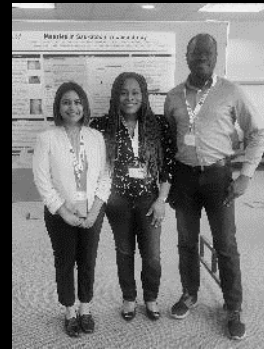




UNIVERSITY OF SASKATCHEWAN
College of Medicine
POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA

Postgraduate Medical Education Annual Report

July 1, 2023 – June 30, 2024



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 Everett Hindley
Minister of Health



The Honourable Tim McLeod
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 College and your commitment to advanced medical education. Many supports are available for our future physicians including specific incentives, loans and bursaries, including the Rural Physician Incentive Program offering up to \$200,000 for physicians practicing in rural and remote communities. We were pleased to reach an agreement with the Saskatchewan Medical Association earlier this year that offers increased physician compensation, benefits, and recruitment and retention initiatives, which maintain Saskatchewan's position as a competitive province to practice medicine.

Our government is committed to providing more opportunities to receive education as close to home as possible. The recent expansion of training seats has raised the total to 140, in addition there has been the development of new residency programs and in new locations across the province. We were proud to see that for a second consecutive year, Saskatchewan filled all family medicine seats in the first round of the CaRMS match. Seats for specialty programs were all filled by the second round.

We would like to personally encourage all medical students and residents to consider building their career right here in Saskatchewan. Saskatchewan is a place of opportunity for our future health care workforce including physicians. Establishing your medical practice and growing your career right here in Saskatchewan is a great choice, both personally and professionally.

Thank you for your commitment to medical education, medical residents, and to the people of the province. Together we can work to build a strong and sustainable healthcare system

Dr. Sarah Forgie

Dean, College of Medicine



Over the past few months, I have thoroughly enjoyed visiting our College of Medicine sites and campuses throughout the province and learning more about residency education in Saskatchewan. USask residents have earned a strong reputation from their excellent training, thanks to our exceptional medical faculty and the dedicated postgraduate medical education (PGME) team.

The PGME team is responsible for the delivery of academic programming and is also focused on social and organizational accountability and learner experiences. This means our residents have access to training opportunities across the province and that our existing residency programs maintain accreditation. A significant effort has also gone into developing new residency programs, and I'm thrilled to share that USask has officially launched dermatology and oncology training programs with residents who started on July 1, 2024.

I want to express my gratitude to each member of the PGME team for your dedication to our residents and your crucial role in enhancing health care in Saskatchewan. I also want to thank all of my physician colleagues who share their knowledge through teaching, supervising and mentoring our residents.

Dr. Marilyn Baetz

Interim Dean, College of Medicine



Our Postgraduate Medical Education (PGME) office provides a strong and successful medical residency program for Saskatchewan. The PGME team strives to attract residents to our programs by providing high-quality residency training that offers a collegial learning environment and support physician engagement.

As I reflect on the past year, I want to recognize the great work of the PGME team, especially during my time as interim dean. The team oversaw all 27 residency programs in the province, including our newest programs in dermatology and oncology. A significant achievement this year was the positive feedback from our accreditation review, which speaks to the dedication of our staff, faculty, learners and residents. Thank you for all your hard work in making this success possible.

PGME ensures USask's residency education aligns with national accreditation standards and coordinates clinical experiences within our teaching hospitals and sites across the province. These efforts ensure all our residency programs continue to be fully accredited.

I extend my heartfelt appreciation to the entire PGME team for their dedication to our residents, health-care system, and college. Thank you for your work to create a supportive learning environment and for actively engaging with our residents to help them become the physicians the world needs.

Dr. Kent Stobart

Vice Dean, Medical Education



Postgraduate Medical Education (PGME) is vital to both the College of Medicine and Saskatchewan’s health-care system. The PGME office plays a crucial role in supporting residency education to help us meet the health care needs in our province.

The positive feedback from the accreditation review reaffirms the high standards of residency training at USask and our ongoing commitment to quality improvement. Preparing for such a visit at multiple sites across the province requires considerable effort and coordination. Thank you to the PGME staff, faculty and residents for your hard work and preparation—accreditation truly is a team sport.

Our college and the PGME program continues to grow—this year we launched a dermatology residency program in Regina and our first resident joined us at the end of June. We also welcomed our first residents in the new oncology residency programs. These expansions are another step toward addressing the physician shortage in our province. Additionally, the PGME office organizes events throughout the year to improve residency training and showcase research achievements. These include the boot camp for new residents and the annual resident research day.

I want to emphasize that resident wellness remains a top priority for our college. The Resident Resource Office is available to help residents navigate personal and professional challenges. PGME also plays a significant role in supporting the Canadian Resident Matching Service, ensuring fair placements for residents in their postgraduate medical education.

Congratulations to Dr. Anurag Saxena for receiving the Duncan Graham Award for Outstanding Contribution to Medical Education. This award from the Royal College of Physicians and Surgeons highlights his exceptional contributions and his people-first approach to medical education.

Finally, thank you to the PGME team for all your dedication and hard work in providing residency education and excellent training across all our programs!

Dr. Anurag Saxena

Associate Dean, Postgraduate Medical Education



I reflect with gratitude and pride on the numerous collective achievements and accomplishments of our province's postgraduate medical education over the last year. I am very grateful to all our learners, program directors, site directors, associate and assistant program directors, program administrators, PGME office team, senior leadership at the College of Medicine and the University of Saskatchewan, and our external and vital partners (Resident Doctors of Saskatchewan, Ministry of Health, Saskatchewan Health Authority, College of Physicians and Surgeons of Saskatchewan, Saskatchewan Medical Association) for their efforts, support and continuing collaborations to increase momentum to work together in the desired direction.

The year 2024 has been a remarkable year for our residency programs. The R1 CaRMS match was highly successful, with all Family Medicine positions funded by the Saskatchewan Ministry of Health filled in the first iteration. Only a few programs required participation in the second iteration. This success speaks to the dedication and hard work of our faculty and the PGME staff, who ensure that our institution remains a preferred choice for incoming residents.

I am also thrilled to share that our new Dermatology residency program, based in Regina, officially participated in this year's match. This program has been years in the making, and I am proud of the collaborative efforts that led to its approval and launch.

The accreditation visit by the national colleges in November-December 2023 and the outcomes highlight the high quality of our residency education and focused areas of improvement, which we are working to address. Our institutions' work related to EDI and anti-racism was identified as a leading practice and innovation.

In anticipation of the incoming R1 residents, our team organized the annual PGME Resident Bootcamp, held on June 26-28, 2024. This orientation prepared new residents for the challenges and rewards of their medical training while fostering community among their cohorts. Similar to previous years, this year's bootcamp incorporated suggestions by participants from prior years and was also evaluated to be highly relevant and satisfactory. We are committed to ensuring that all incoming residents feel supported and are set up for a positive and successful experience.

In October, we celebrated our Annual Resident Research Day, hosted in partnership with SCPOR and OVDR at Saskatoon City Hospital. Dr. Darrien Rattray delivered an inspiring keynote, and the event featured eight resident presentations that showcased innovative research and underscored the importance of clinician-driven inquiry. Dr. Radomski, Vice-Dean Research, presented awards to the winners, further recognizing our residents' commitment to excellence.

As we now prepare for another CaRMS cycle and the numerous events that define our PGME calendar, I want to emphasize the importance of self-care during this busy season. Our ongoing success relies on the resilience and well-being of our team. Please support each other as we move through these final months of 2024 and into 2025.

Looking forward to the exciting advancements and the journey ahead for PGME.

PGME Staff



Maureen Lumbis
Executive Assistant
to PGME Associate Dean



Nataghia Doré
PGME Manager



Reola Mathieu
Coordinator, Academic
& Non-Academic Processes



Tanya Robertson-Frey
Coordinator, Program Evaluation



Della Toews
Coordinator, Admissions
& Resident Administration



Gayathri Manoharan
Coordinator, Resident Wellness



Jennifer Uhryn
Coordinator, Resident Wellness



Ope Okunola
Coordinator, PGME Educational
Programs



Jennifer McGillivray
Coordinator, Finance



Stefany Cornea
Coordinator, Finance



Loni Desanghere
PGME Research



Audrey Kincaid
Clerical, PGME Accreditation & PA
Liaison



Kailey Friesen
Clerical, Admissions
& Resident Administration



Sonja Lazic
Clerical, PGME Admin Processes



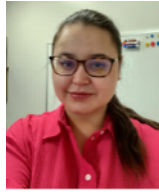
Joanna Winichuk
Clerical, Academic & Wellness
Processes



Chastin Miller
Clerical, Academic & Wellness
Processes



Jenelle Butler
Clerical, Educational Processes



Kylie Chartrand
Clerical, Educational Processes



Raegan Lubiniecki
Clerical, Educational Processes/
PGME Administration



Ayisha Kurji
PGME Director, Educational
Programming
Associate Professor



Lynsey Martin
PGME CBD Advisor
Assistant Professor



Marla Davidson
PGME Director of Transfers
Associate Professor



Robert Carey
PGME Simulation Coordinator
Assistant Professor



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



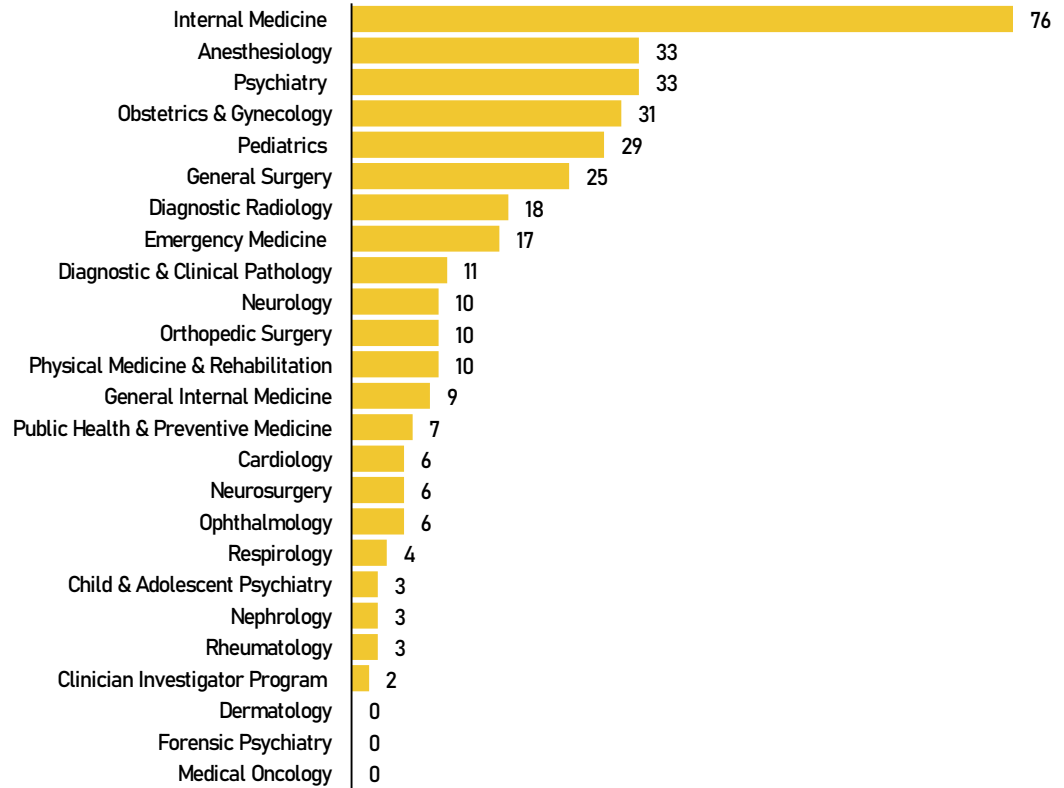
Organizational Accountability

- 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

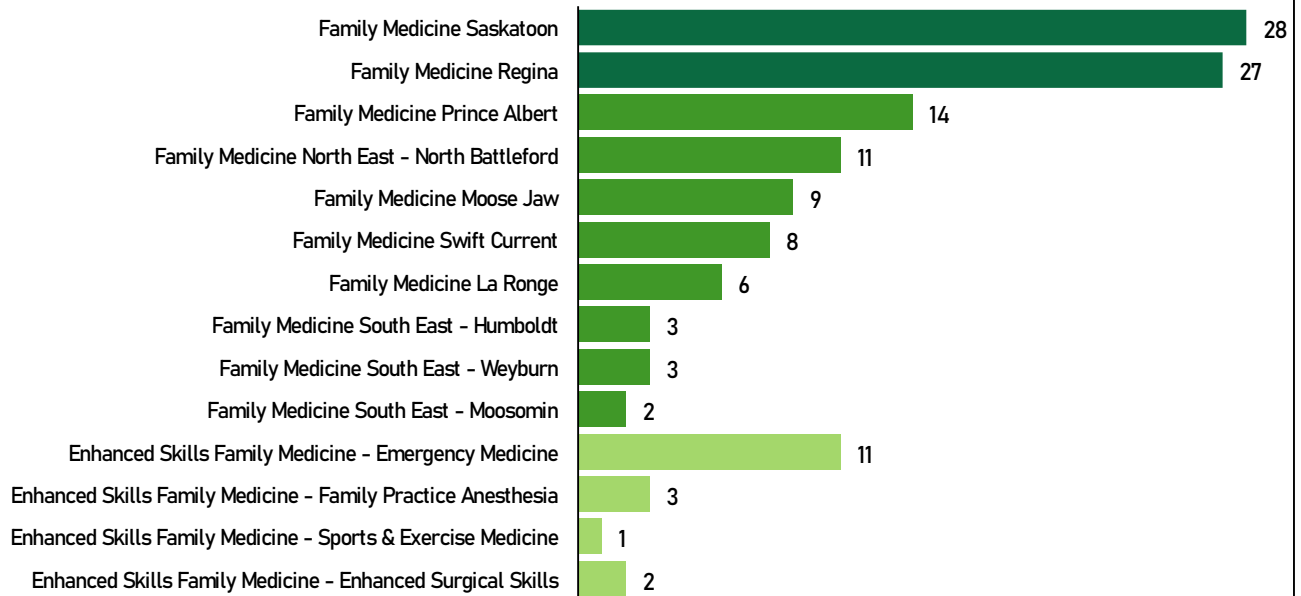
Royal College of Physicians and Surgeons of Canada Residency Training Programs

Number of Residents = 352 (as of April 2024)



College of Family Physicians and Surgeons Residency Training Programs

Number of Residents = 128 (as of April 2024)



Location & Number of Residency Training Programs



La Ronge

- Family Medicine (1)

Prince Albert

- Family Medicine and Enhanced Skills (3)

North West: North Battleford

- Family Medicine (1)

Saskatoon

- Family Medicine and Enhanced Skills (3)
- Royal College Specialty and Subspecialty (22)

Regina

- Family Medicine and Enhanced Skills (3)
- Royal College Specialty (6)

Moose Jaw

- Family Medicine (1)

Swift Current

- Family Medicine and Enhanced Skills (2)

South East: Humboldt

- Family Medicine (1)

South East: Moosomin

- Family Medicine (1)

South East: Weyburn

- Family Medicine (1)



480

Residents



27

Active
Training
Programs*



8

Provincial
Training
Locations

* In addition, there were 3 inactive programs in 2023-2024 and 1 Area of Focused Competence (AFC) program.

Accreditation

Our programs and the PGME unit of the College of Medicine underwent a regular accreditation review by the accrediting bodies, the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) in November, 2023. This included a review of the institution and its oversight of residency education, all active residency programs, and affiliated education sites.

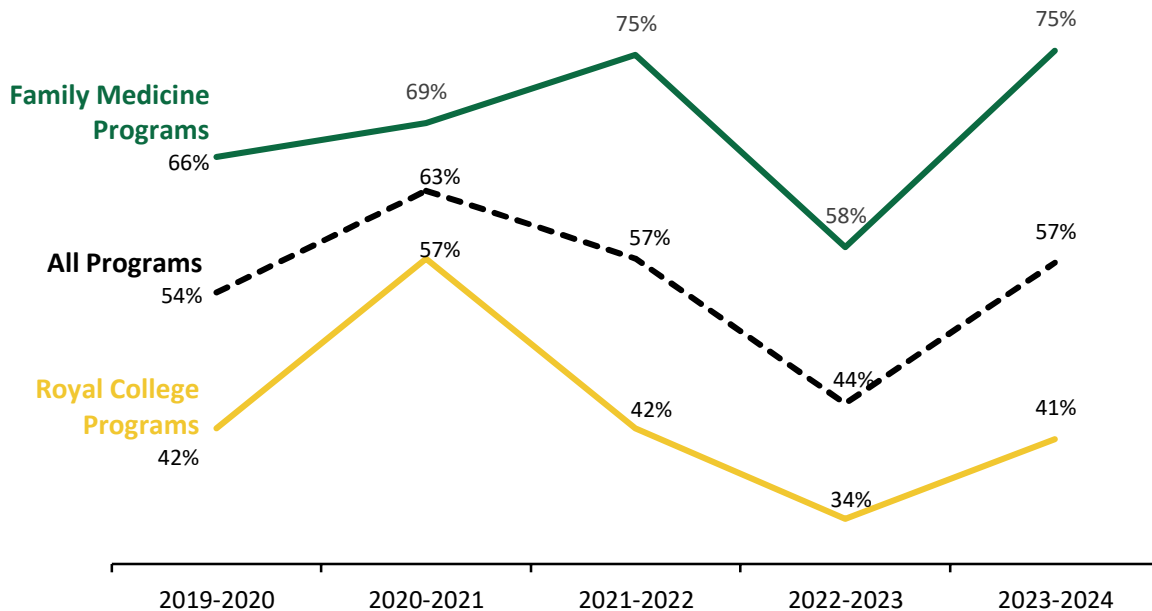
Final results were shared with the CoM in May, 2024 and overall, the results were very positive. We will maintain our focus on continuous quality improvement and evidence-based decision-making as we continue through the accreditation cycle.

All programs are fully accredited, and 15 of the programs achieved the highest outcome possible of A-RR: accredited program with next review in 8 years.

Retention in Saskatchewan of USask Residents

Presented below are the averages from 2019 to 2024 of those who stayed in Saskatchewan upon completion of training, based on type of program.

In 2023-2024, the percentage of USask residents who **remained in Saskatchewan** upon completion of training **increased** for both **family medicine** and **specialty programs**.



Over the past five years, an average of 55% of residents who completed their training have remained and practice in Saskatchewan.

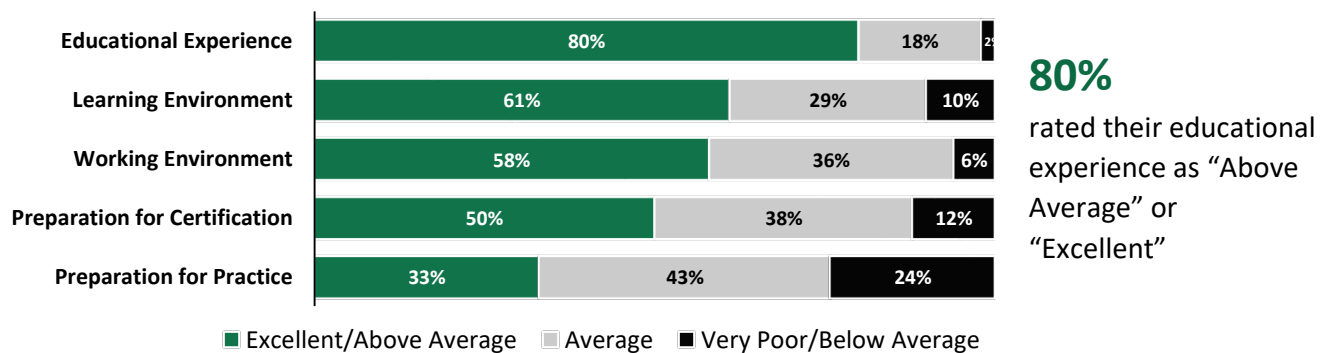
PGME Evaluation and Research

2023 – 2024 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 2023 and September 2024. A total of 50 residents participated, representing a 33% response rate.

Overall Experience

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



Additional Findings

Resident well-being:

73% 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%) and academic half days (61%), followed by role-modeling/teaching (39%), resident retreats (32%), and meetings with the program director/faculty (29%). In relation to stress experienced during residency training, it was found to most likely affect residents’ personal life (53%) and academic performance (31%).

Harassment/intimidation/discrimination:

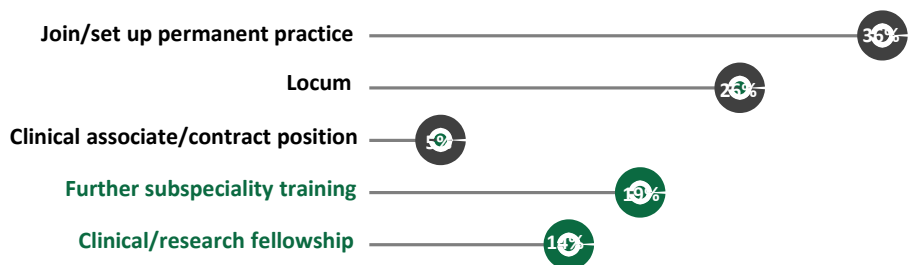
31% of residents indicated they experienced harassment, intimidation, or discrimination during residency. Of those who did, disrespectful behaviour was most common, followed by inappropriate verbal comments.

Future plans:

62% of respondents hope to pursue their immediate future plans in **Saskatchewan**.

67% plan to enter practice following residency training.


33% indicated their immediate plans include additional training/education.



Quality Referral and Consultation Education (QRCE) Course

A research study was carried out as part of the Dean’s summer research project to evaluate the PGME Resident Quality Referral and Consultation Education (QRCE) Course. The Dean’s summer research project is a program available to USask medical students in their first or second year of study to facilitate exposure to scientific research.

The results of the study support the QRCE curriculum’s positive influence on improving communication and enhancing the quality of patient care transitions.



UNIVERSITY OF SASKATCHEWAN
College of Medicine
POSTGRADUATE MEDICAL EDUCATION
RESIDENCE SASKATCHEWA

Evaluation of the Quality Referral and Consultation Education (QRCE) Curriculum at the University of Saskatchewan

Azhar, I., Desanghere, L., Robertson-Frey, T. & Saxena, A.

BACKGROUND


OBJECTIVES

MATERIALS AND METHODS

The transition of care between different specialties and between family medicine and specialty care, both within and outside of hospital settings, is a vulnerable point where quality of care may be negatively affected.

There is a need for better communication and "handover" when patients transition between generalist and specialist care.

To address this gap, a "Quality Referral and Consultation Education" (QRCE) curriculum, developed through a collaboration between the Saskatchewan Ministry of Health and PGME, was developed to ensure that all residents at Usask are familiar with and able to use various tools that will facilitate effective communication and collaboration during a referral and consult, thereby leading to safer care for patients.



Purpose: To evaluate resident learning outcomes:

Assess the "Behaviour" and "Results" of learned skills¹

OBJECTIVES

[1] Have residents been using the various referral and consultation resources?

[2] Have the training modules and resources positively impacted the referral/consultation process?

Ten Residents from Family Medicine, General Internal Medicine, Emergency Medicine, Anesthesiology, Neurology and Neurosurgery.

Semi-Structured virtual Interviews were conducted, recorded and transcribed. Questions revolved around experiences, impact, challenges and improvements.

Inclusion Criteria: PGY2+ residents, have completed all components (> 4 months) of the QRCE curriculum (bootcamp introduction, two online modules, and interdisciplinary workshop), completed several referrals or consults.

Transcripts were analyzed using thematic analysis in NVIVO. Only themes with >2 responses are reported.

RESULTS

CONCLUSIONS

Use of Course Resources (O1, Objective 1, Level 3)

Structure and Format in Consults: Structured approach, specific format, being concise and organized.

- "I remember some of the structure of how to do consults and some of the basic information they want to provide off the start as being helpful to." (D5)

Clear, Direct Communication

- "...you should always have a good summary statement. Specifically, what question you're asking...like a very specific question. I think just something to wrap it together." (D14)

Templates and Checklists: helped ensure all necessary information was included in the consults.

- "...having all those skeleton templates and all those forms that they provided, I think that was also helpful." (D6)

Adaptability and Anticipation: adapting communication style to suit the situation was a crucial skill developed in the course.

- "One big takeaway I learned from the course is try to anticipate what the consultant would want to know." (D1)

Level of Comfort with Completing Referrals/Consults (O1, Objective 2, Level 3)

While the course provided a useful foundation, such as tools for structured communication, many also emphasized that hands-on experience was influential in building their confidence.

Structured Communication: "I remember the course helping because I would be sitting in front of the chart and I would know exactly what kind of information that people commonly would ask about. And I could access it. So that made me feel quite a bit more comfortable calling those initial consults when I was learning how to do it." (D3)

Practice and Experience: "...the course is a primer, like it kind of gets you started, but then you still need to practice and also talk to people who are more senior to you, talk to staff physicians, and ask them for input." (D2)

Improved Communication (O1, Objective 3, Level 4)

Participants expressed that the course helped with improving communication with other healthcare professionals mainly through the improved **Structure and Clarity** of their consults.

- A structured approach helped them stay organized, concise, and ensure key information was not omitted. The course provided valuable frameworks, templates, and guidelines that improved participants' confidence and helped streamline their consults for smoother interactions with consultants.

Recognizing Limitations and Challenges (O2, Objective 2, Level 4)

Resource Limitations: Respecting consultants time and understanding the restraints they are under.

- "...knowing that all consultants are busy. So when you are calling them for referral, you are, for the most of the time, interrupting what they're doing. You have to understand that you are adding to their plate, and so trying to be concise and succinct shows respect for their time." (D1)

Communication: Participants highlighted the importance of trusting the expertise of consultants and tailoring consults to provide only the most pertinent information, making the process more efficient.

- "...it did change my perspective on the whole process as it allowed me to see the other side of the consult and to be able to see how I can effectively communicate with my colleagues about my patient." (D7)

Impact of Course on Referrals/Consults (O3, Objective 2, Level 4)

- Participants reported improvements (e.g., increased efficiency, clarity, and confidence).
- The course helped eliminate common mistakes, streamline their approach, and save time, and ultimately, make their consults more effective.
- Some participants believe their experiences and preceptor feedback to be the main driving factor in improving their consult and referral skills.

Changes to Patient Outcomes (O3, Objective 2, Level 4)

Overall, the improvements in consultation processes were recognized as potentially beneficial, but their direct impact on patient outcomes remains difficult to quantify.

Uncertainty in measuring patient outcomes "...you never really hear the other end of it after you've made the referral or the consult." (D8); "...we as visitors hear the outcome of our patients..." (D5)

Perceived improvement in communication and process efficiency "...you feel that you've communicated all the information they need to make a good decision. So I feel like that's kind of good outcomes" (D8); "...I feel like I've been getting responses a little bit quicker" (D2)

Indirect or assumed positive impact on patient outcomes "...you see a patient pre-operatively consulted for them to improve their comorbidities. Pre-op and then you see them after the surgery, and they've done quite well, and they feel like they were understanding of all the risks and benefits, and you see them happy on the other side, I think that's kind of been proof of the effectiveness of those [consults]..." (D8)

Challenges in directly attributing changes in patient outcomes to improved consultation "I don't think the patient outcomes have changed dramatically." (D4)

The QRCE curriculum at the University of Saskatchewan provided a strong foundation for improving communication and organization in consults, with tools such as checklists and structured approaches proving helpful to residents.

Participants emphasized that practical experience and feedback from colleagues played an important foundation in building their confidence and competence. These results suggest that the QRCE curriculum may need areas of further improvement in particular aspects:


- More practice opportunities
- Faculty awareness of a standardized structure

REFERENCES

1. Kirkpatrick, J. L., & Kirkpatrick, W. G. (2003). *Assessing the Impact of Learning Initiatives: A Guide to Better Practice*. Association for Talent Development.

ACKNOWLEDGEMENTS

- Thank you to all participants for taking the time to complete the virtual interview.
- Thank you to research assistants and faculty who assisted in the development and editing of this project.



2024 PGME Work and Learning Environment Survey

To better understand the work and learning environment within postgraduate medical education, residents, teaching faculty, program directors, and program administrators were invited to complete a survey between June and August 2024, asking them about the past year. An overview of the findings is provided.

2024 PGME Work and Learning Environment Survey: Summary Report

October, 2024

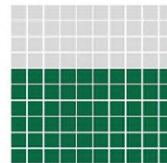
Overall Goal: To better understand the work and learning environment within postgraduate medical education from July 1, 2023 to June 30, 2024 for residents, teaching faculty, program directors, and program administrators.

Survey Collection: June – August 2024

Participants: 258 (104 residents, 88 faculty, 38 program directors, 28 program administrators)

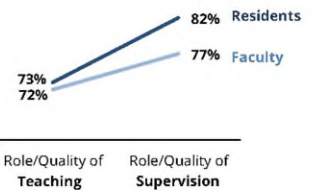
Overall Work & Learning Environment

60% rated their overall work and learning environment as "above average/excellent"



Educational Experiences

Most residents and faculty are "satisfied/very satisfied" in the areas of teaching and supervision.

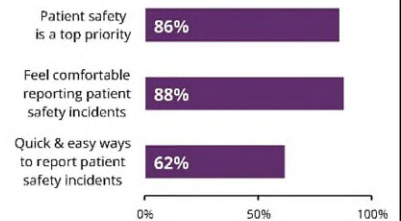


Unprofessional Behaviour

- 35%** Experienced and/or witnessed unprofessional behaviour during the past year.
- 46%** Did not report the unprofessional behaviour.
- 71%** Most often took the form of disrespectful behaviour.
- 65%** Main source was faculty.
- 61%** Most often occurred during clinical work.

Patient Safety

The percentage of those who "agree/strongly agree" indicates a high level of importance placed on patient safety. However, the processes for reporting were not as highly rated.



Future Plans

Nearly half of resident respondents reported that the learning environment during the past year has positively affected their decision to stay in Saskatchewan.



- 48%** Learning environment positively affected decision to stay in SK.
- 31%** Learning environment did not affect decision to stay in SK.
- 21%** Learning environment negatively affected decision to stay in SK.

Strengths – Key Themes

Shown below are the top five key strengths of the work/learning environment.

- 1 Cohesion:** Collaborative culture, strong team dynamics and relations.
- 2 Education:** Teaching, learning opportunities, learning environment, and autonomy.
- 3 Leadership** from PDs, PAs, Chief Residents, and faculty.
- 4 Support** provided by PDs, PAs, faculty, staff, and peers.
- 5 Commitment** of faculty, staff, and residents to the program.

“ We have a great leadership team. The PDs, PAs, and chief residents work really well together. We have a culture of always wanting to be better and making improvements.

Program Administrator

Challenges – Key Themes

Shown below are the top 5 key challenges of the work/learning environment.

- 1 Resources:** Physical, technological, human (staff, faculty, residents), time, and financial.
- 2 Learning:** Feedback, supervision, opportunities, faculty engagement.
- 3 Workload:** Clinical and administrative overload.
- 4 Atmosphere:** Culture, discrimination, bias, and harassment.
- 5 Organizational Guidance and Support:** Leadership, communication, and commitment.

“ One of the biggest challenges facing our program is the amount of paperwork/evaluations/EPAs/non-clinical tasks residents are expected to complete. It is quite time intensive in addition to clinical duties.

Resident

PGME Portfolio Reports

Competence by Design

Apart from Public Health and Preventive Medicine, all Royal College training programs at the University of Saskatchewan have now transitioned to Competence by Design (CBD). Given that roll-out and onboarding are now (mostly) complete, our focus is ongoing assistance for programs as they implement CBD and focusing on continuous quality improvement.

Competence by Design Activities in 2023-2024

Workshops:

- Assisted with the PGME Enhanced Learning Plan Workshop.
- Monthly CC Chair & PD Support Groups and monthly Resident Lead Support Groups.

Program Roll-Out

- Ophthalmology CBD roll-out July 1st 2023 and prepared Medical Oncology for upcoming roll-out of CBD for their first resident starting July 1st 2024.

Curriculum and Assessment Mapping

- In preparation for our November 2023 Accreditation visit, PGME created a standardized curriculum and assessment template. Assisted with curriculum and assessment mapping re-design for all Royal College programs using this template.

Assessment Policies

- Revised all University of Saskatchewan PGME Assessment policies applicable to Royal College training programs so they are now fully in keeping with the principles of CBD.

Versioning

- Rolled out a new version of EPAs for Diagnostic and Clinical Pathology program.
- Worked with Respiriology, Radiology, Obstetrics & Gynecology, and Emergency Medicine in preparation for their roll-out of a new version of EPAs in July 2024.

National Liaison

- Monthly meetings with CBD national leads.
- Participation in CBD program evaluation events nationally.
- Member of Elentra Consortium.
- Participating as one of three schools in a national data benchmarking pilot project.

Scholarly Contributions

- Spadafore M, Yilmaz Y, Rally V, Chan TM, Russell M, Thoma B, Singh S, Monteiro S, Pardhan A, Martin L, Monrad S, Woods R. Using Natural Language Processing to Identify the Quality of Supervisor Narrative Comments in Competency Based Medical Education. *Academic Medicine*. Accepted Nov. 1, 2023.
- Paterson QS, Card SE, Leis B, et al. Tensions in Competence by Design implementation: A qualitative multidisciplinary study to identify factors that promote and impede Entrustable Professional Activity acquisition among faculty and residents at a Canadian university. *Health Professions Education*. Accepted Sept 17, 2023.
- Paterson QS, Alrimawi H, Sample S, et al. Examining enablers and barriers to entrustable professional activity acquisition using the theoretical domains framework: A qualitative framework analysis study. *AEM Educ Train*. 2023; 7:e10849. doi:[10.1002/aet2.10849](https://doi.org/10.1002/aet2.10849)

1 residency training program (Ophthalmology) transitioned to Competence by Design on July 1, 2023

CFPC Competency Based Medical Education

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.

Following the creation of the Family Medicine Professional Profile, the CFPC began the Outcomes of Training Project in 2018. One of the results was the Residency Training Profile (RTP), a document that describes what activities Family Medicine residents should be prepared to do upon completion of their training. The Residency Training Profile was published in 2021 and defines Core Professional Activities (CPAs) for core Family Medicine and each Category 1 Enhanced Skill. The final report of the Outcomes of Training Project identified eight priority areas for Curriculum Renewal.

Family Medicine and Enhanced Skills at the University of Saskatchewan continue to review and improve their educational programs to meet the requirements of the Residency Training Profile.

CBME Activities in 2023 - 2024

Curriculum:

- The Curriculum Director reviewed program and site-level gaps identified during curriculum mapping. This highlighted areas of innovation, leading practices, and common need.
- The Curriculum Director and Curriculum Implementation Coordinator developed a novel Transition to Practice lecture series for R2s who wrote the CFPC exam, addressing a curricular gap.
- Developed standard process for better utilization of self-directed learning time for residents to meet areas of competency.
- The Curriculum Committee and Curriculum Implementation Committee continue to review program and site-level competencies for CFPC Curriculum Renewal areas of priority.

Assessment:

- The Assessment Policy and Assessment Manual were updated.
- Multiple formative assessment tools were moved to Elentra.
- A Learning Plan Procedure and Flowchart was developed.
- A process for communicating progress and promotion status to residents was implemented.
- The Program-Level Progress Committee became the responsible committee for determining the outcome of resident requests for credit for previous training. A process for communicating outcomes to residents, the program, the PGME, and the CFPC was developed.
- The Program-Level Progress Committee provides quarterly reports to the RPC on resident progress and promotion decisions, as well as transfer credit decisions.
- The Assessment Subcommittee was formed, and quarterly reports provided to the RPC.
- A resource bank for the development of contracted learning plans were shared provincially.
- A Faculty Development video was developed on contracted learning plans for off-service rural/remote faculty.

Program:

- Site Curriculum and Assessment Leads were implemented in all sites.
- Site and program-level program evaluation reports were reviewed at the education leadership retreat.
- A program logic model was developed to inform continuous improvement work.
- The South East site graduated its first residents.
- A provincial SAMP study bank was developed for curriculum and formative assessment purposes.

Education

Provided below is information pertaining to workshops and various training opportunities managed and/or delivered by the PGME office.

1 Incoming Residents

PGME Resident Boot Camp

To provide effective transition into residency, all incoming residents attend a PGME resident boot camp. The boot camp includes topics relevant to safe and good medical practice and provides an opportunity to network with other incoming PGY1 residents.

“

The information provided was comprehensive and extremely relevant to every aspect of residency training.

PGY1 Resident

2 Workshops

Chief Resident Workshop

These workshops are held twice a year to assist chief residents in being successful in their leadership role. The 2023-2024 workshop was attended by 20 chief residents and included an interactive session on the Resident Doctors of Saskatchewan (RDoS) collective agreement and the LEADS framework of leadership.

“

I appreciated the chance to connect with other residents and share about our experiences.

Chief Resident

Program Director/Program Administrator Workshop

Professional development workshops are held every year for program directors (PDs) and program administrators (PAs) on various topics pertinent to their roles. This year, 71 participated in the Accreditation Preparation workshop and 70 participated in the Enhanced Learning Plans (ELP) workshop.

“

Thank you for this very informative and useful workshop. I really appreciated it! Time well spent.

ELP Workshop Attendee

3 Teaching

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, completed by all PGY1 residents, is to provide a guide to their teaching practice, as this is a core competency within the CanMEDS Scholar role.

Teaching Improvement Project Systems (TIPS) Course

The Teaching Improvement Project Systems (TIPS) course provides an opportunity for residents to acquire and strengthen effective teaching skills. The course is very interactive, with much group discussion and practice teaching. In 2023-2024, the course was provided to 110 residents across various distributed sites in the province.

“

I was not aware of many of the teaching techniques or the theory behind them before. I feel better equipped to teach knowing these techniques.

Resident

4 Evidence-Based Health Care, Research, and Continuous Quality Improvement

Critical Appraisal Course – Introductory Course for Residents

The introductory Critical Appraisal Course for Residents 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, and 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.

5 Simulation Training

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. The curriculum was completed by 52 PGY1 residents in Saskatoon and Regina, from Internal Medicine, Emergency Medicine, Anesthesiology, General Surgery, Neurosurgery, Obstetrics and Gynecology, Orthopedic Surgery, and Neurology.

“

Thank you to all the facilitators for sharing their expertise so that I developed more comfort with POCUS.

Resident

6 Referral and Consultation Training

The PGME Resident Quality Referral and Consultation Education (QRCE)

The QRCE curriculum ensures that all residents are familiar with and able to use various tools that will facilitate effective communication during a referral and consult. During the past year, all new PGY1 residents attended the introductory presentation, 112 completed the two online modules on effective consultation in an acute care setting and how to write an effective written consult, and 34 participated in an interdisciplinary workshop where de-identified referral and consult letters from their specialty were appraised.

“

Well-paced and informative. Helped to solidify the content from the modules. Helpful to hear tips from the facilitators.

Workshop Attendee



PGME Resident Boot Camp

2023 Canadian Resident Matching Service (CaRMS): Match Results

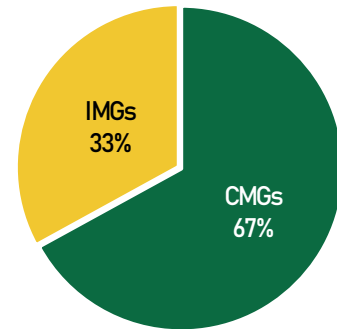
In 2023-2024, the University of Saskatchewan PGME participated in three CaRMS matches: R-1 Main Residency match; R-3 Family Medicine/Enhanced Skills (FM/ES) match; and R-4 Medicine Subspecialty (MSM) match.

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 Ministry of Health. The Ministry of Health approved 128 positions for the R-1 match; 18 positions for the FM/ES match; and 13 positions for the MSM match.

USask matched all 128 available positions in the first and second iterations of the R-1 match. These positions were filled by 86 Canadian medical graduates (CMGs) and 42 international medical graduates (IMGs). Of note, the Emergency Medicine and Physical Medicine and Rehabilitation (PM&R) programs offered full time training positions in Regina. A sponsored Dermatology training position funded by the Saskatchewan Ministry of Health was offered at Dalhousie University.

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

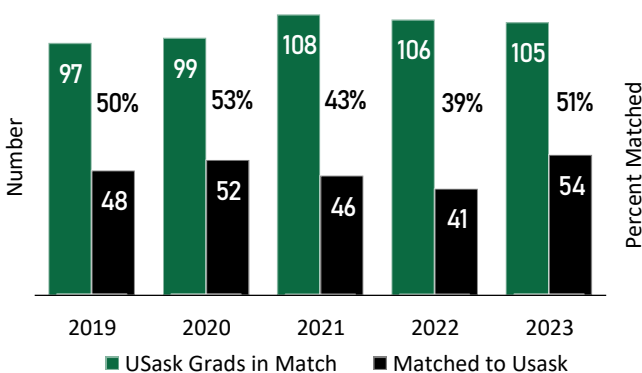
CaRMS 2023 R-1 Match Results



2023 R-1 Match: Distribution of Matched Positions

Program	CMG	IMG	Total
Anesthesia	7	0	7
Diagnostic Radiology	4	0	4
Emergency Medicine-Saskatoon	3	0	3
Emergency Medicine-Regina	1	0	1
Family Medicine-La Ronge	1	2	3
Family Medicine-Moose Jaw	3	1	4
Family Medicine-North West	0	4	4
Family Medicine-Prince Albert	3	4	7
Family Medicine-Regina	2	11	13
Family Medicine-South East	0	4	4
Family Medicine-Saskatoon	10	3	13
Family Medicine-Swift Current	3	1	4
General Pathology	1	1	2
General Surgery	4	0	4
Internal Medicine-Saskatoon	14	3	17
Internal Medicine-Regina	4	2	6
Neurology	0	2	2
Neurosurgery	1	0	1
Obstetrics & Gynecology-Saskatoon	4	0	4
Obstetrics & Gynecology-Regina	2	0	2
Ophthalmology	2	0	2
Orthopedic Surgery	2	0	2
Pediatrics-Regina	1	1	2
Pediatrics-Saskatoon	5	1	6
PM&R-Saskatoon	1	0	1
PM&R-Regina	1	0	1
Psychiatry-Saskatoon	3	1	4
Psychiatry-Regina	2	1	3
Public Health & Preventive Medicine	1	0	1
Dalhousie Sponsored Dermatology	1	0	1
Total Matched Positions	86	42	128

Match Results for USask Grads

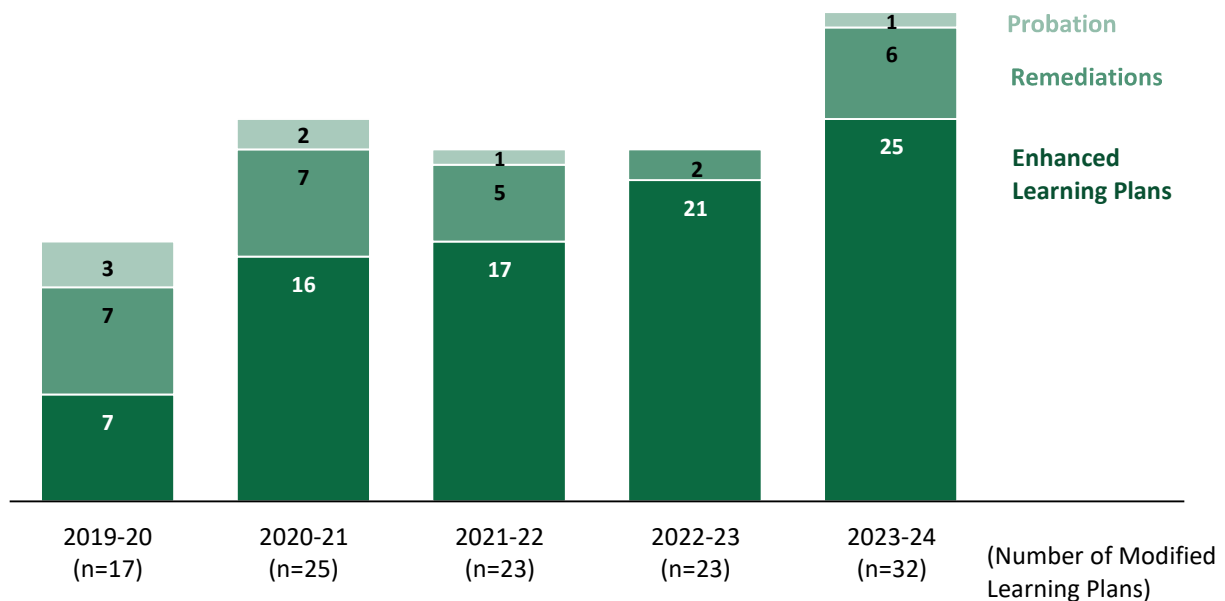


Over the past 5 years, an average of 47% of USask grads were matched to USask residency training programs.

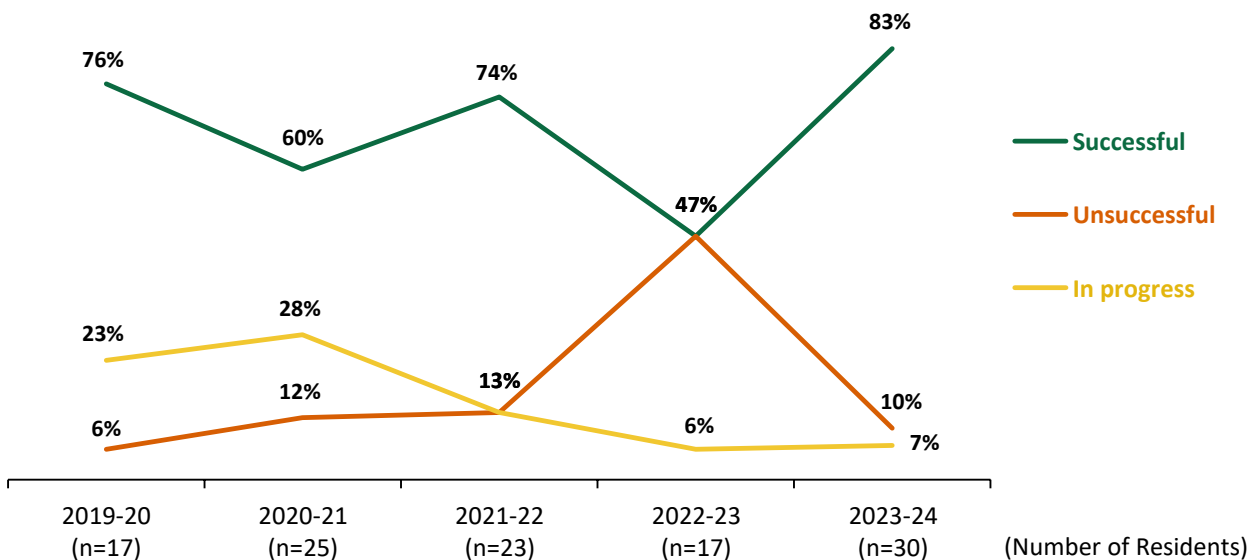
Modified Learning Plans

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.

Over the past five years, the total number of Modified Learning Plans (MLPs) has increased, with **Enhanced Learning Plans** being the most common.

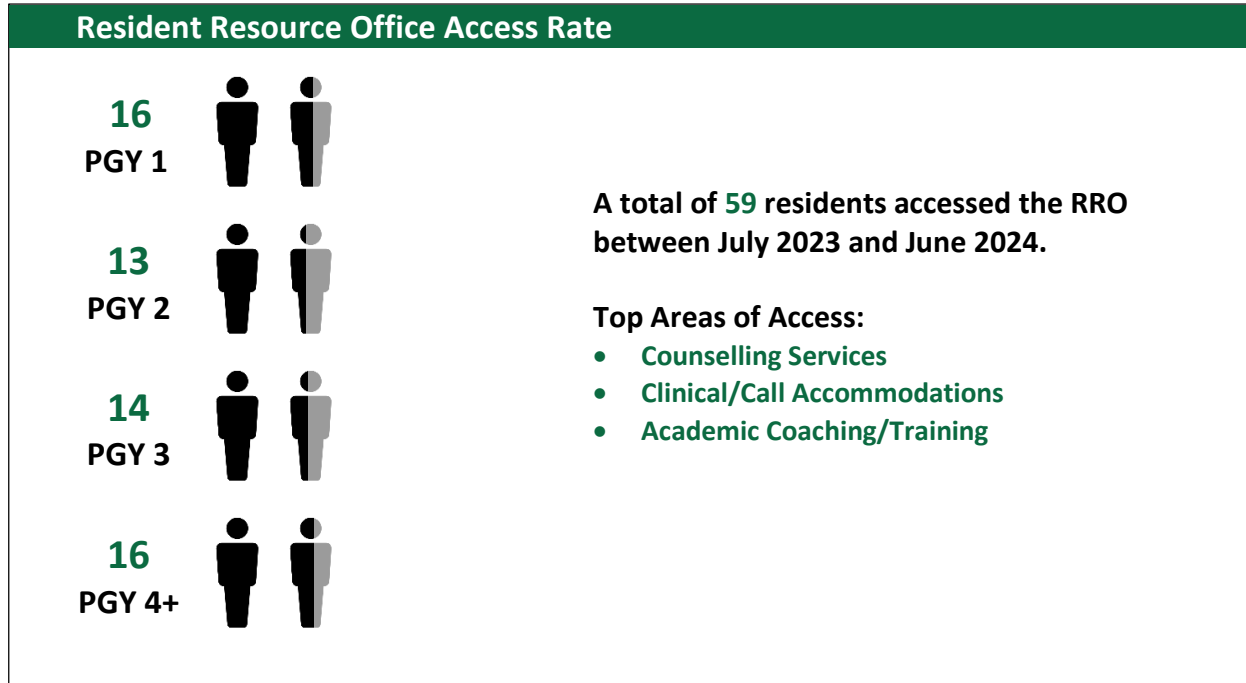


During the past year, the majority of residents (83%) had a **successful outcome** of their modified learning plan.



Resident Resource Office

The Resident Resource Office (RRO) provides non-academic support for residents who may be coping with professional and/or personal challenges in a safe and confidential environment. 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



Wellness Events

We are proud to report that our program wellness event initiative was very successful during this academic year! Thirty program sites participated with a total of 56 resident-led wellness events, which is an increase of 23% from the last academic year. This is the highest number of events we've ever seen in one academic year – let's keep this momentum going! Some of the wellness events that took place included laser tag, paint ball, movie nights, gingerbread house building, yoga, camping, paint nights, and hockey.



Ice Cream Rounds

Ice Cream Rounds were offered to programs as a wellness initiative, with six events held this past year. These sessions provide residents with support, understanding, and insight discussing topics they encounter such as grief, loss, gratitude, conflict, and work-life balance, allowing them to connect through shared experiences.

We are so happy to see that residents are taking time to participate in these activities and understand the importance of prioritizing wellness during residency. Resident wellness is not only the foundation for their individual health and success, but also the overall effectiveness of healthcare teams and the quality of care provided to patients.



Internal Medicine Saskatoon residents competing for top score at a bowling night.



Family Medicine Moose Jaw residents battling it out at paintball.



Family Medicine Moose Jaw residents building gingerbread houses.



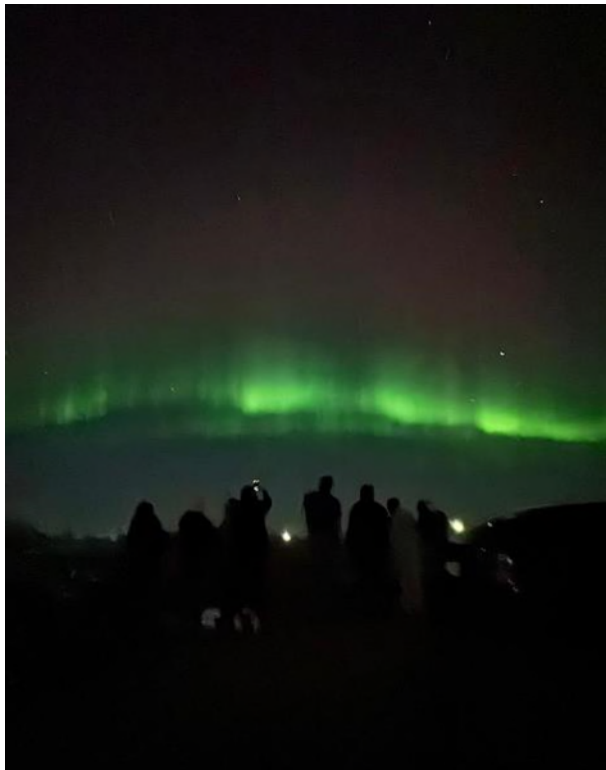
Orthopedic Surgery residents and physicians battling for the Macho Cup.



Pathology residents enjoying the animals at the zoo.



Family Medicine South East residents letting it all go at yoga.



Family Medicine South East residents enjoying the spectacular northern lights.



Physical Medicine & Rehabilitation residents learning how to play sledge hockey.



Psychiatry Saskatoon residents bringing out their artistic side during a paint night.

Social Responsiveness

Presented below are the various ways in which and residency training programs have addressed the areas of Indigenous Health and Wellness, and Equity, Diversity and Inclusion (EDI). Responses are based on information provided by 21 programs.



Indigenous Health and Wellness

Number of Programs

Residents complete the course “The Role of Practitioners in Indigenous Wellness”	9
Rotations on-reserve and/or in northern communities	9
Rotations in urban clinics serving predominately Indigenous populations	5
Formal teaching pertaining to Indigenous health and wellness (e.g., AHDs, retreats)	13
Webinars, workshops, conferences pertaining to Indigenous health and wellness	6
Participation in cultural activities	5
Research projects with Indigenous community partners	5



Equity, Diversity, and Inclusion

Participate in the CoM EDI working group	4
Program has an EDI committee/working group	3
Guidelines/policies in place pertaining to diversity in resident selection and/or faculty recruitment	11
Rotations working with marginalized and underserved populations at community clinics, schools, refugee clinics, etc.	9
Formal teaching pertaining to transgender health, gender diverse care, refugee health, etc.	7
Webinars, workshops, conferences pertaining to EDI	10
Research project pertaining to EDI	6

The PGME office has also addressed these areas in the following ways:

Indigenous Health and Wellness

Participation in the webinar:

- *Racism: Stories, Codes, and the Myth of Neutrality* with Dr. Raven Sinclair; Division of Social Accountability

Equity, Diversity, and Inclusion

Representation on the CoM EDI working group.

Participation in the following webinars:

- *Black Mental Health Histories and Futures* with Dr. Samra Sahlu; USask Division of Social Accountability
- *The Mirage of Universality: Building a more equitable and resilient health system* with Dr. Andrew Boozary; Johnson Shoyama Graduate School of Public Policy

Division of Social Accountability book club:

- *The Immortal Life of Henrietta Lacks* by Rebecca Skloot
- *The Collected Schizophrenias: Essays* by Esmé Weijun Wang

Social Responsiveness Information Shared by Programs

“

In our post-file review and post-interview discussions, we ensure that we consider self-declared diversity in our rankings in an effort to maximize the diversity of our resident group.

Additionally, all reviewers and interviewers undergo implicit bias training. We also ensure our file review and interview teams represent the diversity we seek in our resident population.

Emergency Medicine Program

“

We are developing a Rural/ Remote Indigenous Dermatology rotation, are organizing a future LGBTQ2S+ rounds and some faculty and the program director are actively engaged in research in Indigenous Health based out of Origins Dermatology.

Dermatology Program

“

Our program has engaged with the Department of Indigenous Health and Wellness and Gwenna Moss in anticipation of future work to develop a coordinated effort towards Indigenous Health and Wellness opportunities in FM and building relationship with Indigenous communities.

Family Medicine Program

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. Responses are based on information provided by 21 programs.



Academic Collaborations

Number of Programs

Multi-disciplinary academic half days	15
Multi-disciplinary grand rounds	15
Combined CanMEDS rounds	8
Multi-disciplinary quality improvement initiatives	12
Research collaborations with other programs	10
Invited speakers for AHD/Rounds from various programs	17



Simulation Training

Residents from various programs participate in RaPID	9
Multi-disciplinary attendance of simulation training sessions	9
Participating in hospital-wide mock codes	5



Sharing of Educational Resources

Shared academic half day and curriculum resources with other residency programs provincially and/or nationally	11
Exam prep sessions and mock exam with other universities	11
Participation in the UGME Career Fair	15
Multi-disciplinary journal clubs	9



PGME Committee Membership

Committees with Other Stakeholders

- AFMC Network on Postgrad Affairs
- Canadian National PGME Remediation Leads Collaboration
- CoM EDI Working Group
- CoM/SHA Working Group
- CoM/SHA IT Tactical Working Group
- Family Medicine Resilience, Wellness, and Safety Committee
- National PGME Managers Group
- Planning Committee for CASCADES
- SK Medical Association Physician Health Program Committee

PGME Subcommittees

- Academic Program Enhancement Committee (APEC)
- Allocation Committee
- Award Adjudication Committee
- Elentra CBME Leads Subgroup
- Elentra Strategic Oversight & Implementation Committee (SOIC)
- Internal Review Committee
- PGME Executive
- Postgraduate Appeals Adjudication Committee (PAAC)



Family Medicine residents practicing suturing.



Pediatrics residents honouring National Day for Truth & Reconciliation.



Pediatrics residents during simulation training.

Internationalization

International Training Partnerships

The Postgraduate Medical Education office, in collaboration with the Division of Orthopedic Surgery and Team Broken Earth, (and unwavering commitment and work by Dr. Huw Rees) has developed a Global



Dr. Anurag Saxena, PGME Associate Dean, Dr. Peterly Philippe, and Dr. Huw Rees, Team Lead, Team Broken Earth Saskatoon

Orthopedic Surgery One-Year Training Program. This program provides specialized training for physicians, giving them the skills needed to improve care in their communities. The program is directed toward orthopedic residents training in under-resourced areas of the globe.

Dr. Peterly Philippe (MD) from Haiti was the inaugural fellow in the program and was actively engaged in both learning and providing clinical service in Saskatoon from September 2023 to August 2024. Philippe has now returned to his home country to practice and teach orthopedic surgery.

"This fellowship has been a wonderful experience, offering me invaluable learning opportunities and fostering global collaboration to improve surgical care in Haiti," said Philippe.

A second fellow, Dr. Fevry Desire recently began his training program.

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 other countries 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 currently have trainees from Saudi Arabia and Kuwait.

Awards

Program and Resident Awards

The Postgraduate Medical Education Office administers the nomination and selection process for a variety of program and resident awards. The award recipients for 2023 – 2024 are listed below.

Program Director of the Year:	Dr. Marty Heroux, Family Medicine/Enhanced Skills
Program Administrator of the Year:	Leah Chomyshen, Emergency Medicine
Award for Excellence in Enhancing Resident Learning:	Dr. Ian Schoonbaert, General Internal Medicine
PGME Award for Exemplary Role Model Faculty Member:	Dr. Erin Woods, Pediatrics
Exemplary Resident Award:	Dr. Lauren Roberts, Emergency Medicine
CanMEDS Collaborator:	Dr. Neel Mistry, Diagnostic Radiology
CanMEDS Communicator:	Dr. Joseph Paul, Family Medicine Prince Albert Dr. Aiya Amery, General Surgery
CanMEDS Health Advocate:	Dr. Kristi Galloway, Family Medicine La Ronge Dr. Robin Manaloor, Anesthesiology
CanMEDS Leader:	Dr. Jessica Froehlich, Family Medicine La Ronge Dr. Brittany Benson, Anesthesiology
CanMEDS Professional:	Dr. Rose Ennin, Family Medicine Swift Current Dr. Alison Knapp, Anesthesiology
Class of 1939 Resident Teacher Award in Medicine:	Dr. Fei Ge, Family Medicine Saskatoon Dr. Mars Zhao, Orthopedic Surgery
CSCI-CIHR Research Award:	Dr. Alison Knapp, Anesthesiology

Resident Research Day Awards

The Postgraduate Medical Education (PGME) Office, Office of the Vice-Dean Research (OVDR), and Saskatchewan Centre for Patient-Oriented Research (SCPOR) hosted Resident Research Day to showcase and celebrate the accomplishments of our resident researchers. The presentations showcased the outstanding work of our residents across diverse domains, including basic, applied, translational, and patient-oriented research. The following awards were received:



SCPOR Trainee Awards:

Dr. Jamie Vander Ende, Emergency Medicine
Joanne Stanton Hassier (patient partner)

Perspectives and experiences of older adults in the RUH Emergency Department.

Dr. Allan Meldrum, Anesthesiology
Carol Brock (patient partner)

The misunderstood anesthesiologist: A prospective cohort study comparing the effectiveness of educational media in preoperative assessment clinics.



Resident Research Presentation Awards:

Dr. Nolan Hunka, General Surgery

Human breast milk uniquely upregulates lipid transport proteins in the developing human intestine: Exploring bowel adaptation using an intestinal organoid model.

Dr. Trevor Krysak, Anesthesiology

Safety of a catheter-over-needle system for epidural placement in a Porcine In Vivo Model.

Dr. Alison Knapp, Anesthesiology

Intensive end of life care: Implementation of a guideline-based order set for the withdrawal of life-sustaining therapy in the ICU.



SCPOR Awardees: Drs Jamie Vander Ende and Dr. Allan Meldrum



Resident Research Presentation Awardees: Drs Trevor Krysak, Alison Knapp, Nolan Hunka

Other Awards

Royal College Duncan Graham Award

Dr. Anurag Saxena, associate dean, postgraduate medical education, received the Duncan Graham Award for Outstanding Contribution to Medical Education from the Royal College of Physicians and Surgeons of Canada (RCPSC). The award recognizes outstanding contributions to medical education. Dr. Saxena oversees USask’s residency programs, is an active researcher and is known for his people-first approach. He was presented with the award on September 25th in Ottawa.



Dr. Brian Hodges presenting the award to Dr. Anurag Saxena

College of Medicine Team Achievement Award

This award recognizes a team of staff members whose exceptional actions, including demonstration of collegiality, respect, and inclusiveness, have been key in the achievement of an outcome, or in making progress towards an outcome. The Postgraduate Medical Education Accreditation Oversight team was recognized for their leadership in the accreditation process, collaboration, and commitment to excellence.



Dr. Marilyn Baetz presenting the award to Audrey Kincaid, Loni Desanghere, Tanya Robertson-Frey (not pictured: Maureen Lumbis, Ope Okunola)

Research

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

PGME Journal Articles

Saxena, A., Desanghere, L., Dore, K. & Reiter, H. (2024). Incorporating a situational judgement test in residency selections: clinical, educational and organizational outcomes. *BMC Medical Education* 24 (1), 1-10.

PGME Poster Presentations

Desanghere, L. Robertson-Frey, T. & Saxena, A. Challenges faced by IMG physicians participating in an IMG support program and suggestions on how they can be better supported. ICAM, April, 2024.

Roberston-Frey, T., Desanghere, L. & Saxena, A. Challenges associated with rural/remote placement and suggestions on how to best draw IMG physicians to Saskatchewan. ICAM, April, 2024.

Rehman, N., Desanghere, L., Robertson-Frey, T. & Saxena, A. Evaluation and Enhancement of Learning Environment at Postgraduate Training Sites. ICAM, April, 2024.

Desanghere, L., Saxena, A., Robertson-Frey, T., Shirazi, S., & Saxena, A. A Disorienting Dilemma in Medical Education: Understanding the impact of large-scale organizational changes on learning and healthcare provision in medical residents and students. AAMC, November, 2023.

Desanghere, L., Saxena, A., Robertson-Frey, T., Shirazi, S., & Saxena, A. Disorienting Dilemma: Understanding the impact of large-scale organizational changes on learning and healthcare provision in medical residents and students. AMEE, August, 2023.

Saxena, A., Desanghere, L. & Robertson-Frey, T. Learner perceptions and suggestions to enhance inclusion, belonging and workplace kindness. AMEE, August, 2023.

PGME Oral Presentations

Saxena, A., Rohr, B., Desanghere, L. & Robertson-Frey, T. Exploring explanations of transition supports and success for international medical graduates. ICAM, April, 2024.

Mohanty, B., Desanghere, L. & Saxena, A. Impact of individual factors on situational judgement tests: Implications for admissions to postgraduate medical education. RISE, June 2024.

Kader, S., Saxena, A. & Desanghere, L. Assessing perceived effectiveness and critical success factors in physician leadership: Perspectives from physician leaders across Canada. RISE, June 2024.

Uhryn, J., Saxena, A., Manoharan, G., Desanghere, L. & Robertson-Frey, T. Mentorship for well-being in medical education and healthcare. RISE, June 2024.

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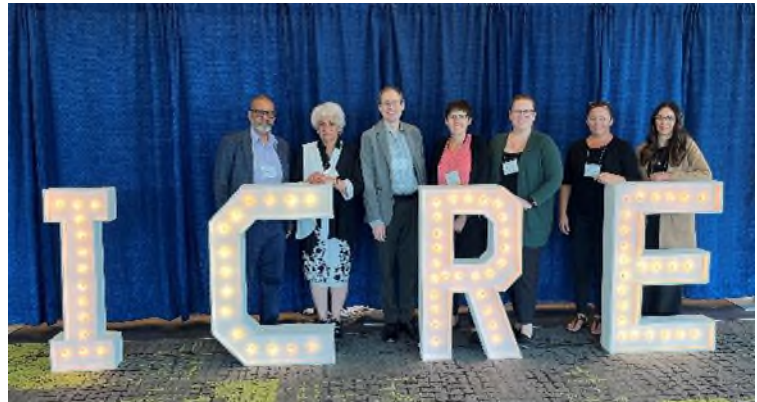
Saxena, A., Desanghere, L., Johnston, B. & Robertson-Frey, T. Exploring developmental readiness and organizational factors on leader development, practice, and effectiveness in postgraduate medical education. ICRE, October, 2023.

Desanghere, L., Robertson-Frey, T. & Saxena, A. Learning environment evaluations in Postgraduate Medical Education: An exploration of individual factors impacting ratings. ICRE, October, 2023.

Robertson-Frey, T., Okunola, O., Livingston, G., Desanghere, L. & Saxena, A. Development and evaluation of the quality referral and consultation education (QRCE) curriculum at the University of Saskatchewan. ICRE, October, 2023.

PGME Workshops

Saxena, A., Robertson-Frey, T. & Desanghere, L. (2023). Leader Developmental Readiness and Physician Leadership. ICRE, October, 2023.



Research Activity

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



113

Journal
Publications

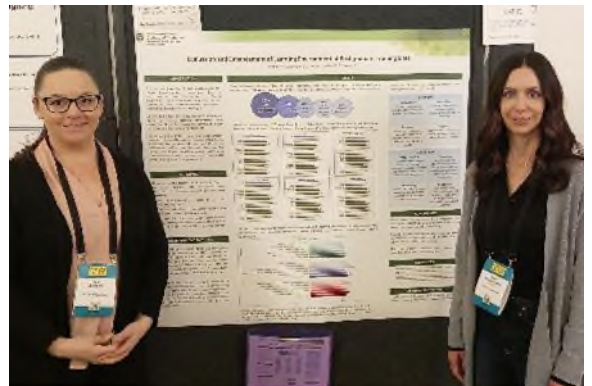
- 2 PGME Office
- 39 Program Directors*
- 72 Residents*



171

Abstracts/
Conference
Presentations

- 16 PGME Office
- 42 Program Directors
- 113 Residents



47

Workshops
Presented at

- 15 PGME Office
- 10 Program Directors
- 22 Residents



* Based on feedback from 21 residency training programs

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