PGME Connect

Facilitating conversations among the PGME community - July 2023

Message from the Associate Dean, PGME

As we are fully into the summer months I take this opportunity to welcome all the new residents to USASK and I trust by now all are settled into a new routine and excited to begin this new journey toward your goals. Thank you to those of you who are involved in the education and support of all the residents and to the residents for their hard work.

Bootcamp: PGME's bootcamp was a huge success. Many connections were made among all the incoming residents and it was great to see such enthusiasm and engagement throughout the three days spent together. I hope everyone took the opportunity to complete the survey at the end of boot camp so we can work to improve or make any changes for the next cohort in 2024.

Accreditation: We will be welcoming the survey teams from Royal College of Physicians and Surgeons and College of Family Physicians of Canada in four months – November 26 to December 01. I am very pleased with the progress made in all programs along with all the day-to-day activities involved in residency education. Everyone has been very receptive to the many deadlines and communications sent by PGME as we get ever closer to our visit. It demonstrates to me, as Associate Dean of PGME, the collegiality and dedication to educating our future physicians and of our residents who work with such determination to care for the patients in our communities.

The other ongoing work for us includes:

Strategic Plan: For the finalized PGME strategic plan, we are currently nearing completion of identifying goals, targets and metrics.

Application for a new residency programs: We will be sending an application for a new residency and program in Dermatology to the RCPSC for consideration and approval. The proposed start date is July 1, 2024. This program will be based out of Regina an will have a distributed presence to other training centres in Saskatchewan.

Changes to CBME: We will continue our work in adopting and adapting changes, specifically to CBD, as articulated in the new document from the Royal College of Physicians and Surgeons of Canada. This "shift" allows for more flexibility and adjustments in various structural and process components. Family Medicine continues to make incremental improvements in its implementation of CBME.

Integration of International Medical Graduates in the workforce: The PGME office has

been working on a commissioned work for the Ministry of Immigration and Career Training on IMGs in Saskatchewan. It is nearing completion and the report and recommendations will be coming out in July-August 2023.

Internationalization: There are three fronts where we are moving forward simultaneously. The first area is expansion of residency training opportunities for externally funded residents. Currently we have agreements with the Kingdom of Saudi Arabia and Kuwait. We are exploring agreements with other countries. The second area is opportunities for international physicians to acquire focused competencies in specific areas and upon completion return to their countries. Currently we are exploring specific opportunities for physicians in Haiti and Mozambique. The work focused on Haiti has been led by Dr. Huw Rees. A physician from Haiti will be coming to our Orthopedics Department and program in the fall of 2023 to undergo focused clinical training. The third area is exploring international collaborations for learner and faculty mobility and research. This internationalization work is aligned with our University's strategic vision "The University the World Needs."

Stakeholder partnerships: Driven by accreditation, our strategic partnerships and ongoing collaborative work with the SHA leadership is moving ahead at a rapid pace. I am particularly thankful to Dr. Brandy Winquist, Ms. Adrienne Hagen and Mr. Steve Chard from the SHA and Ms. Crystal Maslin from our College to steer this ongoing generative work.

Wishing you the best for the short summer we get in Saskatchewan.

Anurag Saxena

Associate Dean, PGME

All PGME updates, along with wellness and education resources, can be found on our website: <u>https://medicine.usask.ca/residents/pgme.php</u>

PGME maintains an open-door policy and we welcome inquiries – you can find a complete list of our office staff at: https://medicine.usask.ca/residents/pgme.php#ContactUs

We want this newsletter to be valuable for you so please share your feedback and suggestions to help us improve! Contact us at pgme.communications@usask.ca

PGME Celebration Night



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

elebration

PGME invites you to save the date for our 2023



FRIDAY October 27th, 2023

Official invitation coming soon...

PGME ACCREDITATION



UNIVERSITY OF SASKATCHEWAN College of Medicine Postgraduate medical education medicine.usask.ca Our programs and the PGME unit of the College of Medicine are fully engaged to prepare for the 2023 conjoint Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC) regular accreditation review of the University of Saskatchewan scheduled for **November 26 to December 1, 2023**.

Keep up-to-date on all accreditation related activities by visiting the <u>PGME website</u> or accessing the PGME <u>accreditation page</u>.

Accreditation Timeline Review:

2022	 Internal Review AFI Review AOT Oversight - development of Implementation Plan PGME meetings with Stakeholders (PDs, DHs, Residents, SHA, etc.) Accreditation Workshop for PDs and PAs - November Program Progress Reporting – Due December 22nd
2023	 Program and Institutional AFI work Monthly Program Progress Reporting - <u>Due on the 20th of each month</u>. Active Risk Management (bi-weekly touch base with programs) PGME meetings with Stakeholders (PDs, DHs, Residents, SHA, etc.) Accreditation Workshop for PDs and PAs - March APEC and PGME committee meetings - recommendations to programs AOT Oversight - Monitoring and reporting of progress Institutional <u>CanAMS</u> documents- <u>Due by May 31</u> AFIs addressed and <u>CanAMS</u> updated - <u>Due by May 31</u> PGME meetings with Stakeholders (PDs, DHs, Residents, SHA, etc.) Active Risk Management (bi-weekly touch base with programs) Program <u>CanAMS</u> documents - <u>Due by June 15</u> APEC review of <u>CanAMS</u> documents - <u>Due by August 15</u> AOT Oversight - Monitoring and reporting of progress Program and Institutional Logistics, Plan B
	 Programs complete their schedules, ensure all participants are aware and have it booked in their calendars, book rooms, order food – <u>Due September 11 - 15</u> PGME meetings with Stakeholders (PDs, DHs, RPC, Faculty, Residents, SHA, etc.) Accreditation Workshop for Residents – September Accreditation Workshop for PDs and PAs – October AOT Oversight – Monitoring and reporting of progress Royal College CanAMS profile and AFI instruments submitted to RCPSC by PGME – <u>Due by September 11</u> Family Medicine CanAMS profile and AFI instruments submitted to CFPC by PGME – <u>Due by September 25</u> Draft schedules to be submitted to RCPSC and CFPC by PGME – <u>Due by September 25</u> Site Survey – November 26 – December 1

PGME INFORMATION SHEETS

PGME has developed information sheets on topics linked to accreditation. The topics and associated information are intended for individual use and program improvement. Please share widely within your program!

In this issue, we would like to highlight the following topics: Clinical Supervision, Teacher Evaluation, Career Counselling, and Learning Environment. The first page of these two-page information sheets are pictured below, please visit the PGME Accreditation Website to download a copy.

Anterior of Assarchers Anterior of Assarchere	Ficine PGME Info	rmation Sheet Supervision	UNIVERSITY OF SASKAECHERN College of Mec Posterupulate webschild edue Medicine usaskica
develop knowledge and situations. ¹ "High quality	competence, assume responsibility fo supervision is vital to the developmen s is recognised across the system, as it	upport and learning which enables individual practitioners to r their own practice, and enhance safety of care in clinical t of doctors in training regardless of the stage in the training directly relates to patient safety and the safety of doctors in	Teacher Evaluation reaching them, and to a the performance and ef The purpose must be cla
 Ensure patient safety Provide initial training planning. Promote high standae Identify trainee probles Support the trainee and 	/care. g and continuing education rds. lems. Ind give feedback on performance.	uitable environment for clinical supervision and to: ³ Monitor traince progress. Ensure safety of the traince. Remove barriers to effective clinical supervision. Foster open and honest clinical supervision relationships. Promote equality in the clinical supervision relationship.	Purpose of Evaluat Improvement of To identify and Retention/Prov Staff developm To inform of al To provide feet
Effective Clinical Supervision: Enhances team relationships through improved communication. ⁴ Mitigates the risk of (resident) burnout. ^{4,6} sickness, and absence. ⁵ Promotes staff morale, motivation to work, and well- being. ⁴ Develops learner clinical competence and knowledge. ⁵ Has a positive effect on organizational outcomes, such as increase iob satisfaction. ⁴		Ineffective Clinical Supervision can result from: ¹ Poorly organised training programs. Trainers who have poor supervisory skills. Tension between service delivery and supervision or training needs. Whether the trainee can learn from experience and to manage errors. Whether trainees feel confident enough to acknowledge/address difficulties.	Importance of Tea Teacher Evaluation is e adapt to innovations in 1. Creates a collab 2. Identifies factor knowledge thro Positive effec
Capabilities of effe	ective supervisors	to have good interpersonal, teaching skills, and be clinically	Improves the quality of
competent and knowledge	eable. The distinction between supervise	sion and teaching is not easily made, however, empirical and	Improve teaching met
review evidence indicates Helpful supervisory behaviours	Giving direct guidance on clinical we Linking theory and practice	K Engaging in joint problem-solving and offering feed- back Reassurance and providing role modelling	Promotes quality of lea and communication be
Ineffective supervisory behaviours	Rigidity Low empathy Failure to offer support Not teaching	Failure to follow supervises' concerns Being indirect, intolerant, and emphasizing evaluation and negative aspects	Teacher Evaluatio
Good interpersonal skills	Involving trainees in patient care Negotiation and assertiveness skills Counselling skills Appraisal skills Self-awareness Warmth Empathy	Respect for others Listening skills Expressing one's own emotions appropriately Offering support Being positive Having enthusiasm	Program Standards
Clinical competence		aving up-to-date theoretical and clinical knowledge	
Teaching skills	Offering opportunities to carry out procedures Giving direction	 Giving feedback (see separate PGME information sheet on feedback) Knowledge of certification requirements 	Institutional Standards

PGME Information Sheet Teacher Evaluation

INS is both a process and a result. It is a way to determine goals, to appraise the processes for assess the extent to which they have been met.¹ The purpose of these evaluations is to assess affectiveness of a teacher by collecting information from learners and relevant staff members. clearly illustrated or communicated to those participating in the evaluation.¹

tions1

- of teaching and learning.
 of teaching and learning.
 a articulate value.
 To ensure objectives are met.
 To identify areas where teaching can be improved.
 To identify areas where teaching can be improved.
 To facilitate development of the curriculum.
 allocation and resources.
 edback and encouragement.
 To identify and articulate what is valued by learners.

acher Evaluation in Medical Education^{2, 3}

essential for renewing and assisting teachers/faculty to maintain teaching effectiveness and n Health Professions educational institutions. Evaluations are important as it:

reautions evaluations evaluations evaluations are important as it. contine practice to which clinical teachers must be trained. s within an academic health care institution that shape how clinical teachers use educational ugh faculty development.

Positive effects of Teacher Evaluation	Negative effects Teacher Evaluation
Improves the quality of education. 4	Demonstrates bias toward faculty members teaching performance. ⁴
Improve teaching methods, change, and productivity. ⁴	Flawed measures of teaching effectiveness even when unbiased and reliable. ⁴
Promotes quality of learning, education, positive relation and communication between learners and faculty. ⁴	Faculty may feel uncomfortable because of learners' biases in their evaluations. ⁴

on is Linked to the Following Accreditation Standards

Program Standards	STANDARD 7: Teachers deliver and support all aspects of the residency program effectively. Element 7.1: Teachers are assessed, recognized, and supported in their development as positive role models for residents in the residency program. Requirement 7.1: Tachers are are regularly assessed and supported in their development. STANDARD 9: There is continuous improvement of the educational experiences, to improve the realistoncy program and ensure residencies are prepared for independent practice. Element 9.1: The residency program committee systematically reviews and improves the quality of the residency program. Requirement 9.1.1: There is a systematic process to regularly review and improve the residency program.	
Institutional Standards	STANDARD 6: Teachers are valued and supported in the delivery of residency programs. Element 6.1: Teachers are fairly assessed and supported in their development and career progression. Requirement: 6.1.1: There is a process of systematic teacher assessment and feedback	

PGME Information Sheet College of Medicine **Career Counselling**

Career Counselling refers to assisting individuals in exploration, making professional choices, managing job changes, lifetime career development, and dealing with various career-related concerns.¹ The goal is to make career-related decisions and resolve career-related problems.²

In Medicine, career selection and planning can be a In IVEOICINE, career selection and planning can be a complicated process. It requires learners to analyze information about themselves and information about the workplace they wish to enter.³ Throughout all stages of medical education, career counseling is important so that informed decisions can be made about career paths.

Assisting individuals	has four aspects:4	
with enhancing self	Connecting individuals	
awareness (values,	to resources to better	
interests, abilities,	understand jobs /	
personality types)	market	
Assisting individuals to	Assisting individuals to	
actively manage their	make decisions in	
careers	choosing a career path	

Difficulties in career planning can arise for a variety of reasons. For example, through a lack of preparation, insufficient access to relevant information, access to conflicting information, misinterpretation of information,⁵ or if an individual's psychological features interfere with decision-making activities.⁶

Various outcomes are associated with access to Career Counselling:

- Effective Career Counselling Ineffective or Lack of Career Counselling • Recognition of individual strengths.⁷
 Focus on the future.⁷ Insufficient knowledge about the profession.
 Unsuccessful transition to practice. Focus on the future.⁷ Envision a particular lifestyle and identity.⁷ Set achievable goals.⁷ Positive impact on psychological variables (e.g., relevant to well-being).⁷ Helps individuals make informed decisions about their careers, landing to execute sufficient solution Unsatisfied with career choices.
 Decrease in overall wellbeing. . .
- their careers, leading to greater satisfaction and
- success.
- Bolsters career advancement

Career Counselling is Linked to the Following Accreditation Standard

Standard 6.1: The progression of residents through the residency program is supported, fair, and transparent. Requirement 6.1.2: Support services are available to facilitate resident achievement of success. Indicator: 6.1.2.1: The residency program provides formal, timely, career planning and counseling to residents thought their progress through the residency programs.

PGME Information Sheet Learning Environment

Learning Environment [LE] excapsulates the diverse physical locations, contexts, and cultures in which learners learn.¹² It involves the "social interactions, organizational cultures and structures, and physical and virtual spaces that surround and shape learners' experiences, perceptions, and learning.⁴² The LE exists wherever and whenever learners gather.⁴

College of Medicine

The learning environment runs parallel to the hidden curriculum as it provides opportunities for learners to develop meaningful focus on learning and to establish their professional identity and autonomy.⁴

The LE can have both positive and negative aspects, resulting in various learner outcomes:

Effects of a Positive LE Increases and promotes learners' attention, engager and learning experiences⁶ vel of learners⁶ Encourages higher perform Provides supportive, inclusive, engaging, and constructive feedback for learners^{2,4} Increases learner success, satisfaction, and professional

Personal Social Adequacy of space for lear and practice Adequacy of space for only learning Physical & Virtual Spaces Effects of a Negative LE

Contributes to burnout, exhaustion, stress, and lack of empathy⁶ Causes learners to have low academic achievement, poor behavior, anxiety and/or depression⁸ Learners may feel uncomfortable, confused, and afraid to make Learners may reel uncommonsely mistakes⁴ Professional attitude can be affected, and hence their values and identity as a future physician⁸

Improving the Learning Environment ccur when individuals, programs & the College work together to actively participate and support the change stions, that are relatively easy to implement, on ways to improve the LE. ositive LE changes o low are some sugge Provided b

Components of the LE (examples	Suggestions for a positive learning environment (Patient-centered, Respectful, Caring, Safe and Inclusive): (Includes both formal and informal activities)			
adapted from ³)	Program / Department	Faculty	Residents	
Learning Supervision Teaching Feedback Curriculum Mentoring	Ensure support and resources are available to faculty (ac), Exclored development, it faculty (ac), Exclored development, Exclored development, and address efford demands, faculty and be resident associated of theory and be reported to a factor concerns /pagestom in a timely manner. Phomode summers of patient index on the concerns, a patient index on the summer, accommodation, assessment, accommodation, assessment, accommodation, and and a strategy approximations of service appendixtumes, and areas of service appendixtumes.		 Instances spontial with accustment and appeal paiksics, paid trendents, and trendents, Beneratura an understanding of the importance of deedsck. Be open and receptive to feedback from facility. Develop transies for dealing with critical and registrational or and with regulation of the standard standard standard caculate behaviours that rate model the behaviours that rate model their behaviours that rate model their behaviours that rate model their behaviours that rate model their behaviours that rate model their behaviours that rate model their behaviours that rate model their behaviours that rate model their behaviours that rate model their behaviours that rate model their behaviours that rate model their behaviours that rate model their behaviours that rate model their behaviours that rate model their behaviours that rate models the behaviours t	
Well-being Resilience Burnout Safety Stress Social Support	Idee earliest champions and ambidgements for the program. Have aveilless representative on the RVC and include webless as a strateging litem on the appendix Promote averages of available policies and recourse (webless), rRAC, health & Promote averages of available policies and recourse (webless), rRAC, health & promote averages of available policies and recourse (webless), and recourse produce average of available policies and recourse of the recourse of a produce and available policies produce and even of the recourse of the produce of the recourse of the recourse of the recourse of the produce of the recourse of the recourse of the recourse of the produce of the recourse of the recourse of the recourse of the produce of the recourse of the recourse of the recourse of the recourse of the produce of the recourse of	Rocke workbilde policies and where residents accordingly products, fatgue rick management (FMM), health & stafety, D&M/(mittreatment reporting). Consider using information on the PGME are pager on FMM for recogniting and addressing fatgues for yourself and recoders. Substantiate and the stafety of the stafety in IL. Units wellness resources available within your program.	 Familiaries yourself and use available welfness supports, SAA, RIDCA, USAK supports, SAA, RIDCA, USAK supports, SAAA, RIDCA, USAK available supports, SAAA, RIDCA, USAK available supports, SAAA, RIDCA, USAK available support and SAAA button, microsatomet reporting, SAAA Markan available funding for welfness activation. 	

PGME PORTFOLIO UPDATES

PGME BOOT CAMP

To provide effective transition into residency, all new PGY 1 residents matched to RCPSC and CFPC residency training programs at the University of Saskatchewan attended the 2023 PGME Resident boot camp from June 26 to 28.

The program was aimed to bring into focus current topics relevant to safe and good medical practice and assist new residents to consolidate baseline skills relevant to successful residency. Trainees found the boot camp a good opportunity to meet, learn, and network with other incoming PGY1 residents.



Highlights of the 3-day 2023 program include a Networking Dinner, an Optimal Self workshop, an Escape Room session at the Clinical Learning Resource Centre and interactive sessions on various topics pertinent to successful residency, as well as success tips from current residents.







POLICIES

Policies are reviewed regularly, updated when required, and are approved by the PGME Committee. A complete list of PGME policies and guidelines are available on the <u>PGME</u> <u>website</u>.

Recent Policy Updates:

<u>Appointment of a Public Member to the PGME Committee</u> – The PGME Committee is committed to incorporating a member of the public to its membership to provide public

representation, and to the open, inclusive, and equitable management of the Public Member recruitment and appointment process. This policy provides guiding principles for the recruitment, screening, and selection of Public Members appointed to the PGME committee.

<u>CaRMS Deferral of Start Date/Match Date/Release From Match</u> – This policy provides information and guidance to residency training programs and residency applicants regarding the deferral of residency training start date, CaRMS match violation and/or release from a CaRMS match result. It ensures communication regarding deferred start dates, match violations and match release between residency training programs, applicants, and the PGME office is accompanied by appropriate action plans and education recommendations when required.

Policies Currently Under Review:

Resident Assessment Policy Accommodation of Residents with Disabilities

Do you have suggestions for policy changes or improvements to current policies? Do you have questions about policies? Please contact <u>Reola Mathieu, Coordinator, Academic & Non-Academic Processes</u>.

PGME AWARDS

The PGME award winners for the 2022-23 academic year are as follows:

1939 Resident Teacher Award

Each award is valued at \$1000 Rufaro Asefa (Family Medicine Saskatoon) Kedra Peterson (Emergency Medicine)

CanMEDS Awards

Each award is valued at \$250 Collaborator: Aden Mah (Family Medicine Saskatoon); Alixe Pellerin (Anesthesia)

Communicator: Babak Salamati (Family Medicine/Emergency Medicine Enhanced Skills Regina); Nicole Labine (General Surgery)

Health Advocate: Katelyn Larson (Family Medicine La Ronge); Patrick Seitzinger (Pediatrics Saskatoon)

Leader: Alaa Baiou (Family Medicine North Battleford); Nicole Pendleton (Neurosurgery)

Professional: Cadence MacPherson (Family Medicine Saskatoon); Munawar Peer (Internal Medicine Regina)

Exemplary Resident Award: Cadence MacPherson (Family Medicine Saskatoon)

PGME Award for Excellence in Enhancing Resident Learning

Each award is valued at \$250 Hari Hullur (Family Medicine) Lissa Peeling (Neurosurgery)

> The awards will be presented at PGME Celebration Night in Saskatoon on Friday, October 27, 2023 and we hope to see you there.

EVALUATION

2023 PGME Work and Learning Environment Survey

Are you a resident, teaching faculty, or staff member of a postgraduate medical education program? If so, you're invited to complete the 2023 PGME Work and Learning Environment Survey (thank you to everyone who has already provided their feedback). The information you provide in this survey will help us better understand resident and faculty/staff experiences and identify areas for improvement.

The survey is completely anonymous and will take about 10 minutes to complete. To access the survey, please click <u>here</u>.

Presented below are the November-December 2022 Learning Environment Results. If you would like to learn more, or if you have any questions about the survey, please contact the survey coordinator: Tanya Robertson-Frey, PGME Program Evaluation Coordinator, tanya.robertson-frey@usask.ca.

Thank you in advance for taking the time to share your feedback!

PGME Work and Learning Environment Survey: Summary Report June 2023

OVERALL GOAL: To better understand the work/learning environment within postgraduate medical education for residents, teaching faculty, program directors, & program administra

• Survey collection: Nov – Dec 2022

• Participants: 128 residents, 59 faculty, 33 PAs, 16 PDs

 Survey Questions: Overall work/learning environment; Strengths & challenges; Scan of Postgraduate Educational Environmental Domains (SPEED); Unprofessional behaviour; Education experience; Patient saf

KEY FINDINGS:





2023 REACH - RESIDENT RESEARCH DAY

On Thursday, June 22, 2023 the Office of the Vice-Dean Research and the Postgraduate Medical Education Office hosted our annual Resident Research Day! This was the first inperson event since 2019 and we were very happy to see everyone!



This event showcases the outstanding work of our residents and to recognize their significant contributions to research at the College of Medicine. There were 24 poster submissions, 15 in the Clinical category and 9 in the What Works/Initiatives category. It was wonderful to see the positive impact of resident research and their accomplishments throughout the year. Here are our 2023 winners!

CLINICAL CATEGORY



1st Place: \$500 Dr. Nicholas Jette - Measuring the Capacity Pressure of Common Closure Devices on the Biliary System



2nd Place: \$300 Dr. Breanne Paul & Dr. Michael Verdirame - Evaluation of Iloprost Treatment in Saskatchewan: A Retrospective Chart Review of Frostbite Care at Royal University Hospital



3rd Place & Viewer's Choice: \$150 &
\$100
Dr. Nicole Labine & Dr. Gladys
Bruyninx - The Use of Sentinel Lymph
Node Biopsy in Prophylactic Mastectomy:
A Retrospective Cohort Study

WHAT WORKS/INITIATIVES CATEGORY



lace: \$500

Ielanie Elhafid – Advocating for vity French Communities: A Case y of Developing Francophile Medical ners





Dr. Robin Manaloor - *Implementation of a Novel Multidisciplinary Preoperative Assessment Pathway: Virtually There*



3rd Place & Viewer's Choice: \$150 & \$100 Dr. Madison Rajchyba - Can Video Priming Improve Patient's Informed Consent for Resuscitation Goals?

Award Certificates will be presented at the PGME Celebration Night on Friday, October 27, 2023.

Thank you to all residents, judges, and attendees; your dedication and hard work made our Resident Research Day very successful!

PROGRAM SPOTLIGHT

For our next issue of PGME Connect, we would like to Spotlight a Program - and we need your help to do so!

Would you like to highlight an outstanding accomplishment or milestone of your program? What about a resident, faculty member, or program administrator who provided exceptional service? Did your program introduce something innovative or perhaps contribute to the community?

Please let us know by providing your "Spotlight a Program" submission to pgme.communications@usask.ca

Submission Details:

Any member of a program can provide a submission. Provide a write-up and pictures, if desired. Submission deadline for upcoming issue: September 1, 2023.

PGME SPOTLIGHT



Reola Mathieu is the PGME Coordinator for Academic Processes & Policies. In this issue, we wanted to take this opportunity to spotlight Reola:

How long have you been working at the University of Saskatchewan?

I have worked at USASK for 12 years. I started in the College of Medicine on October 18, 2010. During this time, I've worked in UGME, PGME and Family Medicine.

What is the best part of your role in PGME?

The best part of my job is all the amazing people I work with. Collaboration is key to the work that I do, I rely on the experience and expertise of our programs, residents, faculty, staff, and stakeholders to ensure we are successfully training competent, safe physicians in Saskatchewan. I am very grateful for everyone I work with; I can't do my job without them.

What do you do for fun outside of work?

I enjoy travelling and spending time with my family and friends. We like to do things in our

backyard like cooking, hot tubbing, gardening, and campfires. I enjoy the serenity of living in our little rural community of Asquith.

What is one fun fact about you that people may not know about you?

My husband and I have our own small business called, About an Acre Farm. We sell salad greens, microgreens, and culinary herbs that we grow on our home property. We enjoy sharing with others, our door is always open to anyone who wants to learn about gardening, cooking, or to anyone who enjoys food and a few tall tales. Come see us anytime, there is always something going on at the Mathieu house!

HIGHLIGHTS IN MEDICAL EDUCATION



Specialty Café Apple & Spotify

Café des spécialités Apple & Spotify

Did you know that the Royal College of Physicians and Surgeons of Canada produces podcasts for medical students and residents? *Specialty Café* and *Café des spécialités* profile specialists and residents: why they chose their specialty; a day in their life; joys and challenges; work/personal life balance, and more!

Thank you to all who have shared these podcasts with your learners. If you aren't familiar with these podcasts, you'll want to check them out! We've already published four seasons highlighting Royal College primary specialties (rural, remote, academic and community practices).

Look out for Season 5 coming this summer! We're diving into subspecialties and will include special episodes on hot topics identified by med students and residents such as CaRMS, EDI, Planetary Health... to name a few. Feel free to promote these podcasts to your medical students and residents.

Visit Royal College social media for updates on Instagram and Twitter.

Questions, suggestions, or need any material to promote these podcasts? Contact Kora McNulty, Podcast Producer @ <u>fellowshipaffairs@royalcollege.ca</u>

Royal College of Physicians and Surgeons of Canada 774 Echo Drive, Ottawa, ON, Canada K1S 5N8 Collège royal des médecins et chirurgiens du Canada 774, promenade Echo, Ottawa (ON) Canada K1S 5N8

The Royal College offices are located on the traditional unceded territory of the Algonquin Anishinabe People.

Les bureaux du Collège royal se trouvent sur le territoire traditionnel non cédé du peuple algonquin anichinabé.

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ANNOUNCEMENTS

Welcome - New Staff

Since March, 2023 PGME welcomed the following new PGME staff, Assistant Program Director, and Program Administrators:

PGME



Nataghia Doré Manager, PGME nataghia.dore@usask.ca | 306-966-2498

People leader & human resource management, budgeting/financial management, IT systems/data management, facilities, COM Managers/Dean's Office liaisc



Stefany Cornea Coordinator, Finance stefany.cornea@usask.ca | 306-966-1864

PGME budget, resident on-call stipends, admin resident stipends, resident stat & middle days

<u>Assistant Program Director:</u> Dr. Rob Carey, Assistant Program Director, Emergency Medicine

Program Administrators: Erin Cook, Anesthesiology Dorothy Whitbread, Family Medicine Moose Jaw

HAVE A GREAT SUMMER!



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