2024 Abstracts

University of Saskatchewan
College of Medicine

UNIVERSITY OF SASKATCHEWAN
College of Medicine
FACULTY DEVELOPMENT
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Oral Presentations

Primary Care, Second Language Podcasts

Kevin Entwistle, Medical Student, Academic Family Medicine, College of Medicine

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Purpose: "Primary Care, Second Language" is a Saskatchewan pilot project, providing healthcare professionals with a podcast resource for improving the care of marginalized patient populations. A significant portion of the Saskatchewan population speaks a language other than English. Lack of familiarity with medical terminology and phrases often presents a barrier to effective communication in healthcare settings, i.e. interactions between healthcare providers and newcomers to Canada. Healthcare professionals (HCPs) who know even a few words or phrases in their patient's language can help bridge this gap in communication, and reaffirm a dedication to creating a safe, welcoming, and inclusive space for patients.

Methods: We interviewed community members who speak a language other than English and produced several short, educational, and interactive podcasts covering terms and phrases that may be used during a number of common medical encounters.

Results: The "Primary Care, Second Language" podcast is currently 12 5-10 minute episodes, accessible on multiple audio streaming services, with medical terminology in 8 different languages.

Conclusion: Our project seeks to address key social determinants of health, including education, literacy, and equitable access to health services by creating a free, interactive and accessible resource for both patients and healthcare providers to bridge gaps in communication. Drawing on the expertise of our own community members in developing this project, we hope that our resource continues to encourage, affirm, and celebrate the lingual diversity within our province.

We greatly appreciate the time and expertise of our interviewed community translators, volunteer podcast hosts, and audio editors.

Improving HIV-PEP Access in Saskatoon ER Departments: A Medical Education Pilot Project

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Purpose: Reduce barriers to patients receiving appropriate and timely access to HIV- post-exposure prophylaxis (PEP) by educating physicians and nurse practitioners how to prescribe HIV-PEP kits in Saskatoon ER departments.

Methods: In response to missed opportunities waiting for an ID consult to prescribe HIV-PEP kits (which must be prescribed within 72-hours of a blood-borne exposure), a continuing medical education (CME) pilot project began in March 2023 in partnership with the Saskatoon ER Sexual Assault Response Team (SART), the Saskatoon Infectious Disease Division, and the STBBI Treatment Education Program for Saskatchewan (STEPS). A live HIV-PEP presentation was delivered by an ID Specialist and the slide deck was shared with Saskatoon ER physicians/NPs to review on their own time. Learners who received the education could request assistance from the STEPS program to be added to SK Drug Plan as a Designated HIV antiretroviral (ARV) Prescriber. Being added to this list removed the need to have the HIV-PEP prescription written by an ID Specialist and ensured that the $700.00 cost would be covered for patients. The education also highlighted common situations when HIV-PEP should not be prescribed, including cold needlestick pokes, and encouraged consultations with ID as needed.

Results: 30 ER physicians in Saskatoon were enrolled as Designated ARV Prescribers. Data is being collected by the ER SART Team to monitor the impact of this initiative, including the number of HIV-PEP prescriptions written by Non-ID specialists.

Conclusion: Based on this success of this pilot project, an online self-directed HIV-PEP CME course is being developed with the intention of expanding this education and initiative provincially to ER and Urgent CSare settings outside of Saskatoon.

Assessment Burden by Design: Exploring Assessment Forms Within Competence By Design

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Purpose: Competence by Design has been criticized for increasing assessment burden due to its high number of Entrustable Professional Activity (EPA) assessments. However, poor usability of local assessment interfaces may also be a contributor. We explored variability in form design and developed a form that reduces assessment burden.

Methods: Assessment forms for the 'Core 1' EPA were collected from all Royal College emergency medicine residency programs and compared for variations. Program directors (n=7), faculty members (n=8), and residents (n=8) from 11 educational institutes were interviewed from May-August 2023 for their perspectives on the forms' usability. The Five Planes of User Experience (UX) framework guided the thematic analysis of the interview transcripts.

Results: Variation was found in the number of context variables, milestone criterion, and narrative text boxes; phrasing of narrative feedback prompts, milestone descriptions, and entrustment score criterion; and presentation of the entrustment scales. Inconsistencies were present in the selection format of milestones and mandatory responses. Some forms could be partially completed by residents. One form added a global performance rating. Number of clicks required to complete a form ranged from 12 to 47. Qualitative analysis found codes corresponding to each of the Five Planes of UX and informed the development of a refined form with aesthetic visuals, clear prompts, fewer questions, decreased prominence of milestone ratings, and increased focus on narrative feedback.

Conclusion: Considerable variability in the design of CBD assessment forms exists and some variations may contribute to assessment burden. The usability of the refined form and its impact on assessment burden requires further evaluation.

Integrating Case-Based Learning into Residency Training: A Pilot Study in Diagnostic and Clinical Pathology

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Co-Author(s): Bryan Johnston, Medical Student, UGME, College of Medicine

Purpose: The landscape of clinical and laboratory medicine residency training in Canada is changing. Within the Diagnostic and Clinical Pathology program, the best pedagogical approach to delivering classroom-based teaching remains unclear. This study measured residents' perceptions of course satisfaction, ability to meet learning objectives and future clinical application across courses offered in three different in-person pedagogical approaches.

Methods: Participant satisfaction was gauged using a composite score of ten criteria, and a targeted needs assessment was performed to assess the ability of each course to meet learning objectives. Additionally, residents' comfort with using course material in future clinical practice and open-ended narrative feedback were collected.

Results: Across all teaching sessions, most residents agreed that sessions were satisfactory (>80%) and had met learning objectives (>75%). Additionally, over 80% of residents were comfortable applying course material to clinical practice. The interactive and case-based sessions scored highest, averaging 91% and 86% of residents agreeing that the sessions fulfilled the criteria in course satisfaction and learning objectives, respectively. When considering all teaching sessions, 90% of residents felt comfortable applying the information learned in the courses to clinical practice. Open responses expressed a call for more case-based teaching across all teaching sessions.

Conclusion: Our data suggests that a difference may exist between pedagogical approaches. However, future studies are needed to assess if an interactive course-based approach is superior. Our findings suggest that case-based teaching are crucial to bridge the gap between theoretical knowledge and clinical application.

Communication is Key: A Quality Improvement Project for Patient Case Presentations in an Urban Family Medicine Residency Training Program

Kate Morrison, Resident, Academic Family Medicine, College of Medicine

Purpose: Verbal case presentations (VCP) are an oral summary of a clinical encounter with the purpose of demonstrating clinical reasoning skills [1]. Formal training on VCP is limited in residency training. Given the daily use of VCP during residency and the importance of residents demonstrating clinical reasoning, this research aims to assess VCP quality improvement measures by answering the question, "what is the perceived effectiveness and satisfaction for Saskatoon Family Medicine residents of a one-hour formal didactic training session on VCP skills, utilizing the SNAPPS framework."

Methods: Ethics exemption (E269) was obtained from the University of Saskatchewan Behavioural Research Ethics Board. Voluntary Saskatoon Family Medicine residents (N=19) received a one-hour didactic training session on the SNAPPS framework. A twenty-question post-session survey, using a 10-point Likert scale and comment boxes assessed participant satisfaction.

Results: Results indicate that the majority of participants (>85% selecting Likert 5-10, 10="very useful") found the session to be well organized and useful, with clearly stated objectives, material provided and videos shown helpful, provided sufficient opportunity to apply the skills taught, feedback helpful, and the stated objectives were met. A qualitative review of comments indicated that the supplied cases were "exhaustingly thorough," and a suggestion to teach the one-minute preceptor VCP framework along with the SNAPPS framework was made.

Conclusion: This pilot project demonstrated that a one-hour formal didactic teaching session on the SNAPPS VCP framework is perceived as effective and satisfactory.
[1] Heiman et al. E-learning and deliverate pracitce for oral case presentation skills: A randomized trial. (2012).

Breaking Silos to Improve Healthcare Quality: Artificial Intelligence-Augmented Strategies for Excellence and Innovation in Clinical Practice

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Purpose: Artificial intelligence (AI) is an emerging tool that can balance strategy improvement with healthcare quality. The purpose of this study was to investigate current trends in healthcare quality across cultures, continents, and medical disciplines to understand how these trends interact with AI. Trends targeted for analysis included changes in diagnostic accuracy, duration of clinical encounters, utilization of medical testing, disclosure of medical error, and physician burnout.

Methods: Knowledge integration was performed across disciplines relevant to healthcare quality improvement. A 'problem-spaces' approach to medical decision-making was used to review literature on trends in healthcare quality. Qualitative data related to the interactions and implications of AI and healthcare was evaluated using pattern recognition, meta-analyses, and thematic analysis.

Results: The landscape of modern healthcare is characterized by shortening physician-patient interactions, rising non-contributory medical practices, and inadequate disclosure of medical errors. These issues are increasingly evident in lost opportunities for quality improvement. Physician burnout has nearly doubled the rate of medical errors, and those involved in major errors experience a threefold increase in suicidal ideation. AI solutions aimed at the deep-seated feedback loops present in healthcare systems around the world will decrease physician burnout, reduce healthcare costs, and improve clinical outcomes.

Conclusion: Re-evaluation of healthcare quality creates opportunities for excellence and innovation. Understanding the interaction between AI and current trends in healthcare quality is needed to inform and guide future strategies for optimizing healthcare delivery in clinical practice.

Relationships between stress and burnout in medical students and workplace factors at medical schools

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Purpose: To quantify relationships that may exist between burnout and stress experienced by medical students and workplace factors found in medical schools

Methods: This is a cohort comparison, correlational (with a longitudinal element in progress). Using the Maslach Burnout Inventory, Perceived Stress Scale, and the Copenhagen Social Science Questionnaire, we collected data in February and March 2023 at the U of S and three US campuses. We calculated Pearson correlation coefficients and then regression analyses between the dependent variables of burnout and stress and the independent variables of workplace factors known to be implicated in psychological health in the workplace for the U of S and all sites combined.

Results: Using the U of S data, we found that the regression analyses produced statistically significant models with a handful of workplace factors that explained between 47% and 77% of the dependent variables. The factor "Quantitative demands" was frequently part of the models and itself contributed a major portion to the regression analyses.

For example, the final model explains 77% of the variance in the burnout scale of Exhaustion with Quantitative Demands contributing 44% or well over half of the explanatory power. Four other factors contributed only between 9% and 4% to the final model.

The analysis of all sites rendered similar but different results from the U of S and each site had a somewhat unique profile.

Conclusion: Several workplace factors are implicated in burnout and stress, chief among them being "Quantitative demands". Further research is warranted to establish causal relationships and test possible interventions to mitigate these workplace factors and reduce burnout and stress among medical students.

The relationship between measures of interpersonal skills and non-cognitive performance for medical school applicants

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Purpose: Interpersonal skills and non-cognitive measures of performance are important for success in medical school. Applicants complete the CASPer, Multi Mini Interview (MMI) and a panel interview. The purpose is to identify 1) the relationship between performance on these measures; and 2) whether CASPer and MMI scores differ for Indigenous and non-Indigenous applicants.

Methods: Pearson correlation coefficients were conducted to identify the relationship between performance on CASPer, the MMI, the panel interview and the conversation circle. Independent sample t-tests and effect sizes were conducted to compare MMI and CASPer scores for Indigenous and non-Indigenous applicants. MMI and CASPer data reflected 2021-2023 applicants (N=1066). The panel interview was introduced in 2023 (N=234).

Results: Performance on the MMI was significantly correlated with performance on CASPer ($r = .304$, $p < .001$) and panel interview ($r = .211$, $p < .001$). CASPer scores did not correlate significantly with panel interview scores. CASPer scores were significantly higher for non-Indigenous applicants when both successful and unsuccessful applicants were included ($p = .001$). When analyses were run for only those who were accepted, this difference was no longer significant. No significant differences in MMI score were found when comparing Indigenous and non-Indigenous scores for all applicants. However, out of those accepted, non-Indigenous students scored significantly higher on the MMI ($p < .001$).

Conclusion: MMI and CASPer scores are positively correlated. The relationship with panel interview scores will continue to be monitored. Analyses for Indigenous applicants will continue to gain a larger sample size and ensure equity. Results will be updated to include 2024 data.

Comparisons of virtual and in-person panel interview scores for medical school applicants

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Purpose: A panel interview was introduced in 2023 as part of the medical school admissions process. Applicants are given the option of attending the interview virtually or in-person. The purpose is to compare performance for these two approaches.

Methods: Independent samples t-tests compared panel interview, MMI and CASPer scores from 2023 and 2024 for those whose interviews were held virtually (N=65) with those conducted in person (N=414). An ANCOVA comparing panel interview score for the two groups, controlling for MMI and CASPer was also conducted. Pearson correlation coefficients and multiple regressions were conducted to examine the relationship between panel interviews, MMI, and CASPer scores.

Results: No significant differences were found for virtual vs. in-person panel interview scores. Those with virtual panel interviews had significantly higher MMI and CASPer scores ($p<.001$). When MMI and CASPer were controlled for, panel interview score still did not differ significantly.

For students who participated virtually, panel interview score did not correlate significantly with MMI or CASPer. However, CASPer negatively predicted virtual interview score ($p=.018$). Significant positive correlations were found between panel interview and MMI ($p<.01$) and CASPer ($p<.05$) for those who participated in the panel interview in person. MMI performance significantly predicted in-person interview score ($p<.001$). CASPer and MMI were significantly correlated for both groups ($p<.001$).

Conclusion: Panel interview performance was comparable for virtual and in-person participation, indicating that neither type of interview puts students at an advantage nor disadvantage. However, results will continue to be monitored going forward to ensure fairness between groups.

Ask the Parent: Developing a Client Feedback Form to Improve Medical Learners' Pediatric Clinical Skills

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Purpose: Patient-centered care focuses on unique individual values, empowering every patient to navigate their health care. Medical education is evolving to reflect this paradigm. Current patient feedback forms are designed for adult patients and unsuitable for pediatrics. We aimed to gauge parents and simulated patients (SPs) interest in providing feedback to medical learners, receptiveness of learners to this feedback, and highlight crucial areas of feedback in the pediatric setting.

Methods: REDCap surveys were emailed to parents from Child and Youth Services in Regina, USask SPs, medical students, and residents (family medicine and pediatrics). Using a Likert scale, the survey ranked importance on providing (parents/SPs) and receiving (learners) feedback. Topics were selected based on literature prevalence and clinician/student experience. Descriptive statistics were computed using R software.

Results: Response rates for parents, SPs, and learners were 9% (87/937), 89% (133/150), and 13% (63/468), respectively. All three groups agreed that learners should receive feedback from sources beyond physicians (parents 73.6%; SPs 89.5%; learners 88.9%). The highest rated areas of feedback were: 1) the ability to explain things clearly, 2) actively involving the parent/patient in the medical plans, 3) seriously addressing concerns, 4) listening and being attentive, and 5) any actions that made the parent/patient uncomfortable.

Conclusions: Learners, parents, and SPs agree that parents/patients should provide feedback to learners, confirming the utility of a pediatric feedback form. The most important areas of feedback were consolidated into a user-friendly feedback form consisting of 5 questions with a Likert-scale and a section for free written narrative feedback.

Patient-Centered Care: Best Practice Guidelines for Medical Error Disclosure across Canada

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Purpose: The quality of health care is an emerging concern worldwide. Disclosure of an adverse event is an important component in managing the consequences of a medical error. The objective of this study was to review, compare, and evaluate Canadian medical error disclosure policies set forth by provincial and territorial health regions across Canada to provide guidelines for the best possible medical error disclosure policy.

Methods: We evaluated medical error disclosure policies using the following five criteria: an apology or expression of regret; support for the patient; avoidance of blame; support for health provider; and avoidance of speculation.

Results: In Canada, most provincial and territorial health authorities have implemented policies that follow a patient-centered approach to medical error disclosure. In Central and Eastern Canada, more than 90% of the disclosure policies included an apology, patient support, and avoidance of blame, while more than 80% also included avoiding speculation and providing support for healthcare providers. Similarly, in Western Canada, more than 80% of policies contained an apology, patient support, and avoidance of speculation, while provider support was found in over 70% of surveyed policies. In Nunavut and the Northwest Territories, all policies contained an apology, patient support, avoidance of speculation, and provider support.

Conclusion: Designing best practice error disclosure policy requires integrating many aspects, including bioethics, physician-patient communication, quality of care, and team-based care delivery. We suggest implementing a uniform policy, centered on addressing errors in a non-punitive manner and respecting the patient's right to an honest disclosure and be as part of the standard of care.

Suicide Risk Assessment and Formulation for Undergraduate Medical Student Training Using a Case-Based Approach: A Medical Education Quality Improvement Project

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Purpose: Suicide risk assessment (SRA) is an important topic in a medical trainee's education, yet literature suggests that SRA training is inadequate. Students specifically from the University of Saskatchewan College of Medicine (CoM) agree. Moreover, the existing SRA literature lacks robust, clinically significant surrogate measures. The study aims to construct and implement an SRA curriculum addition and has the following hypotheses:

1. Average scores on Year 2 medical students' OSCE SRA stations will be higher in the post-intervention cohorts than pre-intervention cohorts.
2. Pre and post course surveys will demonstrate greater improvement in self-reported confidence on questions related to SRA objectives than the improvement on other questions related to objectives.
3. Increased amount of positive narrative comments regarding the SRA curriculum.

Methods: Kern's Six Step Approach with a quality improvement framework was utilized for design and monitoring. Pre and post curriculum surveys as well as OSCE results across at least two cohorts of medical students will be collected for analysis.

Results: While the data has not yet been analyzed we expect:

1. OSCE performance on SRA stations will be higher in the post-intervention cohorts than those in the pre-intervention cohorts for mean checklist scores and global assessment scores.
2. Students' mean change in self-reported confidence in SRA will be higher in the post- compared to pre-intervention cohorts.
3. Higher rates of positive responses with feedback-guided improvements.

Conclusion: We propose the project has several potential areas for impact regardless of the specific outcome, including a foundation for improvement of SRA in CoM and improve the limited existing literature using OSCE scores as a sur

Impact of individual factors on situational judgement tests: Implications for admissions to postgraduate medical education

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Purpose: Selections in postgraduate medical education (PGME) admissions involve the assessment of both cognitive and non-cognitive attributes (CAs, NCAs). One form of assessment for NCAs is an online situational judgement test (SJT) called the computerized assessment of personal attributes (Casper). The purpose of this study was to evaluate the impact of various individual variables on the Casper scores of current residents.

Methods: Age, gender, stream (Canadian Medical Graduate (CMG) vs. International Medical Graduate (IMG)), gap in training, and undergraduate medical education (UGME) school location were used to explore the impact on Casper z scores. A multivariable linear regression was conducted for 456 residents.

Results: Linear regression analysis identified that IMG residents (0.71±0.08) exhibited a significantly greater impact on Casper scores when compared to the CMG residents (-0.11±0.05). On average, IMG residents earned Casper scores that were 0.63 times higher ($p<0.05$) than CMG residents. Additionally, residents in the older age group (>35 years, -0.48±0.19) had a 0.69 times lower ($p<0.05$) impact on Casper scores when compared to their younger counterparts (20-25 years, 0.22±0.11). However, no significant evidence was observed between the Casper scores and gender, years of gap, or UGME school location.

Conclusion: Results showed age group and stream type serve as significant predictors of global Casper z scores in the PGME intake process. IMGs also showed higher Casper results when compared to CMG residents. Equality in results across gender, gaps in training, and UGME location were also observed. These results promote the generalizability of SJTs to support equity, diversity, and inclusion in the PGME selection process.

ePoster Presentations

Global Training Program in Orthopedic Surgery

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Purpose: Educators have suggested that providing advanced training to surgeons from low- and middle-income countries (LMICs) strengthens the quality of surgical care in these nations. With this intention, a post-graduate training program for orthopedic surgeons from LMICs has been created by the Division of Orthopedic Surgery at the University of Saskatchewan. The aim of this study is to evaluate this training program in its inaugural year, including the impact of the training on surgeons' practices when they return home.

Methods/ Approach: To understand the impact of the teaching and environment on their surgical skills, LMIC surgical trainees' will maintain a surgical case log, as well as participate in regular survey questionnaires and interviews. Follow-up surveys after the surgeons have returned home will evaluate training adaptation. Successful integration of the program will be evaluated by interviews with local orthopedic surgeons and residents at the conclusion of the one-year program,

Impact/ Results: This program is currently hosting one trainee from Haiti. Through case load repetition, teaching, and mentoring, this training program seeks to instill confidence in the management of common orthopedic presentations. Ultimately, the goal is to build surgical capacity and expertise in LMIC's through a sustainable educational partnership. Evaluation of the program's impact for the trainees, as well as the host institution's staff and residents is essential for adaptation and relevance of the program. As this program is newly founded, no results are currently available.

Conclusions: This is the first program of its kind in Canada, and seeks to successfully demonstrate support of LMIC surg

Differences in POCUS techniques between novice and expert users: study protocol

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Purpose: Point of care ultrasound (POCUS) is a diagnostic modality which can decrease time to diagnosis and disposition in the emergency room, ultimately improving patient care and in-hospital mortality rates. However, training methods on POCUS techniques vary substantially, leading to ambiguity in the expertise of users.

Methods: The pilot project will include a convenience sample of 10 each novice and expert POCUS users to be recruited through the Emergency Medicine Department in Regina. The Interactive, Media, Poetics, Aesthetics, Cognition & Technology (IMPACT) lab at the University of Regina will record and analyze gaze patterns of participants while they complete the POCUS assessments. After each participant has been individually calibrated to the eye tracker, participants will view 15 separate lung POCUS clips for the presence of pneumothorax. Eye movements will be collected and the following data will be measured: total gaze time at the area of interest (AOI), time to fixation on the AOI, and bee swarm visualization of all movements during each POCUS clip.

Results: Using two independent sample t-test analyses, we will compare total gaze time at the AOI and time to fixation on the AOI to determine if there are differences on either of the measures between the expert and novice groups. The results will help fine-tune the training paradigm for future clinicians. We will also develop more projects to provide a pragmatic approach to understand how much training is required to become an expert and compare traditional training to our newly developed teaching protocol.

Conclusion: The pilot project will provide crucial data to improve teaching modalities for POCUS, thus improving medical imaging delivery to patients in the emergency room.

Assessing perceived effectiveness and critical success factors in Physician leadership: Perspectives from Physician leaders across Canada

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Purpose: Medical leadership is crucial for improving the quality of care and the sustainability of healthcare. This study assesses perceived leader effectiveness and identifies the critical success factors (CSFs) in Physician Leadership (PL).

Methods: 151 physician leaders from across Canada completed an online survey. Participants were asked to rate their perceived level of effectiveness as a leader ("0 - Not effective at all" to "100 - Extremely effective"). A series of one-way ANOVAs were conducted to identify individual (i.e., age group, gender, and years of experience) and organizational factors (i.e., number of leadership positions, level of leadership responsibility) impacting leadership effectiveness scores. Open-ended responses for "What do you do consistently to become/stay effective as a leader?" and "What task/job were you trying to accomplish, and what factors contribute to leadership success?" were recorded. A thematic analysis of the physicians' responses was carried out.

Results: Most participants were aged between 45-64 (70%); 55% were male, and 32% had more than 20 years of leadership experience. The mean score of effectiveness was 72.75. Perceived effectiveness showed significant differences across age group, experience level, and gender. However, organizational factors showed no significant impact. Six CSFs were identified under three overarching domains responsible for PL: industry (clinical care importance and physician engagement), organizational (communication and resourcefulness), and individual (accountability and adaptive reflection).

Conclusion: The study underscores the interconnected nature of these CSFs; future studies can leverage these findings to develop targeted interventions for leadership development in healthcare settings.

If we build it, they will come? Exploring what drives participation in continued professional development (CPD) programs

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Purpose: Faculty Development (FD) and Continuing Medical Education (CME) are essential for maintaining clinical skills and professional growth, yet participation in these events is notably low, at the College of Medicine, University of Saskatchewan. We sought to explore factors that drive physicians to engage in CPD programs and examines ways to amplify these motivators to boost ongoing faculty engagement.

Methods: Employing a collaborative inquiry framework, we conducted virtual focus group discussions with physicians across Saskatchewan. The discussions sought to unravel motivations for attending university organized CPD programs and to propose facilitators for participation. Transcripts were analyzed for contents and themes.

Results: 16 physicians from both rural and urban areas participated in this study. Of these, 56% were female, 81% practiced in urban areas, and 88% had attended university organized CPD programs. Six primary themes elucidating why faculty members are motivated to engage in CPD programs included: the sense of community, the content and caliber of presenters, a desire to stay clinically competent and up-to-date, a sense of duty, personal benefits like vacation time, and the volume to CME credit ratio as well as the variety of learning formats. Recommendations for further enhancing CPD participation from these discussions included, fostering a sense of community, and making CPD a standalone, tailored experience, distinct from non-accredited events.

Conclusion: Our research affirms the need for strategic initiatives that leverage on participation influences and suggests that enhancing CPD programs with community-building approaches could substantially increase faculty engagement, thereby enriching their professional practice and development.

A Province-Wide Post COVID-19 Condition Educational Needs Assessment & Program Evaluation: Next steps

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Purpose: Over 30,000 patients in Saskatchewan who experienced longer-term symptoms after SARS-CoV-2 infection are living with Post COVID-19 Condition (PCC). Caring for these patients is limited by factors affecting the ability of Health care providers (HCPs), patients, and families to keep pace with information including emerging guidelines for identification and management of PCC. In response, a team of Saskatchewan clinicians, public and CME professionals are working to develop education activities that may assist improving care. A new opportunity has emerged to support the development and dissemination of knowledge mobilization (KM) activities, as one of several knowledge mobilization CAN-PCC projects funded by the Public Health Agency of Canada (PHAC).

Methods: To address the knowledge gap, the following steps have been taken: (1) A learning Needs Assessment completed between 2022-23; (2) development of educational activities in 2023; (3) focus groups (in progress) to update the learning needs; and (4) knowledge mobilization activities (in progress) to disseminate information including new CAN-PCC Canadian Guidelines for Post COVID-19 Condition. The design for focus groups and KM activities and evaluation using the RE-AIM framework will be described.

Results: The different KM educational activities will assist addressing the knowledge gaps identified to date, including insufficient access to educational resources for overall management of PCC. Additionally, the dissemination of the CAN-PCC guidelines will further support the basic understanding of this condition.

Conclusions: Continuing education and knowledge mobilization activities are required to address educational gaps and disseminate information necessary to improve care in patients suffering from PCC.

Mentorship for well-being in medical education and healthcare

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Purpose: To provide an overview of the current state of mentorship and associated institutional initiatives, along with a summary of ongoing research on mentorship and its link to well-being at our institution.

Methods: The strategic approach to mentorship within our institution, along with systems and individual-level initiatives, were explored via formal discussions with the Associate Dean postgraduate medical education (PGME) and the PGME wellness coordinators. This information was supplemented with an environment scan within the PGME office. Research and evaluation initiatives from 2015-2024 were reviewed to explore the current state of well-being within the post-grad setting, as well as to examine the impact of individual and systems level mentoring initiatives on well-being.

Results: Systemic mentorship initiatives with program directors, administrative staff, the PGME office, clinical educators, and learners are prevalent and successful within the institution. Research identified targeted support for financial, occupational, and emotional wellness for learners. As well, results demonstrated that below average and often even average mentorship experiences were associated with negative impacts on well-being.

Conclusion: Mentorship within medical education and healthcare is a vital component of our commitment to fostering a supportive and collaborative environment. Recognizing the multifaceted nature of well-being, we have adopted a proactive and holistic approach, striving to foster a culture that nurtures a healthy mind, healthy body, and a healthy life for our stakeholders. A flourishing culture of academic medicine relies on the meaningful personal and professional growth of every stakeholder, including learners, staff, and administrators.