

Postgraduate Medical Education Annual Report

July 1, 2019 – June 30, 2020





MISSION

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

VISION

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

VALUES

Integrity - Respect - Diversity - Inclusivity - Responsibility - Excellence

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Minister of Health



SASKATCHEWAN

Legislative Building
Regina, Saskatchewan



The Honourable Jim Reiter

Minister of Health

On behalf of the Government of Saskatchewan and the Ministry of Health, we are pleased to offer our comments for the Postgraduate Medical Education annual report.

Your residency programs help ensure medical graduates attain the training they need to excel in their chosen field of medicine. The work you do coordinating with residents, teaching hospitals, physician mentors, and other stakeholders makes it possible for graduates to attain the knowledge and experiences necessary for their successful career in medicine.

The strategic goals of postgraduate medical education at the College of Medicine, which focus on social and organizational accountability, learner



The Honourable Warren Kaeding

Minister Responsible for Rural and Remote Health

experience, and academic programming, will ensure the College continues to provide high quality residency training to meet the needs of the health system into the future.

We appreciate the role medical residents have played during the COVID-19 pandemic, showing leadership on the frontline of health care during this unprecedented time.

Thank you for continuing to nurture our future physicians through competency based medical education in practical settings while instilling life-long learning. Your efforts help ensure Saskatchewan remains a supportive setting for physicians pursuing their careers in medicine.

Message from the Dean



The whole College of Medicine, including our postgraduate medical learners, faculty and staff have had to make many adjustments in work and learning approaches since March 2020, when pandemic preparations began in Saskatchewan. It quickly became our most important work of the past year, and continues to impact everything we do.

Our residents continued to play their important dual role as learners and workers in our health system, in alignment with their level of training, as the pandemic reached our province. Many volunteered to transition to other areas of care to support the greatest needs. They worked alongside our medical faculty on the frontlines of care, helping ensure that they, their teams and facilities were prepared.

In these especially challenging times, our learners received amazing assistance and support from our PGME team.

These truly are among the most unusual times most of us have experienced. We have learned important lessons about what we can do when pressed, as well as things we could and should have been doing all along. Our return to a “new normal” needs to be thoughtful and we do need to embrace some permanent change for the better. Our residents, PGME team and residency programs will be key to these efforts.

Together, we have gained valuable insights and experience that will guide our continuing efforts to lead improvements in the health and well-being of the people of Saskatchewan and the world.

Preston Smith

MD, MEd, CCFP, FCFP
Dean of Medicine

Message from the Vice-Dean Medical Education



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

This year has looked very different due to COVID-19, with significant impacts on residents' learning and how they provide patient care. The college was able to quickly pivot among the uncertainty and provide incredible support to ensure timely completion of residency. The PGME office provided residents with alternate learning experiences and redeployed residents to the highest-need areas in the health system.

The pandemic also shifted in-person orientation to online events. This year's PGME Resident Boot Camp was held in a virtual format for new, incoming residents. These sessions help ensure a successful transition to residency training and provide a good opportunity to connect and network with other incoming PGY1 residents.

The Resident Resource Office was able to offer continued support for residents in personal and professional challenges. Through the college and university, residents have access to additional COVID-19 funding and resources for counselling and well-being initiatives, and extra support during on-call duties.

PGME has an 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), key to ensuring appropriate resident placements as they continue their medical training.

The college recently established a forensic psychiatry program, which will enable us to offer specialized training in psychiatry as it applies to the law. We are also excited about a potential residency program in oncology that will provide our residents with the opportunity to specialize in the diagnosis and treatment of cancer care.

Coordinating and supporting the various individuals and organizations involved in successful resident placements, experiences and learning is a critical component of medical education. With over 400 residents, more than 1,200 faculty, and 25 programs across 7 sites in the province, significant work is involved. The successful accreditation status of all residency programs is a solid indication that our PGME office is fulfilling this very important mission.

Kent Stobart

MD, MSc, FRCPC

Vice-Dean Medical Education

Message from the Associate Dean PGME



On behalf of the Postgraduate Medical Education office at the University of Saskatchewan's College of Medicine, I am pleased to present the annual report for the 2019 – 2020 academic year.

Thank you for understanding that the delay in issuing this report is primarily Covid19 related postponement of national certification examinations that impacted collection of outcomes data.

During the past year, the major impact on residency education was the Covid19 pandemic. I am very appreciative of and sincerely thankful to our program directors (and site directors), program administrative assistants, unified department heads, senior leadership, administrative leadership and RDoS and of course, our residents for a coordinated, courageous and agile response to respond effectively. Multiple “fronts” had to be dealt with primarily aimed at our residents’ success and well-being. The changes involved curriculum mandatory and elective experiences, isolation (self-monitoring and quarantine), delays in examinations, changes to licensure, provision of service in other units, redeployment, leaves, and supports, amongst other things. Our partners, the College of Physicians and Surgeons of Saskatchewan, Saskatchewan Health Authority, Saskatchewan Medical Association, and SaskDocs worked together to ensure the best possible solutions.

During this time, other initiatives continued including implementation of competency-based medical education – with ongoing changes to the Family Medicine triple C curriculum delivery and the onboarding and refinement of specialty programs for the Royal College Competence By Design initiative. I am thankful for the work done by our residents, faculty, central and program-based educational administration staff (program directors and program administrative assistants, CBD Leads, Clinical Competence Committee members and chairs), in the successful implementation of competency-based residency education.

Of the 25 residency programs, only two programs required an external review. This status speaks to the considerable institution-wide collaborative efforts in ensuring a quality improvement approach to residency education.

Key to the success of postgraduate medical education at the University of Saskatchewan is the collaboration with the Ministry of Health, Ministry of Advanced Education and the national colleges.

I am very thankful to our residents for providing high-quality care during these unusual and unprecedented times. I look forward to continuing working with all of you who ensure the successful education of our residents to serve our communities.

Anurag Saxena

MD, MEd, MBA, FRCPC, FCAP, CHE, CCPE
Associate Dean
Postgraduate Medical Education

PGME Staff



Maureen Lumbis
Executive Assistant
to PGME Associate Dean



Ope Okunola
Coordinator
PGME Educational Programs



Reola Mathieu
Coordinator
Academic & Non-Academic Processes



Tanya Robertson-Frey
Coordinator
Program Evaluation



Della Toews
Coordinator
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Gayathri Manoharan
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Resident Wellness



Audrey Kincaid
Clerical
PGME Accreditation & PAA Liaison



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Clerical
Admissions & Resident Administration



Aleksandra Pajic
Coordinator
Academic and Non-Academic Processes
(end date October 2019)



Janine Corbett
Clerical
Electives





Jennifer Dybvig
Clerical
Residency Payments, Processing & Finance



Kailey Friesen
Clerical
Resident Wellness, Resources & RaPID



Heather Schultz
Clerical
Education Programming,
PGME Electives & Admin Processes



Samantha Chymy
Clerical
CBD & Education



Loni Desanghere
PGME Research



Judith Villanueva
Clerical
PGME Reception & Electronic Filing



Marla Davidson
Professor
PGME Director of Transfers



Sharon Card
Professor
PGME CBD Lead



Strategic Plan

Social & Organizational Accountability

SOCIAL ACCOUNTABILITY

- Allocations: Right mix and distribution of learners.
- Distributed Medical Education: Experience in diverse learning/working environments.
- Enhance diversity and inclusiveness in PGME setting.
- Meaningful contributions to national and global educational organizations.

ORGANIZATIONAL ACCOUNTABILITY

- Effective collaborative governance in PGME.
- Ensure operations meet accreditation standards.
- Actively shape student body.
- Postgraduate enterprise and learners' contribution to knowledge creation.
- Develop, support and recognize clinical teachers.

Learner Experience

LEARNER SUCCESS

- Create positive and supportive learning/work environments.
- Ensure effective integration and transitions along the educational continuum.
- Celebrate learner success and accomplishments.

LEARNER WELLNESS

- Develop an effective learner wellness program.

Academic Programming

EFFICIENT EDUCATIONAL PROCESSES

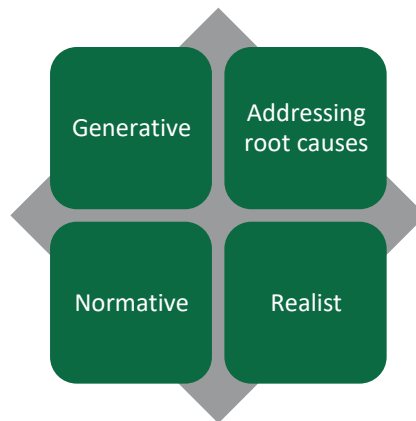
- Apply Continuous Quality Improvement principles to educational processes.
- Develop well-articulated policies in areas of postgraduate training for current work and planned initiatives.
- Ensure actions and decisions are consistent with local policies and training requirements of CFPC and RCPSC.
- Optimize information technology support across all sites in Saskatchewan.

LEARNER-CENTERED PROGRAMMING

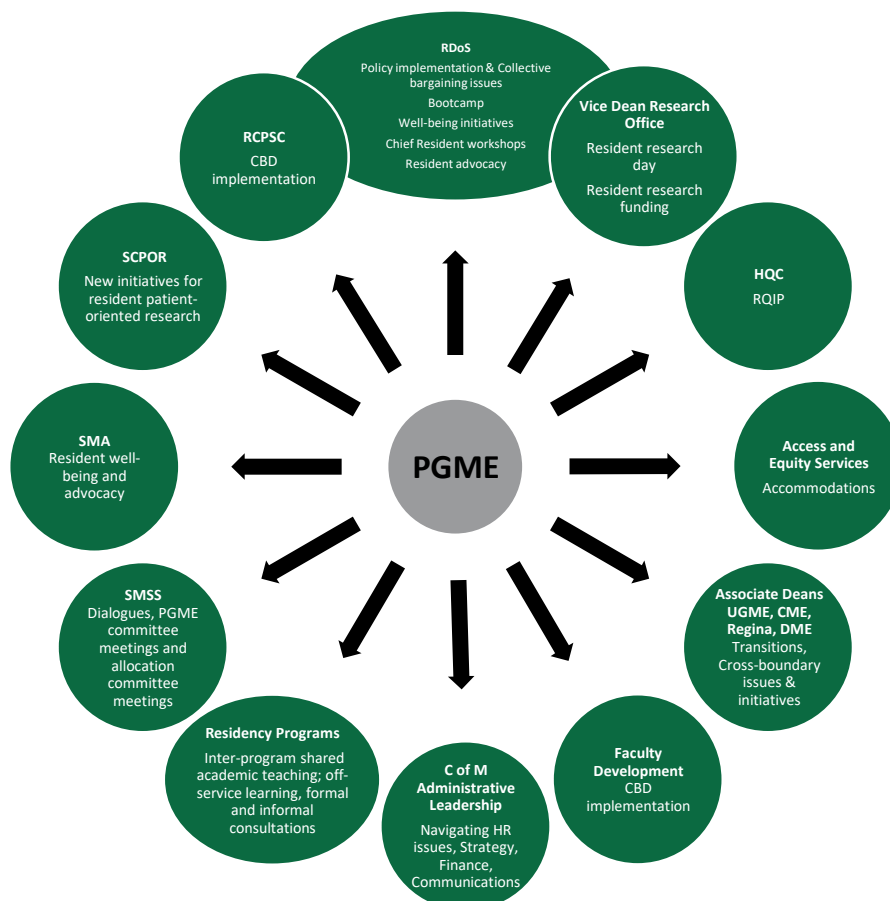
- Integrate competency-based curricula in postgraduate programs.
- Provide relevant teaching in intrinsic CanMEDS roles.
- Enhance inter-professional education.
- Implement effective assessments.
- Foster learner creativity and innovation.

Strategy Implementation

Paradigms influencing strategy implementation:



Examples of meaningful and outcome-focused collaborations and partnerships:

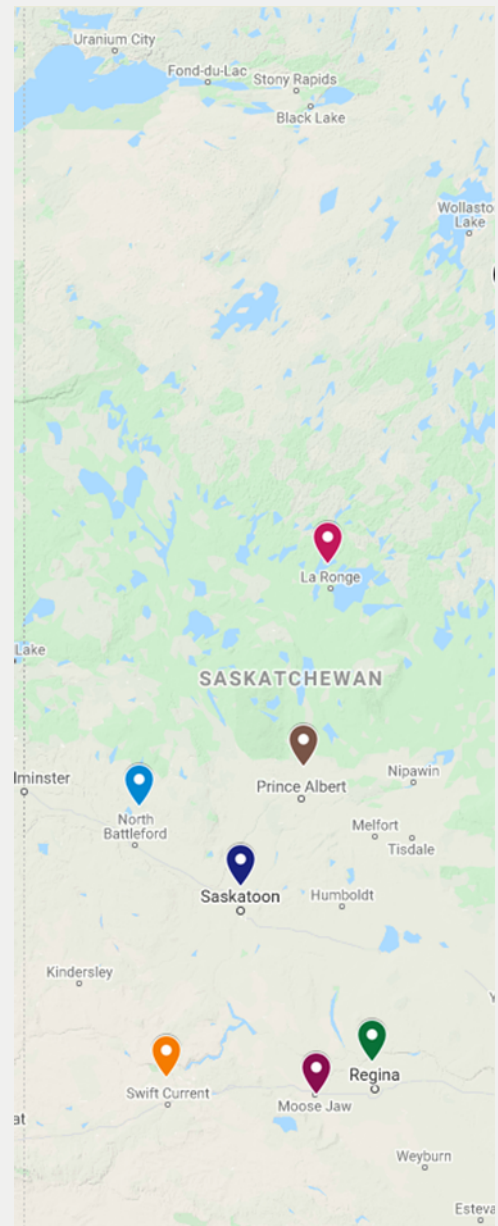


Key Stats

Number of Residents by Program	As of June 2019	As of June 2020
Anesthesiology	33	29
Cardiology	6	5
Child & Adolescent Psychiatry	1	2
Clinician Investigator Program	4	2
Diagnostic Radiology	17	19
Emergency Medicine	14	16
Family Medicine Emergency Medicine (Regina)	5	5
Family Medicine Emergency Medicine (Saskatoon)	4	4
Family Medicine Enhanced Skills - Anesthesia	2	2
Family Medicine Enhanced Skills - Sports Medicine	1	1
Family Medicine Enhanced Skills - Surgical Skills	2	2
Family Medicine La Ronge	4	4
Family Medicine Moose Jaw	9	8
Family Medicine North Battleford	10	10
Family Medicine Prince Albert	13	14
Family Medicine Regina	25	27
Family Medicine Saskatoon	25	22
Family Medicine Swift Current	8	9
Forensic Psychiatry	0	1
General Internal Medicine	6	7
Internal Medicine (Regina)	13	17
Internal Medicine (Saskatoon)	52	54
Nephrology	1	0
Neurology	12	12
Neurosurgery	5	7
Obstetrics & Gynecology (Regina)	11	11
Obstetrics & Gynecology (Saskatoon)	22	23
Ophthalmology	5	4
Orthopedic Surgery	11	11
Pathology	10	10
Pediatrics (Regina)	0	2
Pediatrics (Saskatoon)	24	27
Physical Medicine & Rehabilitation	10	11
Psychiatry (Regina)	12	13
Psychiatry (Saskatoon)	22	23
Public Health & Preventive Medicine	4	5
Respiratory Medicine	4	4
Rheumatology	2	4
Surgery	26	22
Total	435	450



Location & Number of Residency Training Programs



Saskatoon

- Family Medicine and Enhanced Skills (3)
- Royal College Specialty and Subspecialty (23)

Regina

- Family Medicine and Enhanced Skills (3)
- Royal College Specialty (4)

Moose Jaw

- Family Medicine (1)

Swift Current

- Family Medicine and Enhanced Skills (2)

North Battleford

- Family Medicine (1)

Prince Albert

- Family Medicine and Enhanced Skills (2)

La Ronge

- Family Medicine (1)

Accreditation

During the past year, the following accreditation activities took place:

- Workshops were held with Program Directors, Program Administrative Assistants, and PGME office staff to prepare for the new accreditation system.
- External review of Forensic Psychiatry in June 2020*

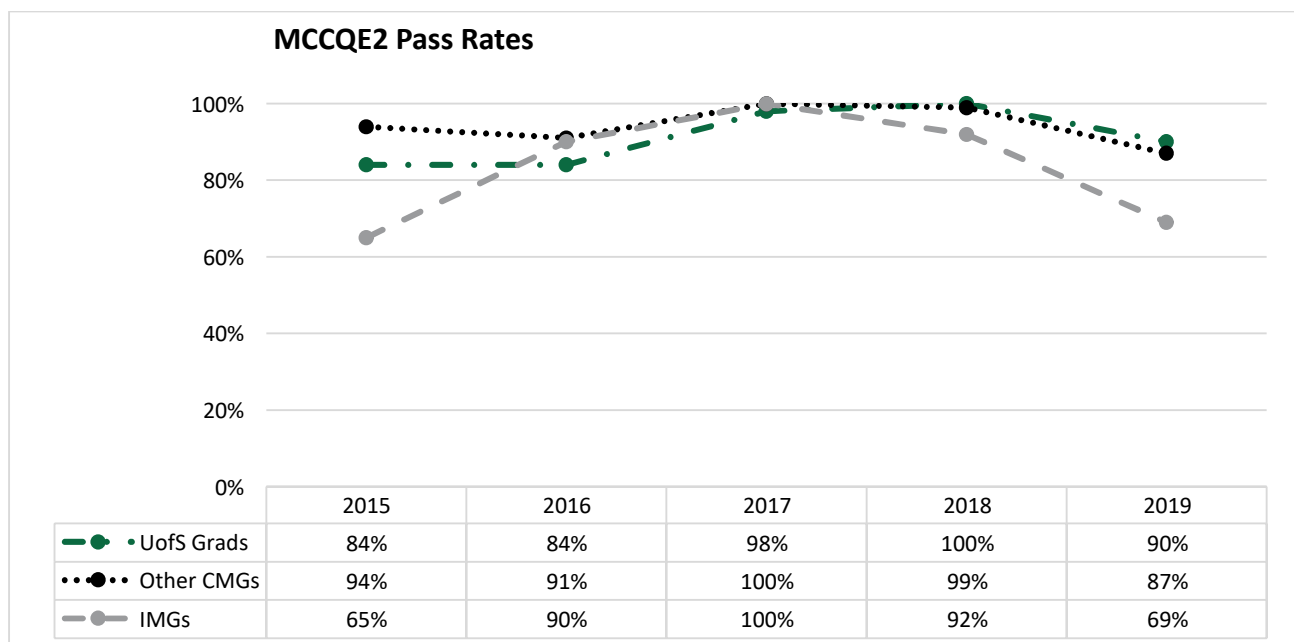
* Due to COVID-19, external reviews for Rheumatology and Family Medicine/Enhanced Skills were postponed until early 2021.

Each of the 25 residency training programs are currently accredited. Next on-site visits will be held in 2023.

Pass Rates in National Exams

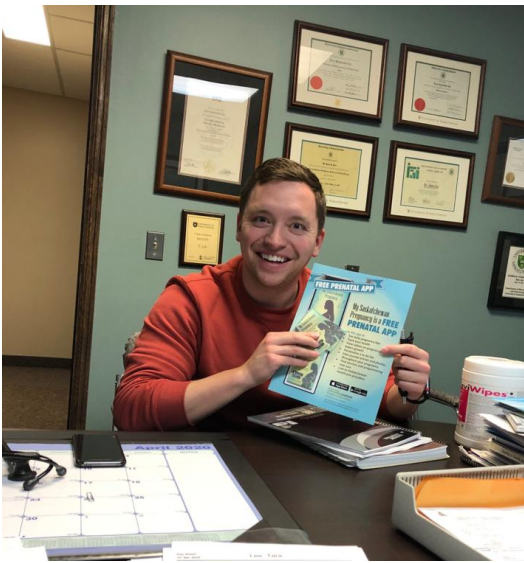
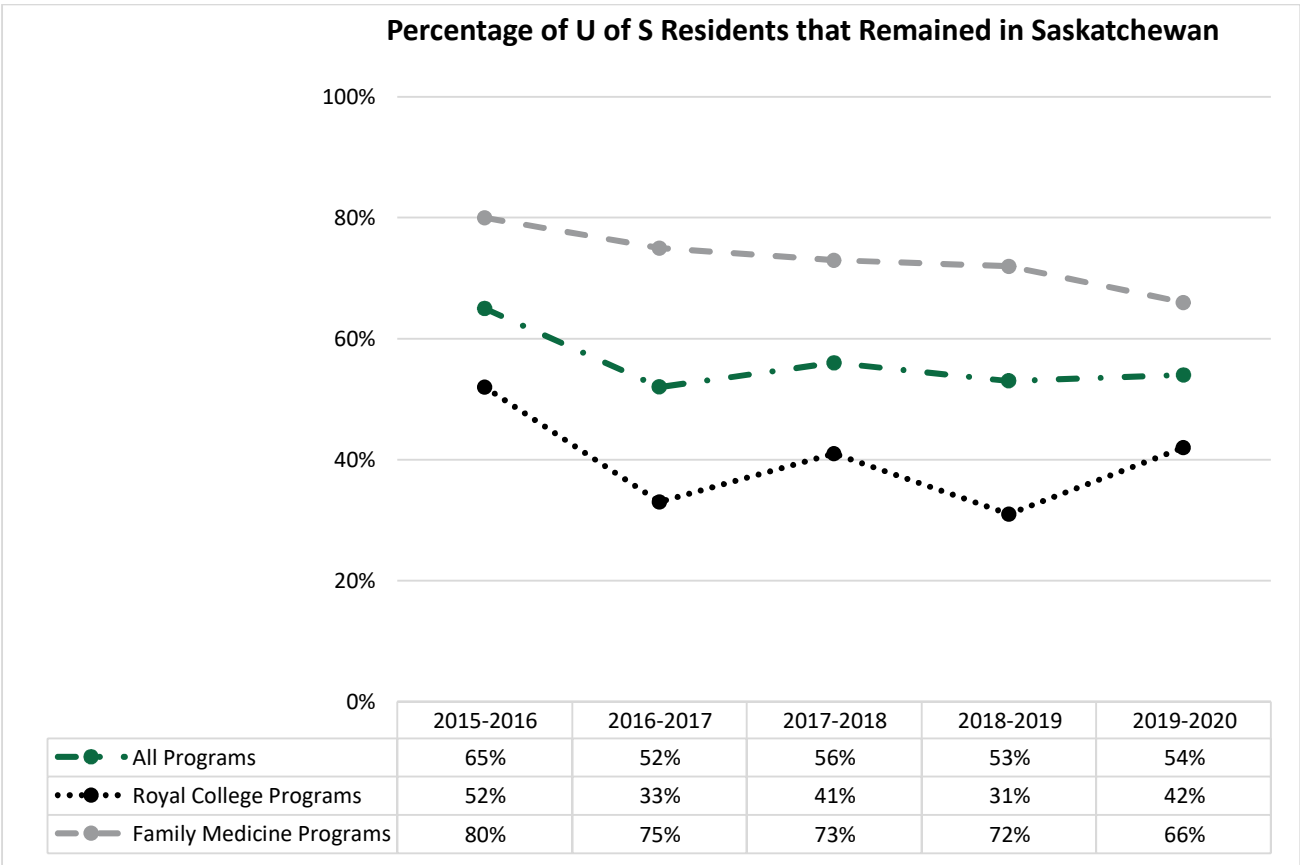
The Medical Council of Canada Qualifying Examination (MCCQE) Part II is a two-day clinical exam that assesses the candidate's core abilities to apply medical knowledge, demonstrate clinical skills, develop investigational and therapeutic clinical plans, as well as demonstrate professional behaviours and attitudes at a level expected of a physician in independent practice in Canada. Candidates must have successfully completed the MCCQE Part I and be completing their postgraduate medical education.

Shown below are the MCCQE2 pass rates over the last five years for all residents, indicating if they are graduates from the U of S undergraduate medical program, graduates of another Canadian medical school (CMGs), or graduates from an international medical school (IMGs). Please note that pass rates for RCPSC and CFPC certification exams were not available at the time of printing.



Retention in Saskatchewan of U of S Residents

Based on the past five years, an average of 56% of residents who completed their training have remained and practised in Saskatchewan. Presented below are the averages from 2015 to 2020, based on type of program.



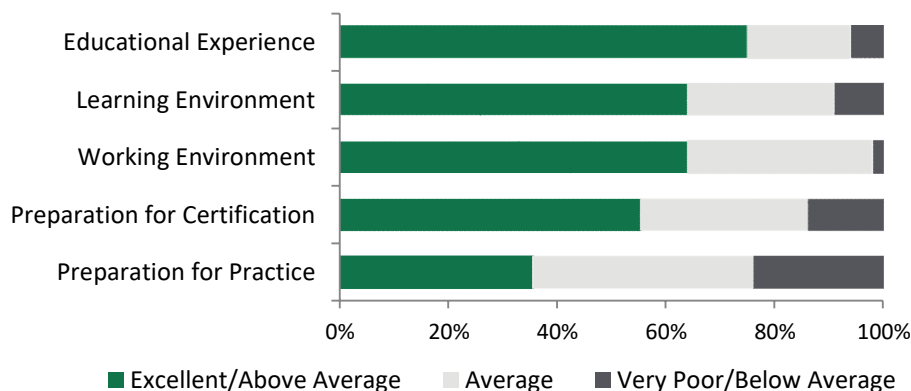
Resident Survey Results

2019 – 2020 Resident Exit Survey

The Resident Exit Survey, adapted from the University of Toronto survey, asks for feedback on various aspects of resident training including learning and work environment, preparation for practice, well-being, intimidation and harassment, and future plans. Results presented below are based on those residents who completed training between October 2019 and September 2020. A total of 63 residents participated, representing a 55% response rate.

Overall Experience

Residents were asked to provide an overall rating for five aspects of their residency experience:



75%

rated their educational experience as “Above Average” or “Excellent”

Additional Findings

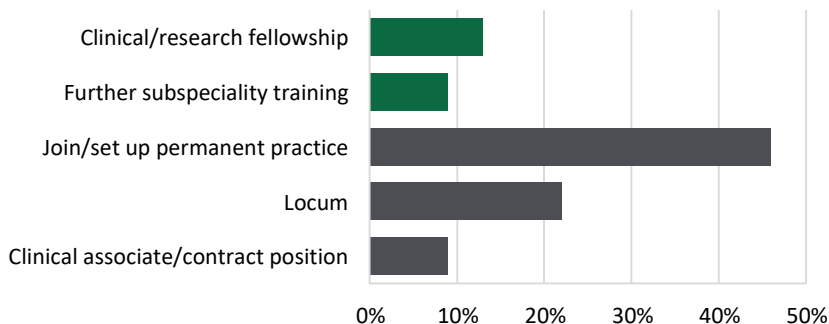
Resident well-being: 67% reported they were provided with **information** on effective **coping skills** regarding **personal** and/or **professional well-being**. This information was most often provided in the form of **informal discussions** (85%), **academic half days** (42%), and **role-modeling/teaching** (39%). In relation to **stress** experienced during residency training, it was found to most likely affect residents’ **personal life** (58%), and **academic performance** (30%).

Harassment/intimidation/discrimination: 15% of residents indicated they experienced harassment, intimidation, or discrimination during residency. Of those who did, **verbal** was the most common form, followed by **emotional**.

Future plans: 95% of residents hoped to pursue their immediate future plans in **Saskatchewan**.

22% indicated their immediate plans included **additional training/education**.

77% indicated they plan to enter **practice** following residency training.



PGME Portfolio Reports

Competence by Design

The PGME office continues to engage with all Royal College of Physicians and Surgeons (RCPSC) disciplines who will be launching, or who have already launched Competence by Design (CBD). Our strategy has been to offer personalized learning and instruction tailored to individual discipline needs. In addition, we have developed several modular workshops based on feedback from the CBD Readiness Surveys of all RCPSC disciplines. Administering the CBD Readiness Surveys and tracking within each discipline results in an individualized learning approach.

Competence by Design Activities in 2019-2020

Workshops held during the past year

- Two **Coaching** workshops delivered virtually
- Five **Curriculum Mapping** workshops
- Eight **Competence Committee** workshops
- Eight **ePortfolio** webinars

Readiness Tracking Surveys

- Conducted every six months, results help to track implementation and fidelity success.

Sharing Information

- CBD Sharepoint, which houses numerous resources for programs to use with their own faculty.

Individual Meetings

- The CBD PGME Lead met with seven disciplines.

Resident Leads Advisory Council

- Monthly meetings.
- Continue to support their learning initiatives and research projects.

6 residency training programs transitioned to Competence By Design on July 1, 2019:

- **General Internal Medicine**
- **Internal Medicine**
- **General Pathology**
- **Obstetrics & Gynecology**
- **Neurosurgery**
- **Rheumatology**

Triple C Competency-Based Curriculum

In 2010, the College of Family Physicians of Canada (CFPC) introduced the Triple C competency-based curriculum, a competency-based medical education approach to guide Canadian family medicine residency training.

Triple C Activities in 2019 - 2020

- A consultant has been employed to assist the Enhanced Skills programs in moving to competency-based delivery.
- Delivery of curriculum to be assessed based on the CFPC Outcomes of Training document.
- An Assistant Program Director position has been added to assist in ensuring the program can track competencies and improve its delivery.
- Faculty Advisor positions have been created to work with the residents in a more structured way to ensure competencies are tracked and reviewed regularly.

Education

Chief Resident Workshop

Chief Residents play key roles within their residency training programs, with responsibilities such as administration, scheduling, developing educational programs, directing clinical services, role modeling, and ensuring resident-faculty communications. Given the variation of the leadership responsibilities in this role and thus the need for a diverse skill set, the purpose of this half-day workshop is to explore different elements relevant to success in the Chief Resident position. Past workshops have included interactive sessions on the Resident Doctors of Saskatchewan (RDoS) Collective Agreement and Leadership & Others: Managing time, self and energy.

100%

satisfied/very satisfied

Topics were very relevant at multiple levels including clinical, administrative and personal.

Chief Resident Workshop Participant

Program Directors and Program Administrative Assistants Workshop

With the view to develop leading practices and innovations in all residency processes, professional development workshops are held every year for program directors (PDs) and program administrative assistants (PAAs) on various topics pertinent to their roles. The learning objectives of the March 2020 workshop were to delineate the differences between the old and the new accreditation standards and discuss the evidence requirements for policy implementation. The aim of this highly interactive workshop was to prepare our PDs and PAAs for 2021 Internal Reviews under new standards and for utilizing the Accreditation Management System (AMS). Participants were required to carry out a hypothetical program review and outline best evidence for surveyors.

97% satisfied/very satisfied

I enjoyed this accreditation workshop. Being presented with a case and making me think like the surveyor was a great way engage me and think outside the box. I learned a lot today, thank you!

PD/PAA Workshop Participant



UNIVERSITY OF SASKATCHEWAN
College of Medicine
POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA

Chief Resident Workshop

DATE: THURSDAY, March 5, 2020
TIME: 11:15 am - 5:00 pm
Registration: 11:15 am
VENUE: University Club (aka Faculty Club), U of S
Lunch and refreshments provided

Topics to Include:

- Resident Doctors of Saskatchewan & Contract Issues—Kristin Johnson, Chief Executive Officer
- Conflict Management—John Jacques, Practitioner Affairs Consultant, SHA
- Time & Energy Management—Dr. Anurag Saxena & Dr. Say Shwetz

For questions please contact: heather.schultz@usask.ca



UNIVERSITY OF SASKATCHEWAN
College of Medicine
POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA

PGME Program Directors & Program Administrative Assistants Workshop

DATE: WEDNESDAY, March 11, 2020
Registration & Breakfast: 8:00am
Workshop: 8:30am—12:00 noon
Lunch: 12:00-1:00pm
VENUE: U of S - Health Sciences 1B11
(with video-conferencing to sites)
* Continental Breakfast and Lunch Included *

TOPIC:
New Accreditation Standards
Facilitated by: Dr. Anurag Saxena

1. Delineate the differences between the old and the new standards
2. Discuss the evidence requirements for policy implementation

RSVP: heather.schultz@usask.ca

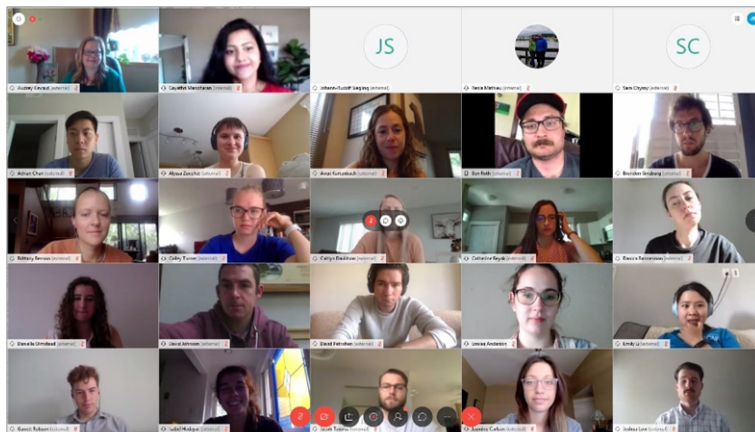
College of Physicians and Surgeons of Canada: This event is an Accredited Continuing Medical Education (CME) activity. It is approved by the Accreditation of Continuing Medical Education (ACME) of the Royal College of Physicians and Surgeons of Canada. For more information, please visit the Accreditation of Continuing Medical Education (ACME) website at <http://www.acme.ca>.
College of Physicians and Surgeons of Saskatchewan: This event is an Accredited Continuing Medical Education (CME) activity. It is approved by the Accreditation of Continuing Medical Education (ACME) of the College of Physicians and Surgeons of Saskatchewan. For more information, please visit the Accreditation of Continuing Medical Education (ACME) website at <http://www.acme.ca>.
Health and other Healthcare Professionals: For a complete list of Accredited Continuing Medical Education (CME) activities, please visit the Accreditation of Continuing Medical Education (ACME) website at <http://www.acme.ca>.

2019 – 2020 PGME Annual Report

Resident Boot Camp

To provide effective transition into residency, all applicants matched to RCPSC and CFPC residency training programs at the University of Saskatchewan must attend a PGME resident boot camp. The program is aimed to bring into focus current topics relevant to safe and good medical practice and assist new residents to consolidate baseline skills relevant to successful residency. Trainees also find the boot camp a good opportunity to meet, learn, and network with other incoming PGY1 residents. The 2020 Boot Camp was offered to residents virtually using the WebEx platform; course materials were provided in Blackboard. Highlights of the 3-day program included interactive sessions on topics such as privacy, consent, professional boundaries, time and energy management, incident management, access to information, resiliency, laboratory and radiology basics, and success tips from current residents.

86%
satisfied/very satisfied



Overall, I thought that the boot camp was well organized and had good information for orienting us to what the beginning of residency may look like. Thank you!

I appreciate the PGME doing their best to assist residents during these circumstances.

Boot Camp Participants

Online Residents as Teachers Orientation Module

Residents at the University of Saskatchewan are expected to teach a variety of people including patients, medical students, clerks, and fellow residents. The main goal of the Online Module is to provide a guide to their teaching practice as teaching is a core competency within the CanMEDS Scholar role. It also prepares residents for the two-day TIPS for Residents workshop that they will attend within their first year of training. All 2020 PGY1 residents were required to work through the core material and complete the questionnaire/feedback by July 31st.

90% good/excellent

Teaching Improvement Project Systems (TIPS) Course

For most physicians, including non-academic physicians, the ability to effectively communicate information in a learning environment is essential. In recognition of the important role that residents play in teaching, and the need for effective teaching skills in practice, the Teaching Improvement Project Systems (TIPS) course provides an opportunity for residents to acquire and strengthen effective teaching skills – it is very interactive with much group discussion and practice teaching. In 2019-2020, the course was provided to 122 residents across various distributed sites in the province

A truly useful course which has given me insight into not only my own teaching and learning styles, but the teaching and learning styles of others as well.

Really enjoyed the course and looking forward to employing the techniques I learned during it.

TIPS Participants

Resuscitation and Procedural Interdisciplinary (RaPID) Curriculum

Through participation in the Resuscitation and Procedural Interdisciplinary (RaPID) Curriculum, residents become more comfortable resuscitating acutely ill patients, working and learning in interdisciplinary teams, teaching and utilizing clinical ultrasound, and inserting central venous catheters. As well, faculty are prepared for, and comfortable with training and evaluation using competency-based medical education principles and in contributing to the delivery of high-fidelity simulation and task training curricula. The curriculum, offered in Saskatoon and Regina, involved PGY1s from Internal Medicine, Emergency Medicine, Anesthesia, General Surgery, Neurosurgery, Obstetrics and Gynecology, Orthopedic Surgery, and Neurology.

Learners:

90% satisfied/very satisfied

Instructors:

100% satisfied/very satisfied



I find SIM to be a very engaging part of my learning, especially being given the opportunity to lead complex acute care cases that I may not have the opportunity to see in my earlier years of clinical engagement.

RaPID Learner

I feel that this is an important adjunct to the learning of the residents.

RaPID Instructor

Resident Quality Improvement Program

The Resident Quality Improvement Program (RQIP) curriculum was developed to better prepare our physician trainees to lead, assist with, or support improvement initiatives in the province. The vision is for residents to be able to engage in continuous quality improvement and actively contribute to the culture of patient safety. The RQIP curriculum was developed by a collaborative initiative of the Saskatoon Health Region and the College of Medicine under the Safety Hoshin. The program is aligned with patient safety and quality improvement competencies as outlined in CanMEDS 2015 as well as existing orientation processes within the health authority. Faculty members are engaged in facilitation of interactive sessions, coaching, mentoring, and evaluation of participants. PGME manages the logistics, provides access to the online modules, administers session evaluations and arranges for facilitators where needed.

75% satisfied/very satisfied

Participating in this course will help with identifying problems and coming up with practical solutions that affect patient care.

RQIP Participant

The PGME Resident Quality Referral and Consultation Education (QRCE)

The QRCE curriculum is being incorporated into PGME training to ensure that all our residents are familiar with and able to use various tools that will facilitate effective communication during a referral and consult. The curriculum will be delivered in two main parts: a one-hour introductory presentation at the PGME Resident Boot Camp and two one-hour workshops which residents will be required to complete during their training. The 2020 Boot Camp QRCE presentation provided data on the number of referrals made in Saskatchewan, the importance of good communication, and the impact of poor quality referrals and consultations on patients and on the broader health care system. The curriculum is provided to residents early on in their training to ensure that they have a good understanding of the importance of communication in the referral-consultation process and to make them aware of tools and resources that can help them to communicate more effectively. The remaining two workshops will cover

91% satisfied/very satisfied

It was nice to have both a GP and a consultant on this talk to highlight the different perspectives

Excellent materials and insights.

QRCE Workshop Participants

Saskatchewan Referral/Consult Checklist

Saskatchewan Quality Referral Pocket Checklist

PATIENT: Name, DOB, HSN, Gender, Address, Phone, Alternate contact, Translator required
 PRIMARY CARE PROVIDER: Name, Phone, Fax, CC (indicate if different from family physician)
 REFERRING PHYSICIAN: Name, Phone, Fax

CLEARLY STATE REASON FOR REFERRAL

- Diagnosis, management and/or treatment
- Procedure issue/care transfer
- Is patient aware of reason for referral?

SUMMARY OF PATIENT'S CURRENT STATUS

- Stable, worsening or urgent/emergent
- What do you think is going on?
- Symptom onset / duration
- Key symptoms and findings / any red flags

RELEVANT FINDINGS AND/OR INVESTIGATIONS
 (pertinent results attached)

- What has been done and is available
- What has been ordered and is pending

CURRENT AND PAST MANAGEMENT
 (list with outcomes)

- Name
- Unsuccessful/successful treatment(s)
- Previous or concurrent consultations for this issue

COMORBIDITIES

- Medical history
- Pertinent concurrent medical problems (list other physicians involved in care if long-term conditions)
- Current and recent medications (name, dosage, JWH basis)
- Allergies/Warnings and challenges

*Saskatchewan Ministry of Health August 2019

Saskatchewan Quality Consult Pocket Checklist

PATIENT: Name, DOB, HSN, Gender, Address, Phone, Alternate contact, Translator required
 REFERRING PROVIDER: Name, Phone, Fax, CC (indicate if different from family physician)
 CONSULTING PROVIDER: Name, Phone, Fax

PURPOSE OF CONSULTATION

- Date referral received and date patient was seen
- Diagnosis, management and/or treatment
- Procedure issue / care transfer / urgency

DIAGNOSTIC CONSIDERATIONS

- What do you think is going on? (definitive/provisional/differential)
- Why? (explain underlying reason)
- What else is pertinent to management?

MANAGEMENT PLAN

- Goals and options for treatment and management
- Recommended treatment and management
 - rationale anticipated benefits and potential harms
 - contingency plan for adverse event(s) / failure of treatment
- Advice given / Action(s) taken
- Situation(s) that may prompt earlier review

FOLLOW-UP ARRANGEMENTS (who, when, where)

- Indicate designated responsibility for:
 - organizing assessment and suggested time frames
 - medication changes (clarify if done or suggestion only)
 - further investigations
 - recommendations
 - responsibility for ordering, reviewing and notifying patient

Adapted with permission from Quality Referral Evaluation (QRCE) Working Group, Alberta

The Checklist is a collaborative initiative started by Alberta Health Services that now includes the Saskatchewan, the British Columbia and the Ontario health systems.

PGME QRCE Workshop

effective referral and consultation communication in an acute care setting (over the phone) as well as written referral-consult letters, including what can go wrong with a written referral-consult, and the core elements of a strong referral-consult letter.

Critical Appraisal Course – Introductory Course for Residents

The introductory Critical Appraisal Course for Residents is required to be completed by all residents at the University of Saskatchewan at some time during their residency. This course is part of the overall curriculum in the College of Medicine, which aims to enable residents to access information efficiently, evaluate the quality of the evidence underlying information and then to apply it competently to their clinical practice. The course is provided to residents during academic half days through a combination of interactive, online activities and small-group, in-person discussions facilitated by experts in informatics, epidemiology and statistics, and applied clinical practice.

2019 Canadian Resident Matching Service (CaRMS): Match Results

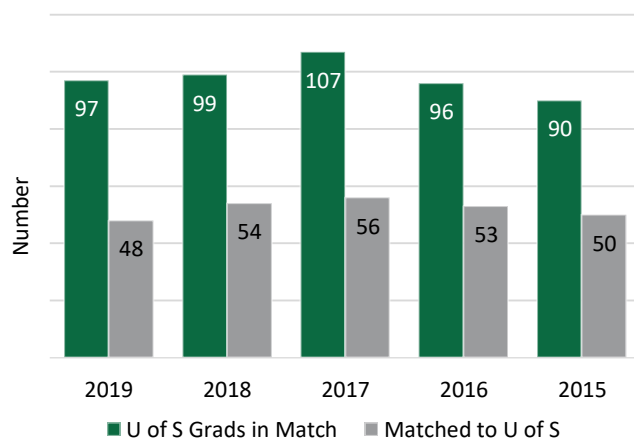
In 2019, the University of Saskatchewan PGME participated in three CaRMS matches: R-1 Main Residency match; R-3 Family Medicine/Emergency Medicine match; and R-4 Medicine Subspecialty match.

The allocation of positions for each match is determined by the PGME Allocation Committee in consultation with key stakeholders including residency training programs, Saskatchewan Health Authority and the Ministry of Health. The Ministry of Health approved 121 positions for the R-1 match, nine positions for the R-3 match, and ten positions for the R-4 match.

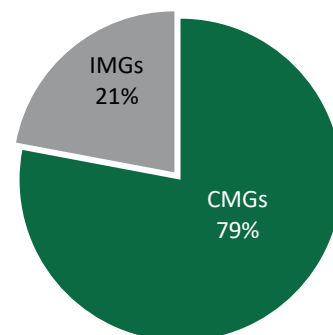
The U of S matched all 121 available positions in the first and second iterations of the R-1 match. These positions were filled by 95 Canadian medical graduates (CMGs) and 26 international medical graduates (IMGs). Networked/sponsored training positions funded by the Saskatchewan Ministry of Health were offered in Dermatology and Urology. The U of S entered into training agreements with other institutions to provide accredited training in specialties not available at the U of S.

Applicants who match to networked/sponsored positions and IMGs who matched to positions in Family Medicine, General Pathology, Internal Medicine, Pediatrics, and Psychiatry have a Return of Service with a commitment to practice in Saskatchewan when they complete their training program.

Historical Match Results for U of S Grads



CaRMS 2019 R-1 Match Results



2019 R-1 Match: Distribution of Matched Positions

Program	CMG	IMG	Total
Anesthesia	5	0	5
Diagnostic Radiology	4	0	4
Emergency Medicine	3	0	3
Family Medicine-La Ronge	1	1	2
Family Medicine-Moose Jaw	3	1	4
Family Medicine-North Battleford	3	2	5
Family Medicine-Prince Albert	6	1	7
Family Medicine-Regina	4	8	12
Family Medicine-Saskatoon	11	1	12
Family Medicine-Swift Current	3	1	4
General Pathology	0	2	2
General Surgery	4	0	4
Internal Medicine-Saskatoon	15	3	18
Internal Medicine-Regina	5	1	6
Neurology	2	0	2
Neurosurgery	2	0	2
Obstetrics & Gynecology-Saskatoon	4	0	4
Obstetrics & Gynecology-Regina	2	0	2
Ophthalmology	1	0	1
Orthopedic Surgery	2	0	2
Pediatrics-Regina	2	0	2
Pediatrics-Saskatoon	5	1	6
Physical Medicine & Rehabilitation	2	0	2
Psychiatry-Saskatoon	3	1	4
Psychiatry-Regina	1	2	3
Public Health & Preventive Medicine	0	1	1
UofS/UofA Networked Dermatology	1	0	1
Dalhousie Sponsored Urology	1	0	1
Total Matched Positions	95	26	121

CASPer

In 2016 the University of Saskatchewan PGME office implemented CASPer (Computer-based Assessment for Sampling Personal Characteristics) as a mandatory requirement for admissions to its medical residency programs in the R1 Match. Backed by more than 12 years of academic research, CASPer effectively screens for noncognitive attributes (sometimes also referred to as personal characteristics, academic attributes, socio-emotional skills) through an online situational judgement test (SJT). The test was developed by Altus Assessments Inc. and is used by academic programs to help assess applicants for non-academic attributes or people skills.

The CASPer test was implemented to contribute to our robust selection processes for our residency programs. It is well documented that SJTs are a better way to assess personal and professional characteristics from medical education settings, to postgraduate settings and into practice. All applicants are assessed on these essential attributes linked to success and outcomes and not just those who have been initially assessed on academic performance and aptitude alone. There is no negative impact on the number of applicants to our residency programs. In fact, other universities have now adopted CASPer.

The use of CASPer has enhanced the transparency and fairness of the selection process, while adding to the multipronged approach U of S programs use for admissions into PGME. In addition, it is consistent with the continuous quality improvement approach to PGME as well as the Future of Medical Education in Canada Postgraduate Project recommendations on transitions.

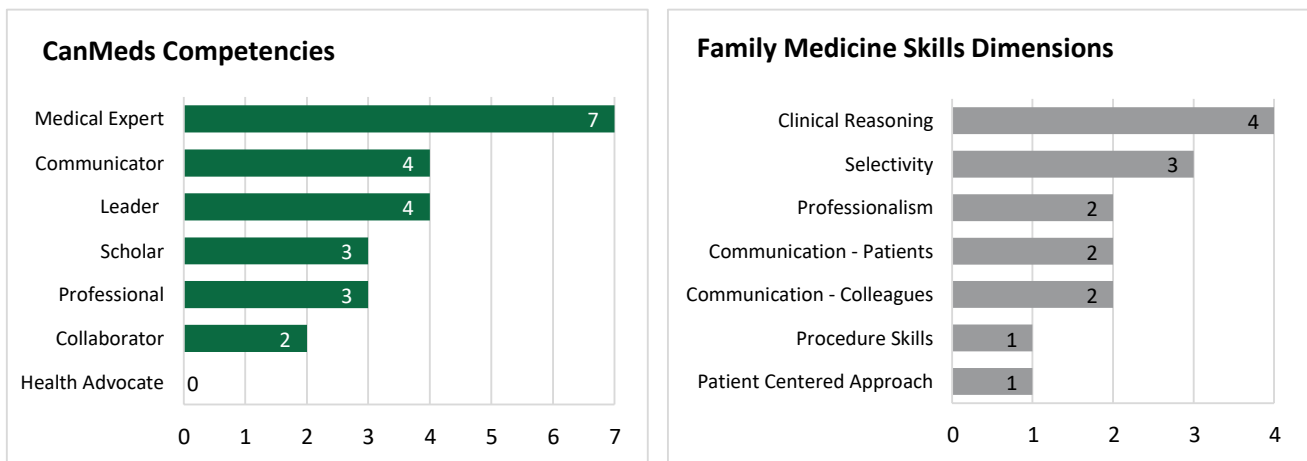
The key outcomes for us have been a reduction in the number of professionalism issues identified, less severity of professionalism concerns and a higher success rate of corrective actions. The resources that would otherwise have been required for correction of deficiencies have been redirected to enhance the quality of education and resident well-being.

Modified Learning Plans

Modified learning plans are developed and designed to address identified performance deficiencies or areas of weakness in residents. Remedial actions are triggered by knowledge or procedural skills deficits, breaches of professional conduct or other performance concerns. Depending on the nature and gravity of those concerns, informal learning support or formal learning interventions (such as remediation or probation) are used.

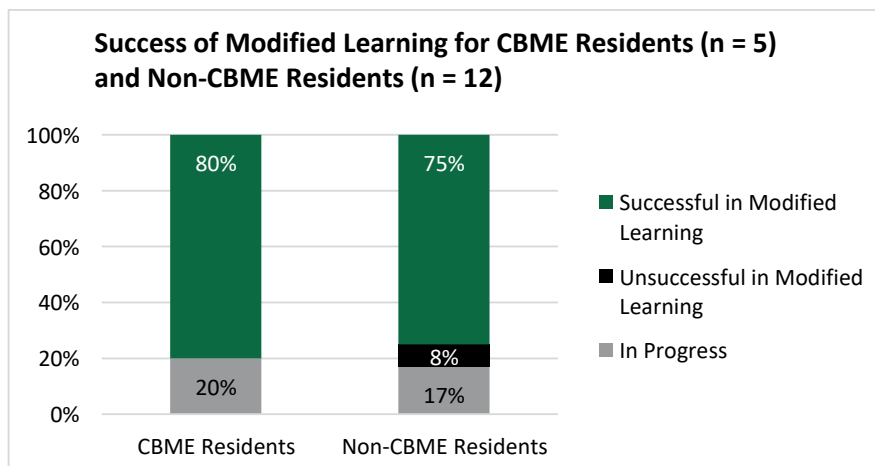
During the 2019-2020 academic year, 17 residents went through some modifications of their training – seven informal learning plans, seven remediations, and three probations – representing less than 0.04% of the total number of U of S residents. The reasons for remedial training were diverse and the outcomes of the modifications were varied: 13 were successfully completed and residents continued or completed their training; the remaining 4 are still in progress or require further actions.

Reasons for Modified Learning Plans



Modified Learning & Competency Based Medical Education (CBME)

Competency Based Medical Education (CBME) provides program specific curriculum planning and allows programs to tailor modified learning plans to fit a resident's precise needs. Competencies are measurable and observable, permitting continuous improvement in performance through appropriate training, feedback, and assessment.



Resident Resource Office

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



Wellness Initiatives

In the past year, RRO has collaborated with the Canadian Medical Protective Association (CMPA) to implement the Transition to Residency – Resident Symposia at the University of Saskatchewan. In response to the increased financial need for residents with accessibility challenges, RRO has increased its funding to support assistive technologies to meet the needs of all our learners. The RRO also collaborated with RDoS Resident Wellness Representatives, Saskatchewan Medical Association (SMA) and national AFMC's Postgraduate Affairs subcommittee during the COVID-19 pandemic to implement a coordinated response and safety measure for residents. RRO continued to offer online support groups at the program level and access to specialized psychotherapy services on demand for residents to manage stress and anxiety during the COVID-19 crisis.



Resident Research Day

The Postgraduate Medical Education (PGME) and Office of the Vice-Dean Research (OVDR) teamed up once again to host our annual Resident Research Day in June 2020, held online as we were faced with the Covid-19 pandemic. Our virtual poster day continued to celebrate the accomplishments of our resident researchers and the positive impact of resident research. This partnership between OVDR and PGME will build the research profile at the College of Medicine. The following poster award recipients were recognized during the virtual PGME Celebration Night in October.

CLINICAL Category

First Place:



Dr. Zarrukh Baig
General Surgery



Dr. Nawif Abu-Omar
General Surgery

Second Place:



Dr. Tara Swami
Internal Medicine

Third Place:



Dr. Raza Naqvi
Diagnostic Radiology

WHAT WORKS Category

First Place:



Dr. Brian Nocon
General Surgery

Second Place:

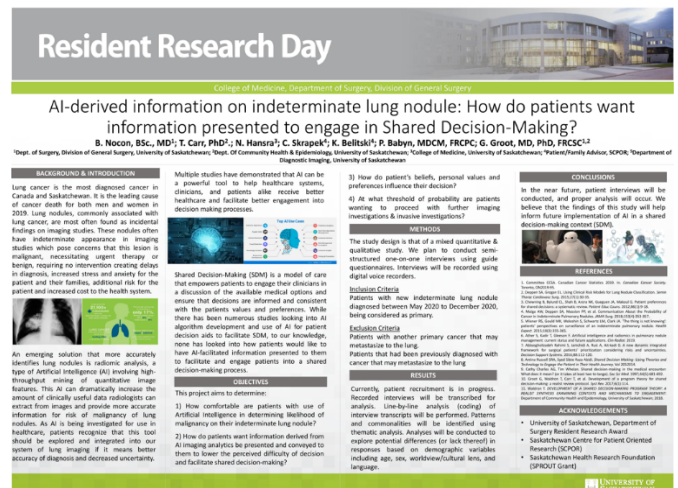
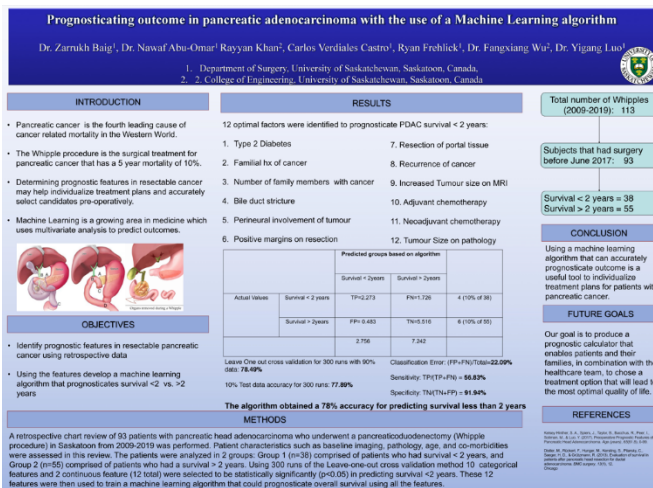


Dr. Tim He
Internal Medicine

Third Place:



Dr. Alex Stathakis
Anesthesia



Social Responsiveness

Social Responsiveness Key Initiatives

The PGME office implemented a number of key initiatives in the area of social responsiveness:

- The Pediatrics program expanded to Regina with two full-time residents matching in CaRMS and commenced training on July 1, 2020.
- The Family Medicine Enhanced Skills program in Emergency Medicine currently has training sites in Regina and Saskatoon. The program has expanded to Swift Current; this new training site will welcome its first residents on July 1, 2021.
- A training agreement was signed with the Department of National Defense (DND) which allowed the Family Medicine program in North Battleford to offer a DND position in the 2020 CaRMS match. Dr. Mohammad Kanj matched to this position and commenced training on July 1, 2020. Dr. Kanj shared his thoughts about his successful match:

I applied for the DND position because of the opportunities afforded to me within the armed forces. While reading through the career trajectories available, a sense of adventure was awoken in me. From transport medicine up in Arctic climates, to hyperbaric medicine in certain centres across the country, my interest was certainly peaked! The CAF also offers further training that allows members to advance their career in other paths they choose to follow.

I am grateful to have had the opportunity to immigrate to Canada when I was younger, because I was afforded many opportunities and welcomed with open arms. I had a sense of giving back to my country and community, and hence why I joined the forces. While I haven't undergone DND training yet, I feel very supported and part of the DND "family". I get phone calls from my liaison officer checking in on me and making sure my residency is running smoothly. I am very glad I was able to match into the prestigious MOTP Surge program, and I'm extremely delighted that this initiative has started in Saskatchewan.

Dr. Mohammad Kanj



Indigenous Health and Wellness

In order to address the health and wellness of Indigenous populations, residency training programs participated in a number of academic, clinical, and community-based activities, including the following:

- The course offered through the Division of Continuing Medical Education, entitled "The Role of Practitioners in Indigenous Wellness", which is mandatory for all residents.
- Dedicated sessions led by residents, faculty, College of Medicine Indigenous leaders and external speakers including Indigenous leaders.
- Residents completed training in communities throughout the province, including northern communities, on-reserve, and urban clinics that serve predominately Indigenous populations.
- Attendance of conferences focused on reconciliation.
- Participation in cultural events.

Response to COVID-19

Our residents and programs have faced and continue to face many challenges due to the Covid-19 pandemic. PGME has responded to these challenges through extensive collaboration with our internal and external stakeholders. This has involved agile responses, cross-boundary work, and multi-channel communications, including the following:

Modifications to policies and procedures

- Decision-making across boundaries for Medical Education processes, redeployment etc.

Learning

- Modified learning opportunities.
- Increased IT support.
- Timely completion of residency (99.9%).
- CPSS (provisional licensure), national organizations (postponed examinations, electives, CaRMS).
- Launch of new programs with CBD and support for programs continuing with CBD.

Clinical care

- Collaborative work with SHA (redeployment, PPE), SMA (Pexis app for virtual care).

Research

- Increased funding for projects.

Employment-related

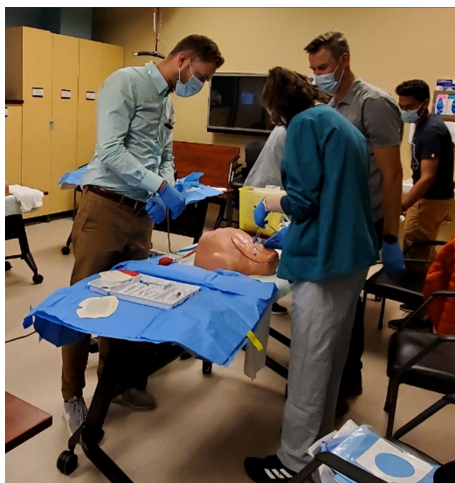
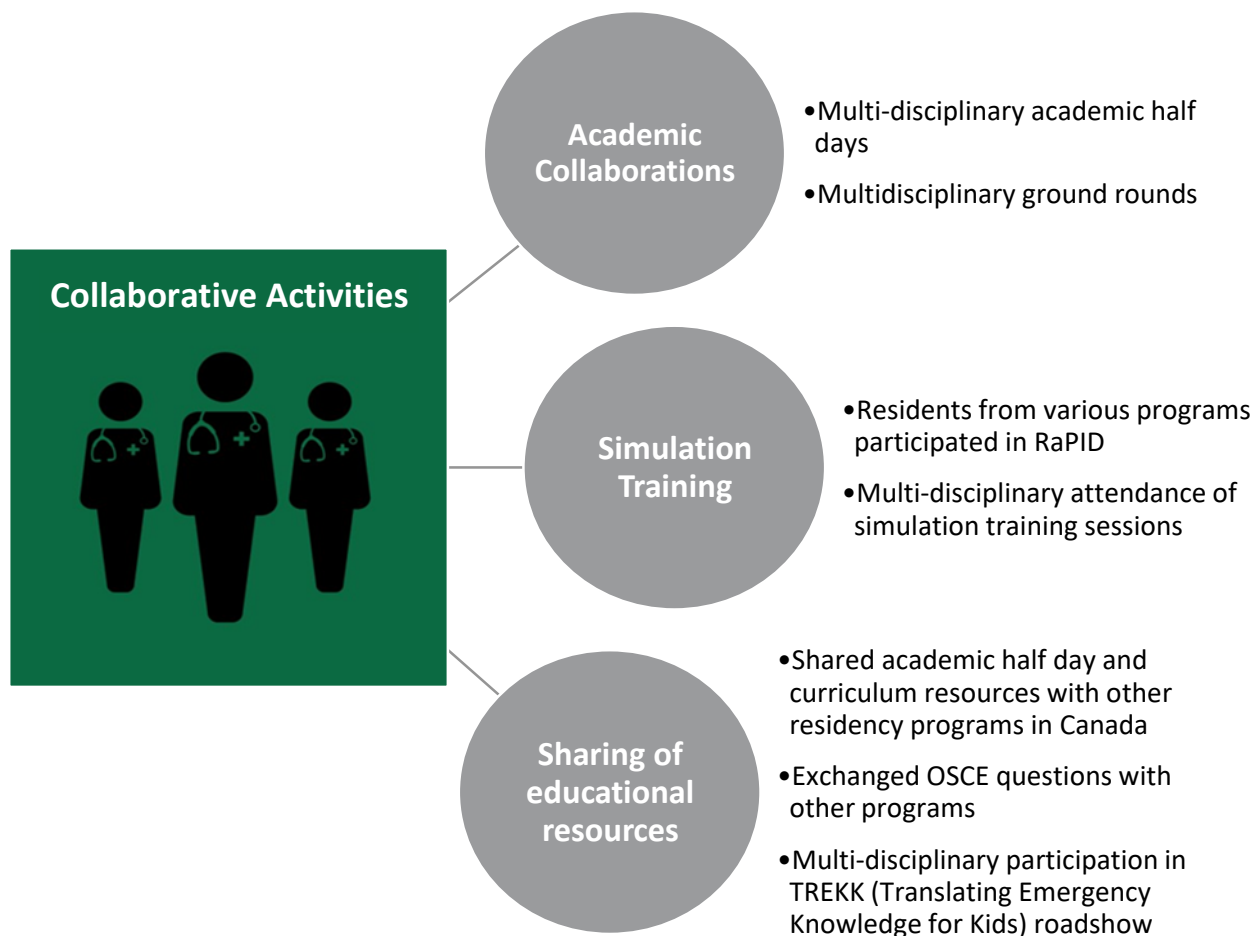
- Carry over of education leaves, vacations.
- Payout of unused vacations/leaves - if could not avail due to Covid-19.

Well-being

- Increased resources and expanded services through the Resident Resource Office.
- Personal safety at work (with SHA).
- Financial support locally through PGME, CMA bursary.
- Food while on Covid-19 related call.

Collaborations & Connectivity

Presented below are examples of the numerous ways in which residency training programs have collaborated with other programs during the past year both within the University of Saskatchewan's and beyond, thereby further enhancing residents' academic learning and hands-on training.



Internationalization

International Training Partnerships

The College of Medicine is establishing international training partnerships with a number of countries with the goal of training foreign medical students who will return to their home country to practice when their residency training is completed. A training agreement has been finalized with the Saudi Arabian Cultural Bureau and the College of Medicine is developing a training agreement with Kuwait. The first Saudi resident, Dr. Moayad Alturkistani, will commence training in General Surgery on July 1, 2021. He shared some comments about training at the U of S:

As a Saudi, I am excited about the emerging relationship between the University of Saskatchewan and Saudi Arabia, which promotes the training of Saudi physicians in various U of S residency programs. I will be taking the role of representing the Saudi resident physicians training here, and my goal is to have a positive impact on this relationship by creating new educational opportunities for Saudi physicians to train at the University of Saskatchewan.

Dr. Moayad Alturkistani



Exploring International Collaborations

During this academic year, partnerships with explored with institutions in India, Pakistan and Philippines through the College of Medicine connections and the International Office of the University of Saskatchewan. Student and faculty mobility, collaborative research projects and institutional collaborations to address societal needs were explored. The efforts are ongoing while each institution is occupied by the high-priority attention to Covid-19 globally.

Awards

The Postgraduate Medical Education Office administers the nomination and selection process for a variety of program and resident awards. The award recipients for 2019 – 2020 are listed below.

CSCI/CIHR Resident Research Prize



Dr. Scott Adams
Diagnostic Radiology

Exemplary Resident Award



Dr. Ryan Verity
Neurology

Medical Class of 1939 Resident Teacher Award in Medicine



Dr. Amit Persad
Neurosurgery



Dr. Leah Karnes
Family Medicine (Saskatoon)

CanMEDS Award: Collaborator



Dr. Susan McLellan
Family Medicine (Regina)

CanMEDS Award: Collaborator



Dr. Nasim Zamir
Internal Medicine (Saskatoon)

CanMEDS Award: Communicator



Dr. Stephanie Ballendine
Neurology

CanMEDS Award: Health Advocate



Dr. Justin Koh
Emergency Medicine

CanMEDS Award: Leadership (Royal College)



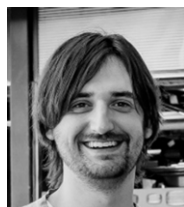
Dr. Sarah Smith
Obstetrics & Gynecology (Regina)

Program Director of the Year Award



Dr. Lissa Peeling
Neurosurgery

Award for Excellence in Enhancing Resident Learning



Dr. Brent Thoma
Department of Emergency Medicine

Program Administrative Assistant of the Year Award



Ms. Darlene Stadnyk
Obstetrics and Gynecology (Regina)



Ms. Heidi Brown
Family Medicine (Prince Albert)

Research

The PGME office, in collaboration with faculty, residents and medical students, have disseminated research findings in the form of publications and presentations at national and local conferences.

Selected PGME Publications and Presentations

Saxena, A. (2020). Inclusive leadership. Asia Pacific Medical Education Conference, January, 2020.

Saxena, A. (2020). Structured interviews/approach to hiring based upon values-fit and non-cognitive attributes. Asia Pacific Medical Education Conference, January, 2020.

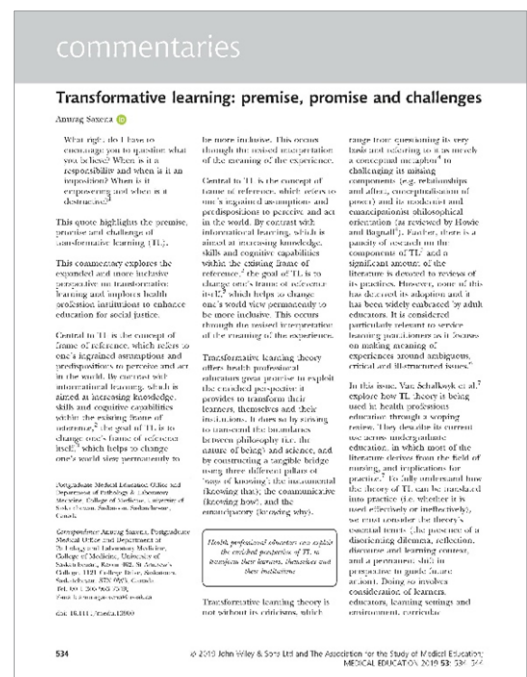
Saxena A. Transformative Learning: Promise, Premise and Challenges. Medical Education.2019, 53: 534-536.

Saxena A, Meschino D, Hazelton L, Chan M-K, Benrimoh DA, Matlow A, Dath D, Busari J. (2019) Power and physician leadership. BMJ Leader. 2019, Published Online First: 15 July 2019. doi:10.1136/leader-2019-000139

Desanghere, L., Saxena, A., Chan, M. & Moineau, G. (2019). Critical success factors in medical education leadership. International Conference on Resident Education, September, 2019.

Saxena, A., Robertson-Frey, T. & Desanghere, L. (2019). Equity, diversity and engagement in medical education. International Conference on Resident Education, September, 2019; TISLEP, September, 2019.

Saxena, A., Robertson-Frey, T., Desanghere, L., Raazi, M. & Woods, R. (2019). Evaluating workplace culture and resilience: Implication of Competence by Design. CBME, September 2019.



Research Activity

Presented below is research activity carried out during the past year by the PGME office, residents and program directors.

PGME Research Activity

- 2** Peer-reviewed publications
- 6** Abstracts/conference presentations
- 2** Invited presentations
- 3** Workshops presented at

Resident Research Activity*

- 80** Peer-reviewed publications
- 102** Abstracts/conference presentations
- 70** Invited presentations
- 8** Workshops presented at

* Based on feedback from twelve residency training programs.

Program Director Research Activity*

- 31** Peer-reviewed publications
- 34** Abstracts/conference presentations
- 8** Invited presentations
- 5** Workshops presented at

* Based on feedback from thirteen residency training programs.





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