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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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 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
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

Reola Mathieu  
Coordinator  
Academic & Non-Academic Processes

Della Toews  
Coordinator  
Admissions & Resident Administration

Audrey Kincaid  
Clerical  
PGME Accreditation & PAA Liaison

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

Ope Okunola  
Coordinator  
PGME Educational Programs

Tanya Robertson-Frey  
Coordinator  
Program Evaluation

Gayathri Manoharan  
Coordinator  
Resident Wellness

Jennifer Uhryn  
Clerical  
Admissions & Resident Administration

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

- 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

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

Learner Success

- Develop an effective learner wellness program.

Academic Programming

- 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.

Efficient Educational Processes

- 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.

Learner-Centered Programming
Strategy Implementation

Paradigms influencing strategy implementation:

- Generative
- Addressing root causes
- Normative
- Realist

Examples of meaningful and outcome-focused collaborations and partnerships:
Key Stats

<table>
<thead>
<tr>
<th>Number of Residents by Program</th>
<th>As of June 2019</th>
<th>As of June 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
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<td>29</td>
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<tr>
<td>Cardiology</td>
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<tr>
<td>Child &amp; Adolescent Psychiatry</td>
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<tr>
<td>Clinician Investigator Program</td>
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<td>Diagnostic Radiology</td>
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<td>Emergency Medicine</td>
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<tr>
<td>Family Medicine (Saskatoon)</td>
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<td>Family Medicine Enhanced Skills - Anesthesia</td>
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<td>Family Medicine Enhanced Skills - Sports Medicine</td>
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</tr>
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<td>Family Medicine Enhanced Skills - Surgical Skills</td>
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<tr>
<td>Family Medicine Moose Jaw</td>
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<td>Family Medicine Swift Current</td>
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<tr>
<td>Forensic Psychiatry</td>
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<td>General Internal Medicine</td>
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<tr>
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<td>Neurosurgery</td>
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<td>Obstetrics &amp; Gynecology (Regina)</td>
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<td>Obstetrics &amp; Gynecology (Saskatoon)</td>
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<td>Psychiatry (Regina)</td>
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<td>Psychiatry (Saskatoon)</td>
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<td>23</td>
</tr>
<tr>
<td>Public Health &amp; Preventive Medicine</td>
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<td>5</td>
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<tr>
<td>Respiratory Medicine</td>
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<tr>
<td>Rheumatology</td>
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<td>4</td>
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<tr>
<td>Surgery</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>Total</td>
<td>435</td>
<td>450</td>
</tr>
</tbody>
</table>

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 (23)

**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.

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.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All Programs</td>
<td>65%</td>
<td>52%</td>
<td>56%</td>
<td>53%</td>
<td>54%</td>
</tr>
<tr>
<td>Royal College Programs</td>
<td>52%</td>
<td>33%</td>
<td>41%</td>
<td>31%</td>
<td>42%</td>
</tr>
<tr>
<td>Family Medicine Programs</td>
<td>80%</td>
<td>75%</td>
<td>73%</td>
<td>72%</td>
<td>66%</td>
</tr>
</tbody>
</table>
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:

- Educational Experience
- Learning Environment
- Working Environment
- Preparation for Certification
- Preparation for Practice

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.

75% rated their educational experience as “Above Average” or “Excellent”
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.

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.

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.

Chief Resident Workshop Participant
100% satisfied/very satisfied
Topics were very relevant at multiple levels including clinical, administrative and personal.

PD/PAA Workshop Participant
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!
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.

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.

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.

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.
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.

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.
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 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.
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.

### 2019 R-1 Match: Distribution of Matched Positions

<table>
<thead>
<tr>
<th>Program</th>
<th>CMG</th>
<th>IMG</th>
<th>Total</th>
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<tr>
<td>Anesthesia</td>
<td>5</td>
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<tr>
<td>Diagnostic Radiology</td>
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<tr>
<td>Emergency Medicine</td>
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<tr>
<td>Orthopedic Surgery</td>
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<tr>
<td>Pediatrics-Regina</td>
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<td>Pediatrics-Saskatoon</td>
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<tr>
<td>Physical Medicine &amp; Rehabilitation</td>
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<tr>
<td>Psychiatry-Regina</td>
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<td>3</td>
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<tr>
<td>Public Health &amp; Preventive Medicine</td>
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<td>UofS/UofA Networked Dermatology</td>
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<td>Dalhousie Sponsored Urology</td>
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</table>

**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

#### CanMeds Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Success</th>
<th>Unsuccessful</th>
<th>In Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Expert</td>
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</tr>
<tr>
<td>Communicator</td>
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<tr>
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<tr>
<td>Scholar</td>
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<tr>
<td>Professional</td>
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<tr>
<td>Collaborator</td>
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</tr>
<tr>
<td>Health Advocate</td>
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</table>

#### Family Medicine Skills Dimensions

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Success</th>
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<th>In Progress</th>
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</thead>
<tbody>
<tr>
<td>Clinical Reasoning</td>
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<tr>
<td>Selectivity</td>
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<tr>
<td>Professionalism</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Communication - Patients</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Communication - Colleagues</td>
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<tr>
<td>Procedure Skills</td>
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<tr>
<td>Patient Centered Approach</td>
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</table>

### 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.

#### Success of Modified Learning for CBME Residents (n = 5) and Non-CBME Residents (n = 12)

- **CBME Residents**
  - Successful: 80%
  - Unsuccessful: 8%
  - In Progress: 20%

- **Non-CBME Residents**
  - Successful: 75%
  - Unsuccessful: 17%
  - In Progress: 13%
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

**Second Place:**
Dr. Nawif Abu-Omar
General Surgery

**Third Place:**
Dr. Tara Swami
Internal Medicine

**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 awakened 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.

Collaborative Activities

- Multi-disciplinary academic half days
- Multidisciplinary ground rounds

Simulation Training

- Residents from various programs participated in RaPID
- Multi-disciplinary attendance of simulation training sessions

Sharing of educational resources

- Shared academic half day and curriculum resources with other residency programs in Canada
- Exchanged OSCE questions with other programs
- Multi-disciplinary participation in TREKK (Translating Emergency Knowledge for Kids) roadshow
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)
- 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


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

Program Director Research Activity*

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

* Based on feedback from twelve residency training programs.

* Based on feedback from thirteen residency training programs.