Postgraduate Medical Education Annual Report

July 1, 2020 – June 30, 2021



College of Medicine

POSTGRADUATE MEDICAL EDUCATION MEDICINE.USASK.CA BE WHAT THE WORLD NEEDS

Land Acknowledgement

We acknowledge that we live and work on Treaty 6 territory and the Homeland of the Métis.

We pay our respects to the First Nations and Métis ancestors of this place and reaffirm our relationship with one another.

MISSION

We provide exemplary medical education in diverse and supportive environments, with a focus on patient-centred care.

VISION

We develop skilled physicians who serve the needs of diverse patients and communities.

VALUES

Collegiality – Fairness & Equitable Treatment – Inclusiveness Integrity, Honesty & Ethical Behaviour – Respect

PRINCIPLES

Collaboration – Commitment to Community – Different Ways of Knowing, Learning & Being – Diversity, Equality & Human Dignity Excellence Healthy Work & Learning Environment – Innovation, Curiosity & Creativity Openness, Transparency – Accountability Reconciliation – Sustainability

Table of Contents

Mess	sages	5
•	Message from the Ministry of Health	
٠	Message from the Dean	
٠	Message from the Vice-Dean Medical Education	
٠	Message from the Associate Dean PGME	
PGM	E Office	10
٠	PGME Staff	
٠	Strategic Plan 2021 – 2025	
Key S	Stats	15
٠	Number of Residents by Program	
٠	Location and Number of Residency Training Programs	
٠	Accreditation	
•	Retention in Saskatchewan of U of S Residents	
Resic	lent Survey Results	17
٠	Exit Survey	
٠	Semi-Annual Survey	
PGM	E Portfolio Reports	19
•	Competence by Design	
٠	Triple C Competency-Based Curriculum	
٠	Education	
٠	CaRMS	
٠	Modified Learning Plans	
٠	Resident Resource Office	

Soci	ial Responsiveness	
•	Indigenous Health and Wellness	
•	Equity, Diversity, and Inclusion	
٠	Response to COVID-19	
Colla	aborations & Connectivity	31
•	Collaborative Activities	
٠	PGME Committee Membership	
Inte	ernationalization	
Awa	ards	
Rese	earch	

Minister of Health



Legislative Building Regina, Saskatchewan



The Honourable Paul Merriman Minister of Health

On behalf of the Government of Saskatchewan and the Ministry of Health, we are pleased to extend greetings to the Postgraduate Medical Education office of the College of Medicine, University of Saskatchewan.

We appreciate the role the College of Medicine has played throughout the COVID-19 pandemic, showing leadership in education during this unprecedented time in our province's history. The additional enhanced pandemic skills training the College offered to practicing physicians is a great example, as well as your collaboration with the Saskatchewan Health Authority to include medical students and residents in the province's vaccine campaign.

The College's commitment to enhanced learning is further underscored by the work underway to



The Honourable Everett Hindley Minister of Mental Health and Addictions, Seniors and Rural and Remote Health

create a dedicated surgical/procedure skills lab in Saskatoon. While required for the accreditation of our surgical residents, the build allows them to remain in their home province, instead of travelling out-of-province to complete their training.

Training more medical residents in communities around the province is an important part of our efforts to keep physicians in Saskatchewan. We commend your ongoing leadership with distributed medical education throughout the province, including the Regina Campus, Prince Albert, La Ronge, Moose Jaw, Swift Current, and Yorkton.

Thank you again for your commitment to medical education, medical residents, and to the people of the province. Your efforts are recognized and valued.

Message from the Dean



Everyone at our College of Medicine, including our postgraduate medical learners, faculty and staff, have continued to make many adjustments in work and learning approaches as we work together to combat the COVID-19 pandemic. It continued to be among the biggest areas of focus for the past year for our medical school and its programs. We are seeing light at the end of the tunnel now as vaccination efforts are curbing the spread and deadliness of the virus, but we still must be diligent as variants of concern continue to be a significant challenge.

Through this incredible year, our residents continued to play their important dual role as learners and workers in our health system, and were incredibly important to our pandemic efforts. And our residents were supported throughout these difficult times with the continued exceptional assistance and support of our Postgraduate Medical Education team.

I join you in looking forward to a time in the near future when we are able to shift our focus to other important priorities, and spend less of our energy and anxiety on COVID-19. At the same time, we have made important adjustments and learned a lot about how we can work better because of the challenges and pressures brought to bear by the pandemic. So there is an opportunity that I encourage all to embrace in taking forward the positive changes we've made so we can be an even better medical school, an even better postgraduate program, and an even better health system for the people of Saskatchewan in future months and years.

I truly thank you all for the remarkable way you have supported patients, our college and health system, and one another over the past year. Here is to a better year ahead!

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. Our health care system and our postgraduate residency programs are key to developing the physicians and surgeons needed in Saskatchewan.

While we continue to be challenged by the current pandemic environment, our residents, staff and faculty have skillfully navigated these challenges with resilience and flexibility. With the arrival of vaccines, we are hopeful that things will start to shift and return to normal. The college continues to work with the university and health system to ensure the ongoing health and safety of trainees balanced with their educational needs.

The pandemic has impacted how we deliver postgraduate medical education, allowing us to embrace many changes. We have adapted our approaches to build on the success of the previous year and to ensure our residents still receive highquality training, learning and research experiences.

PGME continues to support residents virtually and in-person. For the second year in a row, the Resident Boot Camp was held online for new, incoming trainees as they transition to residency. It also provides an opportunity for residents to connect with each other.

PGME also supports the work of the Canadian Residency Matching Service to secure residency training positions for undergraduate students. We are fortunate to have many of our undergraduate students match to seats in Saskatchewan and continue their training in the province.

The Resident Resource Office provides resources and support to residents for personal and professional challenges. This includes education, referrals and support to maintain wellness through residency. Since the pandemic, this also includes access to university and college COVID-19 resources, including counselling.

The college continues its work on training programs including medical oncology, which will give residents the opportunity to provide cancer care. Additionally, we are also looking at a possible ICU fellowship.

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.

Thank you all those involved in postgraduate medical education. It is deeply appreciated.

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 2020 – 2021 academic year.

During the past year, similar to the previous year, Covid-19 pandemic has been the most significant external constraint on residency education. It has affected our residents' well-being and learning and despite that, they have demonstrated marked courage and resilience. Our program directors (and site directors), program administrative assistants, unified department heads, senior leadership, administrative leadership, RDoS and our external stakeholder partners (the College of Physicians and Surgeons of Saskatchewan, Saskatchewan Health Authority, Saskatchewan Medical Association, and SaskDocs) have worked in a cooperative and collaborative manner to respond and proactively manage the risk and ensure resident education and patient care in the best possible way.

During this year, implementation of competencybased medical education continued (along with commencement of transition to Elentra as the electronic platform) and we commenced work for internal reviews of all our programs in preparation for the November 2023 site survey by the national colleges – the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons of Canada. We also initiated the activities for the next PGME strategic plan.

All our programs are accredited with follow-up by regular review at the next site-survey visit. This status speaks to the considerable institution-wide collaborative efforts in ensuring high quality 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

P_{GME} 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



Yvonne Siermacheski Clerical PGME Electives & Admin Processes



Jennifer Dybvig Clerical Residency Payments, Processing & Finance



Heather Schultz Clerical Education Programming & CBD



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 PGME Electives & Admin Processes (end date July 31, 2020)



Kailey Friesen Clerical Resident Wellness, Resources & RaPID (leave of absence Sept. 2020 – Sept. 2021))



Samantha Chymy Clerical PGME Initiatives



Loni Desanghere PGME Research

Marla Davidson

Associate Professor

PGME Director of Transfers



Judith Villanueva Clerical PGME Reception & Electronic Filing



Sharon Card Associate Professor PGME CBD Lead



Lynsey Martin Assistant Professor PGME CBD Assistant Lead



Ayisha Kurji Associate Professor Director of PGME Educational Programming

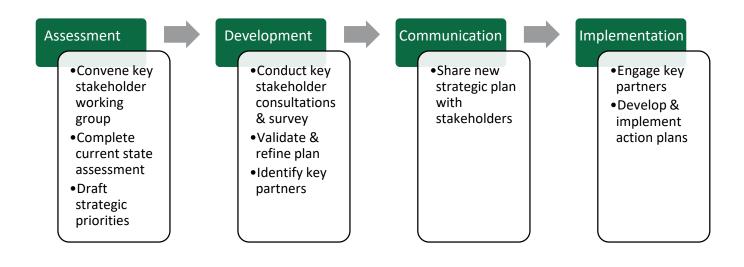


Suzie Harriman Assistant Professor PGME Simulation Coordinator

Strategic Plan 2021 – 2025

Strategic Planning Process

In 2021, the PGME office developed its Strategic Plan for 2021 – 2025. As outlined below, key stakeholders were engaged throughout this process, including residents, faculty, staff, leaders, the Division of Social Accountability, and the college's Indigenous Health Committee.



Strategic Priorities



Learner-Centred Programming

- Enhance learning of intrinsic CanMEDS roles, with particular emphasis on health advocacy and leadership
- Embed patient safety and quality improvement culture throughout residency education
- Enhance inter-professional education
- Foster learner creativity and innovation
- Strengthen research capacity among residents
- Integrate competency-based curricula in postgraduate programs
- Implement effective assessments



Learner Success & Well-Being

- Foster a positive culture of self-care, and create learning/work environments that support learner well-being
- Celebrate learner success and accomplishments
- Ensure effective integration and transitions along the educational continuum
- Continue to expand and improve access to resources and support services, including mental health and addiction services
- Enhance and develop sustainable wellness programs that meet the diverse needs of the residency programs
- Increase engagement of learners to enable resident-led wellness initiatives



Equity, Diversity & Inclusion

- Enhance diversity among residents and those who support and train them, to ensure societal representation
- Build an inclusive culture, informed by insights and experiences of residents, faculty, and staff
- Ensure equitable policies and procedures



Social Accountability

- Embed anti-racism, and cultural safety and humility training within residency education
- Ensure postgraduate training programs reflect health service needs in Saskatchewan
- Expand learning experiences with under-served populations and rural and remote communities



Indigenous Health

- Engage Indigenous leaders and knowledge keepers in curriculum planning and teaching
- Expand learning experiences within Indigenous communities



Organizational Accountability

- Ensure effective collaborative governance in PGME
- Support and celebrate clinical teachers
- Develop and support educational leadership and administration
- Ensure operations meet accreditation standards and strive for excellence through continuous quality improvement
- Continue meaningful collaborations with national and global educational organizations
- Enhance information technology (IT) to facilitate learning and patient care

Location & Number of Residency Training Programs

Key Stats

Number of Residents by Program	As of June 2020	As of June 2021
Anesthesiology	29	29
Cardiology	5	6
Child & Adolescent Psychiatry	2	2
Clinician Investigator Program	2	1
Diagnostic Radiology	19	19
Emergency Medicine	16	17
Family Medicine Emergency Medicine (Regina)	5	6
Family Medicine Emergency Medicine (Saskatoon)	4	2
Family Medicine Enhanced Skills - Anesthesia	2	2
Family Medicine Enhanced Skills - Sports Medicine	1	1
Family Medicine Enhanced Skills - Surgical Skills	2	1
Family Medicine La Ronge	4	5
Family Medicine Moose Jaw	8	8
Family Medicine North Battleford	10	12
Family Medicine Prince Albert	14	14
Family Medicine Regina	27	23
Family Medicine Saskatoon	22	23
Family Medicine Swift Current	9	8
Forensic Psychiatry	1	0
General Internal Medicine	7	8
Internal Medicine (Regina)	17	17
Internal Medicine (Saskatoon)	54	56
Nephrology	0	0
Neurology	12	13
Neurosurgery	7	6
Obstetrics & Gynecology (Regina)	11	11
Obstetrics & Gynecology (Saskatoon)	23	22
Ophthalmology	4	5
Orthopedic Surgery	11	10
Pathology	10	11
Pediatrics (Regina)	2	4
Pediatrics (Saskatoon)	27	25
Physical Medicine & Rehabilitation	11	11
Psychiatry (Regina)	13	13
Psychiatry (Saskatoon)	23	21
Public Health & Preventive Medicine	5	5
Respiratory Medicine	4	4
Rheumatology	4	2
Surgery	22	25
Total	450	448



448 Residents



25 Training Programs



7 Provincial Training Locations



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:

- Internal Reviews were held for Neurosurgery, Physical Medicine & Rehabilitation, Obstetrics & Gynecology in preparation for submission of Action Plan Outcomes Reports.
- An Internal Review and an External Review were held for Rheumatology.
- An External Review was held for Family Medicine/Enhanced Skills.
- A Progress Report was submitted by Family Medicine.
- The Clinician Educator AFC (Area of Focused Competence) was approved as a new AFC program.
- Programs have been in the process of completing their documentation in CanAMS in preparation for the 2021 internal reviews.

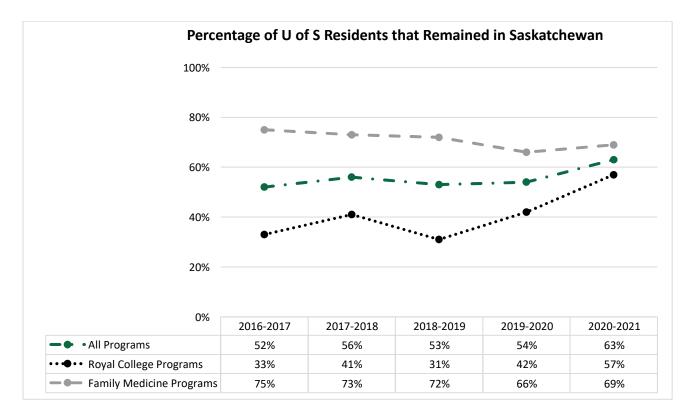
All of our residency training programs are accredited with follow-up by a regular review. Next on-site

visits will be held in

November 2023.

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 2016 to 2021, based on type of program.



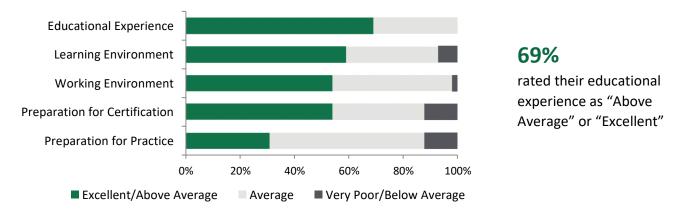
${f R}$ esident Survey Results

2020 – 2021 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 2020 and September 2021. A total of 55 residents participated, representing a 45% response rate.

Overall Experience

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



Additional Findings

Resident well-being: 77% 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** (89%), **role-modeling/teaching** (40%) and **academic half days** (31%). In relation to **stress** experienced during residency training, it was found to most likely affect residents' **personal life** (67%), and **academic performance** (37%).

Harassment/intimidation/discrimination: 27% 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: 90% of residents hoped to pursue their immediate future plans in Saskatchewan.



Semi-Annual Survey: Transformative Learning amidst the COVID-19 Pandemic

Transformative Learning (TL)

- Is aimed at changing the worldview (frame of reference) of individuals, resulting in more liberated, socially responsible thinkers.
- This occurs through revised interpretation of the meaning of the experience.
- The promise of TL in medical education is ultimately a more inclusive and patient-centered healthcare.
- TL contrasts with informational learning, which is aimed at increasing knowledge, skills, and cognitive capabilities within the learners' existing worldview.

- Settings that are different, new, and somewhat unfamiliar are better suited for TL.
- The coronavirus COVID-19 pandemic is a global health crisis that has impacted the life, education, and provision of care of resident doctors at the University of Saskatchewan.

ļ

The purpose of this survey was to investigate the impact of COVID-19 on medical education and provision of care.

Key Findings

Areas of perceived change (>30% selection; n= 101 residents) in roles as a learner and health professional because of the COVID-19 pandemic

This experience has caused me to question the way I normally act as a resident.

This experience has caused me to question my ideas about my role as a resident.

I felt uncomfortable with traditional social expectations.

I tried to figure out a way to adopt these new ways of acting.

I gathered the information I needed to adopt these new ways of acting.

I took action and adopted these new ways of acting.

In relation to the COVID-19 pandemic and health care delivery (n=101)

Negative Changes (>30% response)

- This experience will/has change(d) my:
 - subsequent training
 - my current training
 - my transition to practice

Positive Changes (>30% response)

• My perspective as a health provider has changed

No Changes (>30% response)

- My personal values and assumptions regarding medicine as a profession have changed
- My excitement about my future as a medical professional have changed

Transformative Learning Experience

Outcome changes in:

- Actions
- Self-Awareness
- Openness

Process changes in:

- Cognitive/rational (critical reflection, action, discourse)
- Social critique (ideology, oppression, social action)

This survey offered residents the chance to evaluate themselves and the changes that have occurred in their viewpoints as it relates to education and patient care due to the impact of COVID-19.

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 2020-2021

Workshops held during the past year

- Three Coaching workshops delivered in conjunction with Faculty Development.
- One Self-Assessment workshop.
- Eight Competence Committee workshops.
- Two ePortfolio webinars.
- Seven Elentra webinars.

Readiness Tracking Surveys

- Conducted every six months, results help to track implementation and fidelity success.
- The CBD PGME Lead met with eight disciplines formally to plan readiness tracking as well as multiple conversations informally to assist with issues.
- Readiness Tracking continues to be updated.

Sharing Information

- CBD Sharepoint, which houses numerous resources for programs to use with their own faculty.
- Development of Competence Committee Chairs Group met 5 times. Developed TEAMs sharing site to share resources and Accreditation assistance.

Faculty Development Liaison

- Participation in the Faculty Development Network to assist in planning content.
- Participation in planning the RISE event to promote CBD Research.

Resident Leads Advisory Council

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

National Liaison

- Bi-monthly meetings with CBD National Leads
- Participation in CBD Program Evaluation events nationally.
- Member of ePortfolio Super User Group meeting bi-monthly.

Elentra Implementation

Development of MOC Committee and initiation of implementation of switch to new electronic platform.

Scholarly Contributions

 Paterson Q, Leis B, Broberg L, Beckett S, Robertson-Frey T, Gao Y, Ulmer B, Card S, Martin M. *Identifying and Exploring Factors that Promote and Impede Successful EPA Completion*. CBME Program Evaluation Summit. Royal College of Physicians and Surgeons of Canada. 2020. Virtual. **5** residency training programs transitioned to Competence By Design on July 1, 2020:

- General Surgery
- Orthopedic Surgery
- Neurology
- Physical Medicine & Rehabilitation
- Psychiatry

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 2020 - 2021

- Consultant employed to assist the Enhanced Skills programs in moving to Triple C. Work has progressed through the family practice anesthesia program and is now well underway with the emergency medicine and enhanced surgical skills programs.
- Assistant Program Director (APD) of Curriculum has been contracted with and has started work aligning the curriculum with the CFPC Outcomes of Training and RTP documents. This APD is working closely with the Program Director and the APD of Assessment to align assessment and curriculum in order to track competencies more effectively. These additions will improve our ability to delivery Triple C and track our progress.
- Faculty Advisor (FA) positions are in place and residents are assigned to an FA at the start of the program. They meet regularly with the FA to track their progress and identify learning opportunities. FAs and residents are asked to create learning plans after each of these meetings.
- The Periodic Review process has been reviewed by the APD Assessment. Faculty Development has been engaged to develop educational opportunities for faculty to assist them in the application of the new tools.
- A Medical School Experience survey for incoming residents has been instituted. This will provide a better understanding of competencies of the incoming residents and help to maximise learning opportunities.

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. The 2020-2021 workshops included interactive sessions on the Resident Doctors of Saskatchewan (RDoS) Collective Agreement, Leadership & Others: Managing time, self and energy, and Conflict Management.

Program Directors and Program Administrative Assistants Workshop

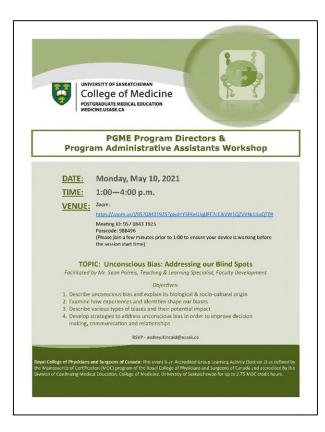
With the view to develop leading practices and innovations in all residency processes, professional development workshops are held every year for program directors (PDs) and program administrative assistants (PAAs) on various topics pertinent to their roles. The topic for the Spring 2021 workshop was "Unconscious Bias: Addressing our Blind Spots". Workshop objectives were: describe unconscious bias and explain its biological & socio-cultural origin; examine how experiences and identities shape our biases; describe various types of biases and their potential impact; develop strategies to address unconscious bias in order to improve decision making, communication and relationships.

89% satisfied/very satisfied

This workshop opened my mind and I enjoyed the discussion.

This was a very informative session.

PD/PAA Workshop Participants



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

81% satisfied/very satisfied

successful residency. Trainees also find the boot camp a good opportunity to meet, learn, and network with other incoming PGY1 residents. The 2021 Boot Camp was offered to residents virtually using the WebEx platform; course materials were provided in Canvas. 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. Topics added in 2021 were Wealth Management, Indigenous Health, and RDoS Benefits Orientation.



It is informative and empowering! Helps curb anxiety!

I liked that they encouraged audience participation, and the presenters were incredibly engaging and passionate! I also feel that these are topics that are incredibly important to talk about before residency, when we will have many new stressors added to our lives.

Boot Camp 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.

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 2021 PGY1 residents were required to work through the core material and complete the questionnaire/feedback by August 15th.

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 2020-2021, the course was provided to 126 residents across various distributed sites in the province.

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.

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.

90% good/excellent

Excellent course, I was very pleased with the concepts and knowledge I was able to gather.

Overall great course; every teacher in medicine should do this regularly!

TIPS Participants

75% satisfied/very satisfied

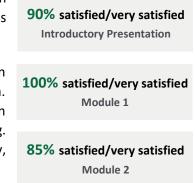
Participating in this course will help with identifying problems and coming up with practical solutions that affect patient care.

RQIP Participant

The PGME Resident Quality Referral and Consultation Education (QRCE)

The QRCE curriculum has been 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. All PGME residents are required to take the course. The total resident time commitment for this curriculum is 3 hours. The curriculum consists of three parts:

- 1. **Introductory presentation** on effective consultation communication provided to PGY1s at the PGME Resident Boot Camp. The slides for this presentation are available in Canvas.
- Two online modules on effective consultation communication in an acute care setting and how to make an effective written consultation. This module covers the core elements of an effective written consultation and show how a written consultation can go wrong. Modules 1 and 2 are designed to either be done by residents individually, or together as a group.



3. **An Interdisciplinary workshop** during which residents are required to appraise de-identified referral and consult letters from their specialty. Senior family medicine residents co-facilitate the workshop for specialty programs while senior residents from RCPSC programs co-facilitate in family medicine sites.

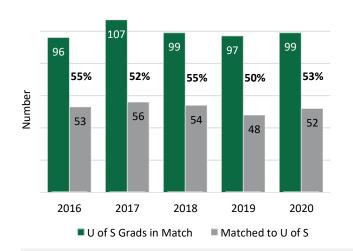
2020 Canadian Resident Matching Service (CaRMS): Match Results

In 2020, 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 122 positions for the R-1 match, ten positions for the R-3 match, and ten positions for the R-4 match.

The U of S matched all 122 available positions in the first and second iterations of the R-1 match. These positions were filled by 94 Canadian medical graduates (CMGs) and 28 international medical graduates (IMGs). A networked training position funded by the Saskatchewan Ministry of Health was offered in Dermatology at the University of Alberta to provide accredited training which is not available at the U of S.

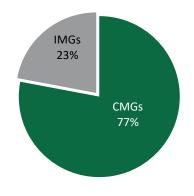
Applicants who match to networked positions and IMGs who matched to positions in Family Medicine, General Pathology, Internal Medicine, Pediatrics, and Psychiatry have a Return of Service with a commitment to practice in Saskatchewan when they complete their training program.



Match Results for U of S Grads

Over the past 5 years, an average of 53% of U of S grads were matched to U of S residency training programs

CaRMS 2020 R-1 Match Results



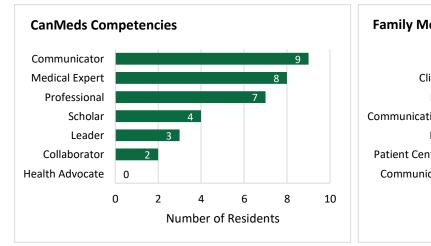
2020 R-1 Match: Distribution of Matched Positions

Program	CMG	IMG	Total
Anesthesia	6	0	6
Diagnostic Radiology	4	0	4
Emergency Medicine	3	0	3
Family Medicine-La Ronge	3	0	3
Family Medicine-Moose Jaw	2	2	4
Family Medicine-North Battleford	0	6	6
Family Medicine-Prince Albert	6	1	7
Family Medicine-Regina	8	4	12
Family Medicine-Saskatoon	10	2	12
Family Medicine-Swift Current	1	3	4
General Pathology	0	2	2
General Surgery	4	0	4
Internal Medicine-Saskatoon	15	3	18
Internal Medicine-Regina	4	2	6
Neurology	2	0	2
Neurosurgery	1	0	1
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	2	1	3
Public Health & Preventive Medicine	1	0	1
UofS/UofA Networked Dermatology	1	0	4 3 3 4 6 7 12 12 4 2 4 2 4 2 4 2 4 2 1 4 2 1 2 2 1 2 2 6 2 2 6 2 2 4 3
Total Matched Positions	94	28	122

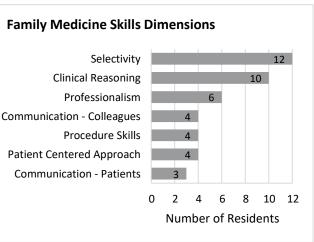
Modified Learning Plans

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 being used.

During the 2020-2021 academic year, 25 residents went through some modifications of their training – 16 informal learning plans, 7 remediations, and 2 probations – representing less than 0.05% of the total number of U of S residents. The reasons for remedial training were diverse and the outcomes of the modifications were varied: 15 were successfully completed and residents continued or completed their training; the remaining 10 are still in progress or require further actions.

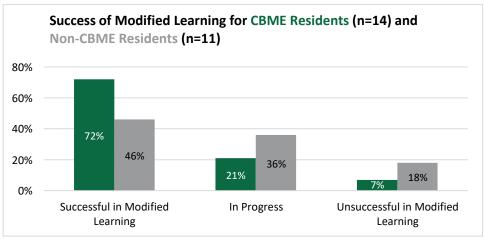


Reasons for Modified Learning Plans



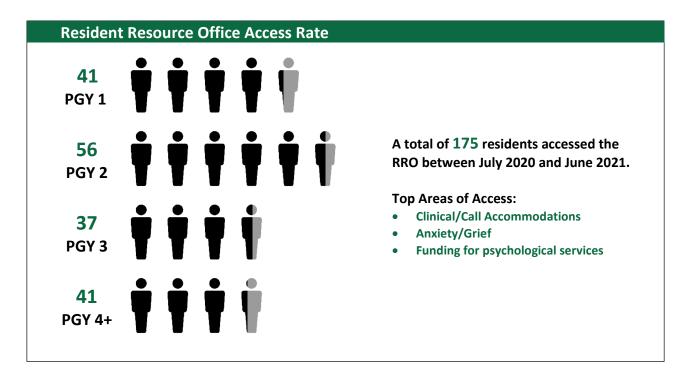
Modified Learning & Competency Based Medical Education (CBME)

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 National Postgraduate Affairs Subcommittee, Saskatchewan Medical Association Physician Health Program (PHP) and Resident Doctors of Saskatchewan to coordinate

Mental Health resources, virtual support groups and access to counselling services on demand. Rapid access protocols set up by the PHP and the College of Medicine has allowed residents to have access to psychiatric care as needed. Digital Ice Cream Rounds and virtual town hall meetings with wellness focus have been offered to the residents. The Covid-19 bursary to support medical residents had provided much needed financial support to learners in transition who had been negatively impacted by the pandemic. The CMA Foundation Covid-19 Support for Medical Learners Bursary provided support for 23 PGME residents at the College of Medicine.



Resident Wellness Event at North Battleford Training Site

Resident Research Day

The Postgraduate Medical Education (PGME) and Office of the Vice-Dean Research (OVDR) teamed up again to host our online Resident Research Day in June 2021. 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 at the annual PGME Celebration Night in October, 2021.

First Place

Second Place

Cash Prizes selected by academic adjudicators:

CLINICAL Category First Place



Dr. Samuel Harder Internal Medicine

Second Place



Dr. Yasaman Torabi Internal Medicine



Dr. Sanji Ali Internal Medicine

Third Place



Dr. Rajan Minhas Emergency Medicine



Dr. Savita Rani Public Health & Preventative Medicine

Award Certificates selected via campus community adjudication:

CLINICAL Category



Dr. Amit Persad Neurosurgery

WHAT WORKS/INITIATIVES Category

WHAT WORKS/INITIATIVES Category

Pediatrics

Dr. Patrick Seitzinger

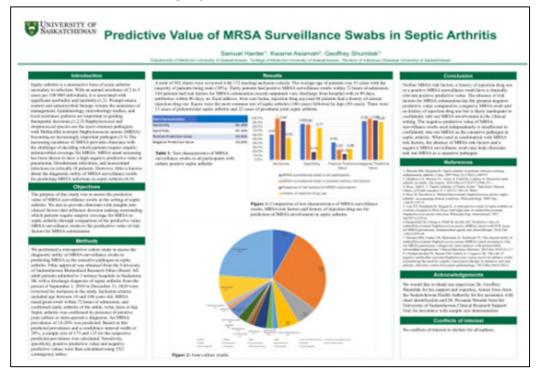
Dr. William Kennedy

Internal Medicine



Dr. Suzanne Aronyk Family Medicine Regina

First Place Clinical Category:



First Place What Works/Initiatives Category:

					A of lokenies on
In Standard Teacher (18, 18, 19) Indeviations day not how be occase to a regular hadithicare provider is a load 48, 45, of patients in the province front well fittime for sociality case with a median wall time of 53 isage Sakotcherwan is leading the way in minoractive freahing are way in minoractive freahing and taken kobics becamaling in the second kobics becamaling kobics becamaling kobics		Afficial Interior Machine Learn Deep Learn	ning		OFFORTUNITIES Incorporating At as a co-pilat for chink are the potential to: of thrance evidence of a co-pilat for and the potential to: of the ance evidence of a co-pilat for a co-pil
CHALLENGES					Provide digital iteracy training to Isomers of oil levels to enotice them to
EtitiCAL CHALLENGES Transporency Accountability and bability	DISCIPLINE	CAPABILITY	DATA	ACCURACY	
* Transparency	CARDIOLOGY		0 ATA	ACCURACY MR. BUILDING	implement A strategies in medical procifice
Transparency Accountability and Dability Tout and Privacy				a second s	implement At strategies in medical procifice • Incorporate At into existing
Transparency Accountablety and bability Tout and Privacy	CARDIOLOGY	XB/ITES common mamun Defects Developmental	Autodation	MS-accords	Implement Al strategies in medic of procifice • Incorporate Al this estiting Intervectione and rural healthcare strategies
transposency Accountability and locally Indemed Conserv Indemed Conserv	CARDIOLOGY RADIOLOGY	Bartillas common mamun Defacts Developmental Dyuminis of the Hg	Autodatos Utrasand maging of	MS accurate MS accurate beneficity (8.75	Implement A photogen in medical procifice • Incorporate AI trio existing helemedicine and rural healthcare strateges • Create a symbols of AI and humanific
transparency Accountability and boolity tudi and Proacy tudi and Proa	CARDIOLOGY RADIOLOGY DERMATOLOGY	Identifies common mathem Detects Developmental Departam of Harring Identifies dot assore Detects Relincepoints of	Autodata	ARE accurate ARE accurate Instituty IN PE Instituty IN PE Instituty IN PE	Implement Al strategies in medical procifice • Incorporate Al tria estiting Intervectance and runal healthcare strategies
Transparency Accountability and bability	CARDIOLOGY RADIOLOGY DERMATOLOGY CPHTHALMOLOGY	Mariffias connector Austruct Defects Developmentarias Department of Hermite United National Partness Automation Partnessanty Mariffias unit of 200	Autodiston Ultransid analysis of man man analysis analysis analysis analysis of	ANS ACCURATE ANS ACCURATE Description Description (1975) Description (1975) Description (1975) Description (1975) Description (1975)	Implement Al photogen in medical procision Incorporate Al Into exaling Internet Cole and anal Heathcare shateges Corecte a symbols of Al and humanistic medicine to provide the highest

Social Responsiveness

Presented below are the various ways in which the PGME office and resident training programs have addressed the areas of Indigenous Health and Wellness, Equity, Diversity and Inclusion (EDI), and COVID-19.

Indigenous Health & Wellness

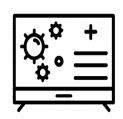
- •Staff members from PGME completed the online course "Building an Awareness of Cultural Humility".
- •PGME has worked closely with the College of Medicine Indigenous Health Committee.
- Presentations/sessions during academic half days, resident retreats, and academic rounds.
- •Completion of the course "The Role of Practitioners in Indigenous Wellness".
- •Residents completed training in northern communities, on-reserve, and urban clinics that serve predominately Indigenous populations.
- Participation in cultural events.

Equity, Diversity & Inclusion

- •PGME has representation on the College of Medicine Equity, Diversity, and Inclusion working group.
- •PGME office conducted a survey to seek out resident suggestions on addressing past concerns on EDI, as well as suggestions for developing EDI within our institution.
- •Aim for diversity in resident selection process.
- Have an inclusive admissions policy.
- •Ask questions during resident selection process pertaining to EDI.
- Have preceptors from different cultural backgrounds available for residents to work with.
- Presentations/sessions during academic half days, resident retreats, and academic rounds.
- Rotations working with marginalized and underserved populations.

Response to COVID-19

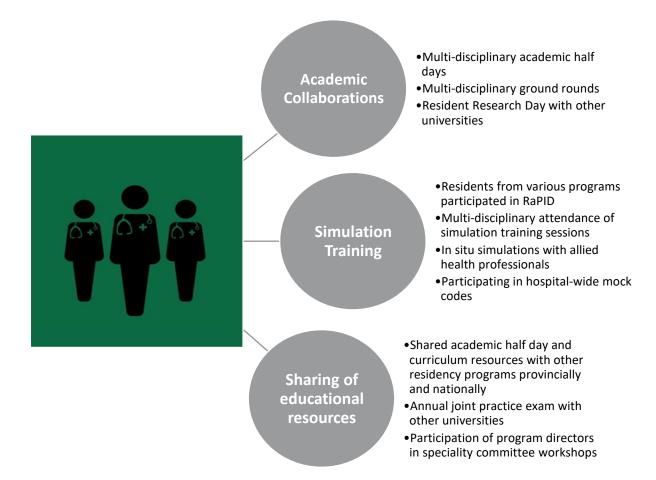
- •The PGME office provided numerous supports to programs as virtual interviews were mandated for the 2021 CaRMS R1 match process:
 - Provided programs with a document outlining best practices for virtual interviews.
 - •Worked with CoM IT to deliver Webex training sessions to PDs and PAAs.
 - •Conducted a survey of programs to determine how to best market residency programs to applicants.
 - Provided programs with funding to create promotional videos. The videos were produced by U of S Media Access and Production and are available on the COM youtube channel.
- •Ensuring safety of residents with appropriate PPE training.
- •Transitioned to virtual learning (academic half day, electives, annual resident research day), virtual consultations/clinics, virtual social gatherings and resident retreats, virtual information sessions for CaRMS.
- •Created back-up rosters for coverage in the event of mandatory isolation or illness.



Collaborations & Connectivity

Collaborative Activities

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 and beyond, thereby further enhancing residents' academic learning and hands-on training.



PGME Committee Membership

PGME Subcommittees

- Accreditation Program Enhancement Committee (APEC)
- Elentra CBME Leads Subgroup
- Elentra Strategic Oversight & Implementation Committee (SOIC)
- PGME Executive

Committees with Other Stakeholders

- College of Medicine Equity, Diversity and Inclusion Working Group
- Saskatchewan Medical Association Physician Health Program Committee (PHP)
- AFMC Network on Postgrad Affairs

Internationalization

International Training Partnerships

The College of Medicine has established international training partnerships with a number of Gulf State countries with the goal of training foreign medical students who will return to their home country to practice when their residency training is completed. The first Saudi resident commenced training in General Surgery on July 1, 2021. For July 1, 2022 trainees from Saudi Arabia and Kuwait will commence training in several Royal College programs including General Surgery and Internal Medicine. The PGME office is also exploring the possibility of offering clinical fellowships to Gulf State trainees with a potential July 2022 start date.

Exploring International Collaborations

During this academic year, partnerships with institutions in India, Pakistan and Philippines continued to be explored 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 are the major foci. The efforts are ongoing while each institution is occupied by the high-priority attention to Covid-19 globally.

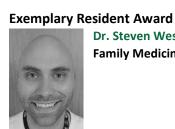
Awards

The Postgraduate Medical Education Office administers the nomination and selection process for a variety of program and resident awards. The award recipients for 2020 – 2021 are listed below.

CSCI/CIHR Resident Research Prize



Dr. Amit Persad Neurosurgery



Dr. Steven West Family Medicine

Medical Class of 1939 Resident Teacher Award in Medicine



Dr. Dillan Radomske **Emergency Medicine**



Dr. Alicia Thatcher **Family Medicine**

CanMEDS Award: Health Advocate



Dr. Anmol Gupta **Internal Medicine**



Dr. Alicia Thatcher Family Medicine

CanMEDS Award: Leader



Dr. Amit Persad Neurosurgery



Dr. Emmett Harrison Emergency Medicine

CanMEDS Award: Professional



Dr. Oluwatosin Odeshi Internal Medicine/Dermatology



Dr. Narges Ashrafinia Family Medicine

CanMEDS Award: Collaborator



Dr. Rob Carey Emergency Medicine

Award for Excellence in Enhancing Resident Learning

Program Administrative Assistant of the Year Award



Dr. John Shaw General Surgery

Program Director of the Year Award



Dr. Karen Laframboise Internal Medicine

Ms. Jalene Jepson Family Medicine Enhanced Skills

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., Desanghere, L., Robertson-Frey, T., Raazi, M. & Woods, R. Evaluating workplace culture and resilience: Implications for the implementation of Competence by Design. International Conference on Resident Education, September, 2020.

Saxena, A., Desanghere, L., Robertson-Frey, T., Raazi, M. & Woods, R. The impact of workplace culture and resilience in educational reform. Association for Medial Education in Europe (AMEE) conference, September, 2020.

Desanghere, L., Saxena, A., Chan, M. & Moineau, G. Critical Success factors in medical education leadership. Association for Medial Education in Europe (AMEE) conference, September, 2020.

Desanghere, L., Robertson-Frey, T. & Saxena, A. Learner suggestions on improving residency education. Canadian Conference on Medical Education, April, 2021.

Saxena, A., Smith, P., Dickson, G., van Aerde, J & Desanghere, L. Leader effectiveness and leadership development in physician leaders. Canadian Conference on Medical Education, April, 2021.

Learner Suggestions On Improving Residency Education			Leader effectiveness and leadership development in physician leaders			
	ertson-Frey, T. & Sexena, A.	3	La Clief Intent a Linea Barrow and Tablica Fact which day	Saxena, A., Smith, P., Dickson, G	., vanAerde, J. & Desanghere, L.	area, rr - III. IND
INTRODUCTION	METHODS			INTRODUCTION	METHODS	
It The programme Medical Solucitions (POMS) data matching patient information adult resolutions between the processing of a minimum patient and a solution of a minimum patient and a solution of a balang medical transmission and a balang medical transmission and a solution of a solution patient and solution and a solution of a solution and a solution of a solution and a solution of a solution and a solutio		Traderits over object by Wilcut an series enfortive survey alout that expression and satisfaction alout they training t.	Actioning organizational g to be general, leadership is the effectiveness and sum est- effectiveness and sum est-	organizations is important for both maximizing organizational efficiency and only. In a skilling to influence, motivate with enable scheme to contribute to the of the appropriates of which they are members?: the officiency of this length which, skilling, and competences of the language	at other same, # Pertipants, even asked to vete their leader effectiveness (LC) in their carrent leadership role and \$242 perc (20) \$253 veters (LC)	Leaderthy Experiment (d) 15 mars (d) 4 frequent (d) 10 mars (d) 10 mars (d)
PURPOSE	AMALYSIS		Happenin Dr Die wart, with	methor' representation of the strates (measured).		HE RESTORATE
The parpose of this project same in realised learner suggestions on improving residency education on any institution.	utting Constitutive responses were reported with WAVE 12. Energy in the data, larger thermatic areas over Entire Gauss Vito of	of there's were generated in they appeared		PURPOSE	ANALYSIS	at Sec.
	RESULTS	freedout their residency training.		t was to perdapt a study of physician leaders across thranks to livestigate or, and experience on leadership development and selfernerised leader effectiveness:	(Pearson i) were word to anglese dampagaghic variables on LD and LE.	=
the fellowing year (2013-2010). annual conversion	Contraction Construction	fermi mensionerit		RES	ULTS-	
			LEADS			-
How could your residency program is improved?						
Three converting thereis energies flashing largestration, and resident we \$25 of converts upsched to problem with respency education.	diren, each eith seriou nätheren.					-
Resident Learning (24%, of community) Manifesti Layeuren, Statut 10% Anti-Antoniza Signitutions, Statut Delvery of Delasting 10% Anti-Antoniza Signitutions, An	ng mi (Lashi) (a tanàng diak) - A Mena Jao, makata Jao, mang tanàng diak diak tanàng diak tanàng diak diak tanàng diak tanàng diak diak tanàng diak tanàng diak diak tanàng diak diak diak tanàng diak diak diak diak diak diak diak diak	3% of comments) Heaving and Laker (1911) Heaving and Laker (1911) Heaving and description (1911) Heaving and description (1911) Heaving and description (1911) Heaving and description (1911) Frequent lake of outgoing a party	in the skill Frenchom LEADER EFFECTIVENES File carps of regions	sedence constrainty and significantly gain thereafter light a sating than the exception constrainty and significantly approximate the sating than the exception (Life) and the yanger(44). All thereafters have a merged than makes and but are tradecated within the thereafter there are marging than makes and but are tradecated within \$1 traggerdent were called to rate first effectiveness in their control testers no use 12 and this way up to 150. The mean 1951-1516, Validation, maint improvements	b) I DELETE BELLET BELLET BELLETER DE LE DELETER DE LE	pi 25 tool offectiveness prificant) positive is correlated with
The second secon		124 14 2020 Available and larger .	-	Gender		
Research Bappert 2% is not enaugh these elected in welders to perform ensured. I	There are also not			Distriction Mails persistent themselves man affective than themselves affective was cartistically sign (752 versis MMs (n.1937) fit	d this Drank males	
Resident Wellness (11%)	Suggestions for Residency Improvement by	p Year		reported spending significantly time in silinical practice duas		
Ling Yang Statustical - Statustical Statustical			terrene i	need (53 series 48, prof.) and the raide series 48 seri	3 and Apr 218 4300. th Lander of landering 1995 600 refut Trans & diseducing refus 2007 4300 refut 300 refut 300 ref	
Controllery, Introduced Interfaces and Legent. # Occupated mental leadth days.	Brit Lagrance Britane Lawren Br	ryansen al @instant Anthen		CONCLUSION	REFERENCES ACKNOWLED	DGEMENTS
	INCLUSION			d to play a significant role in perceptions of L2 and L0. These results hold a to ephance individual and subjective leadership within their areas of influ	WICH and Decision of the interview of th	algibratives and sheets Manual
 These installs have helped in therefying any factors that influence the second residency experime P installing approximated improvement on these factors will help improve the quirty of relaxation R intrae endprise exploring factors of general-program. Journal of Mill, and age [for example] (and d). 	and/or with dumants by targeting lastific research draft reads in	manyed in the meta-	It Since effective physician	leadership has been shown to improve physician engagement and orgo al leadership practices and leadership development programs would b hard threadersmant.	virational - has a part work sugger - suggers before surgers - dama with	MA SHOULD

Research Activity

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



98 Journal Publications

- 3 PGME Office
- 26 Program Directors*
- 69 Residents*



66

Abstracts/ Conference Presentations

- 5 PGME Office
- 7 Program Directors
- 54 Residents



7 Workshops Presented at

- 2 PGME Office
- 5 Program Directors
- 0 Residents

* Based on feedback from 10 residency training programs



Postgraduate Medical Education College of Medicine, University of Saskatchewan Room 3A10, Health Sciences Building 107 Wiggins Road, Saskatoon, SK, S7N 5E5 Ph: 306-966-8555 Fax: 306-966-5224



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