

Postgraduate Medical Education Annual Report



July 1, 2024 – June 30, 2025



UNIVERSITY OF SASKATCHEWAN

College of Medicine

POSTGRADUATE MEDICAL EDUCATION
MEDICINE.USASK.CA

BE WHAT THE WORLD NEEDS

The background is a solid dark green color with a repeating pattern of various Indigenous symbols and icons. These include a four-spoked wheel, a feather, a turtle, a star, a bison head, a tipi, a rainbow, a drum, and a paddle.

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**

Table of Contents

Messages	5
PGME Office	9
Key Stats	13
PGME Evaluation & Research	16
PGME Portfolio Reports	19
Social Responsiveness	28
Collaborations & Connectivity	30
Internationalization	32
Awards	33
Research	35

Minister of Health



SASKATCHEWAN

Legislative Building
Regina, Saskatchewan



The Honourable Jeremy Cockrill
Minister of Health



The Honourable Lori Carr
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'd like to extend our appreciation to the Postgraduate Medical Education (PGME) office at the College of Medicine, University of Saskatchewan (USask), for your dedication to developing our future physicians serving communities throughout the province.

Our government is committed to expanding training opportunities through seat expansions and new program offers to support our graduates pursuing training in the province and closer to home. As part of our Health Human Resources Action Plan to recruit, train, incentivize and retain more health professionals, we've increased residency seats for our medical students and new grads to build a rewarding career right here in Saskatchewan. The recent postgraduate expansion included an increase of training seats to a total of 150 as well as the introduction of new residency training program options for residents to complete their designed training programs in our province.

We continue to support recruitment efforts to attract and retain future physicians in our province by offering a range of incentives, loans and bursaries to Saskatchewan providers. Opportunities include recruitment and retention incentives of up to \$200,000 over five years for rural and remote family practice as well as for targeted specialty practice such as Anesthesia, Emergency Medicine, Radiology, Psychiatry and targeted Pediatric Subspecialties. In 2024-25, our government introduced a bursary for residents in Emergency Medicine, Anesthesia, and Diagnostic Radiology. Residents in their 4th and 5th years of training can receive up to \$30k per year. This two-year incentive, totaling up to \$60k, encourages residents to work in high demand areas in Saskatchewan after completing their programs.

We have a shared goal of creating and maintaining a positive, safe and healthy work environment for all employees and physicians. The recently negotiated Saskatchewan Medical Association agreement provides a strong foundation for competitive remuneration, benefits, and physician programs in the province to allow Saskatchewan to remain competitive in the midst of challenging national and international labour landscapes. This includes initiatives, such as the Innovation Fund, which supports family physician team-based clinics to support community practice.

The Government of Saskatchewan remains committed to providing top-tier education, career opportunities and actively supporting health care teams across the province. We want to thank the physicians and medical leaders for the time and expertise they generously share with each generation of physicians in our province. Your efforts to balance clinical demands with training and mentoring younger professionals are deeply appreciated. To those entering their residency, we wish you the very best as you continue on your career path in medicine and know that you have a job waiting for you in Saskatchewan when you graduate.

Dr. Sarah Forgie

Dean, College of Medicine



Postgraduate medical education (PGME) plays a vital role in supporting Saskatchewan's health-care system. Looking back on the past year, I am grateful for the dedication and hard work of the PGME team whose efforts make residency education possible across the province.

The PGME team delivers high-quality residency programs across campuses and training sites, while meeting national accreditation standards. This includes organizing residency placements and clinical experiences and building strong relationships with stakeholder organizations and medical departments.

This year included several meaningful achievements and milestones for PGME. Our College of Medicine graduates continue to match to Saskatchewan residency programs, with family medicine remaining a top choice. This reflects the PGME team's commitment to creating exceptional training opportunities that attract and retain future physicians and help to strengthen health care in our communities.

PGME continues to grow through new residency programs. The college has received approval for a plastic surgery residency program, with the first resident expected in 2026. As well, medical oncology and dermatology welcomed their first residents this past year, further expanding the training available in the province.

I want to extend my heartfelt thanks to the PGME team for their commitment and dedication to our residents, our college, and our health-care system. Their work is crucial to help advance medical education in Saskatchewan.

Dr. Gill White

Interim Vice Dean, Medical Education



Postgraduate Medical Education (PGME) is an essential component of 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.

Plans are underway for accreditation reviews, both internal and external in the fall 2025 and spring 2026. These reviews will be for PGME programs including Diagnostic & Clinical Pathology, Pediatrics, Cardiology, Family Medicine & FM/Enhanced Skills, and new programs such as Dermatology, Forensic Psychiatry and Medical Oncology. We extend our gratitude to the PGME staff, faculty and

residents for your hard work and preparation leading into important program reviews such as these.

In addition, the PGME office organizes events throughout the year to improve residency training and showcase research achievements. These include the boot camp for new residents, which helps orient them to life as a resident in Saskatchewan, as well as to help build connections across programs, and the annual resident research day, which celebrates the accomplishments of our Resident Researchers and the positive impact of Resident Research.

Resident wellness continues to be 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.

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

Dr. Anurag Saxena

Associate Dean, Postgraduate Medical Education



During this last year of my tenure as Associate Dean, PGME, the focus was on ensuring stability of operations, continuing the momentum towards the strategic priorities, working towards accreditation visits planned in 2026, and ensuring implementation of CBD 2.0 across our specialty residency training programs.

In the last academic year, the annual celebration event took place on May 2 with genuine appreciation of our residents, staff, program directors, and program administrators and showcased talent in our College's PGME enterprise.

After successfully launching the Dermatology residency program, June was also a month of other good news – approval of our Plastic Surgery residency program!

I am truly grateful for the collective achievements and accomplishments of our province's PGME community

over the last year - 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.

I'm looking forward to the exciting advancements and the journey ahead for PGME under the leadership of Dr. Marla Davidson, Associate Dean PGME and Ms. Maureen Lumbis, Manager PGME and the continuing and new members of the PGME team, centrally and across our province.

All the very best!

Dr. Marla Davidson

New Associate Dean, Postgraduate Medical Education



As I begin my role as Associate Dean, PGME, I am inspired by the many accomplishments across our programs. This past year has been marked by significant achievements, including impactful contributions to research, the continued delivery of high-quality education, a deepened focus on learner wellness and success, and the exciting establishment of a new residency program in Plastic Surgery.

These milestones are a testament to the dedication and collaborative spirit of our entire PGME community. I would like to extend my sincere appreciation to our residents, whose commitment to excellence and compassionate care lies at the heart of our mission and remains central to everything we strive for. Thank you to our Program Directors, Site Directors, Assistant Program Directors, and Program Administrators for your leadership and mentorship.

My gratitude also goes to the PGME Office staff for their support and commitment to operational excellence which are vital to the success of our programs and the overall learner experience. I also wish to acknowledge the senior leadership at the College of Medicine and the University of Saskatchewan for their continued guidance and advocacy, and our medical faculty for their invaluable contributions to teaching.

We are fortunate to work alongside our valued partners (Resident Doctors of Saskatchewan, the Ministry of Health, the Saskatchewan Health Authority, and the Saskatchewan Medical Association) whose ongoing collaboration and commitment to resident training help us deliver exceptional education and care across the province.

Finally, I offer heartfelt appreciation to Dr. Saxena for his many years of exceptional leadership and the lasting impact he has made on postgraduate medical education in our province.

As we look ahead, I am excited to continue working together to advance PGME in Saskatchewan. Thank you for your continued support and partnership.

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



Amanda Storey
Coordinator, Academic
& Non-Academic Processes



Jennifer Uhryn
Coordinator, Resident Wellness



John Dyck
Coordinator, Resident Wellness



Jennifer McGillivray
Coordinator, Finance



Natasha Thrasher
Coordinator, Program
Administrators



Loni Desanghere
Coordinator, PGME Research
& Communications



Audrey Kincaid
Admin Support, PGME
Accreditation & PA Liaison



Kailey Friesen
Admin Support, Admissions
& Resident Administration



Sonja Lazic
Admin Support, PGME Admin
Processes



Joanna Winichuk
Clerical, Academic & Wellness
Processes



Chastin Miller
Admin Support, Academic &
Wellness Processes, Admissions &
Resident Administration





Jenelle Butler
Admin Support, Educational
Processes



Louise Berg
Admin Support, Educational
Processes

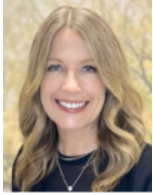


Raegan Lubiniecki
Admin Support, Educational
Processes/PGME Administration



No Image

Diana Tegenkamp
Admin Support, Admissions &
Residency Administration



Alana Holt
PGME Director, Resident
Wellness Resources
Associate Professor



Lynsey Martin
PGME CBD Advisor
Assistant Professor



Marla Davidson
PGME Director of Transfers
Associate Professor



Ayisha Kurji
PGME Director, Educational
Programming
Associate Professor



Robert Carey
PGME Simulation Coordinator
Assistant Professor



Michael Voralia
PGME Simulation Coordinator
Clinical Associate 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



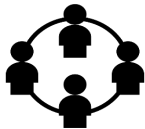
Social Accountability

- 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



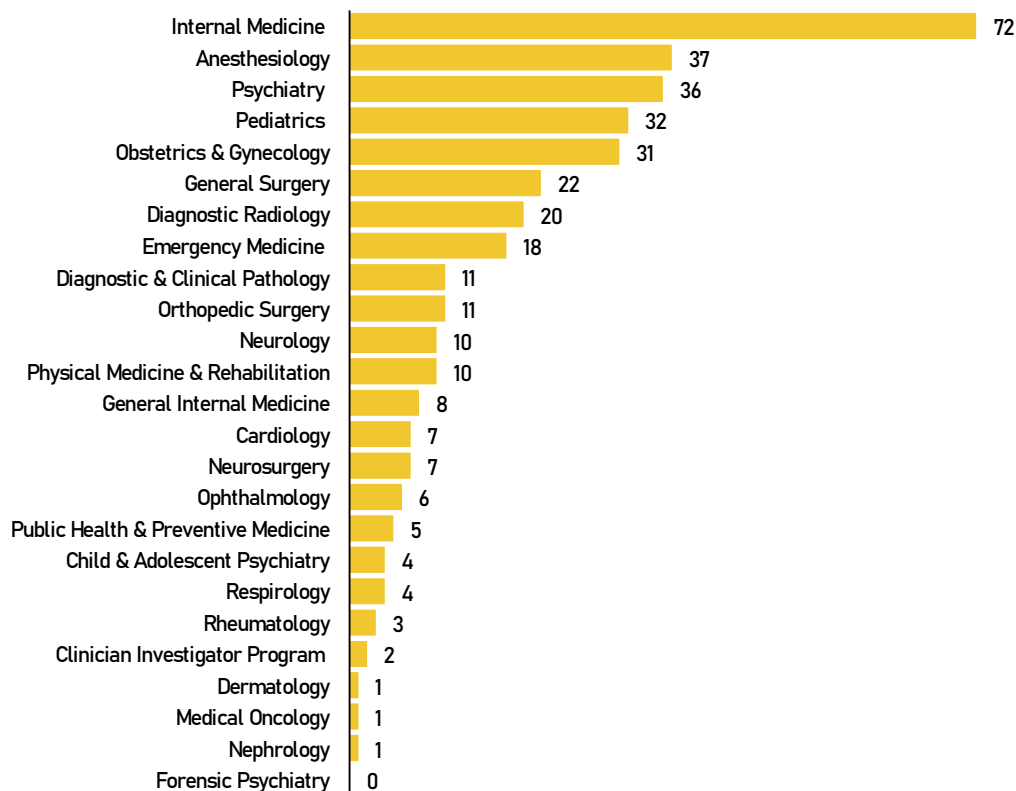
Organizational Accountability

- 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

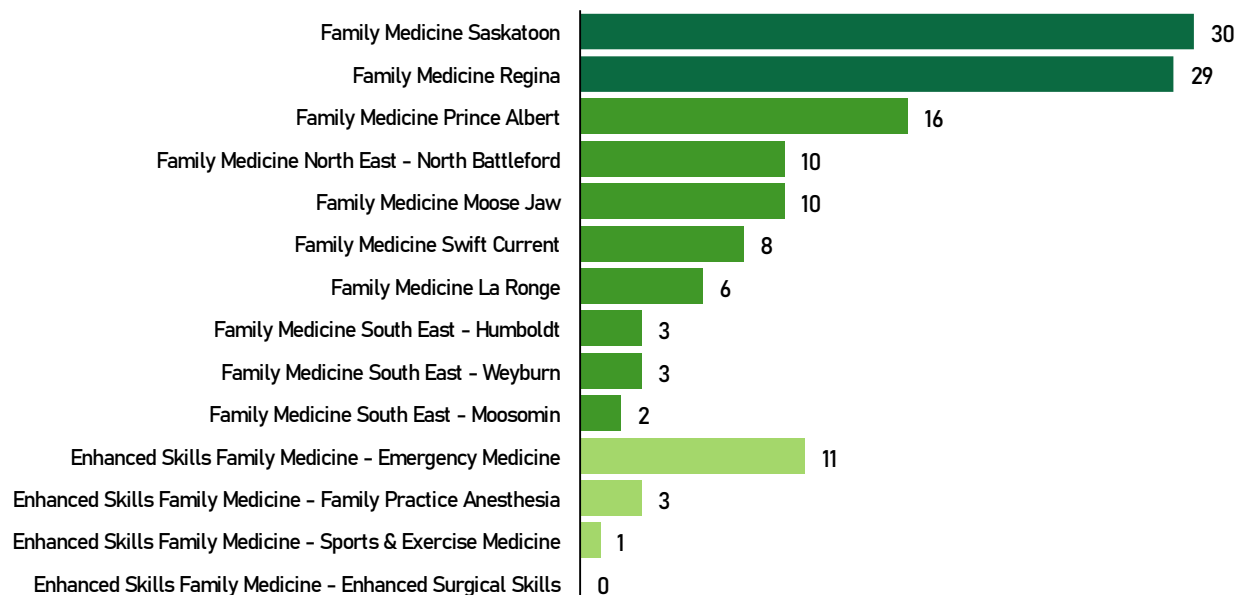
Royal College of Physicians and Surgeons of Canada Residency Training Programs

Number of Residents = 359 (as of April 2025)



College of Family Physicians and Surgeons Residency Training Programs

Number of Residents = 132 (as of April 2025)



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 (24)

Regina

- Family Medicine and Enhanced Skills (3)
- Royal College Specialty (7)

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)



491

Residents



29

**Active
Training
Programs***



8

**Provincial
Training
Locations**

* In addition, there was one inactive program in 2024-2025 and one Area of Focused Competence (AFC) program.

Accreditation

Following the PGME accreditation site visit, rulings were given to each program. Programs with new residents in the program (two new programs and one reactivated program) will undergo external reviews in Spring 2026, and programs with rulings of ER-2Y (external review in two years) will undergo an external review in Fall 2026. All programs undergoing external reviews in Spring and Fall 2026 will undergo internal reviews in Fall 2025.

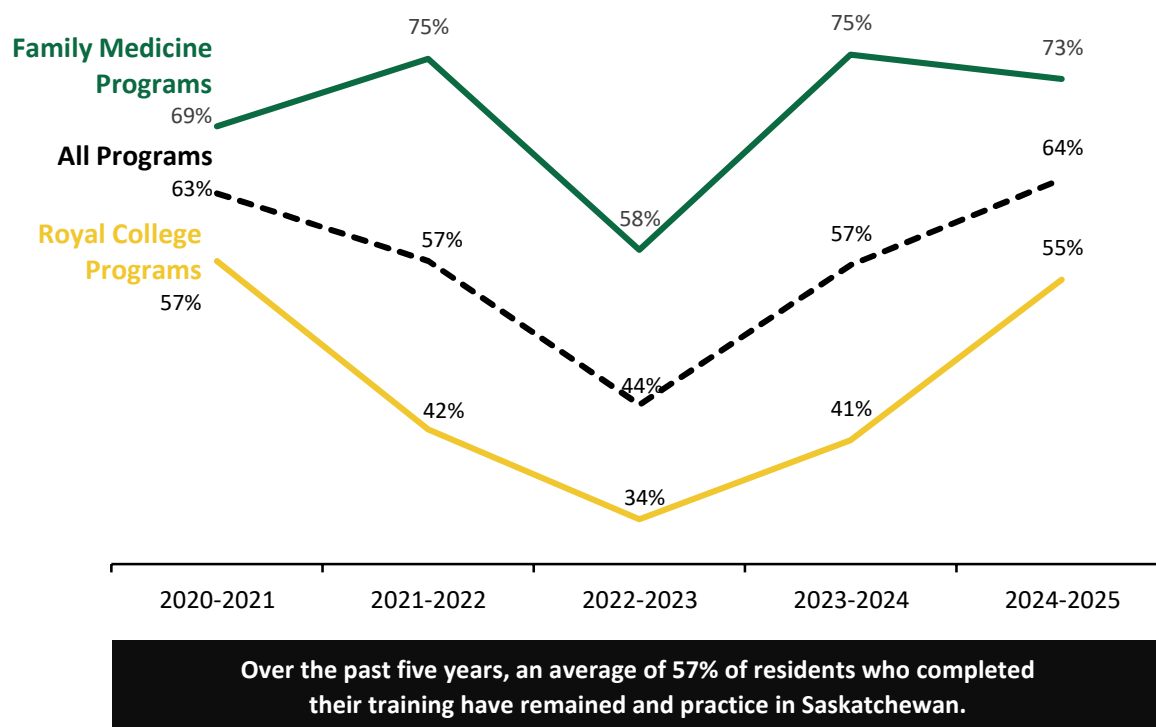
One new program, Plastic Surgery, was approved by the Royal College in June, 2025.

Several programs will continue to work on areas of improvement and will be required to provide an APOR (Action Plan Outcomes Report) to the accrediting bodies by Fall 2026. One new program was approved by the Royal College in June 2025, and an external review will be held following admission of the first resident(s) in the program. As always, we will maintain our focus on continuous quality improvement and evidence-based decision-making as we continue through the accreditation cycle.

Retention in Saskatchewan of USask Residents

Presented below are the averages for the past five year of those who stayed in Saskatchewan upon completion of training, based on type of program.

In 2024-2025, the percentage of USask residents from **specialty programs** who **remained in Saskatchewan** upon completion of training **increased by more than 10%** as compared to the previous year.



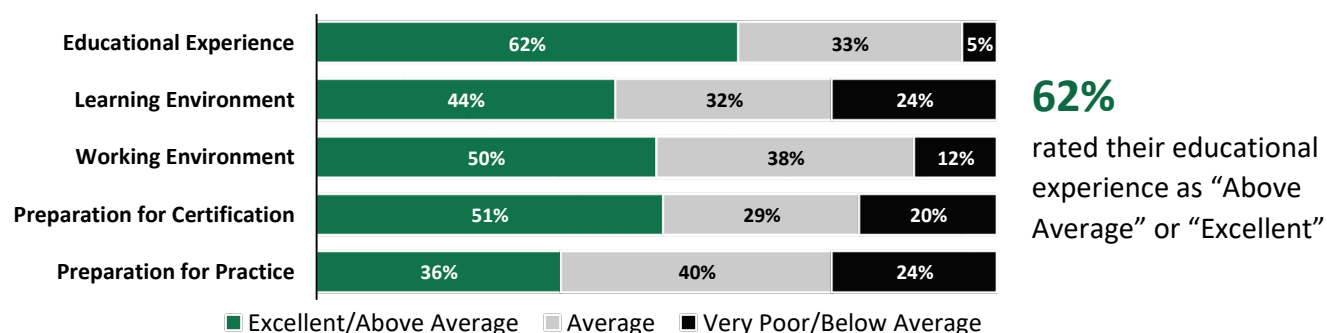
PGME Evaluation and Research

2024 – 2025 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 2024 and September 2025. A total of 44 residents participated, representing a 26% response rate.

Overall Experience

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



Additional Findings

Resident well-being:

59% 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 (67%) and academic half days (54%), followed by resident retreats (33%), role-modeling/teaching (99%), and meetings with the program director/faculty (21%). In relation to stress experienced during residency training, it was found to most likely affect residents’ personal life (68%) and cause them to seek help from a health professional (41%).

Harassment/intimidation/discrimination:

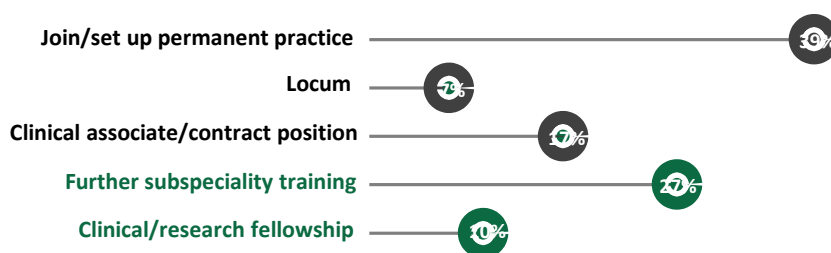
41% of residents indicated they experienced harassment, intimidation, or discrimination during residency. Of those who did, disrespectful behaviour was most common, followed by inappropriate verbal comments, and emotional abuse/bullying.

Future plans:

63% of respondents hope to pursue their immediate future plans in **Saskatchewan**.

63% plan to enter practice following residency training.

37% indicated their immediate plans include **additional training/education**.



Exploring Factors Impacting Team Cohesion and Patient Safety in Resident Doctors

A research study was carried out to examine the relationship between Allophilia (positive attitudes toward diverse others), emotional intelligence (understanding and managing one's emotions and empathizing with others), and team cohesion (trust, shared goals, collaboration), all of which are crucial in shaping clinical environments and impacting patient safety. Eighty-eight residents from 19 programs completed an online survey between December 2024 and January 2025. Key findings are presented below.



Emotional Intelligence is a significant predictor of both **team cohesion** and **positive safety attitudes**.



Team Cohesion is strongly associated with improved perceptions of **patient safety**, including **teamwork**, **safety climate**, and **job satisfaction**.



Allophilia correlates positively with **emotional intelligence** but does not directly impact team cohesion or safety attitudes.



Demographic factors largely showed no significant effects, except gender and disability status, where **women** and those with a **self-reported disability** reported **higher allophilia scores**. As well, senior residents (PGY4+) reported lower team cohesion and less favorable safety attitudes (teamwork, job satisfaction, and hospital management) compared to juniors (PGY1).

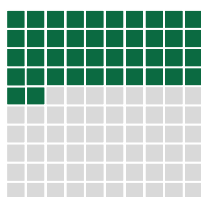
Findings underscore the importance of emotional intelligence and team cohesion in fostering safety, collaboration, and satisfaction within clinical teams. Lower team cohesion among senior residents suggests potential challenges in maintaining team cohesion over time, highlighting the need for targeted interventions. Integrating emotional intelligence and allophilia into team-building strategies can enhance intergroup harmony and organizational outcomes, ultimately improving patient safety. As well, addressing disparities in team cohesion and intergroup attitudes through tailored training can enhance workplace dynamics and patient care quality.

2025 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 2025, asking them about the past year. A total of 262 people completed the survey, including 99 residents, 109 faculty, 28 program directors, and 26 program administrators. An overview of the findings is provided below.

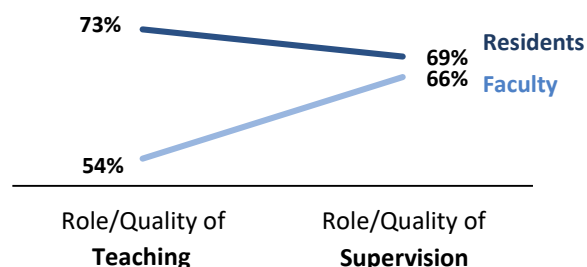
Overall Work & Learning Environment

52% rated their overall **work and learning environment** as “**above average/excellent**”.



Educational Experiences

Over half of residents & faculty are “**satisfied/ very satisfied**” in the areas of **teaching & supervision**.



Unprofessional Behaviour



36% **Experienced and/or witnessed** unprofessional behaviour during the past year.



32% **Did not** report the unprofessional behaviour formally or informally.



78% Most often took the form of **disrespectful behaviour**.



78% Main source was **faculty**.



67% Most often occurred during **clinical work**.

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.
- 25%** Learning environment **did not affect** decision to stay in SK.
- 27%** Learning environment **negatively affected** decision to stay in SK.

Strengths – Key Themes

Faculty, Program Directors, and Program Administrators:

- 1 Education:** Knowledgeable and experienced faculty teachers, learning opportunities, teacher to learner ratios, program size, program flexibility, and motivated residents.
- 2 Team Unity:** Collaborative culture, collegiality, communication and supportive relationships.
- 3 Leadership:** from Program Directors, Program Administrators, Department Heads, Area Department Leads, and Provincial Heads.
- 4 Program Administration:** Strong and supportive administrative staff.

Residents:

- 1 Education:** Autonomy, feedback, learning opportunities, quality of teaching.
- 2 Team Unity:** Collegiality, collaborative culture, and supportive environment.
- 3 Leadership:** from Program Directors, Site Directors, and Program Administrators.

Challenges – Key Themes

Faculty, Program Directors, and Program Administrators:

- 1 Education:** Heavy workloads and service demands, impact time to teach and train residents. Lower faculty engagement and availability have been observed.
- 2 Resources:** Insufficient physical, technological, human, and financial resources.
- 3 Racism, Discrimination and/or Bullying**

Residents:

- 1 Education:** Higher service demands, access to opportunities, curriculum, faculty engagement, lack of teaching, support and supervision.
- 2 Resources:** Insufficient physical, technological, human, and financial resources.
- 3 Racism, Discrimination and/or Bullying**

PGME Portfolio Reports

Competence by Design Activities

Local Workshops & Sessions

- CC Chair and PD Support Group sessions are held monthly.
- CBD Resident Leads sessions are held monthly.

Program Roll-Out

- Provided training for the Division of Public Health and Preventive Medicine for their CBD roll-out which was scheduled for July 1st 2025.

Curriculum and Assessment Mapping

- Assisted with the development of the Plastic Surgery program curriculum and assessment map as part of the new program application.
- Actively working with Hematology for development of a curriculum and assessment map as part of their new program application.
- Actively working with several programs to update their curriculum and assessment maps prior to the 2026 external reviews.

Policies

- The University of Saskatchewan PGME policies were reviewed in Fall 2024.
- As part of the national CBD 2.0 adaptations, programs no longer require RPC ratification of CC decisions. Programs were informed of this national change and encouraged to update their program specific policies as warranted as this was not part of our PGME policies.

Versioning

- Rolled out new version of EPAs for Respiriology, Radiology, Obstetrics and Gynecology in July 2024.
- Obstetrics and Gynecology, Rheumatology and Neurosurgery had planned versioning changes for the 2025 academic year and were prepared for a July 1st 2025 roll-out.

National Liaison

- Dr. Martin attends monthly meetings with CBD National Leads working group.
- Participation in national CBD Program Evaluation – Dr. Martin was a panel member for the closing plenary at the 2024 CBD Evaluation Summit.
- Dr. Martin is participating as a member of the national assessment & waiver policies working group working toward developing consistent national assessment policies.

Scholarly Contributions

- Abstract presented at the CBME program evaluation summit: “Email nudges, faculty development workshops, and template changes...what impacts the quality of supervisor narrative comments in Competence Based Medical Education?” Spadafore, M., Bandi, V., Thoma, B., Martin, L., Chan, T & Woods, R. Presents by Dr. Rob. Woods
- Research in progress: Competence Committee Resource Survey – local data has been collected and analysis in progress. In the second stage of the project, data will be collected from several other universities.

CFPC Competency Based Medical Education Activities

A critical CBME activity completed in 2024-2025 was the creation of Family Medicine's Continuous Quality Improvement Framework. The following is a summary of the framework guide.

Purpose of the CQI Framework

Continuous Quality Improvement (CQI) is essential for enhancing the educational experience within the Family Medicine residency program. Feedback from multiple sources and stakeholders is collected through various mechanisms to inform program development and improvement.

Approach to Program Evaluation

The **Residency Program Evaluation Framework (RPEF)** is guided by five key principles:

Collaboration	Engaging residents, faculty, staff, and administration to ensure relevance and shared ownership.
Reflection	Promoting regular review and data-informed self-assessment for continuous improvement.
Centralization	Coordinating evaluation through the Residency Program Committee (RPC) and its subcommittees for comprehensive input.
Timeliness	Acting promptly on feedback within defined review cycles.
Triangulation	Using multiple data sources and perspectives to strengthen the accuracy of findings.

Sources of Data

The Family Medicine program operates across eight provincial sites, creating both richness and complexity in data collection. Core areas include **Curriculum, Assessment, Faculty Development, and Scholarship** which are centrally coordinated but locally implemented.

The **Program Evaluation Committee (PEC)**, in collaboration with interested parties, developed **logic models** that define key outcomes and guide the formulation of program evaluation questions. These questions are mapped to program goals and drive the collection, analysis and dissemination of data.

Evaluation and CQI Procedures

Program evaluation follows a structured CQI process focused on **five domains**:

- | | | |
|--------------|--------------|-----------|
| 1 Curriculum | 3 Governance | 5 Faculty |
| 2 Assessment | 4 Operations | |

Findings from the **PEC** are shared through the **RPC**, leadership retreats, and CQI reports. Areas for improvement are prioritized by the RPC, assigned to a project lead, and tracked using a centralized **CQI Project Plan** and **CQI Tracking Spreadsheet**. Updates are reviewed at regular RPC meetings.

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.

“

I gained valuable insight into the expectations during residency, which helped me feel more prepared for what's ahead. It was also a great opportunity to connect with residents from different sites.

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 2024-2025 workshops were attended by 35 chief residents and included sessions on conflict management, stress management and burnout prevention, time and energy management, RDoS contract information, and discussions with past chief residents.

“

In-depth knowledge into what my role entails and knowing how to advocate for residents with respect to schedules and stress management.

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. In 2024-2025, approximately 55 PDs and PAs participated in both the *Working Together as Effective Dyads* workshop and *Building Coalitions and Achieving Results* workshop. One workshop for PAs was also held on *Travel Approvals & Resident Reimbursements*.

“

I really enjoyed this session that was geared towards the PAs. I picked up 4-5 tips that I was not aware of that will help in the future. Appreciate it!

PA 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 2024-2025, the course was provided to 143 residents across various distributed sites in the province.

“

TIPS was great in person and definitely stimulated deeper thought into the role of teachers and the culture of teaching that exists in medicine.

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, 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 45 PGY1 residents in Saskatoon and Regina, from Internal Medicine, Emergency Medicine, Anesthesiology, General Surgery, Neurosurgery, Obstetrics and Gynecology, and Orthopedic Surgery.

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, 111 completed the two online modules, and 144 participated in an interdisciplinary workshop where de-identified referral and consult letters from their specialty were appraised.

“

Loved how interactive this was and loaded with valuable information.

Intro Session Attendee



PGME Resident Boot Camp

2024 Canadian Resident Matching Service (CaRMS): Match Results

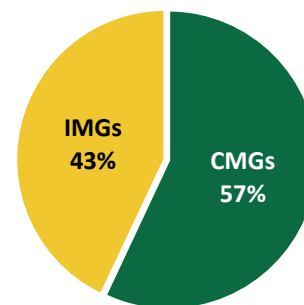
In 2024-2025, the University of Saskatchewan PGME participated in three CaRMS matches: R-1 Main Residency match; R-3 Family Medicine/Enhanced Skills (FM/ES) match; and R-4 Medicine Subspecialty (MSM) match.

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 135 positions for the R-1 match; 17 positions for the FM/ES match; and 13 positions for the MSM match.

USask matched all 135 available positions in the first and second iterations of the R-1 match. These positions were filled by 77 Canadian medical graduates (CMGs) and 58 international medical graduates (IMGs). Of note, the Anesthesia program offered a full-time training position in Regina.

IMG applicants who matched to positions in Family Medicine, Internal Medicine, Pediatrics and Psychiatry have a Return of Service with a commitment to practice in Saskatchewan when they complete their training program.

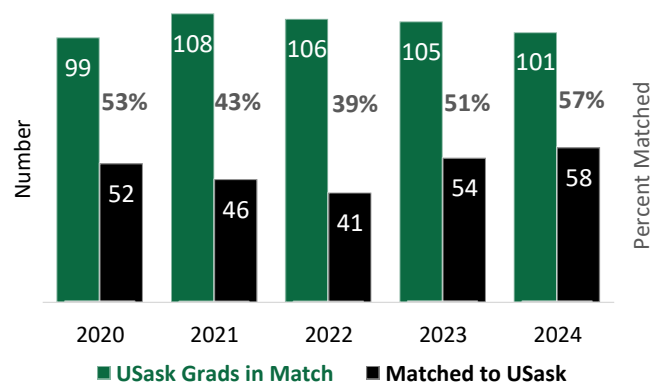
CaRMS 2024 R-1 Match Results



2024 R-1 Match: Distribution of Matched Positions

Program	CMG	IMG	Total
Anesthesiology - Regina	2	0	2
Anesthesiology - Saskatoon	7	0	7
Dermatology	1	0	1
Diagnostic & Clinical Pathology	2	0	2
Diagnostic Radiology	4	0	4
Emergency Medicine-Saskatoon	3	0	3
Emergency Medicine-Regina	1	0	1
Family Medicine-La Ronge	0	3	3
Family Medicine-Moose Jaw	1	3	4
Family Medicine-North West	0	6	6
Family Medicine-Prince Albert	3	4	7
Family Medicine-Regina	3	11	14
Family Medicine-South East	0	4	4
Family Medicine-Saskatoon	9	5	14
Family Medicine-Swift Current	0	4	4
General Surgery	4	0	4
Internal Medicine-Saskatoon	11	6	17
Internal Medicine-Regina	2	4	6
Neurology	2	0	2
Neurosurgery	1	0	1
Obstetrics & Gynecology-Saskatoon	3	1	4
Obstetrics & Gynecology-Regina	2	0	2
Ophthalmology	1	0	1
Orthopedic Surgery	2	0	2
Pediatrics-Regina	1	1	2
Pediatrics-Saskatoon	5	1	6
PM&R-Saskatoon	2	0	2
Psychiatry-Saskatoon	4	1	5
Psychiatry-Regina	0	4	4
Public Health & Preventive Medicine	1	0	1
Total Matched Positions	77	58	135

Match Results for USask Grads

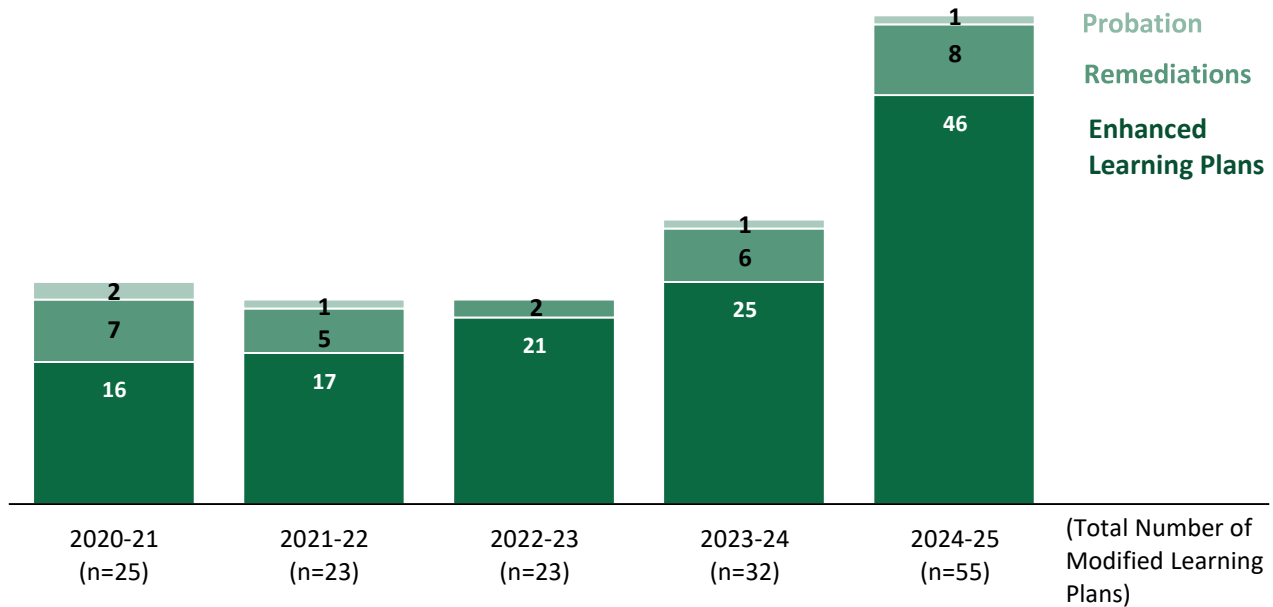


Over the past 5 years, an average of 49% of USask grads were matched to USask residency training programs.

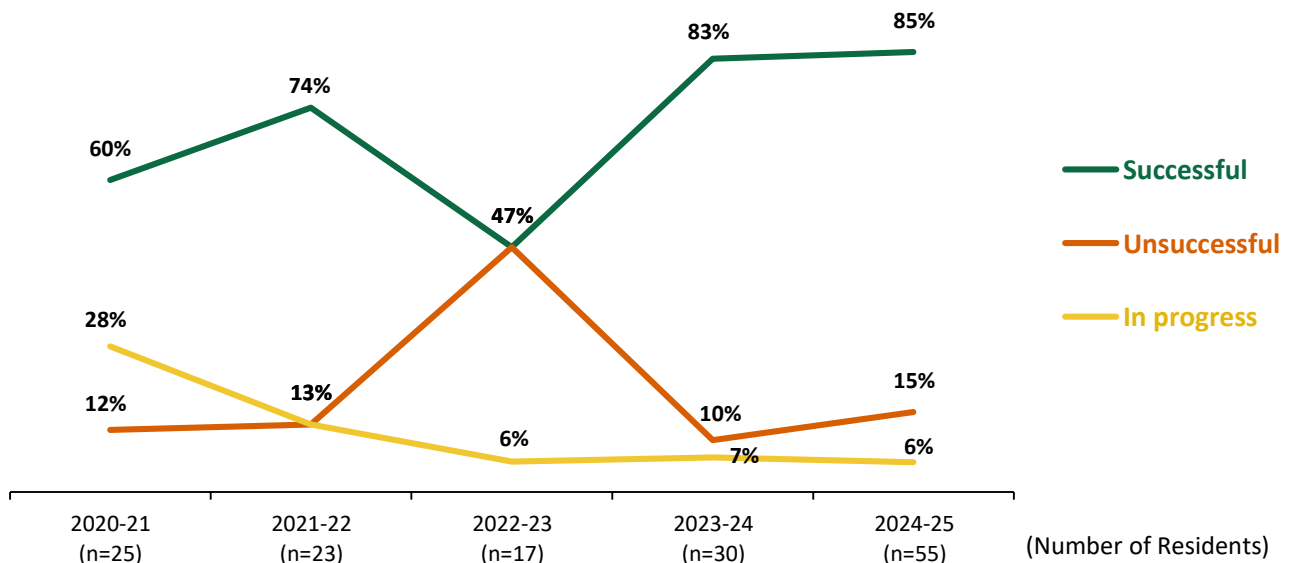
Modified Learning Plans

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.

Compared to last year, the total number of Modified Learning Plans (MLPs) has almost doubled, with the majority of the increase being with **Enhanced Learning Plans**.

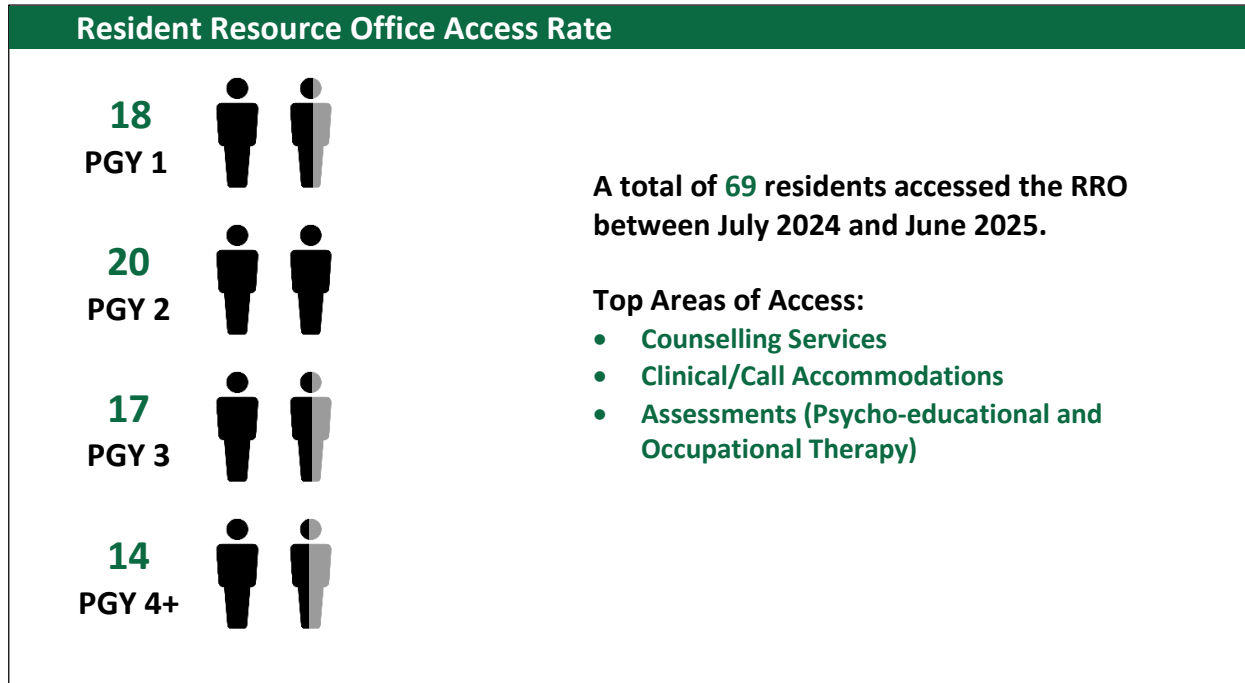


During the past year, the majority of residents (85%) had a **successful outcome** of their modified learning plan.



Resident Resource Office

The Resident Resource Office (RRO) provides a safe and confidential environment for non-academic support to residents who may be dealing with professional and/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



Wellness Events

Our **program wellness event** initiative was very successful during this academic year! Thirty program sites participated in a total of 48 resident-led wellness events. Some of the wellness events that took place included escape room, murder mystery, bowling, ice fishing, activate, and hockey; all were great at creating social connections.



Ice Cream Rounds

Ice Cream Rounds were offered to programs as a wellness initiative, with four 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.



Psychiatry Saskatoon residents enjoying a murder mystery night.



Emergency Medicine Regina residents at Activate.



Orthopedic Surgery residents and physicians battling for the Macho Cup.



Ophthalmology residents ice fishing at Blackstrap Lake.





Psychiatry Regina residents at Activate.



General Internal Medicine Saskatoon residents at Escape City.



Family Medicine Moose Jaw residents enjoying glow bowling.



Respirology Saskatoon residents at a well-earned post-escape room meal.

Social Responsiveness

Presented below are the various ways in which 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 22 programs.

	Indigenous Health and Wellness	Number of Programs
	Residents complete the course “The Role of Practitioners in Indigenous Wellness”	11
	Rotations on-reserve and/or in northern communities	8
	Rotations in urban clinics serving predominately Indigenous populations	4
	Formal teaching pertaining to Indigenous health and wellness (e.g., AHDs, retreats)	12
	Webinars, workshops, conferences pertaining to Indigenous health and wellness	7
	Participation in cultural activities	5
	Research projects with Indigenous community partners	8
	Equity, Diversity, and Inclusion	
	Participate in the CoM EDI working group	5
	Program has an EDI committee/working group	3
	Guidelines/policies in place pertaining to diversity in resident selection and/or faculty recruitment	10
	Rotations working with marginalized and underserved populations at community clinics, schools, refugee clinics, etc.	7
	Formal teaching pertaining to transgender health, gender diverse care, refugee health, etc.	9
	Webinars, workshops, conferences pertaining to EDI	10
	Research project pertaining to EDI	7

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.

Representation on the CoM EDI Strategy working group.

Participation in the following webinars:

- *Allyship in Practice: Leadership Panel on Learning to be an Ally*. With Dr. Leon McDougale, Dr. Howard Y. Liu, John P. Cullen, Dr. Linda Chaudron; AAMC
 - *Engaging Allyship: Foundational Equity Practice Skills*. With Sunny Nakae; AAMC
 - *Is EDI Dead? Navigating the Future of EDI: Challenges and Opportunities*. With Dr. Stryker Calvez and Dr. Danette Starblanket; Johnson Shoyama Graduate School of Public Policy
 - *Will AI Help or Hurt Our Health?* With Dr. Angelica Geter and Ori Carmel; Good Tech
 - *Healthcare for Diverse Communities: Creating Inclusive Care*. With Ms. Gail Boehme and Ms. Sarah Kozusko; Johnson Shoyama Graduate School of Public Policy
 - *Breaking the Stigma: Building a Supportive Workplace for Mental Health*. With Dr. R. Nicholas Carleton, Andrew Love; Johnson Shoyama Graduate School of Public Policy
-

Social Responsiveness Information Shared by Programs

“

We have a common academic half day lecture that focuses on gender affirming care which involved bringing in a patient partner as one of the co-presenters. In some sites, residents are exposed to transgender consultation service. Some sites also have exposure to immigrant and refugee clinics and with the Underserved Curriculum there may be exposures to detox and opioid agonist therapy clinics.

Family Medicine Program

“

There is a large focus on EDI in resident selection. As well, in Emergency Medicine, our patient population is proportionally high in equity-seeking groups. Caring for transgender patients is a component of CanMEDS rounds and research projects are available to students within this area interest.

Emergency Medicine Program

“

We have an Indigenous Curriculum over the 1st year (with some 2nd and 3rd year follow up) based on the Canadian Pediatric Society Indigenous Health Modules.

Pediatrics 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	14
Multi-disciplinary grand rounds	19
Combined CanMEDS rounds	8
Multi-disciplinary quality improvement initiatives	13
Research collaborations with other programs	17
Invited speakers for AHD/Rounds from various programs	21



Simulation Training

Residents from various programs participate in RaPID	6
Multi-disciplinary attendance of simulation training sessions	7
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	15
Exam prep sessions and mock exam with other universities	15
Participation in the UGME Career Fair	18
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)



Emergency Medicine residents during simulation training.



Family Medicine North West residents at the teddy bear picnic.



PHPM residents during touring the Canadian Light Source.

Internationalization

International Training Partnerships

The Postgraduate Medical Education office, in collaboration with the Division of Orthopedic Surgery and College of Physicians and Surgeons of Saskatchewan, offers a sponsored position in the Global Orthopedic Surgery One-Year Training Program. The program is directed toward orthopedic residents training in under-resourced areas of the globe to provide specialized training that will give these residents the skills needed to provide improved care in their local communities.



Dr. Fevry Desir, fellow in the Global Orthopedic Fellowship

The success of this program is in large part due to the continuing commitment and work done by Dr. Huw Rees to secure financial sponsorship to fully support the trainee. The College of Medicine and the Saskatchewan Orthopedic Association co-sponsored training costs for the 2024-25 trainee.

Dr. Fevry Desir (MD) was the second trainee from Haiti to participate in the program. He was actively engaged in both learning and providing clinical service in Saskatoon from September 2024 to August 2025 and has returned to Haiti with an improved skill set to practice and teach orthopedic surgery.

Exploring International Collaborations



During this academic year, the work continued in existing international collaborations – international trainees in our residency and fellowship programs. 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. Foundations were laid for a planned visit to India in November 2025 to explore collaborations with several institutions.

The College of Medicine has training agreements with countries in the Middle East to offer residency spots in programs where we have excess capacity and willingness to accept international trainees without compromising the education of our own residents. In the 2024-25 academic year, we had nine trainees from Saudi Arabia and Kuwait in our General Surgery, Internal Medicine and Orthopedic Surgery programs.

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 2024 – 2025 are listed below.

Program Director of the Year: Dr. Shane Wunder, Physical Medicine and Rehabilitation

Program Administrator of the Year: Megan Fortosky, Anesthesiology

Award for Excellence in Enhancing Resident Learning: Dr. Jill Kambeitz, Family Medicine

PGME Award for Exemplary Role Model Faculty Member: Dr. Alexander Rajput, Neurology

Exemplary Resident Award: Dr. Dammy Bello, Internal Medicine

CanMEDS Collaborator: Dr. Omar Elgazzar, Sport and Exercise Medicine, Family Medicine Enhanced Skills
Dr. Bryden Hughton, Emergency Medicine

CanMEDS Communicator: Dr. Benjamin Drung, Family Medicine Prince Albert
Dr. Joseph Boyle, Emergency Medicine

CanMEDS Health Advocate: Dr. Carissa McGuin, Family Medicine Prince Albert
Dr. Trevor Krysak, Anesthesiology

CanMEDS Leader: Dr. Aivy Cheng, Family Medicine North Battleford
Dr. Kimberly Mayville, Anesthesiology

CanMEDS Professional: Dr. Gol Roberts, Family Medicine La Ronge
Dr. Neel Mistry, Diagnostic Radiology

Class of 1939 Resident Teacher Award in Medicine: Dr. Taran Toor, Family Medicine Regina
Dr. Riad Al-Sabbagh, Respiriology

CSCI-CIHR Research Award: Dr. Sarah Larmour, 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. Ava Bayat, Anesthesiology
Heather Dyck, patient partner

Co-developing a Multidisciplinary Delirium Prevention Pathway to Reduce Postoperative Delirium in Older Adults with Cognitive Frailty

Dr. Mars Zhao, Orthopedic Surgery
Christine Meier, patient partner

Assessment of Satisfaction of Total Knee Arthroplasty Patients using CPAK Classification



Resident Research Presentation Awards:

Dr. Julie Newton, Neurology

Best Practice Recommendations for the Clinical Care of Spinal Bulbar Muscular Atrophy

Dr. Sarah Larmour, Anesthesiology

The RUMBLE Trial: A randomized clinical controlled trial evaluating the effect of opioid-free anesthesia on return of gastrointestinal function in laparoscopic colorectal surgery

Dr. Myk Sackett and Dr. Alana Goertzen
Emergency Medicine

Waiting on the World to Change: Impact of a new urgent care centre on emergency department patient visits in a medium sized Canadian city



REACH Awardees: Drs. Julie Newton, Sarah Larmour, Mars Zhao



REACH Awardees: Drs. Alana Goertzen and Myk Sackett



REACH Awardees: Ms. Heather Dyck and Dr. Ava Bayat

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

Saxena, A., Desanghere, L. & Robertson-Frey. Strategies to overcome challenges for IMG physicians in Saskatchewan. WFME World Conference, May, 2025.

Desanghere, L. Robertson-Frey, T. & Saxena, A. Success factors for IMGs participating in support programs: Perspectives from Organizational stakeholders. ICRE, September 2024.

Roberston-Frey, T., Desanghere, L. & Saxena, A. Attracting and increasing retainment of International Medical Graduates in Saskatchewan. ICRE, September 2024.

PGME Oral Presentations

Saxena, A., Desanghere, L. & Robertson-Frey. Realist Review exploring supports for success of international medical graduates. WFME World Conference, May, 2025.

Uhryn, J., Saxena, A., Desanghere, L., Roberston-Frey, T. & Manoharan, G. Mentorship for well-being in medical education and healthcare. ICAM, April, 2025.

Saxena, A., Azhar, I., Desanghere, L. & Roberston-Frey, T. Evaluation of the Quality Referral and Consultation Education (QRCE) Curriculum at the University of Saskatchewan. ICAM, April, 2025.

Saxena, A., Desanghere, L. & Robertson-Frey, T. Improving international medical graduate routes to clinical placement in rural communities. ICAM, April, 2025.

Saxena, A., Desanghere, L. & Robertson-Frey, T. Strategies to overcome challenges for IMG physicians in Saskatchewan. ICRE, September 2024.

Saxena, A., Desanghere, L. & Robertson-Frey, T. How, why, and in what context: IMG programs and support interventions to promote successful IMG transition and integration in Saskatchewan. AMEE, August, 2024.

PGME Workshops

Saxena, A. & Dickson, G. Off the beaten path: Finding the sweet spot of personal leadership edge; Personal, Philosophical, Pragmatic and Political. CSPL, May, 2025.

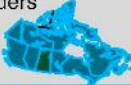
Saxena, A. Critical success factors for effective physician leadership: An evidenced based approach. ICAM, April, 2025.

Saxena, A. & Mutwiri, B. LEADS Global: A synergy in support of international health leadership. Canadian College of Health Leaders, November, 2024.

Saxena, A. & Tholl, B. Critical success factors for physician leaders. ICRE, September, 2024.

Success factors for IMGs participating in support programs: Perspectives from organizational stakeholders

Desanghere, L., Robertson-Frey, T. & Saxena, A.
University Of Saskatchewan



INTRODUCTION	METHODS
- The recruitment and retention of health care providers in rural, northern, or remote communities in Saskatchewan has been a long-term challenge. - Saskatchewan has relied heavily on international medical graduates (IMGs) to help fill positions in these communities. - Various supports exist in Saskatchewan to assist IMGs in obtaining required licensures to practice (e.g., Saskatchewan International Physician Practice Assessment (SIPPA) and the College of Medicine's IMG support program). - Outcomes of existing programs (obtaining licensure to practice or placement into residency training) have variable outcomes in terms of placement and retention. The purpose of this project was to determine success factors for IMGs in the various support programs.	Six organizational stakeholder groups: - PGME - SIPPA - CME - CPSS - IMG support USask - Saskatchewan Ministry of Health Focus groups or semi-structured interviews. Discuss the success factors (what they felt was working really well) for IMGs in their program or organization. Transcripts were analyzed using thematic analysis in NVIVO.

RESULTS

Organizational stakeholders identified five major themes as contributing to successful outcomes:

Formal Supports Established programming e.g., work support, mentoring, supervision Community supports and integration strategies e.g., family integration, welcoming community	Informal Supports "behind the scenes work" e.g., relationship building, ensuring understanding of processes
Experience Work experience in a Canadian healthcare environment e.g., clinical and research, scope of practice	Educational continuum Less time between UGME/arrival and completing qualifying exams
Personal Factors e.g., Growth mindset, age of IMG, willingness to work anywhere	Other factors to successful outcomes: - Manageable clinical workloads - Adequate housing - Income security - A matching process for communities as contributing IMGs identified several challenges associated with IMG support programming: - Financial - Resources for Exams - Information - Experience - Communication between Organizations - Encouraged to Pursue alternate Careers

DISCUSSION

The data collected in this study was used to develop recommendations to improve options for IMGs in terms of educational programming, including supports for transition to SIPPA or medical residency.

ACKNOWLEDGEMENTS

Thank you to the organizations and IMG physicians who participated in this project and took the time to share their feedback.

UNIVERSITY OF SASKATCHEWAN
College of Medicine
POSTGRADUATE MEDICAL EDUCATION
WEDMONT, SASKATCHEWAN

Saskatchewan
International Physician Practice
Assessment

By improving the supports available to international medical graduate physicians and their families in rural/remote settings, retention and the provision of high-quality health care to those communities will be improved.

Attracting and Increasing Retainment of International Medical Graduates in Saskatchewan

Tanya Robertson-Frey, Lori Desanghere, Anirag Saxena



BACKGROUND

- There is a limited number of local health providers in rural/remote communities in Saskatchewan is an ongoing challenge.
- Saskatchewan has relied heavily on international medical graduates (IMGs) to help fill resources in these communities.
- The purpose of this project was to explore perceptions on how to attract IMGs to the province, and to what supports from organizational stakeholders can help to reduce IMG retention.

METHODS

Six organizational stakeholder groups along with 20 IMG physicians who work currently residing in Saskatchewan participated in focus groups or semi-structured interviews. Transcripts were analyzed using thematic analysis in NVIVO.

RESULTS

Organizational stakeholders: Key Themes for Increasing Retainment

- Address clinical fit to rural/remote placement
- Provide ongoing support for physicians' families
- Shift work/retention routes to rural communities

IMG Physicians: Key Themes for Attracting IMGs to Saskatchewan

- More information on residency programming
- Access to exams for rural placement
- Less requirements for licensure
- Financial support
- Increased resources and resources
- Increased opportunities in rural communities
- Perceived on IMGs who will or who are already working in remote
- Support network and community acceptance
- Assessment of physician community fit
- Physician integration into the community

DISCUSSION

The overall intention of this project is to improve the availability and quality of healthcare services in rural/remote areas by increasing the number of qualified physicians, medical professionals, and nurses.

Findings from this study were used to develop recommendations to improve successful outcomes in terms of participating in the province and retention of IMG physicians in rural/remote communities in Saskatchewan.

ACKNOWLEDGEMENTS

Thank you to the organizations and IMG physicians who participated in this project and took the time to share their feedback.

UNIVERSITY OF SASKATCHEWAN
College of Medicine
POSTGRADUATE MEDICAL EDUCATION
WEDMONT, SASKATCHEWAN

Saskatchewan
International Physician Practice
Assessment

Research Activity

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



114

**Journal
Publications**

- 1 PGME Office
- 55 Program Directors*
- 58 Residents*



153

**Abstracts/
Conference
Presentations**

- 10 PGME Office
- 52 Program Directors*
- 91 Residents*



50

**Workshops
Presented at**

- 11 PGME Office
- 29 Program Directors*
- 10 Residents*



* Based on feedback from 20 residency training programs





Regina General Hospital

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



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