



UNIVERSITY OF SASKATCHEWAN

College of Medicine

POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA



PGME Annual Report

2015 - 2016

Table of Contents

Message from the Ministers of Health	2
Message from the Dean	3
Message from the Vice-Dean Education	4
Message from the Associate Dean PGME	5
PGME: The Who, What, Where, and How	6
Key Stats	9
Key findings from Resident Surveys	12
PGME Portfolio Reports	14
Resident Research and Awards	21
PGME Research	22
Program Reports	23
Program Research	52

Message from the Ministers of Health

The University of Saskatchewan, College of Medicine has a proud history of providing high-quality training to our future practising physicians. We appreciate the work of the College of Medicine in helping to meet the ongoing physician needs of Saskatchewan residents.

When our government 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. Distributed medical education is a successful and significant part of our province's physician recruitment and retention strategy.

We would also like to commend the College on a successful accreditation review of its postgraduate training programs.

We value our strong relationship with the College of Medicine and medical residents. Please accept our thanks for your ongoing dedication to providing quality physician training in Saskatchewan. You help make Saskatchewan a great place for medical education, training and practice.



Dustin Duncan
Minister of Health



Greg Ottenbreit
Minister Responsible for
Rural and Remote Health

Message from the Dean



Preston Smith MD MEd CCFP FCFP
Dean of Medicine

The work of our Postgraduate Medical Education (PGME) unit is critical to a strong and successful medical residency program for Saskatchewan. Oversight of all residency programs in the province, ensuring educational experiences are designed according to the national accreditation standards, and coordinating our residents and their training and work experiences within our teaching hospitals, as well as interactions with various stakeholder agencies and medical departments is the important role of PGME.

Working to develop competent physicians with professional values to meet society's changing needs, PGME strives to develop sought after, high-quality residency training sites that offer a collegial learning environment. Through work in social and organizational accountability, and a strong focus on learner experience and academic programming, the unit is positioning itself well in achieving its mission.

The past year has involved significant successes for PGME, including a successful accreditation result. As well, a lot of work has been done to support the growth in our student seats in medicine, and PGME has played a key role in the expansion of our resident placement sites which now more fully cover the province. The unit will celebrate the great work of the residents it supports and their teachers in September 2016, providing a great opportunity to look back over the past year with earned satisfaction.

Important work is not easy work, and on behalf of the college, I extend my thanks and 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

Postgraduate Medical Education is vital to Saskatchewan's College of Medicine and health care system, and the postgraduate residency program is vital to developing the physicians and surgeons needed in Saskatchewan.

The unit's accomplishments of the past year have included the workshops for Program Directors and Program Administrative Assistants on current relevant topics, a new resident boot camp to provide even better preparation for residents as they begin this phase of their education and careers, and chief resident workshops to support them in their leadership roles. As well, in 2015, PGME established the Resident Resource Office to support residents through professional or personal challenges. Through collaborations with multiple stakeholders, the office is engaged in the implementation of the Royal College's Competency by Design changes to postgraduate medical education.



Kent Stobart MD MSc FRCPC
Vice Dean of Medicine

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.

Coordinating and supporting the various individuals and organizations involved in successful resident placements, experiences and learning is a critical component of medical education. With 450 residents, more than 1,200 faculty, and 24 programs across 7 sites in the province, significant work is involved. The unit's successful accreditation result in 2015-16 is a solid indication that our PGME office is fulfilling this very important mission.

Message from the Associate Dean PGME



Anurag Saxena
MD, MEd., MBA, FRCPC, FCAP, CHE, CCPE
Associate Dean, PGME

I am pleased to present the 2015-16 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. The year 2015 also marked the accreditation site-survey visits in November-December by the two national colleges to our institution. We are excited about the upcoming launch of the Competence By Design (CBD) initiative of the Royal College of Physicians and Surgeons of Canada (RCPSC) for the RCPSC specialty training programs and are advancing further with the ongoing implementation of the Triple-C curriculum in our Family Medicine program as outlined by the College of Family Physicians of Canada (CFPC).

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 high number of physicians in our province upon completion of their training.

Considerable institution-wide collaborative efforts highlighted the work done to prepare for the accreditation visit last year. All our active residency programs are accredited and the follow-up reviews will span the period of two years to seven years. We look forward to improving all our programs through a tailored and continuous quality improvement approach to address all weaknesses and leverage the strengths.

The PGME office has expanded to support the learners, program administrative and leadership personnel and our faculty. The key initiatives in the past year have included streamlining processes for accommodations, launching wellness work, getting ready for CBD implementation, workshops for Program Directors and Program Administrative Assistants, workshops for Chief Residents, significant changes to our policies, launch of a new boot-camp for incoming residents, and commencement of work to further enhance the learning environment.

Under our Dean, Dr. Preston Smith's leadership, the changes to the Dean's office including the processes have contributed significantly to smooth operations and a renewed sense of enthusiasm. Dr. Kent Stobart, our new Vice-Dean Education, has been immensely helpful in creating conditions for success across the educational continuum and the positive impact on the PGME operations is profound.


Respectfully submitted,

Anurag Saxena

PGME: The Who, What, Where, and How

WHO ARE WE

PGME Organizational Chart




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




Reola Mathieu
• Clerical Assistant
• Administration




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




Sonja Lazic
• Clerical Assistant
• Administration & PGME Reception




Jennifer Dybvig
• Clerical Assistant
• Residency Payments and Processing




Maureen Lumbis
• Clerical Assistant
• IMGOA & Education Programs




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




Debbie Spence
• Coordinator, PGME Policies and Resident Assessment Processes
• to January 2016



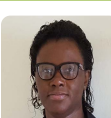
Shelley Christianson
• Manager
• Accreditation and PGME Operations




Aleksandra Pajic
• Coordinator
• Academic & Non-Academic Processes



Della Toews
• Coordinator
• Admissions and Resident Administration



Ope Okunola
• Coordinator
• IMG Orientation Assessment & Educational Programs



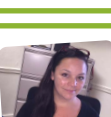
Betty Rohr
• Coordinator
• Education and Metrics



Tanya Robertson-Frey
• Program Evaluation Specialist



Lindsay Katz
• Coordinator
• Resident Resources



Loni Desanghere
• Research 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 the U of S PGME as a major 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

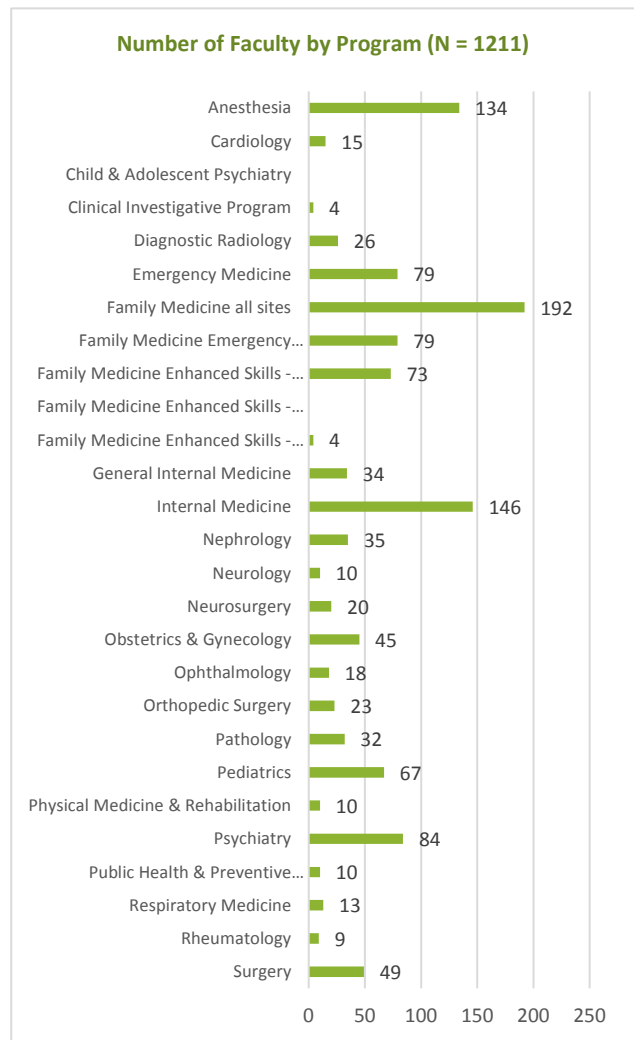
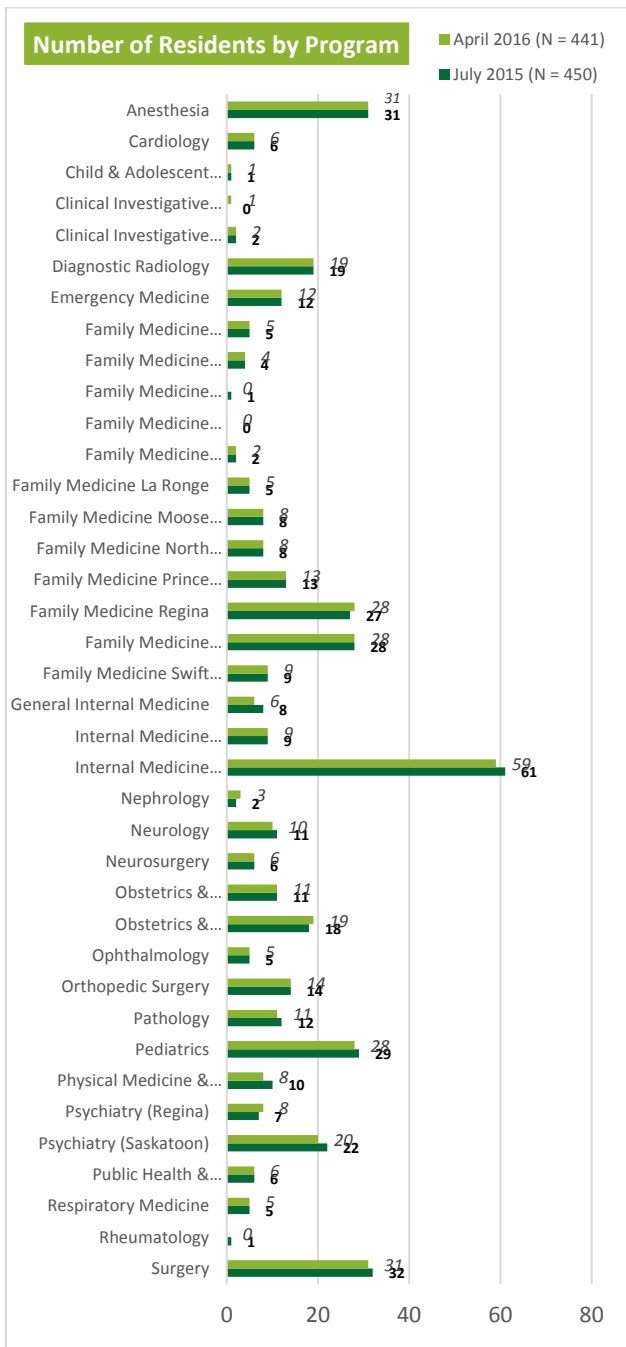
LEARNER-CENTERED PROGRAMMING

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**

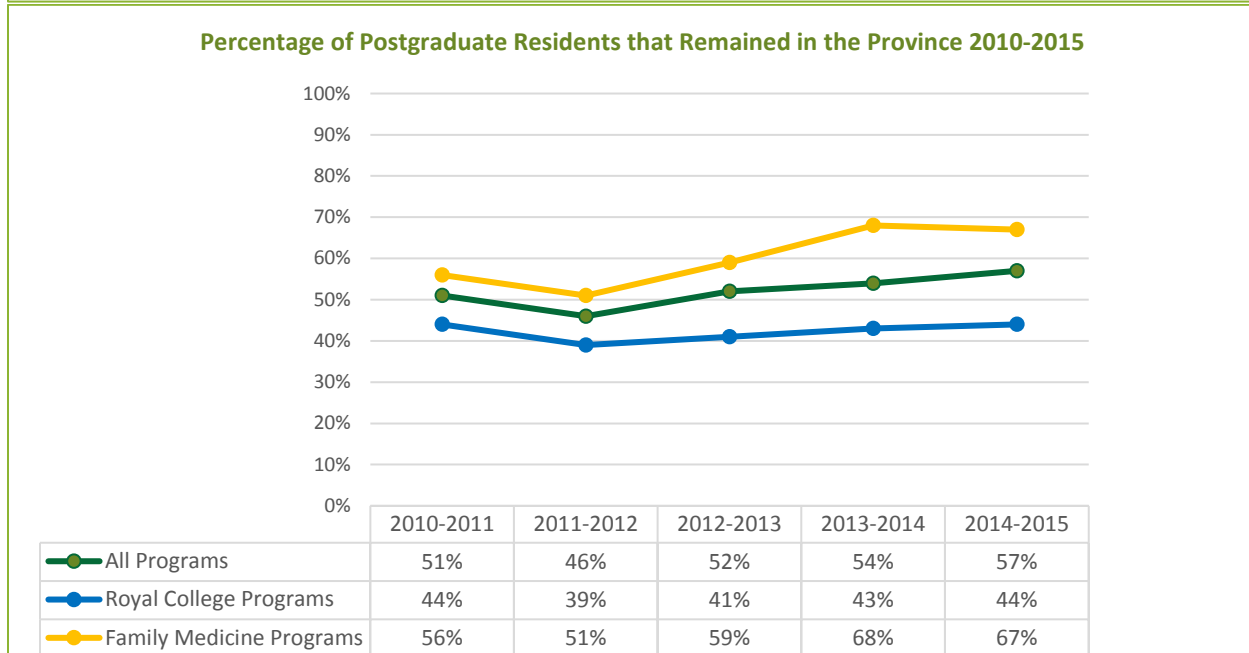
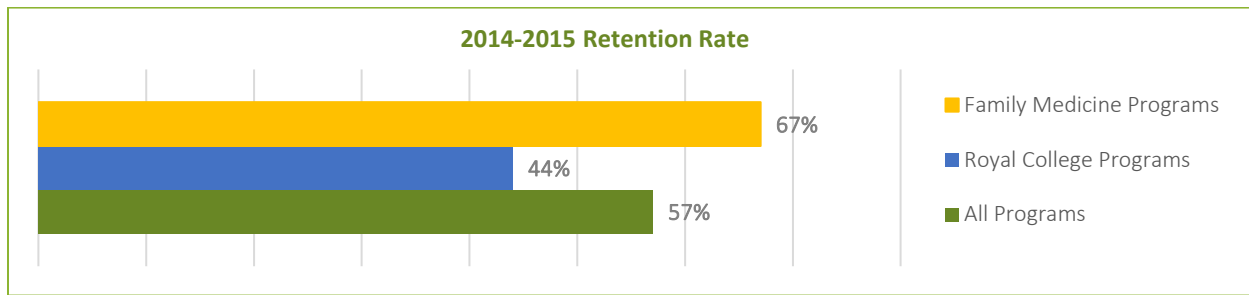
EFFICIENT EDUCATIONAL PROCESSES

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 RCPC
4. Optimize **Information Technology support** across all sites in Saskatchewan

Key Stats



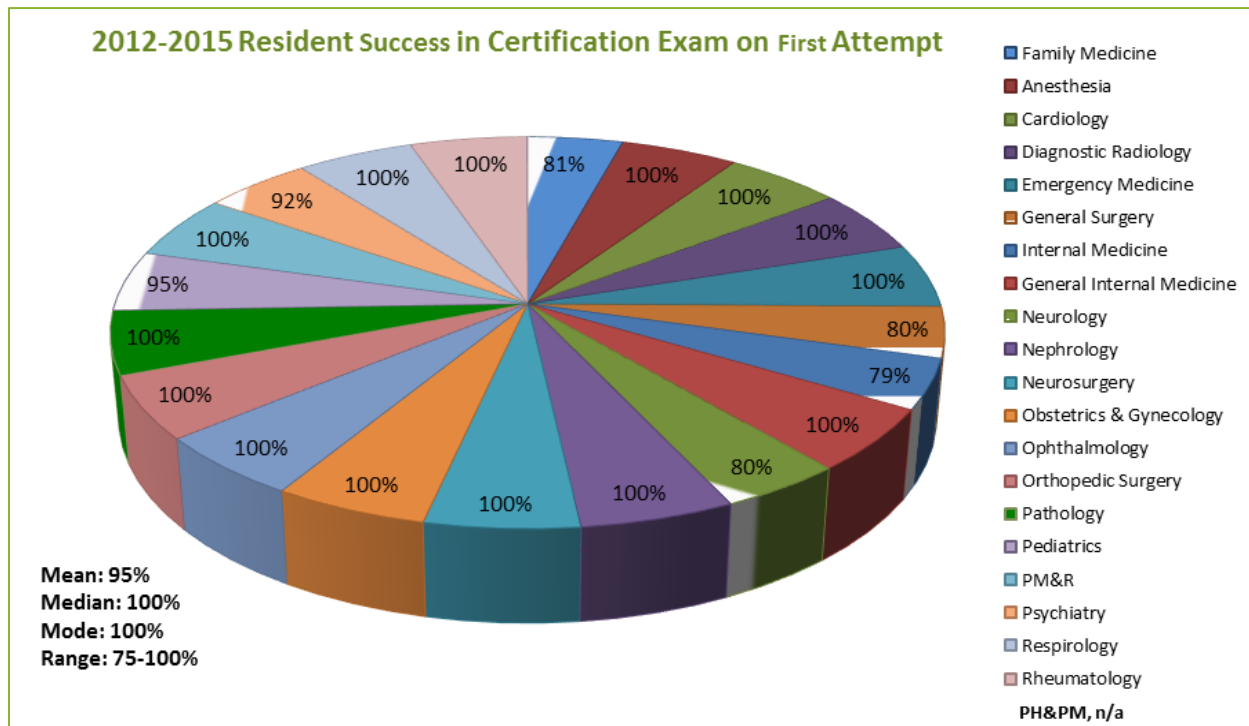
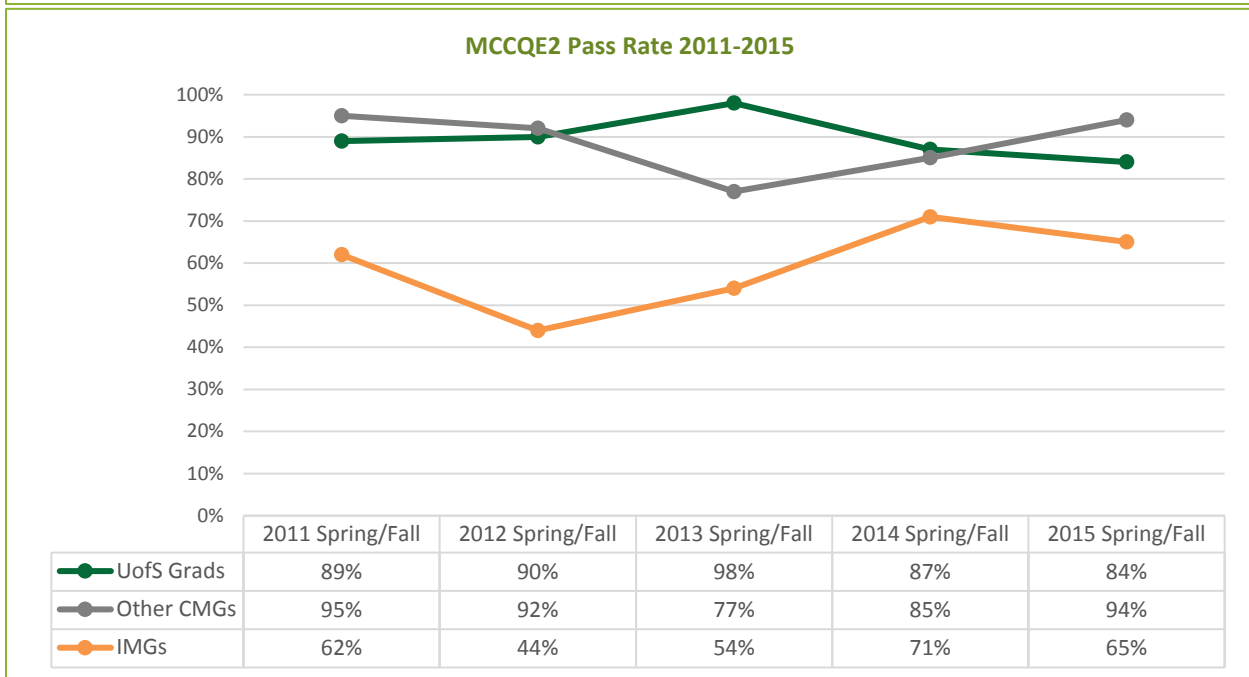
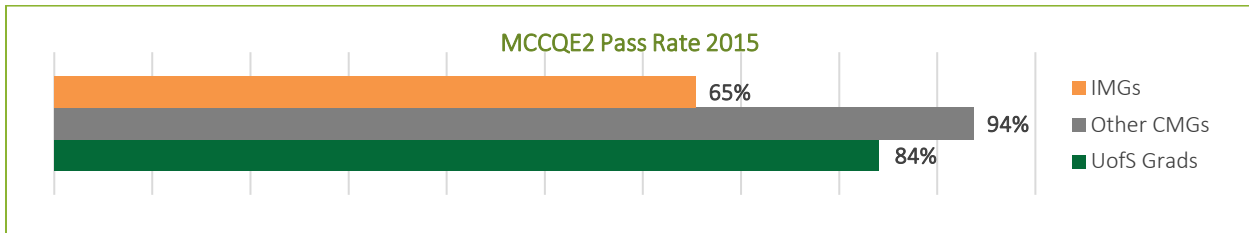
RETENTION IN SASKATCHEWAN U OF S RESIDENTS



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



Key findings from Resident Surveys

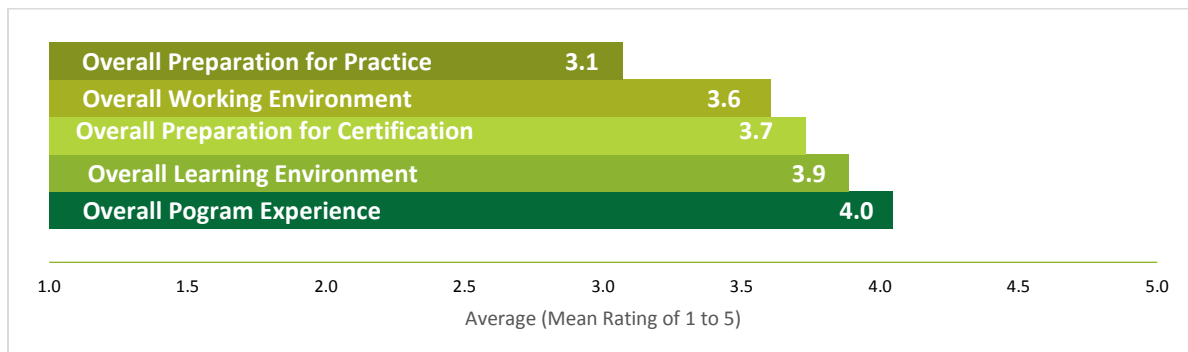
2015 RESIDENT EXIT SURVEY

The Resident Exit Survey was adapted from the University of Toronto survey and asked for feedback on their training that included items on learning and work environment, call schedules, interprofessionalism, use of technology, debt, well-being, intimidation and harassment, and future plans. It was administered from June 16 to July 5, 2015 to 100 residents with a response rate of 45% with the following demographics:

- by Program - Family Medicine-33%; RCPSC Specialty-62%; Missing-5%
- by Gender: Female – 42%, Male - -53%, Missing 5%
- by Medical Degree – U of S – 33%, Other Canadian – 49%; Other – 13%.

In **Overall Quality of Education** of their residency training, a majority (**76%**) of the residents rated their experience 4/“above average” or 5/“excellent” as compared Overall Preparation for Practice (21%). The average ratings are illustrated in figure below. Note that there was no significant difference between Family Medicine and RCPSC Specialty.

2015 Average rating on residency experience at exit
(Likert Scale: 1=Very Poor 2= Below Average 3=Average 4=Above Average 5=Excellent)



Other key findings from the 2015 Exit Survey

- **Resident well-being:** over 1/2 indicated that **stress affected their personal life** and **1/4 sought professional help** for stress-related condition
- **Harassment/Intimidation:** 83% had **awareness** of U of S harassment/intimidation related policies and **19%** indicated were harassed, intimidated, or discriminated during residency
- **Future Plans:** 30% were concerned about securing a position their chosen specialty (13% Family Medicine and 36% RCPSC Specialty)
- **Post-Residency in SK:** 87% Family Medicine and 36% RCPSC Specialty

2015 JUNE/JULY 6-MONTH SURVEY

The 2015 Resident June/July 6-Month Survey elicited feedback on their training in three areas: accreditation, resident wellness (see Wellness report), and intimidation/harassment. On-line survey was distributed to 436 residents from June 19 to June 30 and to 119 new residents from July 19 to July 31. Response rate was 68% (i.e.; 67% of 2014-2015 residents and 76% new residents) with the following demographics:

- by Program - Family Medicine - 23%, RCPSC Specialty - 72%;
- by Gender: Female – 51%, Male - -49%;

Accreditation

On average, 1 of 4 (24%) of the residents rated their knowledge of their role in the accreditation process as Good/Very Good.

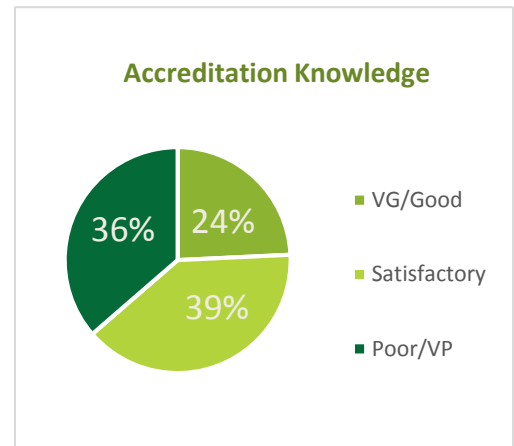
The top two themes of residents' comments on their role in accreditation process was as follows:

1. 22% Being part of the Review Board process such as fill out surveys and attend interviews
2. 20% Evaluate educational & training experience such as provide feedback on quality of training

The analyzed information was used to modify content of the meetings with the residents, RPC and Program Directors and Department Heads in preparation for the site survey visit in Nov-Dec 2015.

Outcomes

1. All programs are accredited for training with variable follow-ups (2- 6 years).
2. Resident meetings with the surveyors were candid and in general, constructive and contributed to the continuous quality improvement of the programs.



Intimidation and Harassment

Sixteen percent (60 of 379) residents **experienced or witnessed** harassment/intimidation behaviours in the past 6 months of which 9% were Family Medicine and 19% RCPSC Specialty (note: *new students were only able to respond to past 2 weeks*).

The information was used to modify the content of the sessions on Intimidation and Harassment held with different stakeholders (residents, faculty, etc.).

Outcomes

1. Development of a PGME Discrimination and Harassment Policy that is a supplement to the U of S Discrimination and Harassment Policy.
2. The development of a flowchart process to address issues and related concerns.
3. Development of a framework for addressing systemic Intimidation and Harassment issues (successfully implemented with favourable outcome in one program).

2016 JANUARY 6-MONTH SURVEY

The 2016 Resident January 6-Month Survey examined the residents' views on how the CanMEDS roles and Quality Improvement with Patient Safety have been integrated into training in a clinically relevant manner. An on-line survey was administered to 443 residents in 21 programs. Response rate was 73%, consisting of 84 Family Medicine and 238 RCPSC Specialty residents. Thematic analysis was conducted and followed by a two proportion z-test to compare proportion of Family Medicine (FM) to Specialty (SP). Analysis is still ongoing with the following preliminary results:

CanMEDS Roles – Health Advocacy

Thirty-five percent of residents perceived no barriers or issues to the integration - with significant difference by program (55% FM and 31% SP). *Lack of awareness of resources available for patients* was the dominant barrier for FM residents. Conversely, *Time* was the dominant barrier for the SP residents (16%) and significantly higher than FM (10%). The residents views on best practices were categorized into 13 themes with top theme being the *Teaching of health advocacy* (e.g.; academic days).

Outcome: The findings provide evidence of some positive outcomes to the implementation of the health advocate role. Additionally, there are some gaps identified wherein some can be rectified more easily than others.

Quality Improvement and Patient Safety

Top perceived barriers were curricular (19%), learner (18%), and learning environment (17%) factors. Implementation strategies that had the highest percentages were: Incorporating into practice or training (20%); formal training integrated into curriculum (16%), and having a QI project or research (14%). Overall, and by theme, resident perspectives on barriers and implementation were not significantly different ($p > 0.05$) across residency programs (family medicine vs. specialty).

Outcome: The results of this study will be useful in providing further direction for onboarding Quality Improvement and Patient Safety curricula to residents at the University of Saskatchewan at both program and system levels.

PGME Portfolio Reports

EDUCATION

International Medical Graduates (IMG) Orientation and Assessment

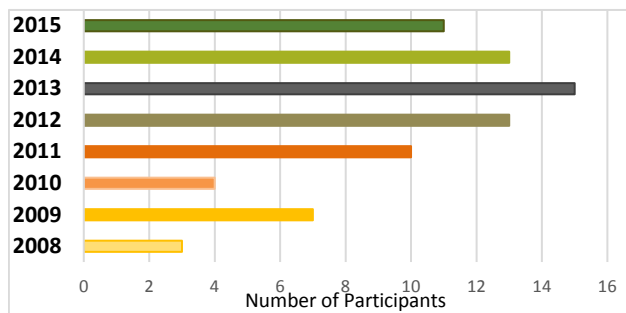
Program Overview

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) to 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



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 (6)
- 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



2015 Dates: May 11 to June 19, 2015; mini-orientation (September 9 to 11, 2015)

Curriculum (based on CanMEDS Framework)

- 34 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
- Shadowing allied health professionals
- Mythbusters' sessions

2015 Trainee Outcomes

All trainees successfully completed the orientation and assessment period (10 for the 6-week program and 1 for the mini-orientation).

Some participants' comments

"I love it. I'm glad I'm here and I'm confident to challenge my residency years"

"This is day one, and I already have a very good feeling. Thanks"

"The feedback was without doubt the most valuable component to this program"

"The privacy to speak frankly with a resident was awesome! Learning about what to expect on this assessment and that throughout residency we are not alone."

New Resident Boot Camp

The New Resident Boot Camp 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 will be held once annually in early July, to accommodate the vast majority of our incoming residents who start on cycle with the start of the academic year.

Boot Camp Pilot

Dates: **Saskatoon-** Tuesday, November 17, 2015 (for Saskatoon, La Ronge, North Battleford, and Prince Albert residents)

Regina- Friday, November 20, 2015 (for Regina, Moose Jaw and Swift Current residents)

Sessions:

- LEAN for Healthcare, Improving Patient Safety
- Financial Planning and Management
- Legal Aspects of Medical Practice
- PAIRS
- Collaborative Leadership

Feedback from pilot participants (Saskatoon- 59 trainees; Regina- 27 trainees)

- a) Less-didactic and more case-based scenarios, clinical specific/practical examples/more tools to take back,
- b) Include practical clinical skills/more hands on clinical sessions. e.g. seizure management, code blue,
- c) Provide time to mingle/network and d) Have the Boot Camp earlier in residency.

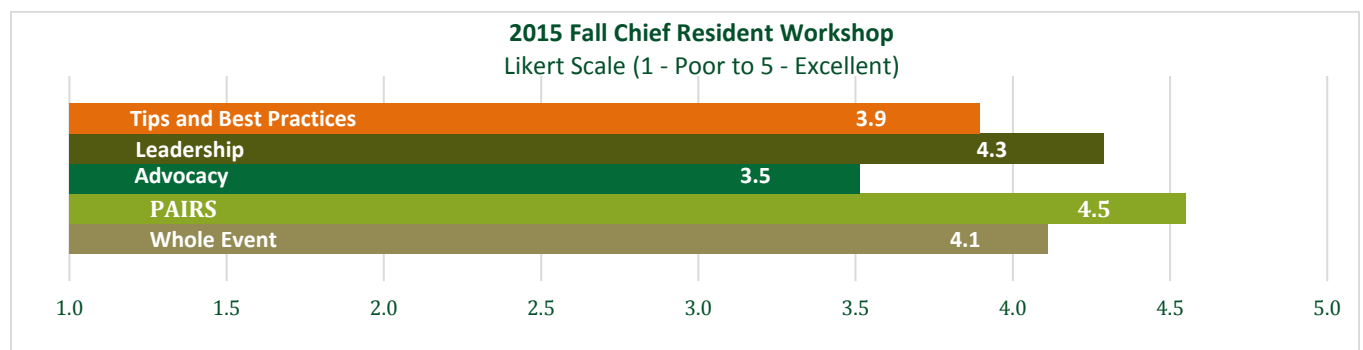
Going Forward

The curriculum for the 2016 New Resident Boot Camp is currently being developed based on feedback from the pilot and a review of best practices across institutions. The program will include core and elective components and will provide a foundation for individual residency programs to build on. Sessions will be taught in a combination of interactive case-based and hands-on practice sessions. There will also be a social event to provide trainees with the opportunity to interact and network among themselves.

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 twice in the fall 2015 with plans to offer it once in the spring 2016.

Thirty-five residents participated in the fall workshops held September 21 and October 30th at the University Club. Sessions were interactive and included topics on – Advocacy Role of the Chief Resident, Leadership in the context of the Chief Resident, Chief Resident Best Practices, and PAIRS contract.



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.

2015 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 held for a half-day and offered 11 times between mid-February to the end of March 2016. 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.

PD/PAA Professional Development Workshop

A Program Director and Program Administrative Assistant Professional Development Workshop was held with two optional dates: Thursday, October 1 and Friday, October 9th, 2015 from 8:00 am to 1:00 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 3.75 Mainpro-M1 credits.

A total of 79 (37 Program Directors and 42 Program Administrative Assistants) were invited to attend. More than half (58%) had participated. Video-conferencing was provided to distributed sites.

The sessions were interactive. The following figure indicates the topics with Privacy Issues as most favourable, on average.

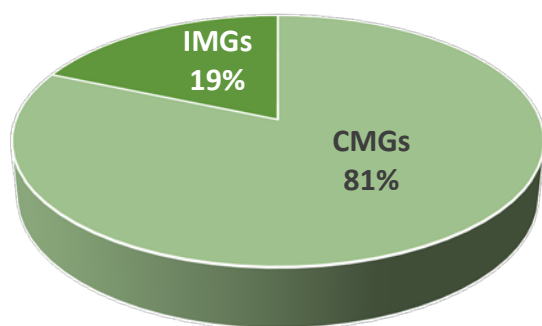


2016 CANADIAN RESIDENT MATCHING SERVICE (CARMS) MATCH RESULTS

In 2015-16, the University of Saskatchewan PGME participated in three CaRMS matches: the R-1 Main Residency match; the R-3 Family Medicine/Emergency Medicine match; and R-4 Medicine Subspecialty match.

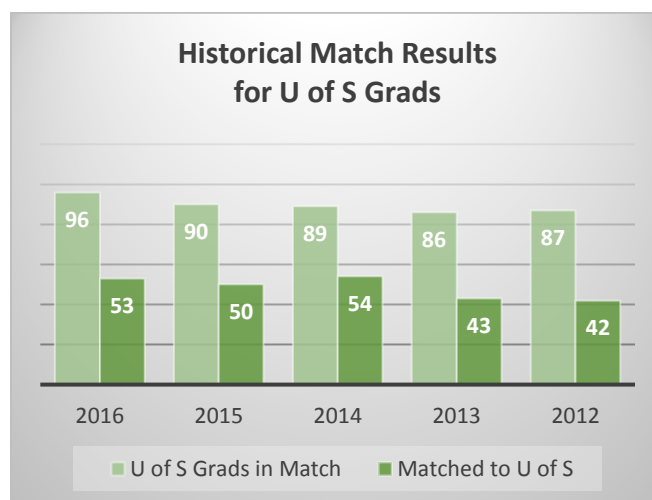
The allocation of positions for each match is determined by the PGME Allocation Committee in consultation with key stakeholders including residency training programs, Regional Health Authorities and the Ministry of Health. The Ministry of Health approved 113 positions for the R-1 match; seven positions for the R-3 match; and eleven positions for the R-4 match.

**CaRMS 2016
R-1 Match Results**



The U of S matched all 113 available positions in the first and second iterations of the R-1 match. These positions were filled by 92 Canadian medical graduates (CMGs) and 21 international medical graduates (IMGs). More than half the CMG positions were filled by U of S medical students.

**Historical Match Results
for U of S Grads**



2016 R-1 Match: Distribution of Matched Positions

Program	CMG	IMG	Total
Anesthesia	6	0	6
Diagnostic Radiology	3	1	4
Emergency Medicine	3	0	3
Family Medicine-La Ronge	2	0	2
Family Medicine-Moose Jaw	3	1	4
Family Medicine-North Battleford	0	4	4
Family Medicine-Prince Albert	5	1	6
Family Medicine-Regina	8	2	10
Family Medicine-Saskatoon	7	3	10
Family Medicine-Swift Current	3	1	4
General Pathology	0	2	2
General Surgery	5	0	5
Internal Medicine-Saskatoon	18	0	18
Internal Medicine-Regina	2	2	4
Neurology	2	0	2
Neurosurgery	1	0	1
Obstetrics & Gynecology-Saskatoon	3	1	4
Obstetrics & Gynecology Regina	2	0	2
Ophthalmology	1	0	1
Orthopedic Surgery	2	0	2
Pediatrics	7	0	7
Physical Medicine & Rehabilitation	2	0	2
Psychiatry-Saskatoon	4	1	5
Psychiatry-Regina	1	1	2
Public Health & Preventive Medicine	0	1	1
UofS/Dalhousie Urology (Sponsored)	1	0	1
UofS/Dalhousie ENT (Sponsored)	1	0	1
Total Matched Positions	92	21	113

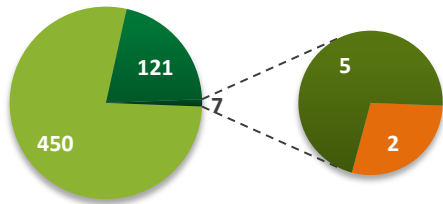
Sponsored training positions are funded by the Ministry of Health and have a return of service (ROS). Successful applicants will complete all training in the accredited specialty at Dalhousie University. The U of S has entered into these training agreements with other institutions to provide accredited 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 resident training to ensure that trainees progressively acquire required general as well as rotation-specific competencies (based on the CanMEDS Framework and CFPC Evaluation Objectives as applicable). 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 identified weaknesses in such residents.

Residents in difficulties during 2015/16



- total number of residents
- residents which started in July 2015
- not successfully completed modified training
- successfully completed modified training

Reason for Modified Training (CanMEDS/CanMEDS FM Competencies)

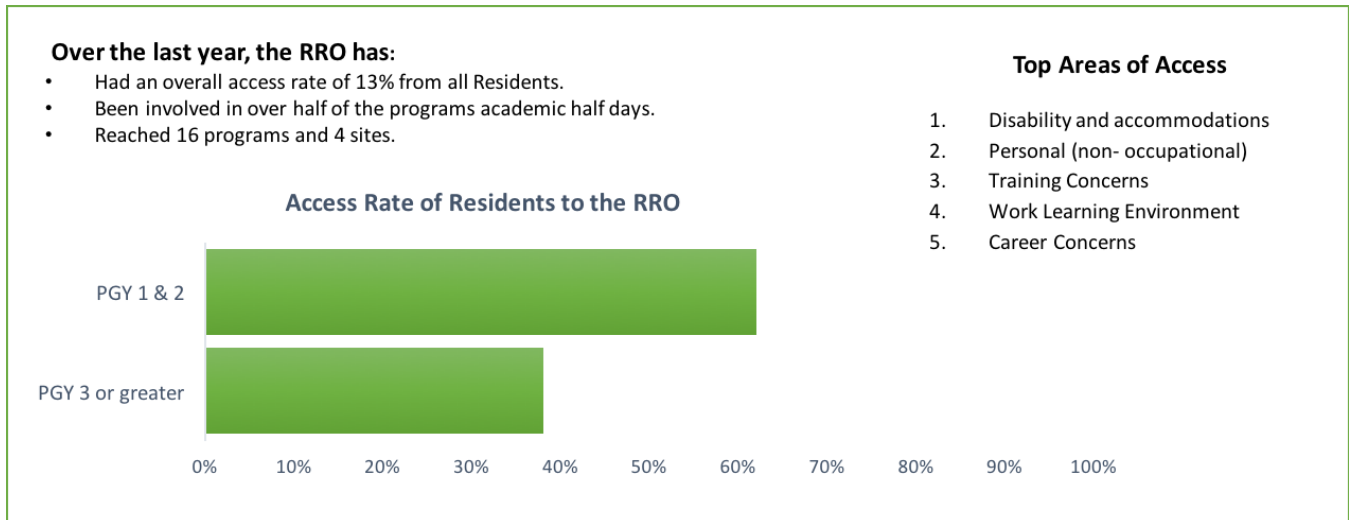


Most learning intervention in the last academic year were successful. During the 2015/16 academic year 7 residents (2 CFPC and 5 RCPSC) went through modification of their learning plans in the form of remediation, which represents less than 2 percent of the total number of U of S residents. Outcomes of these modifications were very positive, as 5 were successfully completed and residents continued or completed their trainings.

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

RESIDENT RESOURCE OFFICE

The PGME office established the Resident Resource Office (RRO) in July 2015. The role of the RRO is to provide 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.

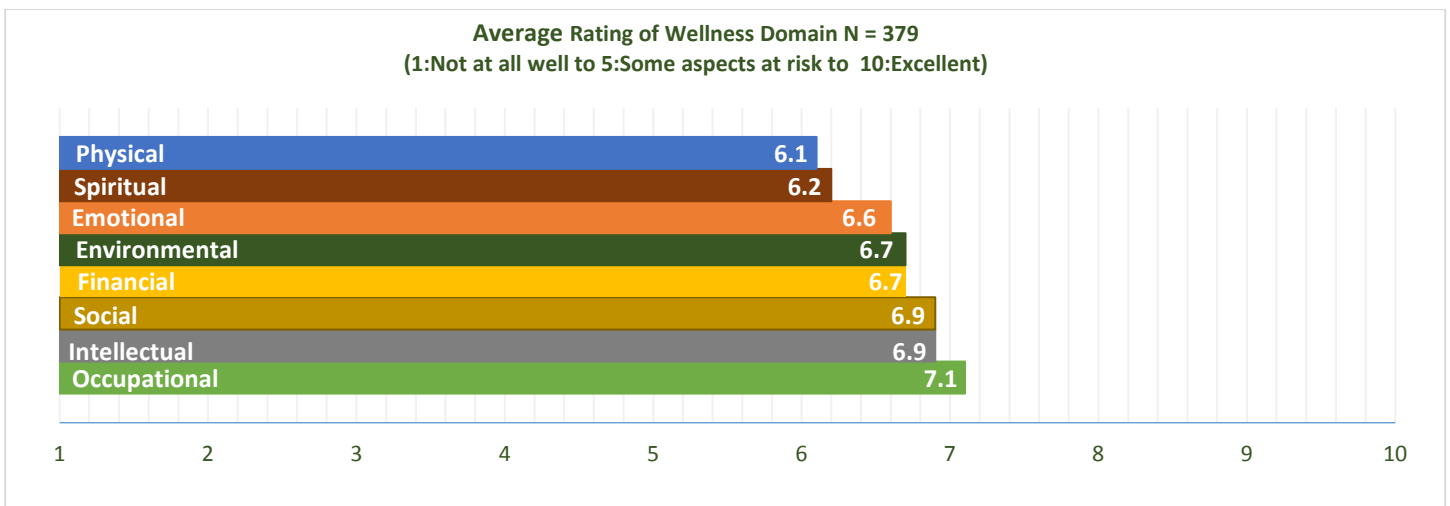


RESIDENT WELLNESS

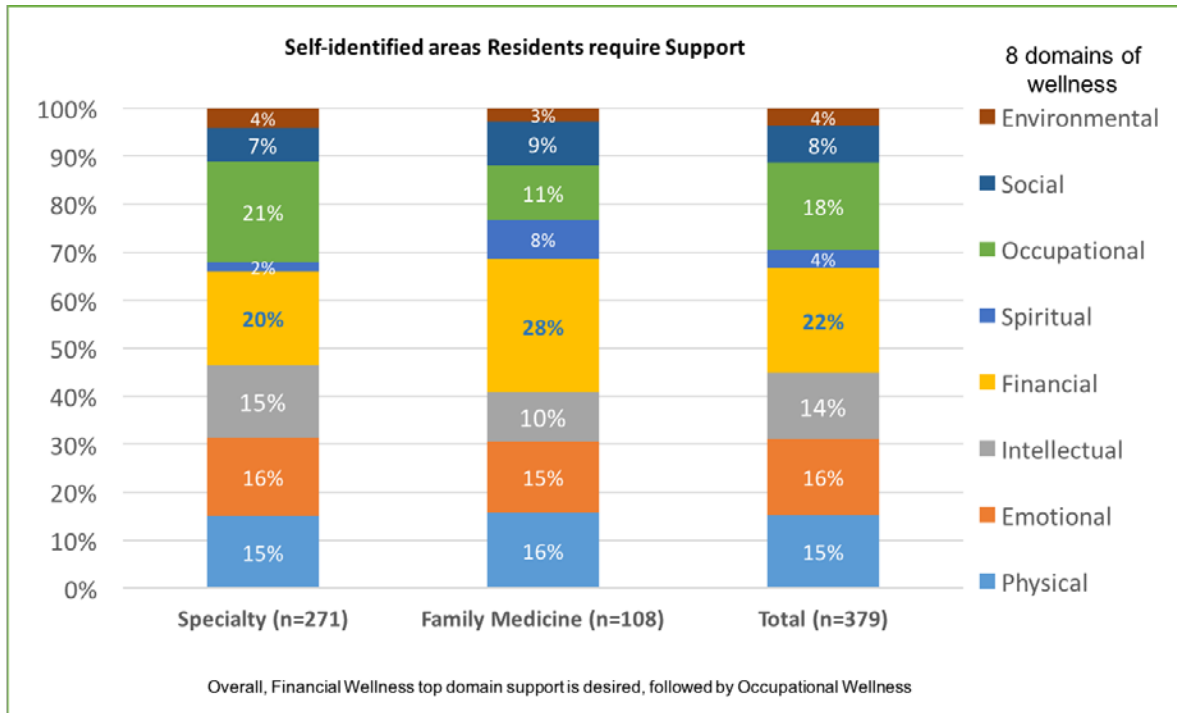
The PGME recognizes resident health and wellness plays a significant role in successful residency training. The PGME has taken on an initiative to provide services and support to residents through an eight domain model of wellness. The model distinguishes eight areas of wellness including physical, emotional,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

2015 Resident June/July 6-Month Survey

A survey was conducted by the PGME in July 2015 to determine which areas of the eight domains residents identified needing more support in. The findings are shown below. 2015 Resident June/July 6-Month Survey.



On average, the residents rated their physical wellness the lowest at 6.1 and their occupational wellness the highest at 7.1. The mean ratings of resident wellness status were similar by program except in Occupational (FM: 7.5 and SP: 6.9; $p < .05$).



Wellness Initiatives

The PGME wellness initiative implements strategies to best meet the needs of residents during training. The wellness initiative works collaboratively with a number of different stakeholders in order to provide effective and valuable education, events, and programming. Currently the office offers a workshop on orientation to resources for residents, seminars on financial information, health tips and resources, online education, ongoing support in accommodations and disabilities, as well as in office and off site support for residents.

Moving Forward

In the upcoming training year, a resident wellness handbook will be introduced as well as a variety of new and exciting programs and events will be offered. Some of the upcoming events will include social events, a resident wellness day, as well as collaborative effort by both stakeholders and the PGME to provide informational sessions and workshops to residents based on request for information.

Resident Research and Awards

RESEARCH

General Surgery: one surgery resident present and win 2nd prize at CAGS video forum in 2015.

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 2015 CSCI-CIHR prize winner was **Ian Chan** (Anesthesia).

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 2015 recipients were **Sonya Caruso** (Family Medicine-Saskatoon) and **Puneet Kapur** (Emergency Medicine).

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 2015 recipients in each category were: Collaborator (no nominations were received), Communicator: **Sheev Dattani** (General Surgery), Health Advocate (no nominations were received), Manager: **David Porter** (Psychiatry-Saskatoon), Professional: **Nichelle Desilets** (Family Medicine/Enhanced Surgical Skills).

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 2015 Program Director of the Year award was given to **Dr. Mateen Raazi** (Anesthesia); **Ann Finch** (Family Medicine/Emergency Medicine) was the recipient of the 2015 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 poster (7) and paper (3) presentations at national and local conferences; as well as a peer reviewed publication (1).

PEER REVIEWED PAPERS

- *Peer Reviewed Papers (1)*
 - Saxena, A., Desanghere, L., Skomro, R.P. & Wilson, T.W. (2015). Positive impact of the night float system: Congruency in resident and attendings' perceptions. *Education for Health: Change in learning and practice*, 28 (2)

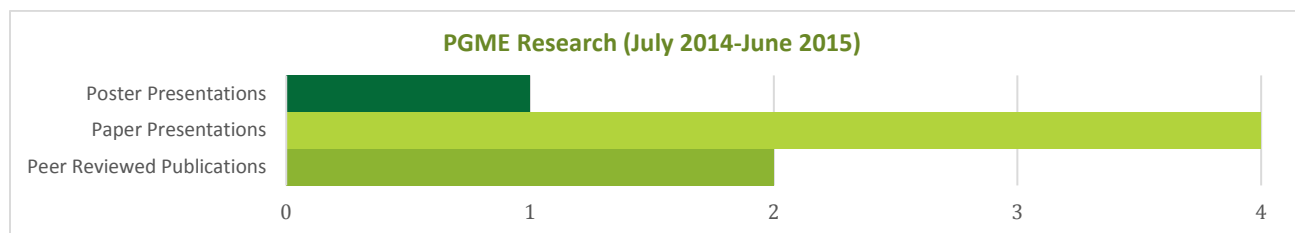
PRESENTATIONS

- *Paper Presentations (3)*
 - Desanghere, L., Okunola, O., Rohr, B. & Saxena, A. (2016). Resident perceptions on Advocacy: Perspectives from Chief Resident Leaders. Health and medical Education Scholarship Symposium, Calgary, AB.
 - Taber, S., Saxena, A., Desanghere, L., Harris, K., Kennedy, M. & Frank, J.R. (2015). Does a pre-visit, document-based review predict program quality? A national pilot project of Canadian residency education accreditation. International Conference on Resident Education, Vancouver, BC.
 - Saxena, A., Taber, S., Desanghere, L., Kennedy, M., Harris, K. & Frank, J.R. (2015). Can changes to the accreditation process for Canadian residency programs lead to improved efficiency? A national pilot project. International Conference on Resident Education, Vancouver, BC.

POSTERS

- *Poster presentations (7)*
 - Desanghere, L., Xiao, L., Black, K. & Saxena, A. (2016). Developing leadership and professional identities: Perspectives on social purposes. Canadian Conference on Medical Education, April 2016.
 - Xiao, L., Desanghere, L., Black, K. & Saxena, A. (2016). Leadership and professional identity development in medical learners: Perspectives on their roles in healthcare and society. Canadian Conference on Medical Education, April 2016.
 - Okunola, O., Rohr, B., Desanghere, L., McIntyre, S. & Saxena, A. (2016). Integrating IMGs into Residency programs – the Saskatchewan experience. Canadian Conference on Medical Education, April 2016.
 - Rohr, B., Okunola, O., Desanghere, L. & Saxena, A. (2016). Mapping Chief resident best practices to the CanMEDS roles. Health and Medical Education Scholarship Symposium, Calgary, AB. February, 2016.
 - Davidson, M.K., Desanghere, L. & Saxena, A. (2015). Appreciative inquiry based improvement efforts in a residency training program. International Conference on Resident Education, October, 2015.
 - Harris, J., Desanghere, L., Geller, B. & Saxena, A. (2015). Developing leadership competencies in medical education: Involvement in student government. International Conference on Resident Education, October, 2015.
 - Okunola, O., Desanghere, L. & Saxena, A. (2015). Needs assessment for a transitional boot camp. International Conference on Resident Education, October, 2015.

PREVIOUS YEAR



Program Reports

ANAESTHESIOLOGY

Key demographic data

Total Residents: 32

R5 - 6 (5M 1F); R4 - 6 (1F 5M); R3 - 6 (2F 4M); R2 - 7 (3F 4M); R1 - 6 (0F 6M); FPA one Yr track - 1 (1M)

Mission

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

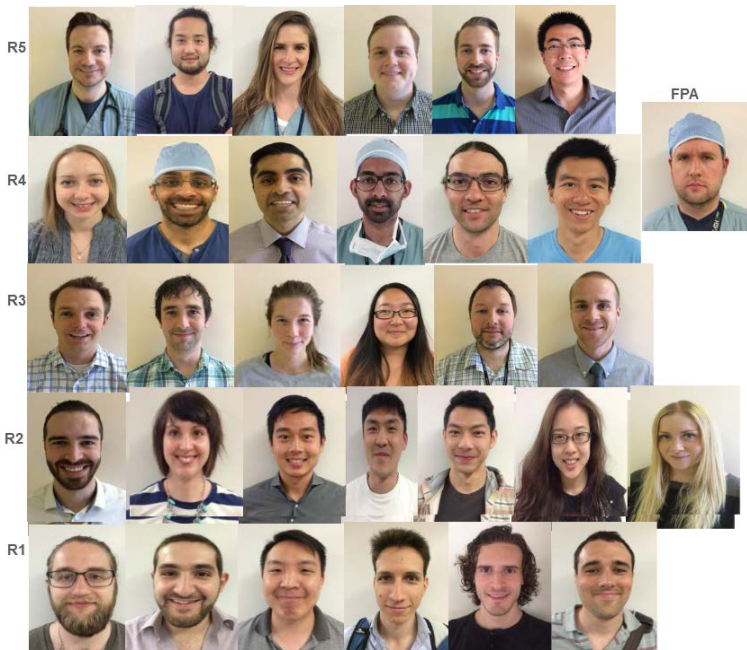
Regina: General Hospital, Wascana Hospital

Prince Albert: Victoria Hospital

University of Calgary: Chronic Pain Centre

Innovations

- Resident/Faculty Sharepoint
- Wellness Initiative



R5: Derek Beochler, Ian Chan, Kelly Fedoruk, Jon Tuchscherer, Derrick Williams, Churao Yang

FPA: Chris Ray

R4: Breanna Balaton, Hardave Gill, Farrukh Munshey, Nirupan Vipulanathan, Grahme Weisgerber, Lei Xia

R3: Brent Francis, Peter Hedlin, Catherin Lacny, Danyela Lee, Todd McDonald, Calen Sacevish

R2: Tim Bolton, Sarah Chomicki, Stephen Lee, Edmond Li, Calvin Lo, Julie Yu, Melanie Orvold

R1: Jayden Cowan, AJ ElZahabi, Andre Jun, Stefan Kojic, Fabio Magistris, Patrick Valcke

Executive Director Of Education

Dr. Mateen Raazi

Program Director

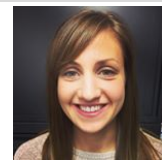
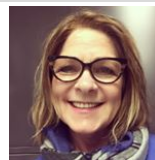
Dr. Ian Jorgensen

Senior Program Administrator

Krys Schornagel

Program Administrator

Angela Friesen





CARDIOLOGY

Key demographic data

Total number of residents: 6 consisting of PGY 4: -2; PGY 5: - 3; PGY6: - 1
Gender: 4 Male: 2 Female

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
Regina: Regina General Hospital

CLINICAL INVESTIGATOR PROGRAM

Key demographic data

Three female residents are enrolled in the clinical investigator program.

Mission of the program

Overall Goals and Objectives

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).

DIAGNOSTIC RADIOLOGY PROGRAM

Description

We are a small program, with a total intake of 4 residents per year. The program has an excellent staff to faculty ratio, with around 10 staff radiologists to every resident. We pride ourselves on our excellent Royal College examination results (100% pass rate in the past 10 years) and the good track record of our residents in finding employment post-residency (100%). Residents and faculty get along extremely well and we have a collegial working environment. We have subspecialty trained faculty in abdominal/pelvic imaging, cardiothoracic, musculoskeletal, neuroradiology as well as interventional radiology and are able to provide high level training in all organ systems and modalities.

Mission of the program

To produce well rounded radiologists who are prepared for either community practice or further subspecialty fellowship training

Sites of training


Hospitals: Royal University Hospital, Saskatoon City Hospital, St Paul's Hospital

Community Clinics: Wall Street Clinic, Saskatoon Medical Imaging

Innovations

We have access to excellent research facilities. Dedicated research time is available on our 3T MRI scanner as well as our state of the art PET-CT scanner. An onsite cyclotron is being built, which would further enhance molecular imaging in Saskatoon. We are also fortunate in being one of the few centres in the world that has access to a Synchrotron on the nearby university campus.

Medical Imaging Residents 2015-2016

PGY-1					PGY-2				
	Yang Du	Kavita Kanga	Nicole Perkes	Matt Wright		Neil Kalra	Sarah MacDonell	Jimmy Wang	Gage Watson
PGY-3					PGY-4				
	Brie Alport	Danielle Dressler	Navdeep Sahota	Nicholas Vassos		David Horne	James Huynh	Meredith Lynch	James Zheng
			PGY-5						
				Aatif Parvez	Adarsh Patel	Paul Russell			

EMERGENCY MEDICINE

Key demographic data

We have 12 residents right now: three positions per year for the past 2 years.

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

All three sites in Saskatoon, Regina EDs, Prince Albert for Regional, IUA with Edmonton for PER and Adult ER.

Innovations

- We have implemented a competency based assessment program called McMAP.
- We serve as the EMS Medical Advisors for SHR, which provides our EMS curriculum and half of the stipend goes to support resident education.
- We have a robust internal faculty development program with annual workshops.



Leah Chomyshen
Program Administrative
Assistant



Cathy Fulcher
Program Administrative
Assistant

GENERAL INTERNAL MEDICINE

Key Demographic Data

PGY 4: Mark Fenske, Michael Prystajacky, Natalie (Griselda) Serrano and PGY 5: Michael Cenkowski, Thomas Perron, Alia Teja (CIP)
Gender: 4 Male: 2 Female

Mission: (Goal)

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

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 (new rotation)

Regina: Regina General Hospital (elective rotations)

Innovations

1. Introduction of aspects of CBD:

- a. Got Foundations: Two weeks of classroom learning that provides transition to discipline and introduces draft GIM entrustable professional activities (EPA's).
- b. Introduction of EPA's into resident learning that thread through the curriculum
- c. Transition to Practice: Final 3 blocks of program. Individualized learning goals.
- d. AHD structures and goals: "flipped classroom" small group reflective discussions on GIM competencies
- e. Individual rotation evaluations defined focused rotation ITERs and selected Can MEDs competencies in order to align learning opportunities with rotation strengths
- f. Weekly ITERs/encounter cards: narrative comments included on all assessment tools summarized every 3 months for a face to face review with the residents.

2. Curriculum Content

- a. Motivation Interviewing for trainees (sponsored MI workshop for other professions)
- b. PoCUS ultrasound curriculum initiated
- c. Case-based workbook for AHD.

3. GIM Subspecialty Curriculum Handbook

- a. A new curriculum, academic half day and objectives, and assessment format reviewed annually based on program evaluation and literature review for educational innovations. Handbook revised annually beginning in 2013

4. Interprofessional Education Resources

- a. The safe discharge challenge for orientation to interprofessional practice (accepted to MedEd Portal)
- b. Interprofessional skills multimedia e Book (revisions submitted to MedEd Portal)

5. GIM Lib guide: Library Guide for GIM Educational Resources

6. Completion of a GIM Health Human Resource Report (Dean's summer project)

GENERAL PATHOLOGY

Key demographic data

PGY1: Jana Suresh, Nina Thompson; PGY2: Nick Baniak, Glenda Wright, Idowu Joy Adekanmbi; PGY3: Hoda Elshoni, Yanping Gong; PGY4: Erene Farag; PGY5: Aaron Adesina, Ian Marie Lano, Viktor Skihar
Gender: 4 Male, 8 Female

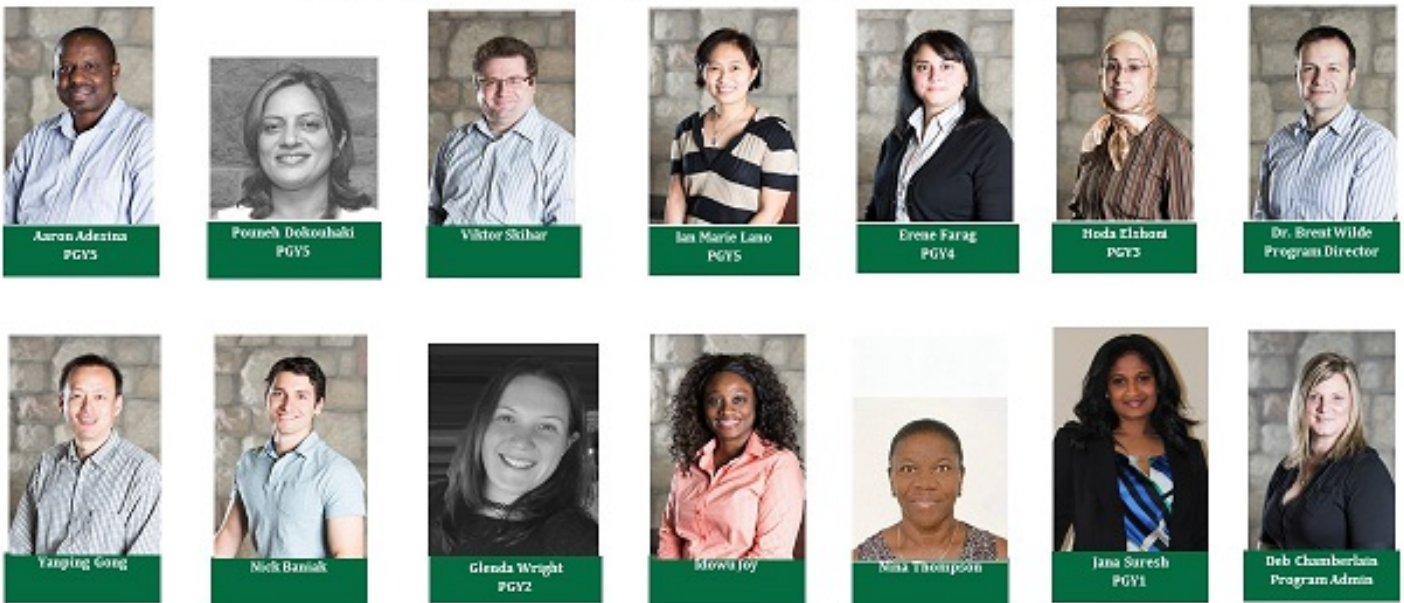
Overall Program Goal

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

The General Pathology residency program is based out of the Royal University Hospital located on the beautiful and bustling University of Saskatchewan campus. Training occurs in both of the major centers of the Province of Saskatchewan, Saskatoon and Regina. In Saskatoon, training is provided at the Royal University Hospital, St. Paul's Hospital, and Saskatoon City Hospital. In Regina, training is provided at Regina Pasqua Hospital and Regina General Hospital.

Pathology & Lab Medicine Residents 2015 -2016 Academic Year



GENERAL SURGERY

Key demographic data

Number of residents = 32
PGY1 = 5
PGY2 = 6
PGY3 = 9
PGY4 = 6
PGYS = 6
Male = 13
Female = 19

Mission of the program

Definition: The education of our residents is the main goal of our Residency Training Program. Faculty in Saskatoon and Regina participate in teaching and research. Residents rotate through the Regina General Hospital (Regina), St. Paul's Hospital, Royal University Hospital (Saskatoon) as have opportunities for elective rotations. Our Residents are given graduated responsibilities throughout their residency to reach the ultimate goal of becoming a competent Royal College of Physicians and Surgeons of Canada General Surgeon.

Objectives:

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

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

Sites of training

Royal University Hospital
St. Paul's Hospital
Saskatoon City Hospital
Regina General Hospital
Elective rotations: Lloydminster, North Battleford, Prince Albert, Moose Jaw

Innovations

Surgical Boot Camp for Junior Residents
Junior and Senior Hernia Cadaver Lab
Division Resident Research Day
Endoscopy Pocketbook
Team Orange pocket card objectives

And the development of several simulation models in Regina over the last several years:

1. A laparoscopic simulator for learning repair of perforated duodenal ulcer
2. A low fidelity simulator for learning performance of percutaneous tracheostomy with bronchoscopic guidance.
3. An interventional upper GI endoscopy simulation course utilizing gastroscopes and porcine stomachs.

2015 – 2016 General Surgery

































Paul Hayes, Program Director

[Photo Unavailable at this time]

Karen Bader, Program Administrative Assistant



2015- 2016 General Surgery Residents

PGY5	 Lakshmi Balakrishnan	 Nathan Ginter	 Allison Hunter	 Korosh Madani	 Evan Neuls	 Angela Schellenberg
PGY4	 Aaron Daters	 Sheev Dattari	 Janice Fairfield	 Julie Kickbush	 Zeshan Rana	 Nicole Remuski
PGY3	 Simon Adams	 Crystal Burant	 Kista de Boer	 Jean DuRand	 Jeffrey Gu (GP)	 Amanda Hall (GP)
	 Suzanne Hamman	 Ido Molavi	 Site Oilek	 Sahar Shirazi		
PGY2	 Taylor Baseli	 Alida Chow	 Vicky Loessin	 Sarah Miller	 Sarah Schmid	
PGY1	 Evan Barber	 Joel Heiback	 Chris Pastor	 Jonathan Seto	 Niomi Singh	 Melissa Wood

INTERNAL MEDICINE

Key demographic data

PGY 3 = 23 residents; PGY 2 = 22 residents; PGY 1 = 22 residents - Total = 67 residents (25 female / 42 male)

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 our trainees to enter practice as an internist or to pursue subspecialty training in internal medicine.

Sites of training

Saskatoon (RUH & SPH); Regina (RGH)

Innovation

Academic half day is split into 2 days to provide a broader approach. There is a mixture of didactic sessions, simulation sessions, and case based interactive sessions during the AHD curriculum.

2015-2016 PGY1 Residents



Patricia Araneta



Mark Elliott



Bryan Evans



David Fox



Andrew Frost



Devon Houdek



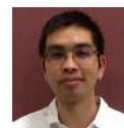
Rochelle Jalbert



Mithun Kularatne



Krista Lagimodiere



Arthur Ling



Kyle Murray



Joshua Nero



Ryan Pratt



Matthew Skeldon



Megan Surkan



Catherine Sutherland



Kun Tian



Ingrid Wirth

2015-2016 PGY 2 Residents



Daniel Altman



Jon Dean



Lorraine Dooley



Colin Ellis



Arwa Gargoum



Gary Golds



Amila Heendeniya



Riley (Jeremy) Katulka



Ambreen Khan



Ben Leis



Stacey Lok



Judy Luu



Caitlyn Marek



Matthew Nicholson



Neha Papneja



Adam Parry



Michael Pascas



Dominique Pytlewski



Erin Wishart

2015-2016 PGY3 Residents



Osama Ahmed



Yin Chan



Navjot Deol



Omar De Rita
PGY 2 until Sept 2015



Amanda Halpin



Jovan Hasmatali



Konstantin Jilkine



Dale Kalina



Kristine Kim



Joseph Kim



Mina Niazi



Kate Plaza



Dwip Prajapati



Nabeel Samad



Nishant Sharma



Shiva Shayani Majd



Aleksi Suo



Kelsey Tallon



Richard Tse



Yuqi (Rocky) Wang



Kristina Watt



Kathryn Whittemore

2015-2016 Regina Residents



Leon Byker
PGY1



Shivraj Riar
PGY1



Stuart Wiber
PGY1



Eddie Liu
PGY1



Kevin Hamming
PGY2



Michelle Lund
PGY2



Andrew Yang
PGY2



Arenn Jauhal
PGY3



Dorothy Thomas
PGY3

NEPHROLOGY

Key demographic data

Three residents: 2 PGY4 and 1 PGY1

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

Innovations

- Model hemodialysis experience for Trainees (they are "dialyzed" for a session and then are asked for a report that looks at QA and QI suggestions for improvement)
- Residents sit on the Family and Patient Advisory Council for Kidney Health to gain insight as advocates for patients learning different perspectives
- Educational Half day in common coordinated through a committee chair of PDs in IM specialty programs, non-knowledge based session on resident wellness, office management, ethics etc.
- Feedback from referring MDs form part of the Trainees outpatient experience (they evaluate the trainee letters and provide feedback)

NEUROLOGY

Key demographic data

PGY1 – 2; PGY2 – 3; PGY3 – 1; PGY4 – 2; PGY5 – 2 with a total of 10 residents including 4 female and 6 male.

Mission of the program

The program offers a wide range of experiences in general and subspecialty neurology while maintaining a personal and collegial atmosphere. The opportunity to be involved in learning and teaching in academic and community settings leads to a well-balanced approach to caring for neurology patients. CanMEDS roles are emphasized in objectives and evaluations, and during clinical encounters.

Sites of training

Saskatoon: Royal University Hospital, St. Paul's Hospital, and Saskatoon City Hospital

Program Director
Gary Hunter



Program Administrative Assistant
Sherri Duggan



Neurology Residents for the 2015/2016 Academic Year



Egiroh Omene, N1



Landon Perlett, N1



Rochelle Savard, N2



Regan Cooley, N2



Sanchea Wasyliv, N2



Pragma Roy, N3



Alexandra Voll, N4



Leslie Ferguson, N4



Brett Graham, N5



Syed Rizvi, N5

NEUROSURGERY

Key demographic data

We get one resident per academic year through CaRMS. Currently, we have six residents enrolled in the Neurosurgery Residency Training Program, including two females and four males.

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 and Regina

2015-2016 Neurosurgery Program

PGY1: Michael Kindrachuk; PGY2: Syed Ahmed; PGY3: Sharon Husak; PGY4: Zane Tymchak; PGY5: Sarah Edwards; PGY6: Turker Dalkilic; Program Director: Mike Kelly



OPHTHALMOLOGY

Key demographic data

We currently have five residents in our program - one at each PGY level. The gender distribution is 2 female and 3 male.

Mission of the program

To provide a Royal College Accredited Program for training Ophthalmologists

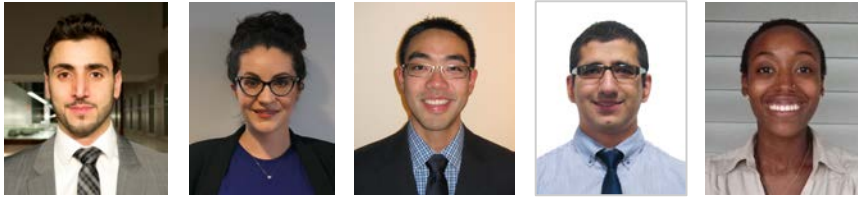
Sites of training

Main site for training is Saskatoon with rotations in Prince Albert and Regina.

Innovations

- Use of a surgical simulator for microsurgery cataract surgery training

2015 – 2016 Residents: Moness Masri, Gabriela Campos-Baniak, Raymond Ko, Sundeep Uppal, and Ugo Dodd



ORTHOPEDIC SURGERY

Key demographic data

2015-16: 15 residents of which 6 female/9 male;

PGY1 x 3, PGY2 x 1; PGY3 x 2, PGY4 x 3, PGY5 x 6

Mission of the program/site

Our Mission is to provide high quality patient care and provide residents with solid fundamental training in clinical surgery and patient care, research, and teaching which allow them to evolve with and contribute to the ever changing nature of our specialty.
















Sites of training

Royal University Hospital
Saskatoon City Hospital

Innovations

Instituted CanMEDS OSCE, CanMEDS Ethics Rounds, CanMEDS Role-Play sessions, summer and winter retreats, mandatory mid rotation and end of rotation face to face evaluations, the Resident Education Subcommittee, and the Resident Research Subcommittee.

2015-2016 Residents

PGY1				PGY2		
	Matthew Mastel	Kristen Pugh	Sam Ibrahim		James Ardell	
PGY3			PGY4			
	Paul Kulyk	Laura Sims		Mark Abou-Ghaida	Scott Mollison	Alexander Perreault
PGY5						
	Shandy Fox	Tanner Dunlop	Alexandra Mortimer	Susan Nelson	Katie Rooks	Jason Shin

OBSTETRICS & GYNECOLOGY

Mission statement 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

Include Saskatoon, Regina, Prince Albert and Moose Jaw



Saskatoon Program Director Report: Matt Schubert

In 2015 Dr. Rattray and I completed our first year of partnership in guiding the program. By most accounts this has worked well, and the groundwork for assessing and improving our program has been laid. We certainly have had lots of interesting moments and have enjoyed our time working with the Residents.

We started with a very busy CaRMs season where we looked at many candidates, and matched our four spots in the first round. Ultimately, we welcomed Drs. Batchelor, Forke, Hsiao and Sander, and at this time they are unraveling the mysteries of first year residency.

CaRMs was followed by the rebirth of Resident Research Day which was successfully hosted by our Regina site. The Coach charter was much appreciated by all, especially veterans of the first Sim Lab experience. Multiple presentations and posters were made; the best of the best was Dr. Jenkins, who went on to again present her study on endometrial growth dynamics as influenced by ovulation induction protocols, in Toronto at APOG. May and June brought us the infamous Block 10 Call Schedule, which heavily influenced the way we arranged rotations in the following academic year, a clear improvement. We also had a large contingent in Quebec City for SOGC. The meeting, networking and socializing were well received. We were a little disappointed at the decline in medical student representation nationally, however Saskatchewan did well. Drs. Changela, Usmani and Perry made us 3 for 3 in the Royal College Certification process.

September brought the return to Academia and the introduction of the Off Site Retreat held at Elk Ridge. The emphasis was on team building and there were many memorable moments. The theme of the next retreat will need to address the accreditation findings. In October, I attended ICRE for the in depth CBME introductory course. Make no mistake, it is coming and it makes sense in many ways. In general, I would be very surprised if this shortened residency for all but a few. Its launch will also probably take longer than the Royal College expects.

Many other specialties will be making all the initial mistakes and adjustments, and we will thankfully benefit from this.

December brought the Royal College accreditation visit upon us. They correctly identified our struggles with REI. After review of their initial feedback, we believe there are some inconsistent criticisms which ultimately we will challenge. Unfortunately, we have not received a timely completed report that we can act on, and we patiently await its arrival.

December also saw the University of Saskatchewan program return to the national forum of program management at both the Royal College and The Association of Professors of Obstetrics and Gynecology. We are very much representative of the mainstream, the real difference here is more geography, less people; therefore one of the only truly distributed programs.

In summary, despite our challenges physicians are eager to train at the University of Saskatchewan, and our emphasis has been hands on management.

Regina Program Director 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 Adeloje Soyeye 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 6 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.

PEDIATRICS

Key demographic data

2015-16: 22 residents of which 18 female/10 male; PGY1 x 5, PGY2 x 7; PGY3 x 6, PGY4 x 4

Mission of the program

The training program is a 4 year funded General Paediatric Residency program. Residents have the option to complete 3 years at our institution and continue a 2- 3year fellowship in a subspecialty of their choice at a different institution; or to complete 4 years of training in General Paediatrics at this institution. During the 3 or 4 years of training, residents are expected to gain competency through comprehensive exposure to a diverse Paediatric population.

Our Philosophy:

To train emerging General Paediatricians with excellent clinical skills and a comprehensive knowledge in Paediatrics, who will utilize their training judiciously and ethically in caring for Paediatric patients.

At the end of their training, residents will have gained competency to practice as a General Paediatric Consultant. Residents must meet the requirements as is laid out in the Royal College Objectives in Training, in all of the 7 CanMEDs Roles.

Residents must

- demonstrate professionalism;
- have excellent communication skills;
- understand and demonstrate how to collaboratively work within a health care team;
- advocate for patients and their families;
- demonstrate an understanding of the determinants of health in Paediatrics;
- demonstrate the ability to critically appraise current literature and understand research methodology;
- demonstrate the ability to be a self-directed learner
- demonstrate their skills in teaching junior colleagues and peers.

Knowledge and skills acquired would include:

- the recognition of normal - and variations in normal - growth and development of infants, children and youth
- the recognition and management of a wide range of Paediatric problems and diagnoses; both common presentations of common problems and uncommon presentations of common problems
- the recognition and management of the acutely ill child
- the resuscitation of the sick newborn
- the skills by which to advocate for patients and families

Sites of training

Saskatoon Royal University Hospital; Regina General Hospital; Prince Albert Victoria Hospital; Out of Province electives; University of Toronto, BC Children's Hospital, Credit Valley Hospital, St. Michael's Hospital

PHYSICAL MEDICINE & REHABILITATION

Key demographic data

PM&R Residency Training Program 2015-16	
PGY 1	2 Male
PGY 2	2 Female
PGY 3	1 Male; 1 Female
PGY 4	1 Female
PGY 5	1 Male
Total in Program	8 Residents

Mission of the program/site

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

Our training is at both the Saskatoon campus (4 faculty) and Regina campus (4 faculty) as well as at a busy community practice in Saskatoon. Our research faculty are based in Saskatoon but provide support provincially. Specialty specific rotations are flexibly distributed between the two campuses. The majority of required off-service training is at the Saskatoon campus. We link weekly through video conference for our academic half days.

Innovations

In order to have easy access for residents and faculty regardless of location we use a SharePoint site. This allows us to easily communicate around educational and administrative processes as well as to share information including the half day presentation materials. We format our sessions as "flipped" learning experiences where each learner is expected to have reviewed the material guided by precirculated objectives and suggestions from the resident lead of the session and guided by a faculty preceptor.



2015-16 Physical Medicine & Rehabilitation Residents and Faculty (partial) (L to R): 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 of 5 residents = 3 female; 2 male

1 - PGY5 | 2 - PGY4 | 1 - PGY3 | 1 - PGY1

Mission of the program

To train residents with the comprehensive knowledge of the science and art of Public Health and Preventative Medicine, and the skills to apply this knowledge to a broad range of population health issues and career paths

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

Rosthern Hospital, Rosthern SK

Royal University Hospital, Saskatoon

St. Paul's Hospital, Saskatoon

Elective sites:

Canadian Agency for Drugs Technology and Health [CADTH], Ottawa

St. Paul's Hospital, Vancouver BC

2015-2016 Residents



Jasmine Hasselback, Lanre Medu, Hortense Nshoh Tabien, Rotimi Orisatoki, Sanaz Vaseghi

PSYCHIATRY

Sites of training

The Psychiatry Residency Training program at the University of Saskatchewan is distributed across two sites and includes our Saskatoon and Regina campuses.

Key demographic data

There are twenty-two residents in Saskatoon and eight residents in Regina. The gender distribution of our program is 20 female and 10 male residents.

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:

1. To train residents to become specialists in psychiatry capable of practicing within the complex, changing field that is modern psychiatry.
2. 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.
3. 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.
4. To prepare psychiatrists capable of serving and advocating for patients across diverse populations in the health care system effectively to meet societal needs.
5. 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.
6. To continue to change and evolve our training program in response to the changing needs of residents, community and the specialty of psychiatry.

Innovations

Over the past year faculty, residents and staff at both the Regina and Saskatoon sites have actively participated in **curriculum renewal**. A few highlights include a new curriculum structure being proposed for the academic day didactic seminars, a revitalized psychotherapy curriculum and the addition of a basic interviewing skills course for PGY2 residents. The goals and objectives for all rotations were revised and rotation specific ITERs were developed. In Regina, faculty developed mock oral exam opportunities for residents on-site vs videoconference. Senior residents in Regina are now able to complete their STACER exams in Regina rather than traveling to Saskatoon due to initiatives by the Regina faculty. A new model of service delivery was developed in Regina to match resident rotation needs such as dedicated inpatient and outpatient rotations, dedicated severe and persistent mental illness clinics, a concurrent addiction clinic as well as development of a consultation liaison psychiatry service.

Residents at both sites have been committed to **advocacy** through the health advocate role. In Saskatoon, the residents are continuing to engage with MHAS and community partners by providing public education about mental health and engaging in "Break the Barrier" whose goal is to reduce stigma and create community support for people suffering with mental health and addictions issues in the Saskatoon region through community events and activities. Residents in Regina provide public education through collaboration with the Schizophrenia Society. The residents in Regina are currently working on an initiative to beautify the stairwell between the inpatient psychiatry unit and outpatient recovery program utilizing a large art project completed in collaboration with patients who suffer from mental illness and addictions in the Regina Health Region. The residents aim to secure funding through an Arts Board Grant, and will be looking to collaborate with a local artist and in-house therapy support staff to shape the project.

Our program, under the leadership of Dr. Esther Cherland, has received RCPSC approval as an **accredited child psychiatry subspecialty** training site. The first child psychiatry subspecialty resident to complete this program in June 2016. Under the leadership of Dr. Azaad Baziany, our program has submitted an application to become an **accredited forensic psychiatry subspecialty** program.



RESPIROLOGY

Key demographic data

Total number of residents: 5 consisting of PGY 4: - 2 and PGY 5: - 3
Gender: 3 Male: 2 Female

Mission of the program

The primary mission of the Respiriology 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 Respiriology.

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)

RHEUMATOLOGY

Key demographic data

Total number of residents: 0

Mission of the program

The principle objective of the Rheumatology Residency Program is to provide trainees with core knowledge and foundation skills requisite to the specialty of Adult Rheumatology.

Sites of training

Saskatoon: Royal University Hospital

Regina: Regina General Hospital

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 97 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 Anaesthesia and Sport and Exercise Medicine. This program has 11 residents who are training in 3 core sites.

Mission of the Family Medicine Program

The goal of the postgraduate division for the Department of Academic Family Medicine is to train family physicians who are able to meet the healthcare needs of communities in Saskatchewan.

Family Medicine Training Sites:

- La Ronge
- Moose Jaw
- North Battleford
- Prince Albert
- Regina
- Saskatoon
- Swift Current

Enhanced Skills Training Sites:

- Regina
- Saskatoon
- Prince Albert

Rural and Remote Training Sites:

- Gull Lake
- Humboldt
- Ile a la Crosse
- Kindersley
- La Ronge
- Meadow Lake
- Melfort
- Rosthern
- Weyburn
- Yorkton

CORE Family Medicine

Family Medicine – La Ronge

Site Director –
Dr. Sean Groves



Site Administrator –
Ms. Janice Skilliter



PGY1

1 male
1 female



Dr. Graham Jurgens



Dr. Laura Miller

PGY2

2 male
1 female



Dr. Julia Fox



Dr. Ankit Kapur



Dr. Kevin
Sawchuk

Family Medicine – Moose Jaw

Site Director –
Dr. Volker Rininsland



Site Administrator –
Ms. Lisa Eisan



PGY1

2 male
2 female



Dr. TJ Tetlow



Dr. Samantha
Henley



Dr. Alex Watts



Dr. Tamara Webster

PGY2

2 male
2 female



Dr. Rob Haver



Dr. Heather
Konkin



Dr. Brent Janzen



Dr. Amanda
Waldner

Family Medicine – North Battleford

Site Director –
Dr. Janet Tootosis



Site Administrator – Ms.
Michelle Coakwell



PGY1
3 male



Dr. Neal Cabigon

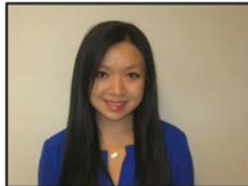


Dr. Paldeep Kahlon



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



PGY1
3 male
4 female

PGY2
3 male
3 female



Back Row: (L-R) Desiree Rouleau FMRII, Ted Krickan, FMRII, Jarryd Bryshun FMRI, Joel Wolsey FMRI, Jackie Chou FMRI, Matt Johnson FMRII Front Row: (L-R) Sierra de Ciutiis FMRI, Dannica Switzer FMRI, Sabrina Fee FMRI, Navid Robertson FMRII Missing: Sherri Galasso FMRI (Mat Leave)

Family Medicine - Regina

Site Director –
Dr. Jennifer Kuzmicz



Site Administrator –
Ms. Debbie Stobbs



PGY1

6 male
6 female
1 female LOA



Dr. William Baldwin



Dr. Chelsea
Cottingham



Dr. Taegen Fitch



Dr. Asma Gargoum



Dr. Jade Goliath



Dr. Andrew
Houmphan



Dr. Aaron Kastelic



Dr. Kyle MacDonald



Dr. Stephanie
Nyberg



Dr. Olivia Reis



Dr. Robert
Weitemyer



Dr. Christopher
Young

PGY2
4 male
10 female
1 male LOA



Dr. Harmonie Aito



Dr. Megan Clark



Dr. Shannon Davis



Dr. Danielle Frost



Dr. Tyler Gorman



Dr. Lisa Harasen



Dr. Kaalyn Humber



Dr. Eve Marie
Johnson



Dr. Brad Joss



Dr. Jack Lee



Dr. Elizabeth Machnee



Dr. Sheila Martinson



Dr. Jared Oberkirch



Dr. Andrea Vasquez



Dr. Lucas Zahorski

Family Medicine - Saskatoon

Site Director –
Dr. Mark Lees



Site Administrator –
Ms. Morgan Unger



PGY1

3 male
10 female
1 female LOA



Dr. Joanne Boots



Dr. Jillian Fraser



Dr. Kasie Kelln



Dr. Crombie Maltman



Dr. Ciaran McLoughlin



Dr. Arshviny Ollegasagrem



Dr. Richelle Olson



Dr. Chris Roberts



Dr. Anna Sedlakova



Dr. Jasmin Switzer



Dr. Brittini Webster



Dr. Chelsea Wilgenbusch



Dr. David Woloschuk

PGY2

3 male
10 female



Dr. Barinder Brar



Dr. Julia Geiger



Dr. Kiran Greywall



Dr. Aileen Hamilton



Dr. Jenna Hayden



Dr. Melissa Kuhn



Dr. Matt Kusheriuk



Dr. Andrea Martin



Dr. Amit Motwani



Dr. Melissa Nicholls



Dr. Ryck Schielke



Dr. Breanne Silver



Dr. Nathan St Onge



Dr. Robyn Tenaski

Family Medicine – Swift Current

Site Director –
Dr. Tara Lee



Site Administrator –
Ms. Lisa Berg



PGY1
4 female



Dr. Kristin Bonkowski



Dr. Larissa Irving



Dr. Nicole Longmuir



Dr. Dalynne Peters

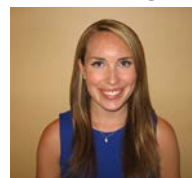
PGY2
1 male
3 female



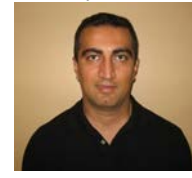
Dr. Natasha Desjardins



Dr. Jelisia Kamel



Dr. Kristine Pederson



Dr. Omar Said

Enhanced Skills Program

Program Director –
Dr. Brian Geller



Program Administrator –
Ms. Jalene Jepsen



Family Emergency Medicine

Program Director -
Dr. Sheila Smith

Program Administrator –
Ms. Ann Finch



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

Family Medicine – Emergency Medicine Regina

Site Director -
Dr. Christina Ames

Program Administrator –
Ms. Ann Finch



2 male
3 female



Dr. Jessica Cowan



Dr. Amy Goodday



Dr. Tommy
O'Malley



Dr. Tony Seguin



Dr. Kimberly Taylor

Enhanced Surgical Skills

Program Coordinator -
Dr. Andre Grobler

Program Administrator –
Ms. Jalene Jepson

2 female



Dr. Audree Bedard Goulet



Dr. Erin Sullivan

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

Program Research

COUNT OF PROGRAM RESEARCH for the past year <i>and still counting</i>		
Resident Publications	Resident Presentations	Other medical education productivity including faculty research
128	133	38

Anaesthesiology

Resident publications: 6

Resident conference presentations: 6

Any productivity related to Medical Education: 5

Cardiology

Resident publications: 1

Resident Conference Presentations: 6

Clinical Investigator

Diagnostic Radiology

Emergency Medicine

Resident publications: 19 with Faculty inclusion 22

Resident conference presentations: 11 with Faculty inclusion 16

Faculty –only publications 3

General Internal Medicine

Peer Reviewed Papers

Card SE and Kassam N. The Future is Bright for Competency-based Education in General Internal Medicine. *Canadian Journal of General Internal Medicine*. 2016; 11(1): 25 – 29.

Anderson L, **Ward H**, **Card SE**. Discussion Paper - Linking General Internal Medicine Residency Training to Human Resource Needs and Roles in a Changing Health Landscape. *University of Saskatchewan Undergraduate Research Journal*. 2015;1(2):01-07.

Abstracts

Anderson L, **Ward H**, **Card SE**. Can we predict General Internal Medicine human resource needs in a changing health landscape? In: *Journal of General Internal Medicine. Society of General Internal Medicine*; 2015 Apr; Toronto, Canada. 30(supplement 2), 2015.

Ward H, Anderson M, Sparrow C, Sheppard MS, McGrath P, Abonyi S. An ethnographic study of general medicine interprofessional rounds: exploring interprofessional competencies. In: *Journal of General Internal Medicine. Society of General Internal Medicine Meeting*; 2015 Apr; Toronto, Canada. 30(2 supplement), 2015.

Resident Poster Presentation

Prystajecy M, Lee T, Stewart S, **Ward H**. Resuscitation status and documentation in adult patients admitted to a clinical teaching unit. Poster presented at: Canadian Conference on Medical Education; 2015 Apr; Vancouver

Resident Publications

Prystajecy M, Lee, T., **Ward H**, Abonyi, S. (2016). A focus group study of daily interprofessional rounds. Submitted: *Journal of Interprofessional Care*.

General Pathology

Resident Publications

12: Baniak (5); Farag (2); Lano (5)

Resident Conference Presentations

12: Dokouhaki (6); Lano (6)

Medical Education Productivity

2: Dokouhaki

Research Output

2: Dokouhaki

General Surgery

Resident Publications = 5

Resident Conference Presentations = 10

Division Resident Research Day presentation = 8

Any productivity related to medical education: Abstract proposals = 5

Internal Medicine

Resident publications = 12

Resident Conference Presentations = 20

The program has defined specific expectations for each PGY year to ensure that every resident by the end of their three years will have experienced different research techniques and presentations. Projects in all years are supervised by a Faculty member selected by the Resident, who assists with the project outline, abstract preparation, oral presentation or poster creation.

The **PGY 1 resident** will develop and present a **case presentation** during research days. This will be an oral presentation (10 minutes) followed by a question and answer period (up to 5 minutes).

The **PGY 2 resident** will participate in a **quality assurance project that is based on a hypothesis**. These projects are presented in **poster** format during a poster presentation session

The **PGY 3 resident** will participate in a **research project that is also hypothesis based**. These are presented at research day as an **oral presentation** (10 minutes) followed by a question and answer period (up to 5 minutes). The spectrum of research projects is vast from: basic science, medical education, evaluation of interventions, and involvement in randomized co

Nephrology

Published / In Press

Tai DJ, Leung K, Ravani P, Quinn RR, Scott-Douglas N, MacRae JM. The effect of citrate dialysate on intradialytic heparin dose in haemodialysis patients: study design of a randomised controlled trial. *BMC Nephrol* 2015 Aug 25;16:147. doi: 10.1186/s12882-015-0144-z.

Richardson R, Connelly M, Dipchand C, Garg AX, Ghanekar A, Houde I, Johnston O, **Mainra R**, McCarrell R, Mueller T, Nickerson P, Pippy C, Storsley L, Tinckam K, Wright L, Yilmaz S, Landsberg D; Protocols Working Group of the Canadian Blood Services' Living Donation Advisory Committee. *Transplantation*. 2015:S1-S88. doi: 10.1097/TP.0000000000000918.

Benguzzi M, Mansell H, Hassan A, Elmoselhi H, **Mainra R**, Shoker A. *Clin Transplant*. 2014 Dec;28(12):1383-92. doi: 10.1111/ctr.12466.

Garfinkle M and **Barton J**. Pedal edema and jugular venous pressure for volume overload in peritoneal dialysis patients. *Canadian Journal of Kidney Health and Disease*. (2016) 3:1 DOI 10.1186/s40697-016-0091-z

Van der Merwe E, Luscombe R, Kiaii M. The use of tissue plasminogen activator as continuous infusion into arteriovenous hemodialysis access in the hemodialysis unit: a case series. *Canadian Journal of Kidney Health and Disease* 2015, 2:2

Presentations

Barton, J., Moderator CSN AGM Glomerulonephritis, April 2015, Montreal, Canada

Barton, J., Moderator CSN AGM, Psychosocial elements of ESRD, April 2015, Montreal Canada

Barton, J. and Ghangi, A. Transitioning to Clinical Practice, CSN Trainee Review Course, April 2015, Montreal Canada

Sawicka K, Dumaine C, Banerjee T, Wall C, Barton J, and Moser M. Impact of renal biopsy angle of attack on specimen adequacy and complications. May 2016. CSN: Halifax, Canada

Awards

Barton, J. 2015 Canadian Society of Nephrology Distinguished Service Award, Montreal Canada, CSN AGM

Barton, J. 2014 CAME/ACÉM Certificate of Merit Award. For excellence in Medical Education from the Canadian Association for Medical Education, recipient for province of Saskatchewan

Neurology

Resident Publications

Ferguson LW, Rajput A, Rajput AH. Early-onset vs. late-onset Parkinson disease: A Clinical-pathological Study. *Canadian Journal of Neurological Sciences* (Accepted for Publication). As of March, 2015

Graham BR, Shiff N, Nour M, Hasal S, Huntsman R, Almubarak S. Hashimoto encephalopathy presenting with stroke-like episodes in an adolescent female: a case report and literature review. *Pediatr Neurol*. 2016 Mar 3. pii: S0887-8994(15)30363-5. doi:10.1016/j.pediatrneurol.2016.02.003

Resident Book Chapters

A Post-Laminectomy Syndrome Case: Kumar K, **Rizvi S**. In: *Interdisciplinary Pain Medicine: A Case Approach*. Ed Hayek S, Smith H, Desai M, Shah B, Chelimsky T, Published By Oxford University Press, New York 2015 (In Press).

Resident Abstracts

Ferguson L, Rajput AH, Farrer M, Robinson C. The long and the short of survival in Parkinsonism [Abstract]. *Neurology*, AAN Annual Meeting 2016, P5.365.

Rajput AH, **Ferguson L**, Farrer M, Robinson C. Conjugal Parkinsonism in autopsy confirmed cases [Abstract]. *Neurology*, AAN Annual Meeting 2016, P5.359.

Rajput A, **Ferguson L**, Rajput AH, Rajput M. First neurological evaluation and course of Parkinson's disease [Abstract]. *Neurology*, AAN Annual Meeting 2016

Jahangirvand A, Sawicka, K, Kennedy, S. A Vietnamese patient with progressive ataxia and palatal tremor syndrome. *Can J Neurol Sci* 2015; (Meeting Abstract).

Voll A, Dash D, Sutherland W, Hernández-Ronquillo L, Téllez-Zenteno JF, Moien-Afshari F. Phase 2 *StatNet EEG*: abstract pending submission to American Epilepsy society meeting Dec 2015; plan for publication this year.

Poster Presentation

Voll A, Cooley R, Hunter G, Voll C. Acute Combined Central and Peripheral Demyelination: a Case report. CNSF 2015

Neurosurgery

Ophthalmology

Resident publications - 1

Resident Conference Presentations - 4

Orthopedic Surgery

Published / In Press

Shin JJ, Haro M, Yanke AB, Mascarenhas R, Romeo AA, Cole BJ, Inoue N, Verma NN. Topographic Analysis of the Capitellum and Distal Femoral Condyle: Finding the Best Match for Treating Osteochondral Defects of the Humeral Capitellum. *Arthroscopy*. 2015 Jan. 28. [Epub ahead of print] PubMed PMID: 25636985

Mellano CR, **Shin JJ**, Yanke AB, Verma NN. Disorders of the Long Head of the Biceps Tendon. *Instructional Course Lecture* 2015; 64: 567-76. PubMed PMID: 25745939

Buchko JZ, Dunlop TG, Shin JJ. Knee Chondrolysis Following Infusion of Bupivacaine with Epinephrine Through an Intra-Articular Pain Pump Catheter Post-Arthroscopic Anterior Cruciate Ligament Reconstruction. *American Journal of Sports Medicine*. 2015 Feb. 43(2):337-44 PubMed PMID: 25384506 (Corresponding author)

Book Chapters

Shin JJ, Yanke AB, Verma NN. Articular Cartilage and Subchondral Bone Anatomy and Physiology. Chapter 1. In: Cole BJ, Harris JD, (Eds.), *Biologic Knee Reconstruction: A Surgeon's Guide*. Thorofare: SLACK. In Press.

Shin JJ, Haro M, Romeo AA, Verma NN. Suprascapular Nerve Decompression. In: Sam W. Wiesel and Mark D. Miller. (Eds.), *Operative Techniques in Orthopaedic Surgery* (2nd ed.). Lippincott, Williams & Wilkins. In Press.

Shin JJ, Sims LA, Musahl V. Chondrolysis: Risk Benefit Analysis of "caine" Local Anesthetics for ACL Reconstruction. Chapter 55. In: Prodomos C, Brown C, Fu F, (Eds.), *The Anterior Cruciate Ligament: Reconstruction and Basic Science*. (2nd ed.). Saunders, Elsevier. Manuscript in Progress.

Multimedia

Shin JJ, Mellano CR, Verma NN. CDS biceps-Disorders of the Long Head of the Biceps. In: Clinical Decision Support digital program on Shoulder and Elbow, edited by Drs. Zuckerman, Strauss, and Oh. In Production

Submitted

Yanke AB, **Shin JJ**, Pearson IL, Bach BR Jr., Romeo AA, Cole BJ, Verma NN. Three Dimensional MRI Quantification of Glenoid Bone Loss is Equivalent to CT Quantification: Cadaveric Study. Submitted to *Arthroscopy*.

Mellano CR, **Shin JJ**, Warganich T, Romeo AA, Nicholson GP. How to Perform a Distal Clavicle Resection During Rotator Cuff Repair Surgery: Don't Forget the Top of the Shoulder. Submitted to *Techniques in Shoulder and Elbow Surgery*.

Mellano CR, Virk MS, **Shin JJ**, Aiyash S, Romeo AA. How to Perform the Perfectly Smooth Acromioplasty for Rotator Cuff Tendinitis, Impingement and Bursitis. Submitted to *Techniques in Shoulder and Elbow Surgery*.

Shin JJ, Mascarenhas R, Patel AV, Yanke AB, Nicholson GP, Cole BJ, Romeo AA, and Verma NN. Clinical Outcomes Following Revision Anterior Shoulder Arthroscopic Capsulolabral Stabilization. Submitted to *Archives of Orthopaedic and Trauma Surgery*.

Yanke AB, **Shin JJ**, Cvetanovich G, Moran E, Cole BJ, Inoue N, Verma NN. Distal Femoral Condyle Osteochondral Allograft Topography: Medial Versus Lateral Condyle. Planned submission to *American Journal of Sports Medicine*.

Shin JJ, Abou-Ghaida M, Hussain T. Reconstruction of Massive Reverse Hill-Sachs Using Femoral Head Osteochondral Allograft: Case Report and Review of the Literature. Submitted to *Acta Orthop Traumatol Turc*.

Manuscripts Pending Submission

Yanke AB, Frank RM, **Shin JJ**, Golijanin P, Verma NN, Van Thiel G, Romeo AA, Provencher MT. Characterization of Posterior Glenoid Bone Loss. Planned submission to *American Journal of Sports Medicine*.

Mellano CR, **Shin JJ**, Mascarenhas R, Shewman E, Wang VM, Romeo AA, Verma NN, Forsythe B. Effect of Biceps Tenodesis Using PEEK Screw on the Torsional Strength of Humerus: Biomechanical Study. Planned submission to *American Journal of Sports Medicine*.

Saccomanno MF, **Shin JJ**, Mellano CR, Pearson IL, McCormick FM, Shewman EF, Wang VM, Romeo AA, Cole BJ, Nicholson G, Verma NN. Biomechanical Analysis of Latarjet Screw Fixation: Comparison of Fully Threaded, Partially Threaded, and Cannulated Screws. Planned submission to *Journal of Shoulder and Elbow Surgery*.

Podium/Poster Presentations

Fox S, Hnenny L, Kelly M. Spinal Dural Arteriovenous Fistula: A Case Series and Review of Imaging Findings, Podium Presentation, American Academy of Orthopedic Surgeons Annual Meeting, Orlando, FL March 1-5, 2016

Sims, L. 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

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

Fox, S, 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

Perreault A, Stewart SA, Johnston G, Prevalence of osteoporosis, low and normal bone density in women fifty years and older who recently sustained a distal radius fracture, and their relationship to clinical features and radiographic outcomes, Poster Presentation: Orthopedic Trauma Association Annual Meeting, San Diego Oct 7 – 10, 2015

Perreault A, Stewart SA, Johnston G, Prevalence of osteoporosis, low and normal bone density in women fifty years and older who recently sustained a distal radius fracture, and their relationship to clinical features and radiographic outcomes, E-poster Presentation at the 70th Annual Meeting of the American Society for Surgery of the Hand, Seattle, WA, September 10-12, 2015

Sims L, Johnston G, Stewart SA, Retrospective Analysis of Distal Ulna Fractures Associated with Distal Radius Fractures in Women 50 years and older: Clinical, Radiographic, and Patient Related Outcomes, Podium Presentation at the 33rd Adrian E Flatt Residents and fellows Conference/70th Annual Meeting of the American Society for Surgery of the Hand, Seattle, WA, September 9, 2015

Obstetrics & Gynecology

Pediatrics

Resident publications - 5

Resident presentations - 5

Physical Medicine & Rehabilitation

This year we have three **resident poster presentations** at national conferences and one at an international conference.

Public Health & Preventive Medicine

Resident publications - 33 [includes: 3 from 2004-2009; 2 Fact Sheets from 2015/16; 6 from 2010-2013; 5 from 2010-2015; 11 from 2004-2006; 6 from 2009-2013]

Resident Conference Presentations: - 12 (7 from 2009-2014; 4 from 2009-2016; 3 from 2011-2012)

Any productivity related to Medical Education: - 1 - Mentor in the CoM from 2011 to ongoing; 1 -representative for PAIRS from 2012-2014; 1 – representative for PAIRS from 2014 to current; 2 -lead for UGME course sessions in 2014; 1 -Specialty Resident with the Royal College Council that was chosen through a national competition; 1 - certified Health Executive

Psychiatry

Resident Research

Under the guidance of Dr. Rudy Bowen and support from Tom Graham the residents have been active in research over the past year. Three residents presented at the national Canadian Psychiatry Association Meeting. Residents also participate in presenting at a number of international conferences with two resident presentations occurring this year. There were three resident publications in peer reviewed journals. Dr. Raghunath, PGY 3, was awarded a Royal University Hospital Research fund Grant for her research project proposal this year.

Dr. Zhang, PGY 5 resident, was selected for the 2015 Canadian Psychiatric Association Junior Investigator Research Colloquium which is a program designed to provide guidance, mentorship and encouragement to young Canadian psychiatrists in the early phases of their training such that they can launch a successful, nationally funded research program.

Resident Medical Education Scholarship

Through collaboration with key stakeholders in research, Dr. Porter, PGY 5 resident has developed a **scholar curriculum** that focuses on four pillars: lifelong learning, facilitating learning, critical appraisal, and development of new knowledge. This has

included the development of guiding principles for presenting at resident journal club which included the formation of a database of critical appraisal tools, development of goals and objectives for journal club as well as an assessment rubric to assess the resident's performance at facilitating journal club.

Dr. Campbell, PGY5 resident, facilitated **renewal of the psychotherapy curriculum** which included mapping the original curriculum to the RCPSC Objectives of Training and training targets published by the Canadian Psychiatric Association. This included a developmental learning model beginning with basic knowledge of normal psychological development and skills in supportive therapy, and progressing to foundational knowledge in psychodynamics and CBT and finally to more advanced knowledge in all modalities. Psychotherapy Objectives and ITERS were updated and a new assessment tool was created for direct supervision of crisis intervention and supportive psychotherapy. Dr. Campbell was awarded the Department of Psychiatry Resident Teaching Award for her outstanding contribution to medical education and excellence in teaching.

Dr. Riou, PGY1 resident, has developed a medical education project on teaching undergraduate medical students about **stigma in mental health** that includes students completing a stigma reflection piece which is assessed utilizing a rubric.

Dr. Sahlu, PGY2 resident, was selected for the 2016-2018 American Psychiatric Association Diversity Leadership Fellowship which is designed to develop leadership to improve the quality of mental health care for minority groups at risk and underrepresented in psychiatry. The fellowship identifies and motivates psychiatry residents who – through the experiential and training opportunities of the program – will become well-equipped leaders in psychiatry by providing culturally sensitive mental health services to diverse and underserved populations.

Dr. Porter, PGY5 resident, has been selected as the recipient of the PGME Award for Excellence in the CanMEDS Manager Role and Leadership. This award recognizes exemplary leadership and efficient management in administrative roles in different settings.

Respirology

Resident conference presentations: 3

Rheumatology

Resident publications: 0

Resident Conference Presentations: 0

Family Medicine

Research: Peer-Reviewed Grants, Non-Peer Reviewed Grants and Contracts

2015 MF Palacios Mackay, K Lawrence, S Ross, JM Dogba, G Malin, M Parkkari, D Archibald, C Leduc, K Wycliffe-Jones, L Côté, DA Topps, VS Bhella, SM Lee, ML Hofmeister, SJ Mintsoulis, S Slade, KL Cote. Qualitative Understanding and Evaluation Study of Triple C (QUEST). RFP from the College of Family Physicians of Canada. Awarded.

Papers in Refereed Journals - Published

2015 Caron N, Iglesias S, Friesen R, Berjat V, Humber N, Falk R, Vogt V, Geller B, Janke F, Prins M, Woollard R, Batchelor B. A Proposal for the Curriculum and Evaluation for Training Rural Family Physicians in Enhanced Surgical Skills. Can J Surg 2015;58(5):419-422

2015 Iglesias S, Kornelsen J, Woollard B, Caron N, Warnock G, Friesen F, Vogt Haines V, Batchelor B, Blake J, Mazowita G, Wyman R, Geller B, de Klerk B. Joint position paper on rural surgery and operative delivery. Can J Rural Med. 2015 20(4).

2015 I Oandasan, D Archibald, L Authier, K Lawrence, LA McEwan, M Palacios, M Parkkari, H Plant, S Ross. Complementing undergraduate medical training. Can Fam Physician. 2015 Aug;61(8):668.

2015 B Thoma, E Hayden, N Wong, J Sanders, G Malin, J Gordon. Intrinsic motivation of preclinical medical students participating in high-fidelity mannequin simulation. BMJ STEL Published Online First: 22 April 2015 doi:10.1136/bmjstel-2015-000019.

- 2015 IF Oandasan, D Archibald, L Authier, K Lawrence, LA McEwen, M Palacios, M Parkkari, H Plant, S Slade, S Ross. Giving curriculum planners an edge: Using entrance surveys to design family medicine education. *Can Fam Physician*. 2015 Apr;61(4):e204-e210.
- 2015 M Clark, M McKague, S McKay, VR Ramsden. Deeper learning through service: evaluation of an interprofessional community service-learning program for pharmacy and medicine students. *Journal of Research in Interprofessional Practice and Education (JRIPE)*. 2015 Mar;5(1): <http://jripe.org/index.php/journal/article/view/175/113>, 24 pages.

2015 – Resident Research Program (Oral Presentations)

- D Desjardins, C Ryan, A Surkan, B Davis. A 360 View on the Effects of Child Apprehension on Mothers presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK. First Prize.
- K Ede, A Wiebe, J Irvine. Current Perspectives on Traditional Foods in Woodland Cree presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK. Second Prize.
- A Turnquist, C Pancyr, R Meili, M Markentin, S Calvez, Westside Community Clinic Staff, Methadone Addiction Counsellors. Developing a Methadone Information Handbook: The Patient's Perspective presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK. Third Prize.
- J Bains, G Baumann, A Jamal, J Kambeitz, K Eguzo, VR Ramsden. The Practices and Perceptions of Primary Care Providers on the Use of Social Media in Primary Care presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- K Baptiste, T O'Malley, M McKague, S McKay. How does an Eco-Medical Seminar Series Influence Medical Students' Knowledge, Attitudes and Behaviors towards Climate Change and Health? A Mixed-Methods Study presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- B Bouchard, H Shah, J Tootoosis. Toward Comparative Effectiveness Research in Primary Care: An Implementation Framework presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- S Caruso, J Hosain, S McKay. A Prototype to Detect Fetal Brain Wave Signals to Assess Fetal Presentation in Utero presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- J Cowan, J Grosenick, J Hanson, J Kuzmicz. Is the Use of MRI or CT Scan in Acute Scaphoid Fractures More Cost Effective Than Casting, Repeat X-Rays and Follow Up? Presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- C Curtis, J Lee, R Kamrul, K Eguzo. Effects of the Clinical Physical Environment on Patients' Satisfaction in an Academic Primary Care Setting: A Mixed Methods Study presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- S Driedger, K Morrow, S Liskowich, VR Ramsden. Hepatitis C: Exploring the Illness Experience presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- AK Gill, K Duhra, B Karras, S McKay. A Review of Complications Associated with Mirena IUD at Saskatoon Unit Department of Family Medicine presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- D Iradukunda, A Mody, E Cuddington, S Harenberg, J Reed, M Dash, M Heroux. Mental Health Awareness among Canadian Interuniversity Sport Athletes presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- J Krueger, R Horan, J Hosain, S McKay. Family Practice Clinic Behind Schedule: Does Informing Patients via Automated Text Messaging Service Increase Patient Satisfaction? A Proof of Concept presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- S Mancini, P Muddiman, S Mahood, K Eguzo, VR Ramsden. Evaluation of IUD Insertion Practices and Procedure Tolerance in Regina, SK presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.

- J McNabb, A Kurytnik, E Sullivan, B Davis, S McKay. What are the Characteristics of Patients who leave the Emergency Department without being seen at the Victoria Hospital in Prince Albert, Saskatchewan? Presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- J Purnell, S Tu, J Farrukh, S McKay. Prenatal Care and Health of Women at West Winds Primary Health Centre presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- T Schatz, D Swab, J Farrukh. Neonatal Red-Reflex Testing with the iPhone Camera System presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- ZYA Tan, S Weeratunga, S Hayton, S McKay. Patient Oriented Research: Post-Procedural Wound Infection Rates at the West Winds Primary Health Centre presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- J Trickovic, W Johnston, M Kapusta, K Eguzo. Perceptions of the Culture of Safety on an Obstetrics Ward presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- V Swan, B McIntyre, K Wasko, S McKay, B Winqvist, K Sauder. Increasing Rates of Cesarean Section Deliveries in a Regional Saskatchewan Hospital: Is this Driven by Clinical Practices or Patient Factors? Presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- Y Wei, S Zong, A Prystupa, S McKay. Accuracy of Perceived Alcohol Impairment as Determined by Subjective “Fitness to Drive” in Estimating Actual Measured Blood Alcohol Concentration presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.
- J Wong, J-M Stevens, K Lawrence, K Eguzo, K Sanderson, VR Ramsden. Exploring the Challenges and Prospects of Implementing the new Triple-C Family Medicine Residency Training Curriculum in Saskatchewan: A Case Study of the Regina Family Medicine Program presented at the 25th Annual Resident Research Day, Department of Family Medicine, University of Saskatchewan, May 29, Saskatoon, SK.





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