 psychiatry residents.

Dr. Sareena Purewal was recognized by her Regina peers with the Department of Psychiatry Resident Teaching Award. Dr. Altaf Masood was recognized by his Saskatoon peers with the Department of Psychiatry Resident Teaching Award.

**Saskatoon Psychiatry Residents 2016-2017**

![Regina Psychiatry Residents 2016-2017](image)

**PGY 1**  
**PGY 2**  
**PGY 3**  
**PGY 4**  
**PGY 5**
RESPIROLOGY

Key demographic data
Total number of residents: 5
PGY 4: 2
PGY 5: 3
Gender: Male: 1 Female: 4

Mission of the program
The primary mission of the Respirology Subspecialty Residency Training Program is to train residents to attain the knowledge, skills and attitudes to become excellent respirologists committed to upholding the highest ethical and professional standards of medicine. Residents learn to provide compassionate, respectful, patient-centered and evidence-based care in a variety of academic and community settings. Graduates are prepared to enter the practice of respirology or to pursue advances in fellowship training in Respirology.

Sites of training
Saskatoon:
\- Acute Care:
  \- Royal University Hospital
  \- St. Paul’s Hospital
\- Ambulatory Care:
  \- Royal University Hospital
  \- Community clinics
\- Sleep Lab:
  \- Saskatoon City Hospital

Regina:
\- Regina General Hospital (community rotations)

Research/Publications

Publications


Presentations
\- J. Kambo: “Intrapleural Therapy Usage in a Tertiary Health Centre” Jaspreet Kambo, Daniel Altman, David Fox, Erika Penz
  -Poster presentation, CRC, April 2017
  -Poster presentation, Life and Health Sciences Research Expo, U of S


Respirology Residents 2016-2017

PGY 4
Kelsey Tallon

PGY 5
Kristina Watt

Jas Kambo
Veronica Marcoux
Aditia Shah

RHEUMATOLOGY

Key demographic data
Total number of residents: 2
PGY 4: 2
Gender: Male: 1   Female: 1

Mission of the program
To provide trainees with an immersive, mentorship-driven program in order to acquire the core knowledge and foundational skills necessary for adult Rheumatology.

The Rheumatology Subspecialty Residency Training Program is one of five subspecialty residency training programs currently offered by the University of Saskatchewan. The program is currently a two-year fellowship. The principle objective of residency training in Adult Rheumatology is to provide the trainee with core knowledge and foundation skills requisite to the specialty of Adult Rheumatology.

Sites of training

Saskatoon:
- Royal University Hospital
- Saskatoon City Hospital
- St. Paul’s Hospital
- Rheumatology Associates Clinic

Regina:
- Regina General Hospital
- Pasqua Hospital
- Various clinical offices

2016-2017 Rheumatology

<table>
<thead>
<tr>
<th>Program Director</th>
<th>Program Administrative Assistant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Wojciech Olszynski</td>
<td>Kim Laybourne</td>
</tr>
</tbody>
</table>

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FAMILY MEDICINE– GENERAL INFORMATION

Program Director – Dr. Kathy Lawrence
Senior Program Administrator – Ms. Sheralyn Norton

The Postgraduate Program in Family Medicine consists of two divisions – core Family Medicine and Enhanced Skills. There are currently 107 residents training in 7 sites core sites throughout the Province as well as in other rural and remote communities. The Enhanced Skills program is made up of four separate training programs – Family Medicine-Emergency Medicine, Enhanced Surgical Skills, Family Practice Anesthesia and Sport and Exercise Medicine. This program has 14 residents who are training in 3 core sites.

Mission of the program

Our mission is to create, teach and develop the knowledge, skills and attitudes specific to the discipline of Family Medicine.

- We will work to optimize health by demonstrating excellence and innovation in service, education and scholarly activity.
- We will provide university, hospital and community-based education consistent with the principles of Family Medicine.
- We will focus our efforts on working with communities in response to their health needs.

Sites of training:
- La Ronge
- Moose Jaw
- North Battleford
- Prince Albert
- Regina
- Saskatoon
- Swift Current

Enhanced Skills Sites of Training:
- Regina
- Saskatoon
- Prince Albert

Rural and Remote Training Sites:
- Gull Lake
- Humboldt
- Ile a la Crosse
- Kindersley
- La Ronge
CORE Family Medicine

Family Medicine – La Ronge

Site Director – Dr. Sean Groves
Site Administrator – Ms. Janice Skilliter

2016-2017 Family Medicine – La Ronge Residents

Family Medicine – Moose Jaw

Site Director – Dr. Volker Rininsland
Site Administrator – Ms. Lisa Eisan
2016-2017 Family Medicine – Moose Jaw Residents

Family Medicine – North Battleford

Site Director – Dr. Janet Tootoosis
Site Administrator – Ms. Michelle Coakwell

2016-2017 Family Medicine – North Battleford Residents

PGY1
3 male

Dr. Neal Cabigon
Dr. Paldeep Kahlon
Dr. Babak Salamati

PGY2
3 male
1 female

Dr. Irene Lam
Dr. Isa Saidu
Dr. Jonathan Starr
Dr. Hong Tran
Family Medicine – Prince Albert

Site Director – Dr. Annelie Van Rensburg

Site Administrator – Ms. Heidi Brown

2016-2017 Family Medicine – Prince Albert Residents

Left to Right: Unknown

Family Medicine – Regina

Site Director – Dr. Jennifer Kuzmicz

Site Administrator – Ms. Debbie Stobbs
2016-2017 Family Medicine – Regina Residents: PGY 1

(Left to Right) Top Row: William Baldwin, Olivia Rols, Jade Goldth. Middle Row: Christopher Young, Robert Weitemeyer, Kyle MacDonell, Andrew Hoingham, Aaron Kastelic. Bottom Row: Taigen Fitch, Amina Gargoum, Stephanie Nyberg, Chelsea Cottingham, Jennifer Kuzmicz (Site Director)

2016-2017 Family Medicine – Regina Residents: PGY 2
Family Medicine - Saskatoon

Site Director – Dr. Mark Lees

Site Administrator – Ms. Morgan Unger

2016-2017 Family Medicine - Saskatoon Residents

PGY 1

Fatima Ahmed
Angela Baerwald
Jocelyn Barber
David Boyle
Rob Carey
Jessica Harris
Gurnam Khatra
Humraj Khatra
Natasha McNamara
Thomas Milne
Lanre Okunola
Nicole Shedden
Erin Sheppard
Wenqi Tan
Luke Thiel
Family Medicine – Swift Current

Site Director – Dr. Tara Lee

Site Administrator – Ms. Lisa Berg
2016-2017 Family Medicine – Swift Current Residents

PGY 1

Dustin Post  Kex Cau  Dhananjay Desai  Mackenzie Visser

PGY 2

Reid Sonntag  Kayla Fehr  Maria Weyland  James Kakish

Enhanced Skills Program

Program Director – Dr. Brian Geller  Program Administrator – Ms. Jalene Jepson

2016-2017 Family Medicine – Enhanced Skills Residents

PGY 3

Neal Cabigon  Jackie Chou  Michael Dussault  Aaron Kastelic  Kyle MacDonald
Family Emergency Medicine

Program Director - Dr. Sheila Smith
Program Administrator – Ms. Ann Finch

2016-2017 Family Medicine – Emergency Medicine Saskatoon

Site Director – Dr. Nick Bouchard
Program Administrator – Ms. Leah Chomyshen
Program Administrator – Ms. Cathy Fulcher

2 male
2 female

Dr. Carlyn Denton
Dr. Diphile Iradukunda
Dr. Jason Trickovic
Dr. Alison Turnquist

2016-2017 Family Medicine – Emergency Medicine Regina

Site Director - Dr. Christina Ames
Program Administrator – Ms. Ann Finch

2 male
3 female

Dr. Jessica Cowan
Dr. Amy Gooday
Dr. Tommy O’Malley
Dr. Tony Seguin
Dr. Kimberly Taylor
Enhanced Surgical Skills
Program Coordinator - Dr. Andre Grobler
Program Administrator – Ms. Jalene Jepson

Family Practice – Anesthesia
Program Coordinator - Dr. Murray Dease
Program Administrator – Angela Friesen
Senior Program Administrator – Krystyna Schornagel

Sport and Exercise Medicine
Program Coordinator - Dr. Mike Nicholls
Program Administrator – Ms. Jalene Jepson
Contact Information

Postgraduate Medical Education
1121 College Drive | Saskatoon SK | S7N 0W3
Tel 306-966-8555
Fax 306-966-5224
medicine.usask.ca