

Postgraduate Medical Education Annual Report

July 1, 2021 – June 30, 2022



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

BE WHAT THE WORLD NEEDS



Land Acknowledgement

As we work and gather daily at our campuses and sites throughout Saskatchewan, we acknowledge we are on treaty territories 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**

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Minister of Health



SASKATCHEWAN

Legislative Building
Regina, Saskatchewan



The Honourable Paul Merriman
Minister of Health



The Honourable Everett Hindley
Minister of Mental Health and Addictions,
Seniors, and Rural and Remote 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 value the commitment to expanding training opportunities throughout the province. The expansion of the distributed medical education (DME) through the southeast area of Saskatchewan is an important step to training physicians in rural areas of the province. The southeast expansion, along with the previously established DME sites, continue to support efforts to keep physicians in Saskatchewan.

The commitment of the College to provide expansion of training opportunities and capacity in residency programs acknowledges the needs in the province and the dedicated efforts to address shortages in both family medicine and specialties in Saskatchewan.

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



Preston Smith
MD, MEd, CCFP, FCFP
Dean of Medicine

The Postgraduate Medical Education (PGME) office is pivotal to providing a strong and successful medical residency program for Saskatchewan. The PGME team strives to attract residents to our program through high-quality residency training sites that offer a collegial learning environment.

Throughout the pandemic and more recently as we have begun to shift to post-pandemic planning and changes, the PGME team has maintained a commitment to residency education and worked hard to ensure our learners receive high-quality training and clinical experiences. As part of their mission, PGME continues its important work of managing residency programs and ensuring our learners can continue training at sites across the province. This includes ensuring residents' training aligns with national accreditation standards, coordinating residents' learning and clinical experiences, and interacting with various stakeholder agencies and medical departments across the province.

While the pandemic disrupted training, the PGME office was able to adapt and continue providing residents with support to meet their educational goals. Now that the stricter restrictions of the pandemic have eased, the college and the PGME office continue our efforts to train and support residents to become the competent physicians the province and the world needs.

Thank you to the PGME team for your remarkable work in supporting our residents and your dedication to postgraduate medical education.

Message from the Vice-Dean Medical Education



Kent Stobart

MD, MSc, FRCPC

Vice-Dean Medical Education

Postgraduate medical education (PGME) is vital to Saskatchewan's College of Medicine and our health care system, and the residency program is critical to developing the physicians needed in the province.

During the COVID-19 pandemic the PGME office has offered numerous events that enhance residency education. The PGME Bootcamp continues in a virtual format. This event is for all the incoming residents and provides hands-on and interactive sessions on relevant clinical topics. This is an additional support to trainees as they transition to residency and allows them to network with other incoming PGY1 residents. The office has also facilitated additional training opportunities for residents, program directors/administrators and PGME office staff.

PGME continues to aggressively support the work of the Canadian Resident Matching Service to secure residency training positions for undergraduate students. We are building postgraduate training capacity for new CFPC family medicine and Royal College speciality residency positions in Saskatchewan.

Resident wellness remains a priority, especially during the challenging times of the pandemic where resident learning, training and research were impacted. The Resident Resource Office provides a variety of supports in a confidential space to residents experiencing personal or academic difficulties.

The PGME program will undergo a full program accreditation review in of the institution and programs in November 2023. Over the past year, the PGME has undergone an internal program review, which are important for continuous quality improvement. I'm pleased to report all of our programs are currently accredited. The team has also continued the ongoing important work of implementing competency-based medical education across all programs.

Coordinating and supporting the various individuals and organizations involved in successful resident placements, experiences and learning is a critical component of medical education. With 455 residents, more than 2000 faculty, and 25 programs across seven sites in the province, significant work is involved. The successful accreditation status of all our residency programs is a solid indication that the PGME office is fulfilling this important mission.

Thank you to everyone involved in our goal to improve postgraduate medical education in the province of Saskatchewan.

Message from the Associate Dean PGME



Anurag Saxena

**MD, MEd, MBA, FRCPC, FCAP,
CHE, CCPE**

Associate Dean

Postgraduate Medical Education

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 2021 – 2022 academic year.

During the past year, our residents, program administrators, program directors and the central PGME unit administrative team members have continued to feel the ongoing impact of the Covid-19 pandemic. There have been improvements, however, we need to stay cautious and vigilant. I have noticed a marked improvement in our mutually-valued relationships (with both internal and external stakeholders) and enhancements in collaborative approach to addressing areas of improvement. During this year, we had a strategic approach to engaging with international medical graduates (through working on a focused competency program for IMGs and working on a research-informed project to enable IMGs in our province to serve our communities as independent physicians). In addition, we worked on developing a new residency program in Medical Oncology.

During this year, implementation of competency-based medical education continued and we made significant progress in adopting Elentra for our programs. We also initiated the activities for the next PGME strategic plan.

We also commenced a deliberate and strategic approach through internal reviews to prepare for the 2023 external accreditation site visit by the national colleges. 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 are the personal commitments, dedication and values of our learners, teachers, and educational administrative and leadership team members.

I am very thankful to our residents for providing high-quality care and ensuring their own learning towards competence. I look forward to continuing working with all of you who ensure the successful education of our residents to serve our communities.

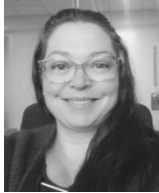
PGME Staff



Maureen Lumbis
Executive Assistant
to PGME Associate Dean



Ope Okunola
Coordinator
PGME Educational Programs



Reola Mathieu
Coordinator
Academic & Non-Academic Processes



Tanya Robertson-Frey
Coordinator
Program Evaluation



Della Toews
Coordinator
Admissions & Resident Administration



Gayathri Manoharan
Coordinator
Resident Wellness



Audrey Kincaid
Clerical
PGME Accreditation & PA Liaison



Jennifer Uhryn
Clerical
Admissions & Resident Administration



Sam Curnew
Clerical
PGME Electives & Admin Processes



Judith Villanueva
Clerical
PGME Reception & Electronic Filing



Jennifer Dybvig
Clerical
Residency Payments, Processing & Finance



Kailey Friesen
Clerical
Resident Wellness, Resources & RaPID



Heather Schultz
Clerical
Education Programming & CBD



Samantha Chymy
Clerical
PGME Initiatives



Loni Desanghere
PGME Research



Suzie Harriman
Assistant Professor
PGME Simulation Coordinator



Marla Davidson
Associate Professor
PGME Director of Transfers



Sharon Card
Associate Professor
PGME CBD Lead



Lynsey Martin
Assistant Professor
PGME CBD Assistant Lead



Ayisha Kurji
Associate Professor
PGME Director Educational Programming



PGME Celebration Night



Strategic Plan 2021 – 2025

Strategic Priorities



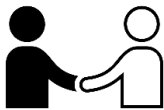
Learner-Centred Programming

- 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



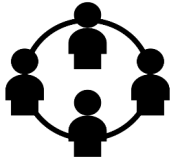
Social Accountability

- 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



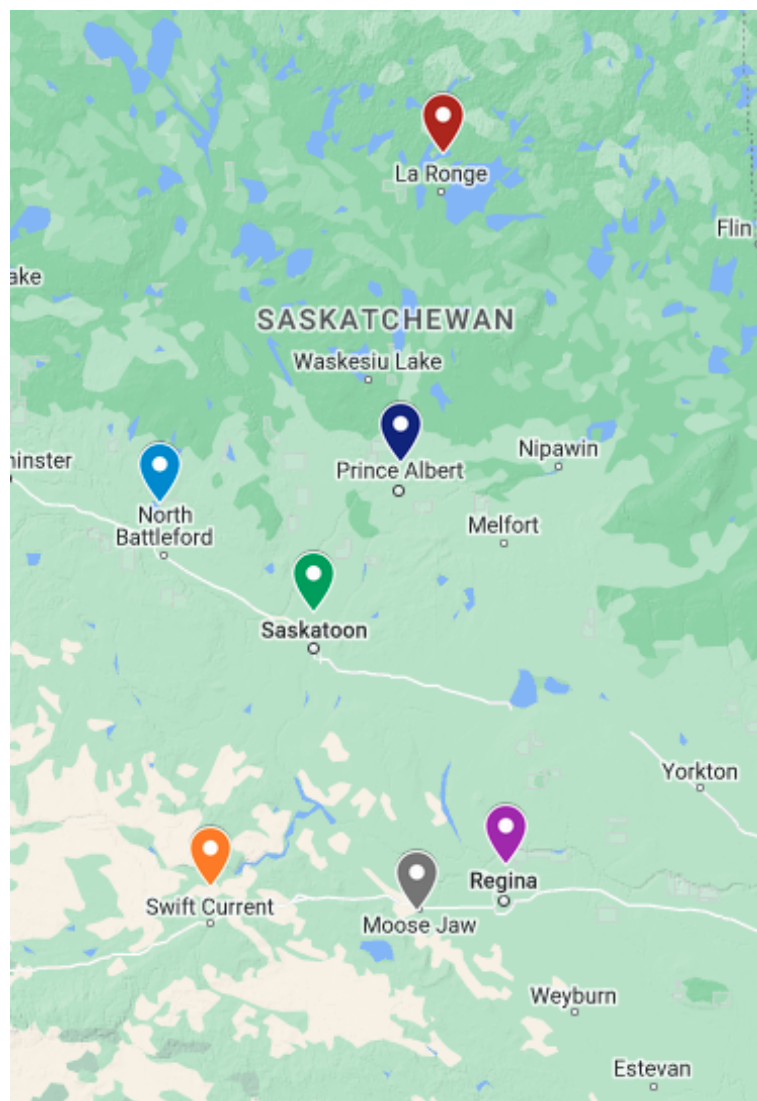
Organizational Accountability

- 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

Key Stats

Number of Residents by Program	As of June 2021	As of June 2022
Anesthesiology	29	30
Cardiology	6	6
Child & Adolescent Psychiatry	2	2
Clinician Investigator Program	1	0
Diagnostic Radiology	19	21
Emergency Medicine	17	17
Family Medicine Emergency Medicine (Regina)	6	5
Family Medicine Emergency Medicine (Saskatoon)	2	3
Family Medicine Emergency Medicine (Swift Current)	0	2
Family Medicine Enhanced Skills - Anesthesia	2	2
Family Medicine Enhanced Skills - Sports Medicine	1	2
Family Medicine Enhanced Skills - Surgical Skills	1	1
Family Medicine La Ronge	5	6
Family Medicine Moose Jaw	8	8
Family Medicine North Battleford	12	12
Family Medicine Prince Albert	14	14
Family Medicine Regina	23	22
Family Medicine Saskatoon	23	26
Family Medicine Swift Current	8	7
Forensic Psychiatry	0	0
General Internal Medicine	8	8
Internal Medicine (Regina)	17	21
Internal Medicine (Saskatoon)	56	55
Nephrology	0	2
Neurology	13	11
Neurosurgery	6	5
Obstetrics & Gynecology (Regina)	11	11
Obstetrics & Gynecology (Saskatoon)	22	21
Ophthalmology	5	5
Orthopedic Surgery	10	10
Pathology	11	11
Pediatrics (Regina)	4	6
Pediatrics (Saskatoon)	25	24
Physical Medicine & Rehabilitation	11	11
Psychiatry (Regina)	13	15
Psychiatry (Saskatoon)	21	23
Public Health & Preventive Medicine	5	5
Respiratory Medicine	4	4
Rheumatology	2	1
Surgery	25	26
Total	448	458

Location & Number of Residency Training Programs



Saskatoon

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



458

Residents



25

Training Programs



7

**Provincial Training
Locations**

Accreditation

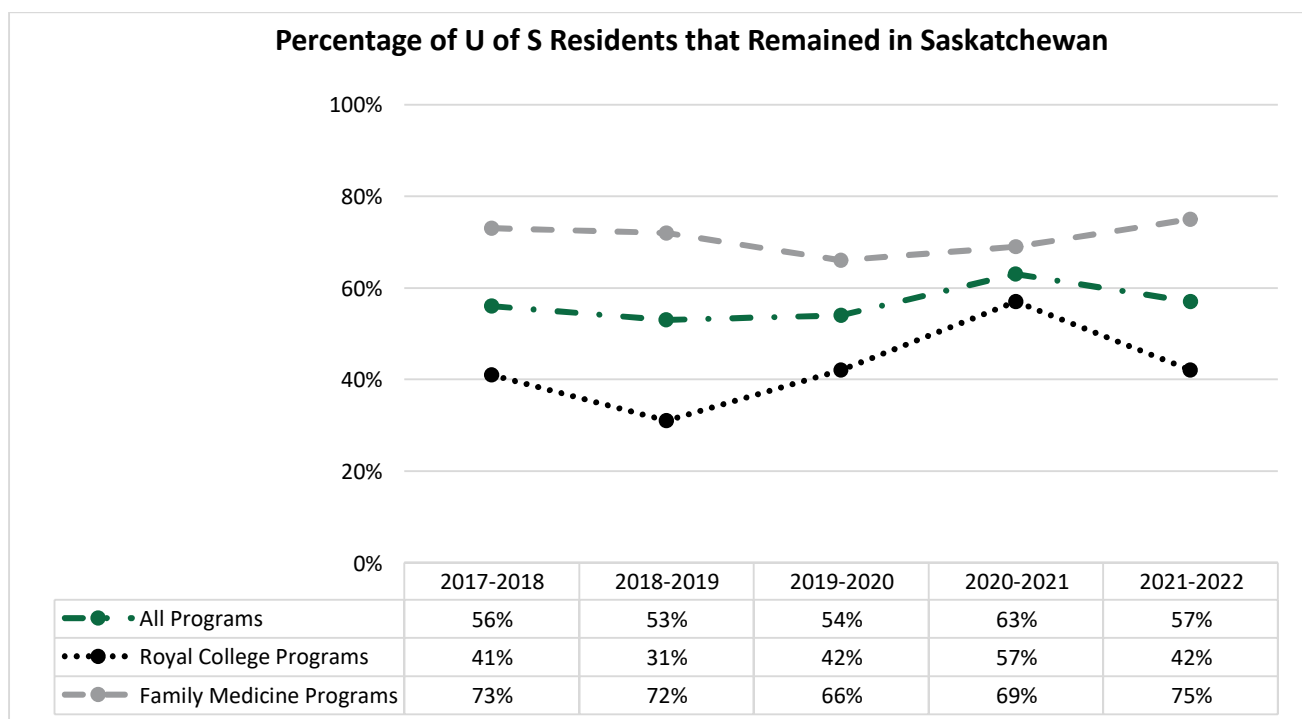
During the past year, the following accreditation activities took place:

- Internal Reviews were held for all active programs in Fall, 2021 or Spring, 2022.
- An External Review for the Clinician Educator AFC was held in April, 2022.
- The Medical Oncology program was approved as a new program in May, 2022.
- Programs received their internal review reports after their internal reviews and are working on their areas of improvement in preparation for the site visit in November, 2023.

All of our residency training programs are accredited with follow-up by a regular review. Next on-site visits will be held November 26 – December 1, 2023.

Retention in Saskatchewan of U of S Residents

Based on the past five years, an average of 57% of residents who completed their training have remained and practised in Saskatchewan. Presented below are the averages from 2017 to 2022, based on type of program.



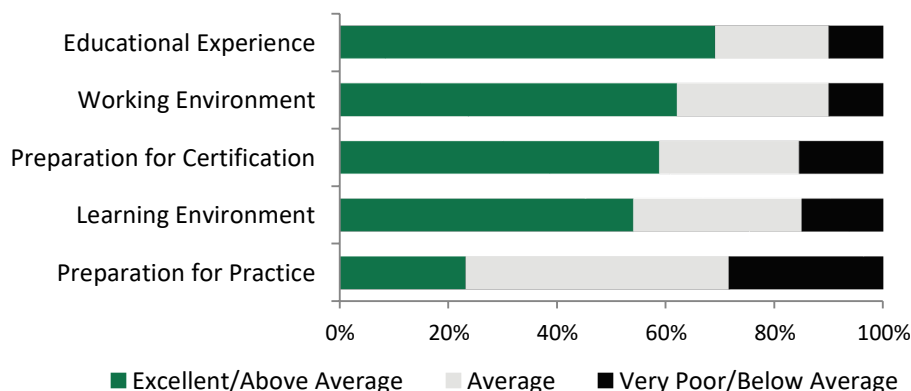
PGME Evaluation

2021 – 2022 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 2021 and September 2022. A total of 62 residents participated, representing a 48% response rate.

Overall Experience

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



69%

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

Additional Findings

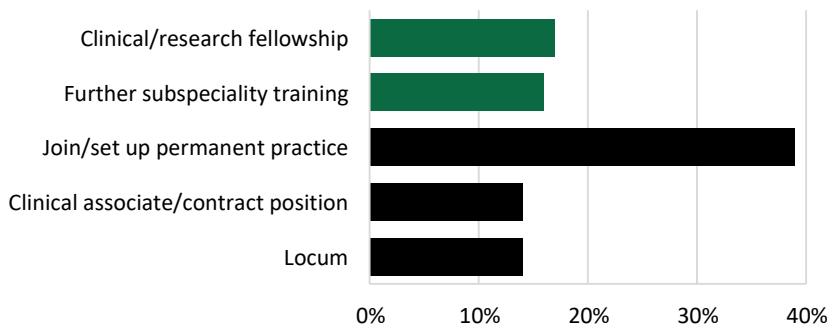
Resident well-being: 64% reported they were provided with **information** on effective **coping skills** regarding **personal** and/or **professional well-being**. This information was most often provided in the form of **informal discussions** (81%), **role-modeling/teaching** (41%) and **academic half days** (31%). In relation to **stress** experienced during residency training, it was found to most likely affect residents’ **personal life** (60%), and **academic performance** (40%).

Harassment/intimidation/discrimination: 28% 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: 74% of residents hoped to pursue their immediate future plans in **Saskatchewan**.

33% indicated their immediate plans included **additional training/education**.

67% indicated they plan to enter **practice** following residency training.



PGME Evaluation Projects

Exploring IMG Routes to Unsupervised Clinical Practice in Saskatchewan



The Postgraduate Medical Education office has been contracted by the Saskatchewan Ministry of Immigration and Career Training on a project focused on improving options for non-licensable international medical graduates' (IMGs) educational programming, including supports for transition to the Saskatchewan International Physician Practice Assessment (SIPPA) or medical residency. The project is also exploring ways to improve physician retention in Saskatchewan. The following activities have been carried out by the research team:

- Conducted an environmental scan of the literature to explore current practices in Canada and other countries for getting IMGs into practice, including success factors and challenges.
- A Realist review is underway to explore why and how certain IMG supports work, for whom, to what extent, and in what contexts.
- Conducted over 60 interviews and focus groups with organizational stakeholders and IMGs in the province.

Data analysis, report writing, and recommendations to enhance integration of IMGs into medical education or practice are anticipated for 2023.

Evaluation of the PGME Resident Quality Referral and Consultation Education (QRCE)



The Quality Referral and Consult Education (QRCE) was developed by the Saskatchewan Ministry of Health in collaboration with PGME to train residents on how to improve written and verbal referral/consultation communication. The curriculum takes approximately three hours to complete and consists of the following three parts:

- Introductory presentation provided to PGY1 at the PGME Resident Boot Camp
- Two online modules: “Effective Consultation in an Acute Care Setting” and “How to Make an Effective Written Consultation”
- Interdisciplinary workshop co-facilitated by senior family medicine residents and senior residents from Royal College programs.

Now that many residents have completed all three components of the curriculum, an outcomes evaluation is underway to assess how successfully the various referral/consultation resources are being used and to determine if residents are satisfied with the referral process. Specifically, residents from family medicine and specialty programs will be asked to participate in an online survey. Results of the project will help to inform program improvement.

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, several modular workshops were developed based on feedback from CBD Readiness Surveys of all RCPSC disciplines.

Competence by Design Activities in 2021-2022

Workshops:

- Two Competence Committee workshops (PGME Wide), utilizing the Elentra platform to facilitate standardization of best practices. This was then developed into a workbook for reference.
- Two discipline-specific CC workshops.

Meetings/Rounds held during the past year:

- Facilitated Competence Committee Chairs meetings bi-monthly.
- Facilitated Resident Leads Chairs meetings bi-monthly.
- Met with CBD Program Directors four times.
- Presented at five Grand Rounds for various disciplines on CBD topics.
- Ten meeting with future launch disciplines.
- Over 20 meetings with disciplines launching Elentra.
- Five Elentra Orientation Rounds presentation in various forums.

Readiness Tracking

- The CBD PGME Lead met with four disciplines formally to plan readiness tracking as well as multiple conversations informally to assist with issues.

Sharing Information

- CBD SharePoint, which houses numerous resources for programs to use with their own faculty. Now transitioned onto Elentra.

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.
- Member of Elentra PGME Group meeting bi-monthly.

Elentra Implementation

- Development of MOC Committee and initiation of implementation of switch to new electronic platform.
- Liaised with Elentra group and all programs making the switch for July 2022.

Scholarly Contributions

- Saxena A, Card S, Desanghere L, Robertson-Frey T. Implementation and Evaluation of Competency-Based Medical Education at the University of Saskatchewan. Presented at CBME Program Evaluation Summit. Virtual.

5 more residency training programs transitioned to Competence by Design on July 1, 2021:

- Cardiology
- Child & Adolescent Psychiatry
- Forensic Psychiatry
- Pediatrics
- Respiriology

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 2021 – 2022

- Assistant Program Directors for Curriculum, Assessment and Continuous Improvement have reviewed the latest CPFC documents from the Outcomes of Training Project and are working with each of our eight sites to improve the delivery of Triple C.
- A strategic sub-committee of the Residency Program Committee was formed to help guide our next steps in Triple C. This will include planning for a 3-year Family Medicine Program in conjunction with direction and expertise from the CFPC.
- The Assessment Director has revised the Department of Academic Family Medicine's Assessment Policy based on feedback from the Site Directors to reflect the unique needs of the Family Medicine Program.
- The Curriculum Director has conducted a research project to assess resident and Site Director confidence of exposure to core procedures as outlined by the Residency Training Profile. This information will be used to direct ongoing procedural and simulation curriculum development.
- Each individual Enhanced Skills program now follows the Periodic Review and Progress Committee process.
- The CBME Lead for Enhanced Skills continues to work with individual Enhanced Skills programs on their assessment and curriculum needs.

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 2021-2022 workshops included interactive sessions on the Resident Doctors of Saskatchewan (RDoS) collective agreement; managing time, self, and energy; and conflict management.

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 that 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.

Resident Boot Camp

To provide effective transition into residency, all applicants matched to RCPSC and CFPC residency training programs at the U of S must attend a PGME resident boot camp. The boot camp provides current topics relevant to safe and good medical practice and assists new residents to consolidate baseline skills relevant to successful residency. It is also a good opportunity to meet, learn, and network with other incoming PGY1 residents. The 2022 Boot Camp was offered to residents virtually using the Zoom 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, RDoS, access to information, Indigenous health, resiliency, laboratory and radiology basics, referrals/consultations, wealth management, and success tips from current residents. A session on insulin management was added this year.

82%
satisfied/very satisfied



I liked the opportunity to speak to current residents that are in my program. Having the opportunity to ask questions to them helped me feel more at ease and prepared for what is to come.

Thank you for all of your hard work in organizing the boot camp. I was really impressed with the positivity and enthusiasm of the presenters - it makes me excited to start my residency at USask!

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.

Learners:
100% satisfied/very satisfied

Instructors:
100% satisfied/very satisfied

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.

2021 – 2022 PGME Annual Report

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 2021-2022, the course was provided to 96 residents across various distributed sites in the province.

82% good/excellent

Great, organised course. Appreciated how interactive it was as that allowed us to stay interested and involved during the whole day. The microteaching presentations that we did were very helpful in learning how to implement what we learned during the day.

TIPS Participant

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 has been incorporated into PGME training to ensure that all 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 which consists of three parts:

1. **Introductory presentation** on effective consultation communication provided to PGY1s at the PGME Resident Boot Camp.
2. **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.

94% satisfied/very satisfied
Introductory Presentation

87% satisfied/very satisfied
Module 1

86% satisfied/very satisfied
Module 2

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.

2021 Canadian Resident Matching Service (CaRMS): Match Results

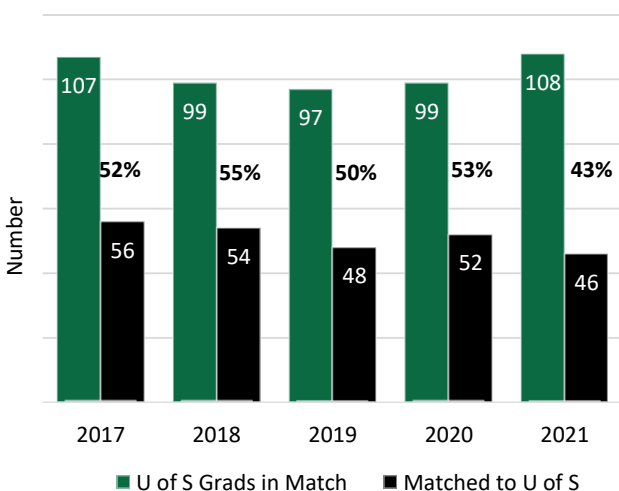
In 2021-2022, the University of Saskatchewan PGME participated in three CaRMS matches: R-1 Main Residency match; R-3 Family Medicine/Emergency Medicine match; and R-4 Medicine Subspecialty match.

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 124 positions for the R-1 match, 15 positions for the R-3 match, and 14 positions for the R-4 match.

The U of S matched all 124 available positions in the first and second iterations of the R-1 match. These positions were filled by 85 Canadian medical graduates (CMGs) and 39 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.

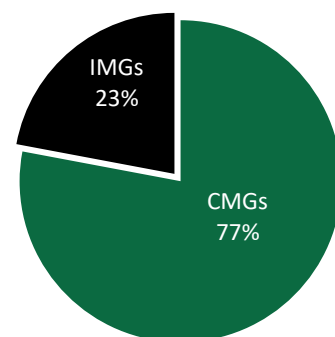
Applicants who match to networked positions and IMGs who matched to positions in Family Medicine, General Pathology, Internal Medicine and Psychiatry have a Return of Service with a commitment to practice in Saskatchewan when they complete their training program.

Match Results for U of S Grads



Over the past 5 years, an average of **51%** of U of S grads were matched to U of S residency training programs

CaRMS 2021 R-1 Match Results



2021 R-1 Match: Distribution of Matched Positions

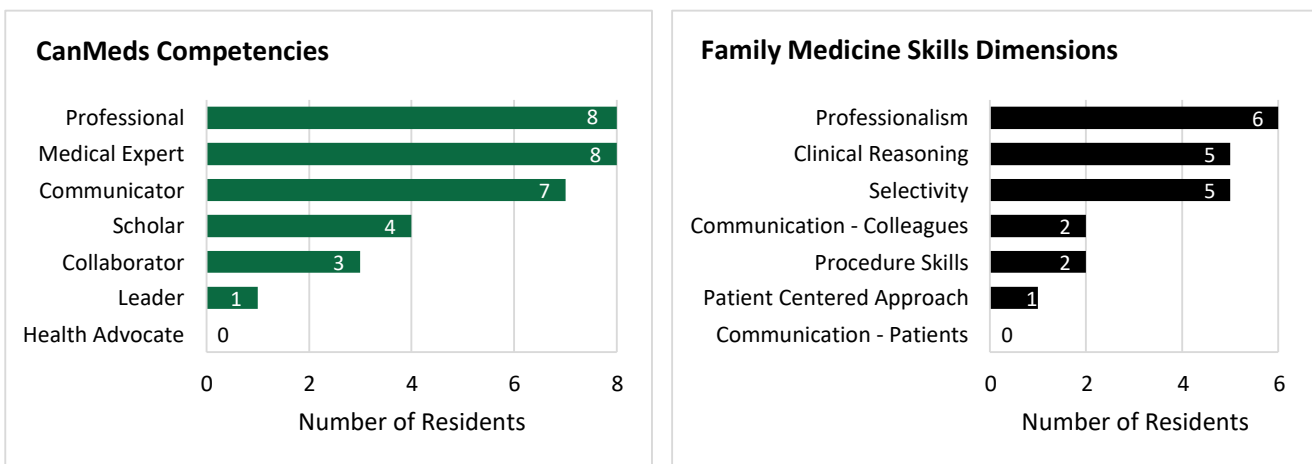
Program	CMG	IMG	Total
Anesthesia	6	0	6
Diagnostic Radiology	4	0	4
Emergency Medicine	3	0	3
Family Medicine-La Ronge	2	1	3
Family Medicine-Moose Jaw	3	1	4
Family Medicine-North Battleford	0	6	6
Family Medicine-Prince Albert	4	3	7
Family Medicine-Regina	3	9	12
Family Medicine-Saskatoon	7	5	12
Family Medicine-Swift Current	1	3	4
General Pathology	2	1	3
General Surgery	4	0	4
Internal Medicine-Saskatoon	15	3	18
Internal Medicine-Regina	5	1	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	1	1	2
Pediatrics-Saskatoon	6	0	6
Physical Medicine & Rehabilitation	2	0	2
Psychiatry-Saskatoon	3	1	4
Psychiatry-Regina	1	3	4
Public Health & Preventive Medicine	1	0	1
UofS/UofA Networked Dermatology	1	0	1
Total Matched Positions	85	39	124

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.

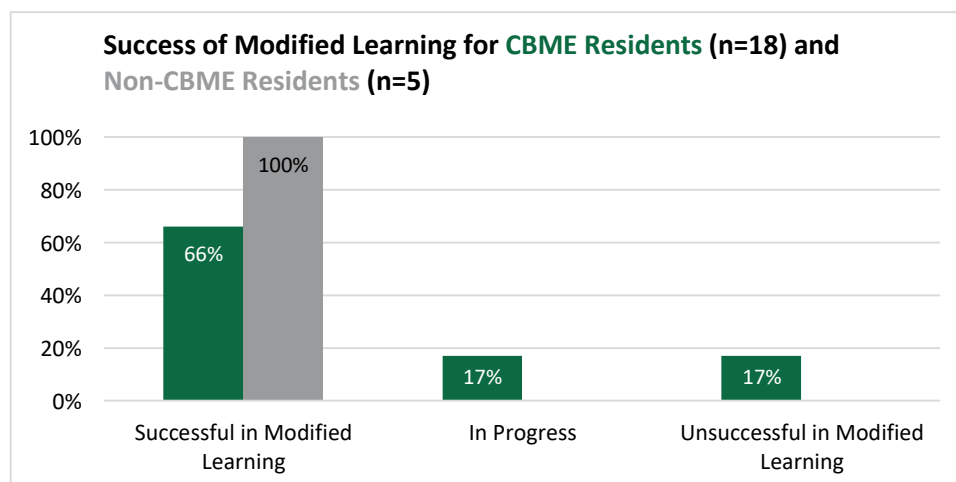
During the 2021-2022 academic year, 23 residents went through some modifications of their training – 17 informal learning plans, 5 remediations, and 1 probation – representing less than 0.05% of the total number of U of S residents. The reasons for remedial training were diverse and the outcomes of the modifications were varied: 17 were successfully completed and residents continued or completed their training; the remaining six are still in progress or require further actions.

Reasons for Modified Learning Plans



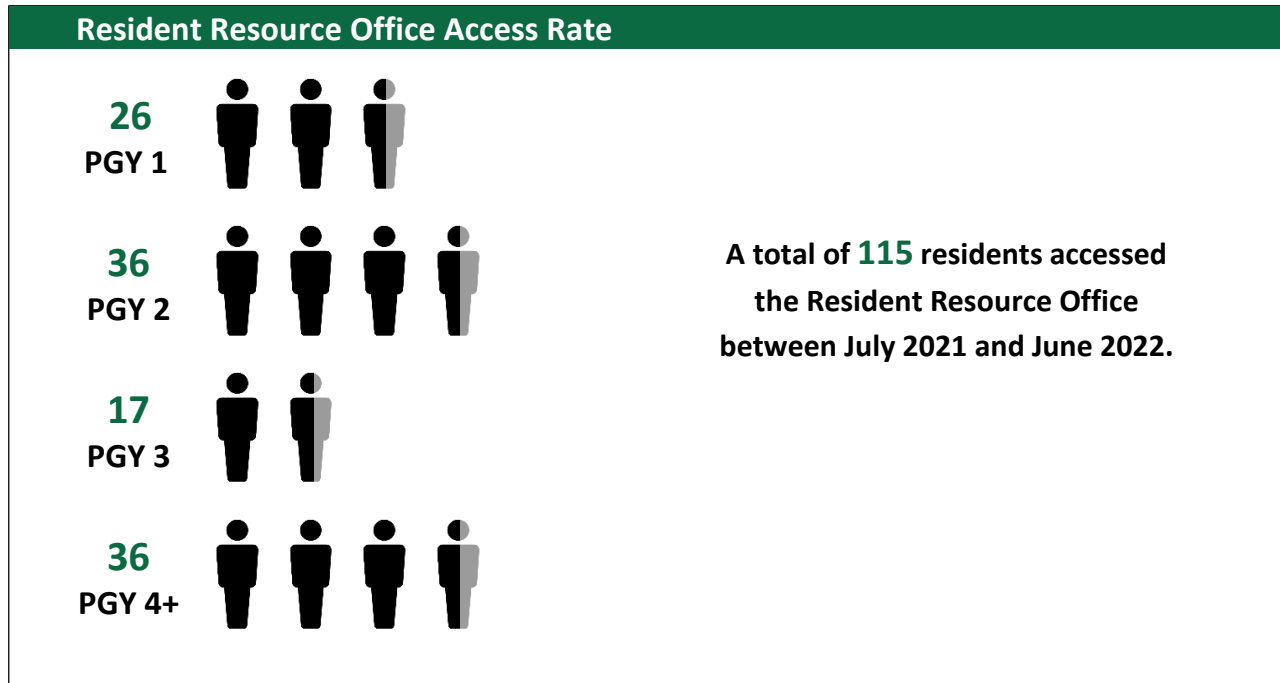
Modified Learning & Competency Based Medical Education (CBME)

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 to maintain wellbeing throughout residency.



Wellness Initiatives

In the past year, RRO has collaborated with the Saskatchewan Medical Association Physician Health Program (PHP) and the 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. Many initiatives have transitioned back to in-person in spring. Ice Cream Rounds, with a wellness focus, was offered to residents. Several programs held wellness events, retreats, holiday dinners, bowling nights, etc. to bring together residents and their families in a social setting. The feedback from these types of events have been extremely positive.



Ice Cream Rounds at St. Andrew's College

2021 – 2022 PGME Annual Report

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 2022. 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, 2022.

Clinical Category Awardees:



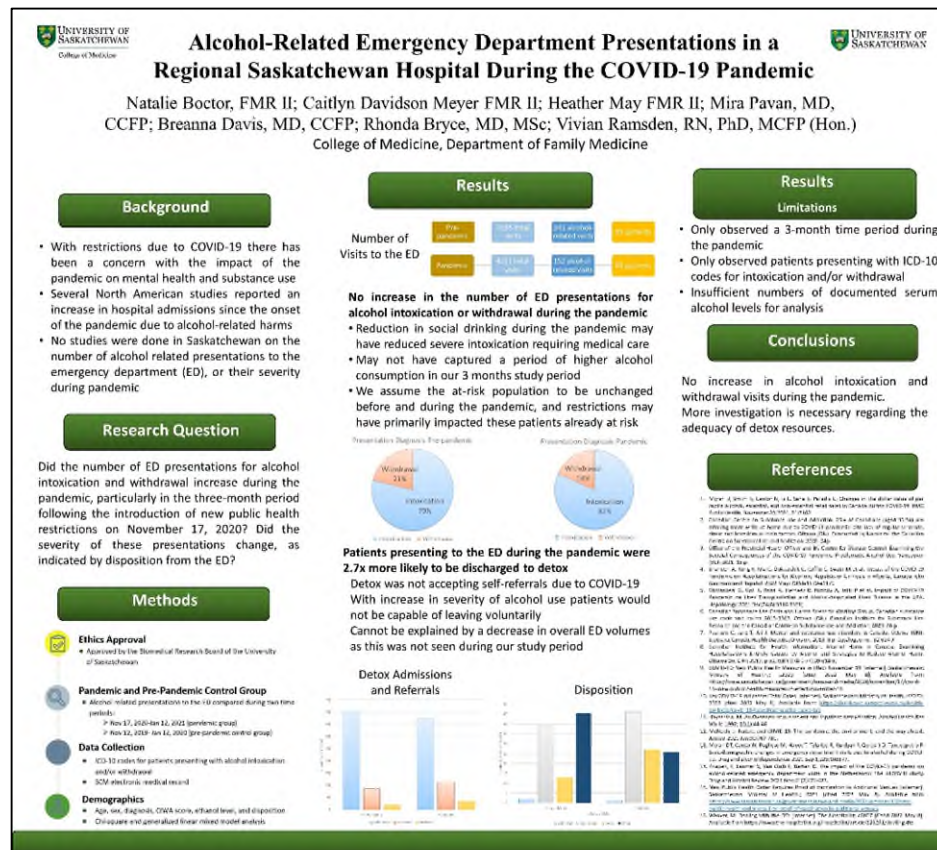
- 1st Place:** Dr. Caitlyn Davidson Meyer, Family Medicine
- 2nd Place:** Dr. Tim He, Internal Medicine
- 2nd Place:** Dr. Netusha Thevaranjan & Dr. Mallory McNiven, Pediatrics
- 3rd Place:** Dr. Nawaf Abu Omar & Dr. Zarrukh Baig, General Surgery

What Works/Initiatives Awardees:

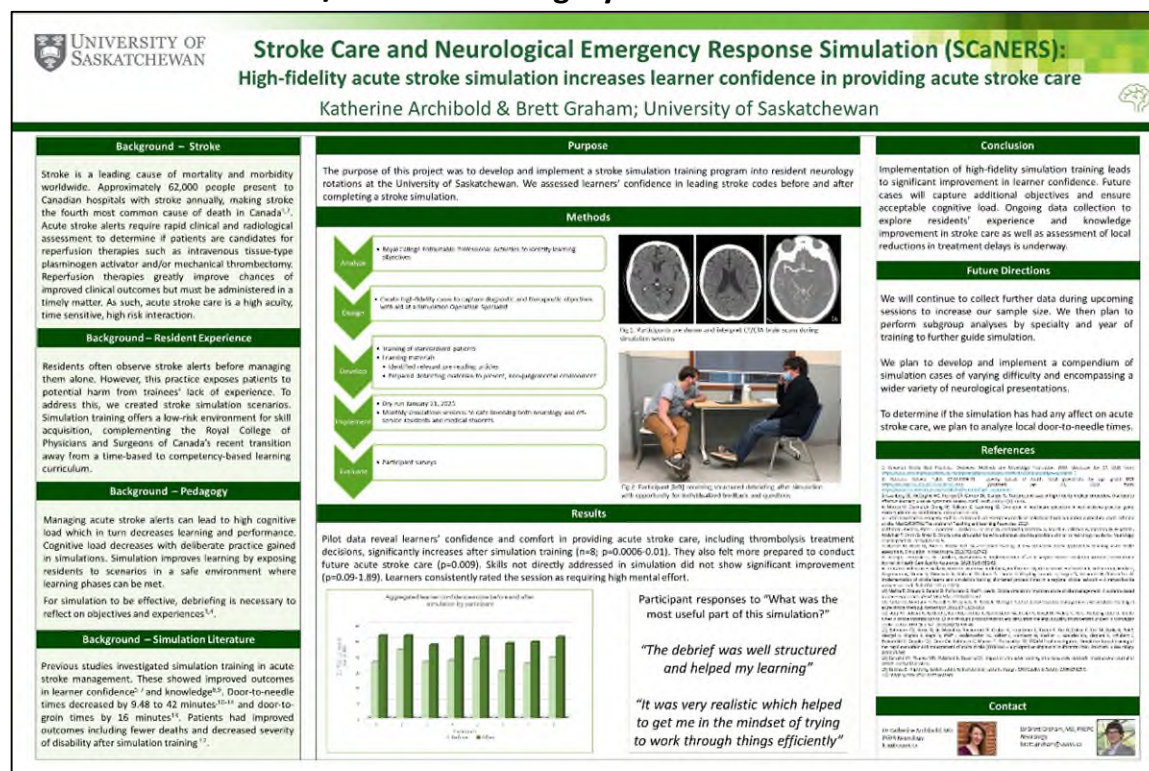


- 1st Place:** Dr. Katherine Archibold, Neurology
- 2nd Place:** Dr. Tanner Hall, General Surgery
- 3rd Place:** Dr. Carly Yim, Internal Medicine

1st Place Clinical Category:



1st Place What Works/Initiatives Category:



Social Responsiveness

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

Response to COVID-19



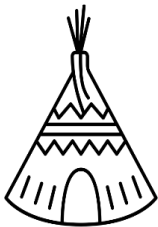
PGME Office

- The PGME office provided numerous supports to programs as virtual interviews were mandated for the 2022 CaRMS matches (R1, FM-ES, MSM):
 - Provided programs with a document outlining best practices for virtual interviews
 - Worked with CoM IT to deliver Zoom training sessions to PDs and PAs
 - 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

Residency Training Programs

- Resident redeployment as needed
- Ensuring safety of residents with appropriate PPE training.
- Increased focus on resident wellness
- Peer support groups
- Participation in telehealth clinics
- Virtual learning and flexible hybrid model (academic half day, rounds, electives, annual resident research day)

Indigenous Health & Wellness



PGME Office

- PGME staff members participating in the following:
 - Online course "Building an Awareness of Cultural Humility"
 - The Mawatsitwin virtual series through the UofS
 - Wichitowin Indigenous Engagement Conference

Residency Training Programs

- Presentations/sessions during academic half days, resident retreats, and academic rounds.
- Completion of the following courses/online modules:
 - "The Role of Practitioners in Indigenous Wellness"
 - "4 Seasons of Reconciliation"
 - "Trauma-Informed Care"
- Residents completed training in northern communities, on-reserve, and urban clinics that serve predominately Indigenous populations.
- Telehealth clinics with Indigenous community clinics
- Participation in cultural events
- Participation in Orange Shirt Week
- Research projects with Indigenous community partners



Equity, Diversity & Inclusion

PGME Office:

- Representation on the College of Medicine Equity, Diversity, and Inclusion working group
- Attended the following CoM Professional Development sessions:
 - Introduction to Unconscious Racial Bias; Introduction to Racial Microaggressions; Introduction to Intersectionality, Power and Oppression; Introduction to Systemic Change; Leadership in Safety; Reflections on Diversity workshop
- Participated in the Division of Social Accountability book club:
 - White Fragility: Why it's so hard for White People to Talk about Racism, by Robin Diangelo
 - Becoming Nicole, by Amy Ellis Nutt

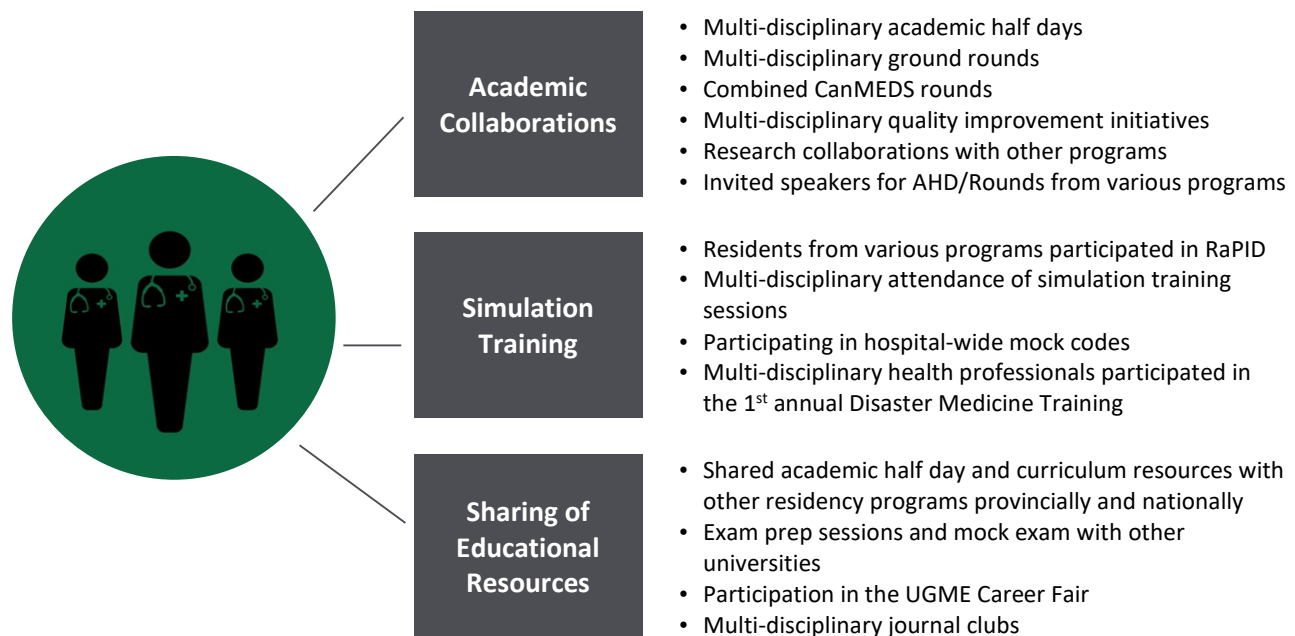
Residency Training Programs:

- EDI subcommittee with faculty and resident membership
- Completion of online course "Understanding Stigma"
- Completed Implicit Bias Training
- EDI research projects
- Curriculum includes sessions on transgender health, gender diverse care, and refugee health
- Had a social virtual room with an elder available during CaRMS interviews
- Included a cultural safety question station into CaRMS interviews
- Program-specific policy on safety and harassment
- Funding withing program for EDI initiatives
- Aim for diversity in resident selection process and faculty recruitment
- 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

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
- National PGME Managers Group
- Family Medicine Resilience, Intimidation, & Harassment Committee

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 General Surgery program had two Saudi residents as of July 1, 2021. For July 1, 2022 trainees from Saudi Arabia and Kuwait will commence training in 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 2023 start date.

Exploring International Collaborations

During this academic year, the major focus has been working on focused competency programs to enable international physicians and residents to learn in our PGME settings and upon completion go back to serve their countries and communities. The College of Physicians and Surgeons of Saskatchewan has been extremely helpful and supportive of this work while ensuring that care for our population remains high quality and safe.

Partnerships with institutions in India 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.

We worked with countries in the Middle East to offer an increasing number of residency spots in our setting (in areas where we have excess capacity and willingness to accept international trainees) without compromising education of our own residents. In fact, having international residents in our programs has enhanced the quality of our programs and mutual learning from diverse perspectives. We have trainees from Saudi Arabia and Kuwait.

Awards

The Postgraduate Medical Education Office administers the nomination and selection process for a variety of program and resident awards. The award recipients for 2021 – 2022 are listed below.

Program Director of the Year:	Dr. David Sauder, Orthopedic Surgery
Program Administrator of the Year:	Ms. Angela Loehndorf, Neurology
Award for Excellence in Enhancing Resident Learning:	Dr. Lynsey Martin, Emergency Medicine
Exemplary Resident Award:	Dr. Mackenzie (Mac) Russell, Emergency Medicine
CanMEDS Collaborator:	Dr. Loreanne Manalac, Family Medicine Regina Dr. Varun Srivatsav, Internal Medicine Regina
CanMEDS Communicator:	Dr. Jeffrey Elder, Emergency Medicine
CanMEDS Leader:	Dr. Kristin O’Neill, Emergency Medicine
CanMEDS Professional:	Dr. Isabelle Hedayat, Family Medicine Regina Dr. Nebojsa (Neb) Kuljic, Orthopedic Surgery
Resident Teacher Award:	Dr. Cole Picot, Family Medicine Saskatoon Dr. Jessica Bruce, Anesthesia
CSCI-CIHR Research Award:	Dr. Zarrukh Baig, General Surgery



Dr. David Sauder, Orthopedic Surgery, Program Director of the Year



Ms. Angela Loehndorf
Neurology
Program Administrator of the Year



Dr. Mackenzie Russell
Emergency Medicine
Exemplary Resident of the Year



Dr. Lynsey Martin
Emergency Medicine
Award for Excellence in Enhancing Resident

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.

PGME Poster Presentations

Saxena, A., Desanghere, L., Robertson-Frey, T. Discovering a way forward: Equity, diversity and inclusion in postgraduate medical education. International Leadership Association, July 2021.

Saxena, A., Desanghere, L., Robertson-Frey, T. Evaluating Negative Feedback in Postgraduate Medical Education: Prevalence, Impact, and Delivery. Association for Medical Education in Europe (AMEE) conference, August, 2021.

Desanghere, L., Saxena, A., Robertson-Frey, T., Okunola, O. Money, Rights, and Legalities: Some of the most important things to address during a PGME boot camp. International Conference on Resident Education, October, 2021.

Saxena, A., Desanghere, L., Robertson-Frey, T. Equity, Diversity and Inclusion: Generating a desired state of harmony in postgraduate medical education environments. International Conference on Resident Education, October, 2021.

Robertson-Frey, T., Desanghere, L. & Saxena, A. Evaluating Negative Feedback in Postgraduate Medical Education: Prevalence, Impact, and Delivery. RISE, June, 2022.

Desanghere, L. & Saxena, A. Grit, resilience, and professional quality of life: Investigating wellness in Medical Education. RISE, June, 2022.

PGME Oral Presentations

Saxena, A., Card, S., Desanghere, L. & Robertson-Frey, T. Implementation and evaluation of competency based medical education at the University of Saskatchewan. Program evaluation summit, SBME, October, 2021.

Saxena, A., Desanghere, L., Dore, K., & Reiter, H. Incorporating situational judgement tests into PGME admissions: Examining educational and organizational outcomes. AAMC, November, 2021.

Saxena, A., Smith, P., Dickson, G., van Aerde, J. & Desanghere, L. Leader effectiveness and leadership development in physician leaders. RISE, June, 2022.

Saxena, A., Desanghere, L. & Robertson-Frey, T. Discovering a way forward: Equity, diversity and inclusion in postgraduate medical education. RISE, June, 2022.

Evaluating Negative Feedback in Postgraduate Medical Education: Prevalence, Impact, and Delivery

Tanya Robertson-Frey, Loni Desanghere, Anurag Saxena

INTRODUCTION

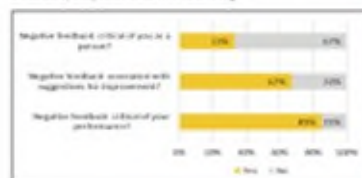
An important aspect of residency training is the delivery and reception of feedback to residents so that learning and performance is enhanced. However, there are many instances where feedback is presented as criticism and has a negative impact on residents. We sought to evaluate the prevalence, impact, and explore positive ways that feedback can be delivered to residents.

METHODS

Residents from 30 programs completed a short on-line survey about the frequency and impact that negative feedback has had on them as a learner. Responses from 188 residents were analyzed using NVivo, content analysis was used to generate emergent themes from the data. Frequencies were used to quantify prevalence of negative feedback across resident responses.

RESULTS

Of the 78% of respondents who received negative feedback, they indicated the following:



78% of respondents have received negative feedback during residency training



The majority indicated it affected them after leaving work (84%) and affected their self-view (76%)

Additional Comments about Negative Feedback:

"It was well structured feedback that provided me with points of improvement..."

"The feedback was passive aggressive in nature where I was shamed as a person..."

Suggestions for Residents:

- Negative feedback is a learning experience aimed at bettering performance.
- To not taking the feedback personally.
- The importance of talking with peers, family, friends or mentors.
- Reflect and be mindful of what was said during feedback.

Suggestions for Supervisors:

- Feedback should be constructive, direct, specific, and provide direction.
- Feedback needs to include positive elements along with areas for improvement (feedback sandwich).
- Supervisors should be polite, respectful & professional.
- Providing feedback in person, in a confidential manner.

CONCLUSIONS

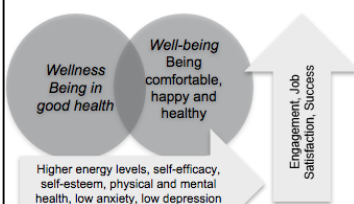
Negative feedback can be a useful tool to promote learning & enhance performance, but it also can have a negative impact on a resident's well-being. Results will be used to develop/modify policies and procedures to improve resident experiences, feedback, learning and well-being.

BE WHAT THE WORLD NEEDS

Grit, Resilience, and Professional Quality of Life: Investigating Wellness in Medical Education

Desanghere, Saxena, Claypool and Walker

INTRODUCTION



METHODS Online survey, measuring:

Grit	Resilience
Perseverance and Passion • A person's capacity to sustain both effort and interest in projects over long periods of time, even in the absence of positive feedback	• The process of effectively negotiating, adapting to, or managing significant sources of stress or trauma
Professional Quality of Life (PQOL) Encompasses one's feelings (both positive and negative) in relation to their work as a 'helper'	
Compassion Satisfaction (CS) • 'Higher levels of well-being' • Feelings of altruism • Feeling good to be helping others	Compassion Fatigue (CF) • "Lower levels of well-being" • Measures burnout and secondary traumatic stress (STS) • Can have negative effects e.g. depression, substance abuse, posttraumatic stress

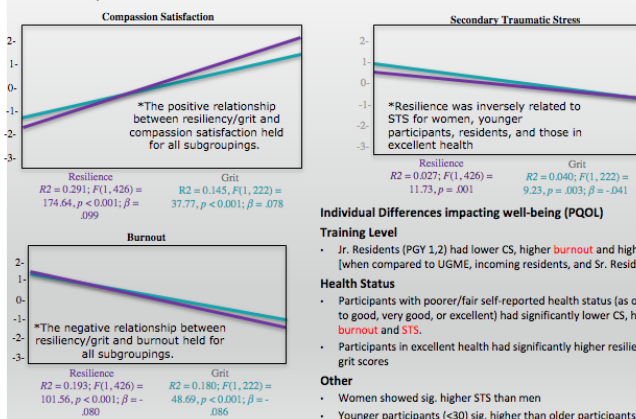
PURPOSE: To assess the overall wellbeing of medical students and residents at various levels of their professional training.

- To examine the relationship between resilience and grit with overall well-being (PQOL).
- Explore the relationship of group demographics on resilience and grit.
- Explore the impact of group demographics (e.g., age, gender, level of training) on well-being.

RESULTS

428 participants (245 Female; 349 PGME, 79 UGME)

Relationship between Resilience / Grit and PQOL



CONCLUSION

♦ Grit and resilience appear to be very important constructs related to ability to handle setbacks, negative feedback, and other obstacles in health professionals' education and careers.

♦ Some individual variables (gender, age, training level) impact well-being (burnout, STS, CS)

♦ Understanding these differences and relationships are important in fostering physician health and wellness

Individual Differences impacting well-being (PQOL)

Training Level

- Jr. Residents (PGY 1,2) had lower CS, higher burnout and higher STS [when compared to UGME, Incoming residents, and Sr. Residents].

Health Status

- Participants with poorer/fair self-reported health status (as opposed to good, very good, or excellent) had significantly lower CS, higher burnout and STS.
- Participants in excellent health had significantly higher resilience and grit scores

Other

- Women showed sig. higher STS than men
- Younger participants (<30) sig. higher than older participants

Acknowledgements - Analysis:
Canadian Hub for Applied and Social Research.

Research Activity

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



223

**Journal
Publications**

0	PGME Office
116	Program Directors*
107	Residents*



179

**Abstracts/
Conference
Presentations**

10	PGME Office
56	Program Directors
113	Residents



38

**Workshops
Presented at**

0	PGME Office
17	Program Directors
21	Residents

* Based on feedback from 21 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



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College of Medicine
POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA