



UNIVERSITY OF SASKATCHEWAN

## College of Medicine

POSTGRADUATE MEDICAL EDUCATION  
MEDICINE.USASK.CA

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### MEMORANDUM

**TO:** Program Directors, Program Administrative Assistants; Residents

**SUBJECT:** Out of Province Electives with Mandatory self-isolation requirements

**FROM:** Dr. Anurag Saxena, Associate Dean, PGME

**DATE:** June 15, 2020

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Commencing July 1, 2020 out of province electives within Canada are being permitted and considered by both host and home universities. Residents planning to complete an elective in another province must first check to determine if self-isolation is required when they apply for the elective and prior to travelling to the other province. If residents choose to complete electives in provinces that require a two-week self-isolation period, this will be treated as a paid leave. Residents will not be required to use vacation time for the self-isolation period. Program directors and residents are responsible for determining how the timing of the self-isolation period will impact the resident's training schedule. Residents with an approved out of province elective, and confirmation of a requirement to self-isolate for 14 days, should complete the attached form prior to the start of the self-isolation period and attach documentation that verifies the mandatory self isolation period.

All out of province/out of country electives must be approved by the PGME office. The PGME contact for electives is Janine Corbett [janine.corbett@usask.ca](mailto:janine.corbett@usask.ca).

Questions about leaves of absence should be directed to Kailey Friesen in the PGME office at [kailey.friesen@usask.ca](mailto:kailey.friesen@usask.ca).

Sincerely

A handwritten signature in blue ink, appearing to read "Anurag Saxena".

Dr. Anurag Saxena  
Associate Dean, Postgraduate Medical Education, University of Saskatchewan



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Residents with an approved out of province elective and confirmation of a requirement to self-isolate for 14 days should complete this form prior to the start of the self-isolation period.

**Section 1: Resident Information**

Name:	
Program:	
Training Year:	

**Section 2: Self-Isolation/Elective Information**

Self-Isolation Start/End Dates:	
Elective Start/End Dates:	
Reason for Self-Isolation (provide documentation if available):	

**Section 3: Program Approval**

Will the self-isolation period impact the resident’s training schedule (Y/N):			
Comments:			
Program Director Name:			
Signature		Date	

**Please send all documents and required information (via email) to the following:**

Kailey Friesen: [kailey.friesen@usask.ca](mailto:kailey.friesen@usask.ca)