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Abstract Booklet

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Abstract ID: 7

Exploring the Transition Experiences and Challenges of International Medical Graduates in Saskatchewan's Family Medicine Residency Programs

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Purpose: International Medical Graduates (IMGs) are vital to healthcare delivery in Saskatchewan, especially in rural communities, yet they face distinct challenges transitioning into Canadian family medicine (FM) residency programs due to systemic, cultural, and educational differences. This study compared IMG and Canadian Medical Graduate (CMG) experiences in Saskatchewan's distributed FM residency programs, identifying challenges, integration factors, and IMG-informed recommendations for improving onboarding processes.

Methods: A cross-sectional survey of FM residents was conducted across eight University of Saskatchewan FM training sites. Structured and open-ended questions examined demographics, clinical adaptation, system navigation, and social integration. Quantitative data were analyzed using descriptive statistics and nonparametric tests; qualitative responses used thematic analysis.

Results: Thirty-three residents participated (21 IMGs, 10 CMGs). IMGs reported significantly more difficulty than CMGs with understanding the healthcare system ($p = 0.004$), applying evidence-based medicine ($p = 0.026$), and using documentation systems ($p = 0.05$). Qualitative findings highlighted procedural unfamiliarity and "hidden curriculum" barriers. IMGs also experienced more social adaptation challenges, including winter driving and accessing childcare. Despite these differences, both groups reported ease with communication and teamwork.

Conclusions: IMG integration into residency is shaped more by system-level and contextual barriers than clinical knowledge gaps. Targeted interventions, such as enhanced procedural orientation, formal mentorship, and community integration support, are essential to fostering successful transitions for IMGs within distributed residency programs.

Abstract ID: 9

PEP Talk: Continuing Medical Education Improves HIV Post-Exposure Prophylaxis (PEP) Prescribing in Saskatoon Emergency Departments

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Purpose: Saskatchewan has the highest per-capita incidence of HIV in Canada. HIV post-exposure prophylaxis (PEP) can prevent HIV transmission and should be initiated within 72 hours of a high-risk exposure. Emergency departments (EDs) are often the first point of care for such exposures, including sexual assaults and needlestick injuries. However, literature has shown inconsistent PEP prescribing in EDs, leading to missed opportunities for prevention. To improve PEP prescribing and patient access, a continuing medical education (CME) intervention was developed to educate and onboard Saskatoon ED physicians as PEP prescribers.

Methods: A retrospective chart review evaluated the impact of a CME intervention for ED and Sexual Assault Response Team physicians on PEP prescribing in Saskatoon EDs. A total of 625 charts met the inclusion criteria: patients ≥16 years presenting following sexual assault or blood/body fluid exposure.

Results: PEP prescribing for high-risk exposures increased from 61% pre-CME to 82% post-CME (p=0.0126). In sexual assault cases, PEP prescribing increased from 38% to 73% (p=0.0054), acknowledgement of PEP during the clinical visit increased from 57% to 90% (p=0.0015), and cases where PEP was not acknowledged decreased from 43% to 8% (p=0.0005). Post-CME, 2% of cases presented after 72 hours and were excluded from analyses. The number of unique PEP prescribers in sexual assault cases increased from 7 pre-CME to 30 post-CME.

Conclusion: Targeted CME supports appropriate PEP prescribing and reduces reliance on specialist prescribers in the ED setting. High-risk prescribing improved significantly, particularly in sexual assault cases. CME strengthens HIV prevention at the point of care and improves timely access.

Abstract ID: 11

Functional Task Alignment of a Serratus Anterior Meat Model for Ultrasound-Guided Regional Anesthesia Simulation

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Purpose: Simulation in ultrasound-guided regional anesthesia (UGRA) improves block success, efficiency, and reduces errors. Meat-based models offer advantages over commercial simulators, including lower cost, customizable anatomy, realistic sonoanatomy, and the ability to simulate anesthetic spread. However, their educational validity requires further evaluation per Kane & Messick. Functional task alignment (FTA) assesses how well a simulator replicates clinical tasks. This study evaluated the FTA of a serratus anterior meat model for teaching the serratus anterior plane block (SAPB).

Methods: A cross-sectional study was conducted with 5 regional anesthesia experts. A content validity checklist was derived from published SAPB guidelines. Items were rated as essential, useful but not essential, or not useful; those with a content validity ratio (CVR) of 1.0 were included in the FTA. Experts performed ultrasound-guided SAPB on a meat model using pork ribs with attached serratus anterior muscle, layered with chicken breast to simulate latissimus dorsi, and wrapped to mimic skin. Experts then rated each FTA item as performs exactly like a human, adequately like a human for simulation, or inadequate.

Results: 11/24 checklist items achieved a CVR of 1.0 and were included in the FTA. For real-time needle tip visualization, 4/5 experts rated performs exactly like a human and 1 adequate. For anesthetic spread recognition and correct plane identification, 3 rated exactly like a human, 1 adequate, and 1 inadequate.

Conclusion: Initial FTA findings suggest the serratus anterior meat model is a promising, cost-effective, and realistic UGRA training tool. Further validation with larger cohorts is required to optimize fidelity and educational utility.

Abstract ID: 12

Early Clinical Exposure and Peer Learning in Physical Therapy Education: Evaluation of a Novel Single Day Clinical Placement

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Purpose: In response to clinical placement shortage, this study evaluates an innovative, peer-learning model, where final-year Master of Physical Therapy (MPT) students (CP5) supervise first-year students (CP1) during a one-day introductory placement. We examined whether this model effectively develops foundational skills aligned with the National Physiotherapy Advisory Group (NPAG) essential competencies while sustaining high-quality clinical training.

Methods: A REDCap survey was distributed to 109 MPT students following the CP1 placement. Data from 79 students (72.5%) informed the mixed-methods evaluation of the peer-learning model. Descriptive statistics and reflexive thematic analysis were used to capture the achievement of NPAG competencies and student experiences.

Results: A peer-led model proved effective in fostering NPAG competencies: 94.1% reported successful integration of teamwork and ethical practice, while 88.2% demonstrated a client-centered approach and professional integrity. Peer mentorship was a highlight of the educational experience, receiving a rating of 4.63/5. While technical competencies like diagnosis were less frequently reported (5.9%), students showed an increase in clinical environment familiarity (2.26 to 3.89/5). Themes described the "connection from classroom to clinic" and the "acceleration of professional identity."

Conclusion: Findings suggest that peer-led placements are a viable educational innovation to address placement shortages while enriching the learning environment. This model fosters early professional identity and foundational competency through a supportive, peer-learning structure. Future research aims to understand how peer-led teaching prepares senior students for their roles as future clinical educators and leaders.

Abstract ID: 13

How Are Internationally Trained Physicians Perceived in Rural Practice? Insights from Multisource Feedback in Saskatchewan

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Purpose: Internationally Trained Physicians (ITPs) are critical to the rural physician workforce in Canada. While practice-ready assessment programs evaluate clinical competence, less is known about how ITPs are perceived in real-world practice by patients and healthcare teams. This study aimed to examine ITP performance using multisource feedback (MSF) data.

Methods: We conducted a cross-sectional mixed-methods analysis of MSF data collected through the Medical Council of Canada (MCC) 360 assessment among ITPs practicing in rural Saskatchewan. Survey items were grouped into domains of professionalism, communication, and collaboration, and domain scores were calculated at the physician level. A global recommendation item was used to assess trust. Narrative comments were analyzed using inductive thematic analysis.

Results: The dataset included 90 physicians and 4039 rater responses from patients, colleagues, co-workers, and self-assessments. Physicians demonstrated consistently high performance across domains (mean scores 3.69–3.74 on a four-point scale). The highest mean score was observed for the global recommendation item (mean = 3.74, SD = 0.19). Among respondents to this item (n = 2364), 99.0% indicated they would recommend the physician. High recommendation rates were observed across colleagues (100.0%), patients (99.8%), and co-workers (98.2%). Qualitative analysis identified three themes: strong collaborative relationships, high clinical competence and patient-centered care, and ongoing adaptation to workflow demands.

Conclusion: ITPs practicing in rural Saskatchewan are perceived as highly competent, collaborative, and trustworthy. These findings challenge deficit-oriented narratives and highlight the contributions of ITPs to rural healthcare delivery.

Abstract ID: 14

Psychometric Evaluation of MCC360 Multisource Feedback in Rural Practice

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Purpose: To evaluate the reliability and construct validity of the Medical Council of Canada (MCC) 360 multisource feedback (MSF) instrument in a rural practice context, where such tools are increasingly used to assess physician performance and inform professional development.

Methods: A cross-sectional psychometric analysis was conducted using de-identified MCC360 data collected from October 2023 to October 2024 in rural Saskatchewan. The dataset included 4039 rater responses from colleagues, co-workers, and patients. Likert-scale responses were recoded to a five-point scale. Internal consistency was assessed using Cronbach's alpha. Construct validity was examined using exploratory factor analysis (EFA) with varimax rotation. Inter-rater reliability was evaluated using intraclass correlation coefficients (ICC).

Results: Internal consistency was high across instruments (α = 0.84–0.97 for colleague and co-worker domains; α = 0.95 for patient items). EFA supported a three-factor structure corresponding broadly to communication, collaboration, and professionalism, with some overlap across domains. Single-rater reliability was low (ICC(1,1) = 0.06–0.18), but improved with aggregation (ICC(1,k) = 0.36 for colleagues; 0.65 for co-workers). Patient ICC estimates were unstable due to limited variability. Responses were highly skewed toward the upper end of the scale, indicating ceiling effects.

Conclusion: The MCC360 demonstrates strong internal consistency and meaningful construct validity in a rural practice setting. While individual ratings vary, aggregated MSF provides a more reliable assessment of physician performance. The tool is well suited for formative assessment, although ceiling effects may limit discrimination among high-performing physicians.

Abstract ID: 16

Evaluation of the role of specialized eating disorder training in shaping the competence of Canadian psychiatry residents

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Purpose: Eating disorders (ED) are severe psychiatric conditions with complex physical and psychological consequences that require specialized, multidisciplinary expertise. Multiple studies have noted that Canadian psychiatry residency programs lack standardized ED-specific competencies. This study aims to compare self-perceived knowledge, clinical exposure, attitudes, and self-perceived competence among psychiatry residents in programs with and without specialized ED training (for example ED-specific clinical rotations).

Methods: A national cross-sectional comparative study will be conducted using an online bilingual REDCap survey distributed to PGY2–PGY5 residents across 18 Canadian psychiatry programs. The survey evaluates self-perceived ED-related knowledge, clinical exposure, attitudes, comfort, and perceived adequacy of training. Residents will be categorized based on their exposure to ED education: no training, incidental exposure, or structured specialized training. Data will be analyzed using descriptive statistics, Mann-Whitney U tests, and ANCOVA to assess the impact of ED-specific training while controlling for demographic and training-level variables.

Results/Impact: It is anticipated that residents in programs with ED-specific training will report significantly greater knowledge, more robust clinical exposure, reduced stigma, and higher confidence in managing ED. Findings will identify educational gaps and inform standardized, competency-based ED curricula across Canadian psychiatry programs.

Conclusion: By quantifying the effect of specialized ED training, this study will provide actionable evidence to guide curriculum development, enhance resident preparedness, and ultimately improve care for individuals with eating disorders across Canada.

Abstract ID: 18

Understanding the Practice and Support Needs of Family Practice Anesthesiologists in Saskatchewan

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Purpose: Family Physician Anesthesiologists (FPAs) are essential to sustaining anesthesia services in rural Saskatchewan, where shortages of specialists persist. This study aimed to identify the educational, professional, and system-level support needs of FPAs as key factors influencing the sustainability of their practice.

Methods: A qualitative study was conducted using Interpretive Description methodology. Data were analyzed using thematic analysis, guided by the Theoretical Domains Framework, to examine behavioral and contextual influences on practice.

Results: Semi-structured interviews were completed with 8 FPAs practicing in Saskatchewan. Three themes were identified: training and skill development needs, high workload and burnout, and strengthening professional support systems. Training-related challenges were prominent and included limited access to continuing medical education (CME), difficulty maintaining procedural competence, reliance on informal or hands-on learning, and barriers to participation such as geographic distance, lack of locum coverage, and scheduling constraints. These challenges, combined with workload pressures, further limited engagement in formal learning opportunities. Overall, findings suggest that existing CME structures may not align with the realities of rural anesthesia practice.

Conclusion: FPAs in Saskatchewan faced challenges accessing relevant and feasible training opportunities, which may affect workforce sustainability and the quality of care. Addressing these gaps requires CME models that account for constraints in rural practice. To build on these findings, ongoing graduate research is further exploring FPA training needs and preferred CME delivery models to inform targeted educational and policy interventions.

Abstract ID: 19

A Best-Practice Model for Medical Error Disclosure: Advancing Quality Care and Patient Safety

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Purpose: Medical error remains a major global patient-safety concern. Since the 1999 Institute of Medicine report, medical error has been recognized as a leading cause of death worldwide. While efforts to improve healthcare quality continue, disclosure of medical errors remains inconsistent. This study compares medical error disclosure policies across Canadian health authorities and proposes a standardized best-practice model.

Methods: We conducted a comparative review and evaluated medical error disclosure policies from individual health authorities in Canadian Provinces and Territories using five key indicators: expression of regret or apology, patient support, avoidance of speculation, avoidance of blame, and provider support.

Results: Across Canada, most provincial and territorial health authorities have disclosure policies incorporating all key indicators. On average, policies included an apology (98%), patient support (98%), avoidance of speculation (95%), provider support (92%), and avoidance of blame (90%). However, variability persists, with avoidance of blame present in only 57% of policies in some jurisdictions, and provider support as low as 60%. Despite inclusion of key indicators, policies frequently lack operational detail, training requirements, and enforcement mechanisms.

Conclusion: Medical error disclosure is a complex process that requires alignment among ethical principles, communication strategies, and institutional infrastructure. While Canadian policies demonstrate strong foundational intent, their variability and lack of implementation guidance highlight the need for a unified national framework. We propose a patient-centered, non-punitive, team-based disclosure model within the standard of care to enhance quality care and patient safety.

Abstract ID: 20

Escape Rooms for Year 1 Orientation

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Purpose: Orientation for USask Year 1 Undergraduate medical students is mostly lectures. Escape rooms are an effective way to engage learners through active practice. Why not use them to help make orientation fun and memorable?

Methods: We created escape rooms for the Year 1 students to practice navigating policy and procedures in four areas: Dress Code, Late Assignments, Professionalism/classroom Behaviours, and Absences & Exam Deferrals. Each escape room took 15-20 minutes to complete. Facilitators were assigned to rooms, the 108 students were divided into groups of 4-5, given a quick introduction, then sent to their rooms. After completing the 4 stations, students used their clues to solve a final puzzle and receive their prize – freezies! Learners and facilitators gave qualitative feedback after the event through anonymous surveys.

Results: Each campus site had its own challenges. In Regina, students went on to the next escape room after completing their station, resulting in our team needing to quickly accommodate additional groups of learners in hallways and the classroom. In Saskatoon, all groups moved at the same time, which detracted from the competitive/game aspect of the activity. Students and facilitators were overwhelmingly positive about the activity, with some administrators noting later that students' real-life ability to request absences and exam deferrals was much improved this year over past cohorts.

Conclusion: Introducing escape rooms into Year 1 orientation helped students practice using policy and procedures regarding dress code, late assignments, professionalism/classroom behaviours, and requests for absences & exam deferrals. We may consider expansion of escape room topics, and small changes in delivery to enhance the thrill of playful learning.

Abstract ID: 21

The Landscape of Professionalism in Canadian Medical Education: Literature Review and Survey Development to Inform Inclusive Policy Updates

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Purpose: Professionalism in medical education has traditionally been defined through ethical conduct, which may not adequately incorporate equity, diversity, and inclusion or wellness principles essential for optimal learning and patient care. This study examines professionalism policies and procedures (PP&P) across Canadian medical schools to develop evidence-based recommendations for integrating inclusivity and wellness.

Methods: Phase I involved a literature review using PubMed, ERIC, and institutional documents analyzing 49 articles on wellness and inclusivity integration, analytical frameworks, and teaching methodologies. Phase II involved stakeholder interviews, to be presented separately. Phase III is developing a survey to capture student perspectives on PP&P communication, experiences, and policy recommendations.

Results: Literature analysis revealed three approaches: 1) explicit wellness integration into PP&P with non-punitive remediation (Toronto, NOSM, Ottawa, McGill), 2) learner well-being emphasis through wellness offices and supportive environments (UBC, Western, Saskatchewan, Dalhousie), 3) traditional ethical conduct definitions (Queen's, Alberta, Calgary). Inclusivity frameworks exist, though wellness assessment tools remain limited. Evidence supports longitudinal, multi-method teaching incorporating role models and experiential learning.

Discussion: Significant variation exists in how Canadian medical schools integrate wellness and inclusivity within PP&P. While research demonstrates connections between wellness, inclusivity, and professional behavior, evidence-based integration strategies remain limited. The developed survey will collect student perspectives to identify gaps between policies and learner experiences, informing PP&P recommendations.

Abstract ID: 22

Closing the Gap in Indigenous Health Education: An Indigenous-Led, Place-Based Curriculum Initiative for Family Medicine Residents

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Purpose: The Truth and Reconciliation Commission Calls to Action 18–24 and CanMEDS Indigenous Health framework establish clear expectations for Indigenous Health education. Despite this, Saskatchewan's Family Medicine residency program had no formal annual Indigenous Health curriculum. In a province where 17% of the population is Indigenous, this gap has important practice implications. We evaluated whether an Indigenous-led, place-based session could strengthen readiness to provide culturally safe and resource-connected care.

Methods: A two-hour session designed and delivered by an Indigenous family medicine resident integrated lived experience, family narratives, Kehteyak teachings, historical context, cultural safety, and practical supports. Participants completed pre- and post-session 7-point Likert surveys across nine domains and open-ended reflections. Descriptive quantitative and thematic analyses were conducted.

Results: Twenty-two learners completed the pre-survey and fourteen completed the post-survey. Overall mean scores rose from 58.7% to 81.5% across nine domains. The largest gains were in identifying Indigenous-specific supports (43.6% to 84.7%) and contextualizing care within Indigenous patients' realities (52.4% to 80.6%). Intention to apply learning in practice was 87.7%.

Conclusion: This initiative addressed a critical curricular gap and improved participants' perceived readiness to provide safer, more contextually informed care. The findings support Indigenous health education that is relational, place-based, and grounded in lived experience. It also advanced longitudinal curriculum development through the creation of an Indigenous Advisory Circle and annual Indigenous-led, in-person teaching as a practical model for sustained clinical preparation.

Abstract ID: 23

Capturing the Patient Voice: Patient Feedback in Medical Education

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Purpose: Patient feedback can be a powerful tool to improve medical learner's patient-centered skills. Despite this, patient feedback is underutilized in medical teaching. This study aims to evaluate the feasibility and impact of a patient feedback form in clinical teaching.

Methods: Building on our previous work which consulted caregivers, simulated patients, and learners to co-design a feedback form addressing aspects of patient-centered care, we implemented this form across pre-clerkship physical examination and advanced communication sessions, and pediatric clerkship and residency rotations. Semi-structured interviews were conducted with 10 learners, and 6 patients/caregivers who used the feedback form. Interview data underwent coding and thematic analysis. 44 feedback forms were analyzed.

Results: Learners described the forms as affirmative and useful, reinforcing strengths, identifying areas for improvement, and shaping professional identity. Learners reported initial apprehension but found the forms to increase their confidence. Patients and caregivers found the form easy to use and valued the opportunity to provide feedback, support learners and improve future care. Feedback focused on communication, rapport, empathy, and patient-centered care. Learners described feedback as overwhelmingly positive and sometimes non-specific, with concerns about subjectivity, lack of constructive feedback, and caregiver burden.

Conclusion: Patient feedback forms are a feasible, and meaningful mode of integrating the patient voice into medical education. The next phase will assess feasibility and workflow integration in authentic pediatric clinical encounters, laying the groundwork for future research on embedding patient feedback as a longitudinal component of medical training.

Abstract ID: 24

Moving Forward: Leader and Faculty Perceptions on the Canadian Landscape of Medical Education Professionalism Policies and Procedures

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Purpose: Professionalism policies and procedures (PP&P) in Canadian medical schools (CMS) reflect a centrality of medical ethics. A need for incorporating wellness and inclusivity in PP&P has been recognized, yet clear guidelines on how to do this are lacking. Our purpose was to identify similarities, unique approaches, and key considerations in current and evolving PP&P.

Methods: Semi-structured interviews of leaders and faculty in Student Affairs and Professionalism Offices across 19 CMS were conducted. Institutional and personal approaches to teaching, assessing, supporting, and expanding conceptualization of professionalism were explored. Transcripts and summaries were inductively analyzed for emergent themes.

Results: 9/19 CMS have participated thus far. There is widespread recognition that individual identities, wellness, and professionalism are interrelated, yet challenges persist in embedding these relationships in PP&P. Seven key themes emerged across policy (transparency, operationalization, diversity in collaboration, and social accountability), learning (longitudinal and community-based) and support (non-punitive approaches). All CMS utilize multiple teaching and assessment methods and confirmed recent or incoming PP&P revisions. 1/9 CMS explicitly incorporate EDI concepts into PP&P; other institutional revisions include inter-professional collaboration, procedural clarity, and protocol to address minor lapses.

Conclusion: The need to incorporate wellness and inclusivity in PP&P is recognized in the contemporary setting of societal expectations and learners' needs, yet it is not uniformly executed. Understanding the theoretical grounding, rationales, and approaches to updating PP&P may inform further revisions in broadening professionalism.

Abstract ID: 25

Lessons From a Dean's Project – Learning Clinical Reasoning and Evidence-Based Medicine in USask Undergraduate Medical Education: Are We Meeting Our Goals?

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Purpose: Clinical reasoning and evidence-based medicine (intended curriculum of the USask Case Based Learning–Evidence Based Medicine (CBL-EBM) module) are critical skills for medical school graduates. The objective of this study was to optimize the hypothesized gaps between the intended and implemented curriculum via triangulation of data from learners, the program and instructors.

Methods: A mixed-methods program evaluation was conducted. Quantitative surveys informed by previously published instruments were distributed to students, small group instructors and curriculum leaders. Semi-structured interviews with students and instructors and an instructor focus group were thematically analyzed.

Results: Survey data revealed discrepancies between student and instructor perceptions around teaching and assessment. Qualitative review identified six overarching domains: curriculum design, curriculum description, case structure, student engagement, facilitator variation, and programmatic assessment. Subdomains were iteratively developed to capture barriers, enablers, or suggestions to facilitate actionable interpretation. Key areas for program improvement identified that align with established educational theories include a) professional identity formation informing curriculum design, case structure and student engagement; b) facilitator orientation/development aligned with learning theories and c) assessment strategies that foster a growth mindset.

Conclusion: This Dean's project informed an actionable scaffold for program improvement aligned with educational theories rather than a reactionary approach to change based on student satisfaction. This approach may be applicable to other undergraduate medical education curricula seeking to align intended and implemented outcomes.

Abstract ID: 26

Cross-Institutional Insights into Competence Committee Challenges and Best Practices

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Purpose: To identify best practices and common challenges faced by Competence Committees (CC) in Canada.

Methods: An online survey was distributed to CC members at six universities across Canada. Questions addressed time commitments, processes, platforms, challenges, and best practices. Descriptive statistics and thematic analysis of open-ended responses were utilized.

Results: 183 CC members responded. 68% were women and 41% had four or more years of CC experience. Program size (1-150 residents) and number of CC members (3-20 members) varied. Participants identified best practices around efficiency, structured workflows, and robust data tracking, with committees leveraging spreadsheets, trackers, and live documentation to maintain transparency and consistency. Strong leadership, clear role assignments, and collaborative communication were identified as fostering effective decision-making, while external audits and observers help maintain accountability and mitigate bias. In contrast, challenges around EPA utilization and data integrity, with concerns about incomplete, unreliable, or superficial assessments and a "failure-to-fail" culture were identified. Technology limitations, heavy administrative workload, and lack of automation were found to exacerbate time pressures, while recruitment difficulties and absence of compensation impacted committee sustainability.

Conclusion: Overall, while committees demonstrate innovation and commitment, systemic issues in data quality, resourcing, and clarity of expectations remain significant barriers to optimal functioning. This project highlights that strong processes, reliable data, and organizational support are essential for fair and sustainable CC decisions.

Abstract ID: 27

Preparing the Next Generation of Medical Learners for the Wards: Perspectives and Usage of Artificial Intelligence (AI) among Clerkship Students in a Western Canadian Province

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Purpose: To understand clerkship medical student perspectives and practical usage of generative artificial intelligence (AI), including Large Language Models, to inform undergraduate medical education.

Methods: A cross-sectional study will be conducted using a structured, anonymized online survey distributed to ~104 third-year medical students at the University of Saskatchewan over an 8-12-week period using the university's secure platform. The survey assesses AI knowledge, attitudes, exposure, barriers, and educational recommendations. Both closed-ended and open-ended questions will be included. This cohort will have largely completed their core clinical rotations at the time of data collection, offering unique insight into real-world applications of AI. To ensure validity, the survey will be pretested by multiple staff physicians for expert feedback and beta-tested by medical students before release. Quantitative data analysis will use descriptive and inferential statistics to determine AI usage and demographic differences, while qualitative data will undergo thematic analysis.

Results: Anticipated impacts include identifying specific clinical tasks where students utilize AI (e.g. differential diagnosis) and pinpointing barriers like privacy concerns or lack of preceptor guidance. While conducted at a single institution, these findings will highlight critical gaps in current education and offer a broadly applicable framework for integrating AI literacy into medical curricula across similar Canadian programs.

Conclusion: Understanding clerkship students' practical engagement with AI is essential. Insights from this study will inform the design of an evidence-based AI curriculum, equipping future physicians to safely and effectively integrate AI into clinical workflows.

Abstract ID: 28

Mapping Culturally Safe and Responsive Speech-Language Pathology Practice in Canada: A Scoping Review Protocol

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Purpose: Despite growing attention to cultural safety and cultural responsiveness in health professions, no scoping review has focused exclusively on Canadian speech-language pathology (SLP) practice across Indigenous peoples and other equity-deserving groups. Existing reviews often combine SLP with other rehabilitation professions, focus on pediatric or adult populations but not both, or limit analysis to a single service-delivery context. This scoping review protocol addresses this gap by outlining an approach to mapping Canadian literature on culturally safe and responsive SLP practices across populations, contexts, and the lifespan. Indigenous peoples are examined as distinct Nations and collective rightsholders and are not grouped or generalized within other equity-deserving populations.

Methods: Guided by the PRISMA-ScR framework, this scoping review will systematically search peer-reviewed and grey literature describing Canadian SLP practice. A culturally informed continuum spanning cultural awareness, sensitivity, competence, responsiveness, and safety will guide data charting and synthesis. Terminology such as *trauma-informed* will be included as a search concept due to its prevalence in the literature and interpreted using strength-based and culturally safe lenses.

Results: The review will produce a descriptive map of how culturally safe and responsive practices are defined and implemented in Canadian SLP literature, including strategies addressing Indigenous peoples and other equity-deserving groups, and identifying key evidence gaps.

Conclusion: This scoping review will inform SLP education, training, and practice by clarifying how culturally safe and responsive approaches are currently described and where further research is needed within Canadian contexts.

Abstract ID: 30

Virtual Consultation Simulation for New to practice Rural International Medical Graduates: Education Innovation

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Purpose: Within the Saskatchewan International Physician Practice Assessment (SIPPA) Program, identified gaps in emergency readiness and referrals/consultations highlighted the need for enhanced training. In response, SIPPA introduced a comprehensive orientation and longitudinal curriculum, including a three-hour virtual consultation simulation designed to strengthen communication with specialists and improve the management of challenging consultations

Methods: This education innovation was developed using Kern and Thomas' six-step model of curriculum development. Implementation begins with a didactic lecture on effective telephone consultations and the completion of the Postgraduate Medical Education Quality Referral and Consultation Education module (University of Saskatchewan). Approximately three months later, participants take part in a three-hour Zoom-based simulation involving two facilitators, one confederate, and a cohort of approximately 15 learners. Program evaluation follows Kirkpatrick's four-level model.

Results: Participants consistently valued the interactive breakout sessions, exposure to real-life case scenarios, and timely, constructive feedback. The structured format highlighted the importance of preparation, clarity, and organization in successful consultations. Learners described the sessions as engaging, supportive, and well-organized, and many requested additional practice.

Discussion: Effectiveness was assessed through observed learner engagement and participant evaluations. Feedback highlighted the session's interactivity, practical relevance, and the benefits of real-time mentorship. Future work will explore the simulation's impact on participants' clinical behaviors and consultation outcomes.

Abstract ID: 32

Re-envisioning a POCUS Curriculum in Emergency Medicine: A Mixed-Methods Needs Assessment

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Purpose: Point-of-care ultrasound (POCUS) is an essential competency in Emergency Medicine training. Despite a well-established curriculum, ongoing learner dissatisfaction and variability in perceived competence prompted a comprehensive needs assessment within the FRCPC Emergency Medicine program at the University of Saskatchewan.

Methods: A mixed-methods needs assessment was conducted, including an internal environmental scan of the existing curriculum, semi-structured interviews with key stakeholders, a focused literature review of Canadian POCUS training recommendations, and a survey of current residents and recent graduates. Quantitative survey data were analyzed descriptively, while qualitative responses underwent thematic analysis.

Results: The current curriculum is comprehensive, incorporating flipped-classroom learning, supervised hands-on scanning, and competency-based assessments aligned with national POCUS recommendations. However, only 18% of residents perceived the curriculum as well organized, and 27% felt it was delivered in a structured manner. Although 72% reported confidence in performing core POCUS applications, learners identified deficiencies in image interpretation and clinical integration. Stakeholder interviews identified challenges related to faculty engagement, assessment burden, and balancing responsiveness to feedback with longitudinal curriculum goals.

Conclusions: Despite strong alignment with national standards, important opportunities for improvement exist within the POCUS curriculum. Key recommendations include the development of explicit learning objectives, standardization of introductory training, and increased emphasis on image interpretation and clinical integration. These findings will inform a data-driven curriculum redesign.

Abstract ID: 33

Verbatim theatre in pediatric oncology: integration into residency and continuing inter-professional education

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Purpose: Hybrid (in-person and virtual) sessions are increasingly ubiquitous in health professional education since the COVID-19 pandemic. *Ed's Story*, a verbatim play written from the journal of an adolescent/young adult (AYA) osteosarcoma patient, has been utilized in medical education at Canadian institutions for over a decade. We have never integrated Ed's Story into sessions for pediatric resident physicians (PRPs) or pediatric oncology healthcare professionals (HCPs).

Methods: Hybrid sessions using Ed's Story, combining both passive viewing of a recording of the play followed by a participatory reader's theatre (RT) activity of the script. The impact on PRPs and HCPs working in the provincial pediatric oncology program at our tertiary children's hospital was measured via online pre- and post-session surveys assessing empathy and gathering open-ended responses.

Results: Overall, participants responded positively. Participant empathy increased post-session in 78% of individuals, and overall mean cohort empathy scores increased from medium-high to high. Most participants preferred watching the recording over RT, though many still acknowledged the value of RT. Inductive thematic analysis of narrative feedback identified five themes: new/broadened understanding of interdisciplinary pediatric oncology care and patient/family illness experiences; recognition of AYA care needs; appreciation for nuances of advanced communication; acknowledgement of new skills gained; session/logistic feedback.

Conclusion: These results demonstrate that engagement with *Ed's Story* is an effective intervention to prevent potential regression of empathy and will inform future iterations to optimize content delivery and session structure.

Abstract ID: 34

Implementing Sustainable Practices in Medical Education: A Pilot Glove Recycling Initiative in a Clinical Learning Centre

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Purpose: The healthcare sector generates substantial environmental waste, including significant contributions from single-use plastic gloves. Much of this waste is non-hazardous and potentially recyclable, yet recycling opportunities in medical education and healthcare settings remain underexplored. This study describes the implementation of a glove recycling initiative in a clinical learning environment and explores medical students' awareness, attitudes, and behaviors related to glove recycling.

Methods: A mixed-methods pilot study is in progress at the Clinical Learning Resource Centre (CLRC) at the University of Saskatchewan. Glove recycling boxes were introduced, and baseline survey data was collected from first-year medical students to assess awareness, attitudes, and perceived barriers. An educational intervention, including signage and targeted communication, is being implemented. A post-intervention survey, along with ongoing measurement of recycled materials, will assess changes over time.

Results: Preliminary findings (n=16) indicate strong support for environmental sustainability but low awareness of glove recycling opportunities. Only 33% of participants were aware of glove recycling, with the most commonly reported barriers being lack of awareness (80%) and uncertainty about recycling bin locations (79%). Students identified improved signage and accessibility as key facilitators.

Conclusion: Initial results suggest that improving awareness and accessibility may increase recycling behaviors. Ongoing data collection will evaluate whether targeted interventions lead to measurable behavior change among medical learners. Final study findings may inform the integration of sustainable waste reduction practices in medical education settings.

Abstract ID: 35

Ready for the Future? Pre-Clerkship Medical Students' Attitudes Toward Artificial Intelligence in Education: A Western Canadian Cross-Sectional Study

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Purpose: Artificial Intelligence (AI) is rapidly altering medical training. While clinical learners increasingly apply AI to patient care, foundational (Year 1 & 2) medical students navigate a different landscape. Crucially, this pre-clerkship cohort has never formally used AI in their lectures or official curriculum. This study explores the baseline attitudes, informal personal usage, perceived preparedness, and specific pedagogical needs of these early-stage learners at the University of Saskatchewan.

Methods/Approach: A cross-sectional, anonymous online survey will be distributed to all Year 1 and 2 medical students. Adapted from recently published instruments, the questionnaire assesses prior informal AI exposure, self-perceived foundational knowledge, anticipated risks versus benefits, ethical apprehensions, and preferred teaching modalities (e.g., didactic lectures vs. small groups). Quantitative data will be analyzed descriptively, with group comparisons evaluating how learner characteristics influence attitudes. Open-ended responses regarding student concerns will undergo thematic analysis.

Results/Impact: We anticipate students will exhibit high interest but highly variable knowledge, alongside significant uncertainty regarding how to ethically use AI for studying. Because this group lacks formal AI training, identifying their early-stage apprehensions and preferred teaching formats will provide crucial, untainted data to build a proactive, "ground-up" AI curriculum.

Conclusion: Understanding the baseline readiness of learners who have not yet been formally exposed to AI in medical education is an essential first step. This study will define the foundational competencies required to ensure students are practically prepared before they reach the clinical wards.

Abstract ID: 36

A Principle-Based Guideline for Artificial Intelligence Use in Undergraduate Medical Education Clerkship

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Purpose: Artificial intelligence (AI) is increasingly integrated into clinical environments where medical students learn and provide care. This project aimed to develop a guideline to support safe, ethical, and educationally aligned AI use during clerkship.

Methods: We conducted a collaborative guideline development process informed by emerging literature and existing institutional, regulatory, and professional guidance. Stakeholders included medical educators, clinicians, educational researchers, and AI researchers. Draft recommendations were iteratively developed and refined through group consultation and targeted consultation with key stakeholders.

Results: The resulting guideline defines five core principles for AI use in clerkship: (1) use of only institutionally approved AI tools for activities involving personal health information; (2) requirement for supervisor permission for clinical AI use; (3) obtaining and documenting informed patient consent when AI is involved in care; (4) maintaining human oversight and accountability for all clinical decisions; and (5) prioritizing learner development and clinical skill acquisition. The guideline operationalizes AI use through a three-tiered risk framework with examples of permitted, conditionally permitted, and prohibited use cases. The guideline has been adopted within the University of Saskatchewan UGME program and distributed to clerkship learners and faculty across training sites. Ongoing monitoring and evaluation processes have been planned to assess uptake, usability, and impact on learner behavior and clinical practice.

Conclusion: This guideline provides a structured and adaptable approach to AI use in clerkship, supporting responsible engagement with AI in clinical training.

Abstract ID: 37

Master of Physical Therapy Program Policy Evaluation: Students as Partners

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Purpose: This project employed a participatory, program evaluation approach to explore student perspectives on the efficacy, equity, and accessibility of three School of Rehabilitation Science (SRS) policies: Academic Expectations Academic Advancement and Promotion, Professional Behaviours and Expectations, and Examination Regulations.

Methods: A mixed-methods approach combined surveys (n=36) and semi-structured interviews (n=5). Participants included current and former students in the Master of Physical Therapy (MPT) program within the SRS. Quantitative data were analyzed using descriptive and parametric analysis of 5-point Likert scale responses, while qualitative data were analyzed through thematic analysis to contextualize quantitative findings. Given the researcher's position as a current MPT student, an interpretive description approach was taken to ensure the healthcare trainee lens.

Results: Participants reported moderate to high levels of familiarity, confidence, and clarity, regarding the policy's purpose, scope, and procedure. However, qualitative findings identified gaps in accessibility, presentation, policy understanding, and practical application. Students emphasized the need for repeated exposure to policies, alternate presentation methods (informal "Lunch and Learns," visual aids, and summary resources), and increased autonomy and flexibility in the policies.

Conclusion: It is evident that students are familiar with the policies that govern the SRS; however, they identified gaps in policy presentation, consistency, and accessibility. This highlights the need for a user-centered approach to policy design and implementation-- one that allows students to feel empowered and supported in their education, and that caters to their varying learning needs.

Abstract ID: 38

Building Autism Diagnostic Capacity in Saskatchewan: Findings from SK ECHO Autism

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Purpose: Over 3,300 children await autism diagnosis in SK, sometimes waiting over three years. To address a shortage of trained diagnosticians, particularly in rural areas, we developed and evaluated SK ECHO (Extension for Community Healthcare Outcomes) Autism Diagnostics and Care training. This first provincial program was designed to build diagnostic and care capacity with community clinicians. This study examined if participation improved self-efficacy and practice change intent.

Methods: Mixed-methods evaluation uses Moore's Evaluation Framework (Levels 1-4) and PDSA cycles to assess a 2025-2026 cohort (n=24) completing hybrid training. Program was co-designed and co-delivered with parent partners and Autistic advocates. Participation tracked via attendance. Learning and self-efficacy evaluated through purpose-built confidence rating surveys. Practice change intent measured at baseline and retro-post. Retro-post survey launch April 1, 2026.

Results: Mean attendance sustained across first two components (Virtual n=18.2; Bootcamp n=19). At baseline, 79% reported intent to change practice. Participant satisfaction was high (mean 4.75/5), with practice activities and lived experience most valued (5.0/5). Among the same clinicians completing Baseline, Virtual, and Bootcamp surveys (n=13), mean confidence crossed the confident threshold (3.04 to 4.01/5; all $p \leq 0.019$), and Confident/Highly Confident proportions increased from 0% to 61.5%. Of Confident/Highly Confident Bootcamp completers (n=9), 44.4% were rural, surpassing our 20% rural representation goal.

Conclusion: Where thousands of SK children wait years for diagnosis, co-designing and delivering ECHO with lived experience demonstrates building rural capacity is achievable. Final outcomes forthcoming.

Abstract ID: 39

Comparing perceived workload between genders in third year medical students during core OBGYN rotation before & after implementing change

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Background: Gender influences medical students' experiences during OBGYN rotations. Male students often report poorer experiences related to gender, including patients declining their involvement in care. This may limit clinical exposure and contribute to perceived workload imbalances, negatively affecting satisfaction and well-being.

Objective: To determine whether third-year University of Saskatchewan medical students perceive differences in clinical workload based on gender and whether gender influences overall rotation experience. We also aim to assess whether targeted interventions reduce perceived disparities and improve learner experience.

Methods: This quality improvement study collected baseline data via an online survey following completion of the core OBGYN rotation. Based on survey findings, four interventions will be implemented over two academic years (2025–2027): increasing exposure to same-gender residents and attendings, enhancing student involvement in patient care through collaboration with nursing staff, and improving patient education regarding student participation, and combining all together. Post-intervention surveys will evaluate changes in perceived workload and experience.

Results: Among 51 students surveyed in 2024–2025, gender-based differences were identified. Of male students, 20.8% perceived their workload as below average, whereas 40.75% of female students perceived their workload as far above average. 34.8% of male students reported gender negatively affected their experience, while 63% of female students reported a positive influence.

Conclusion: We are currently implementing the strategies. Ongoing evaluation will determine their impact on workload perception and overall rotation experience.

Abstract ID: 42

Experiences of simulated patients during Point-of-Care Ultrasound training including management of incidental findings

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Purpose: Point of Care Ultrasound (POCUS) is an imaging modality that improves diagnostic accuracy and facilitates procedures. Simulated patients (SPs) play a central role in providing learners with authentic POCUS training experiences. Previous programmatic evaluations focused on learner outcomes such as skill acquisition. While SPs occupy a liminal role as both members of the educational team and patients, little is known about SP experiences during POCUS sessions, including management of incidental findings. We sought to examine SPs' experiences during POCUS training sessions.

Methods/approach: We deployed an online cross-sectional survey, sent to all SPs who participated in POCUS training sessions in Saskatoon over the past five years. The survey collected demographic information, experiences with comfort, professionalism, and incidental findings.

Results/impact: 71 SPs completed the survey (47% response rate). Nearly one-quarter (24%) reported an incidental finding during a POCUS session, with 82% confirmed on consultative imaging. SPs reported high levels of comfort and consistently rated trainee professionalism positively. Areas for improvement include ambient temperature and ensuring consistent communication that reinforces SPs' role as valued members of the educational team.

Conclusion: Overall, SPs reported positive experiences with comfort and professionalism. Incidental findings among SPs were detected art rates comparable to clinical ultrasonography, underscoring the need for clear processes to support SP wellbeing when unexpected findings arise. Clear protocols for managing such findings, along with attention to communication and environmental comfort, can strengthen the partnership between students, SPs, and educators.

Abstract ID: 43

Evaluating Physicians' Perceptions of Procedural Skills taught during the Family Medicine Surgical Skills Curriculum in Saskatchewan

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Purpose: The College of Family Physicians of Canada (CFPC) identifies procedural competence as a core requirement for family medicine; however, many physicians perform fewer procedures in practice, which impacts patient access to timely care. This study evaluated the relevance, confidence, and applicability of procedures taught in the Saskatchewan Family Medicine Residency Program and explored factors influencing procedural practice after graduation.

Methods: A sequential explanatory mixed-methods, cross-sectional online survey was conducted among family physicians who graduated from the Residency Program between July 1, 2017, and June 30, 2024. Participation implied consent. Ethics approval was obtained (Beh REB 6177).

Results: 34 respondents were analyzed (34/312 = 10.9%), including urban 19 (55.9%), regional 13 (38.2%), and rural 2 (5.9%) physicians. Twenty-one (61.7%) graduated within 5 years. Most graduates (33–34; 97–100%) intended to perform local anesthetic and skin procedures, only 4-12 respondents (11.7-35.2%) were currently not performing them. Fewer than half performed most gastrointestinal, genitourinary, and MSK procedures, except shoulder 25 (78.1%) and knee injections 28 (84.8%). Practice environment influenced procedural performance for 87% of respondents. Barriers included limited time, equipment availability, lack of confidence or experience, and limited opportunities.

Conclusions: A gap exists between procedural intentions at graduation and sustained practice among University of Saskatchewan family medicine graduates. Practice environment and system-level barriers strongly influence procedural performance, highlighting the need to refine procedural curricula to support confidence, skill retention, and applicability across diverse practice settings.

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