



# Social Accountability Annual Report

Prepared August 2017 by the CoM Division of Social Accountability



## College of Medicine miyo-maskihkíy

We are leaders in improving the health and well-being of the people of Saskatchewan and the world. **(Vision)**

As a socially accountable organization, we improve health through innovation and interdisciplinary research and education, leadership, community engagement, and the development of culturally competent, skilled clinicians and scientists. Collaborative and mutually beneficial partnerships with Indigenous peoples and communities are central to our mission. **(Mission)**



## Social Accountability is,

“the obligation [of medical schools] to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public.”

- World Health Organization, 1995

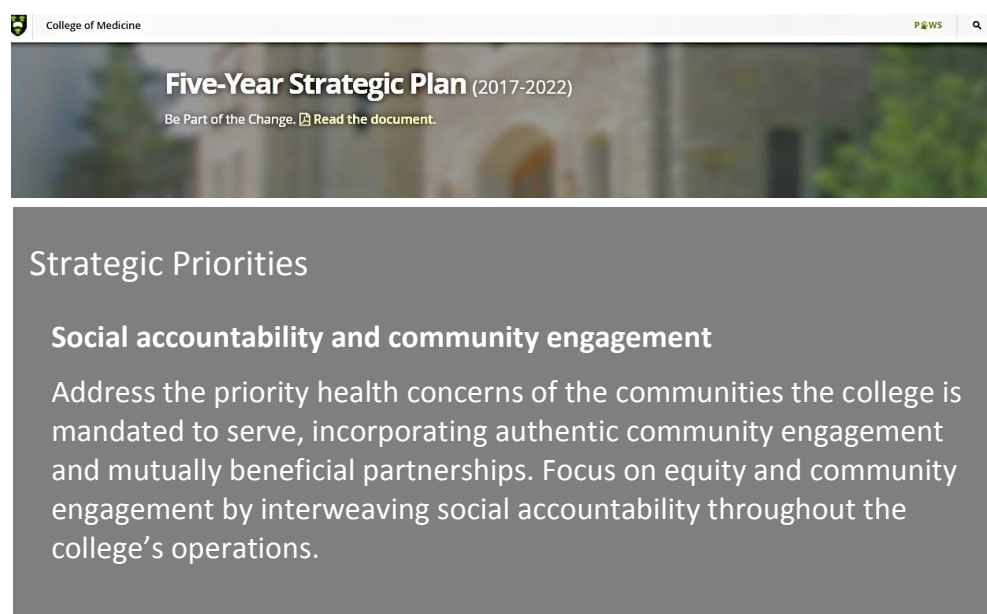
## Social Accountability as the Foundation of the College of Medicine

At the University of Saskatchewan (U of S) College of Medicine (CoM) the values and philosophy that we uphold as part of our social accountability mission include an emphasis on health equity, Indigenous health, rural and remote health, and global health, among others. For us, social accountability is about meeting the unique needs of marginalized and underserved communities, both locally and globally. Social accountability is built into the very vision and mission statements of the College of Medicine and is one of seven strategic priorities.

Our social accountability activities closely follow the *Future of Medical Education in Canada (FMEC) MD and PG Guidelines*, which see the particular role of medical schools in social accountability as the institutions that train and support health professionals in developing the skills required to serve the various and changing needs of diverse and vulnerable communities to ensure high quality health care is available for all Canadians. Contemporary pressing issues that Canada's medical schools are facing in addressing these needs include developing models of distributed medical education, addressing the health needs of Canadians living in rural and remote communities, encouraging more Indigenous students to enter medicine, enhancing public health skills for future physicians, to name but a few. Central to this is the provision of a comprehensive education for physicians that will enable them to respond directly to the ever-changing health care needs of the communities they serve.

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The philosophy of social accountability is interwoven, not only in the “social accountability and community engagement” CoM strategic priority, but is inherent to and supported by other strategic priority areas including: Indigenous health, education, distributed medical education.

## Social Accountability Structures at the College of Medicine

### *Division of Social Accountability*

Formalized in 2011, the College of Medicine’s **Division of Social Accountability** promotes and supports the college’s mission to direct its education, clinical activity, research and advocacy activities towards the priority health concerns of local, regional, national and international communities. The Division of Social Accountability is made up of an Acting Director, three specialist/professionals, and an administrative support person, and works closely with various units and departments in the college to advance the social accountability directive of the CoM. The Division administratively supports a number of committees, including the Social Accountability Committee, the Global Health Committee, the Indigenous Health Committee, and provides programmatic oversight to the college’s social accountability track through medicine, the *Making the Links – Certificate in Global Health* program.

### *Social Accountability Committee*

Founded in 2004, the CoM’s **Social Accountability Committee** is a standing committee of Faculty Council and includes representatives from senior leadership, faculty, students, and other university and community partners. The committee works to advocate and promote social accountability within the CoM, and supports and encourages student and faculty in understanding and applying social accountability in their education, research and service undertakings.

### *Indigenous Health Committee*

With regular meetings dating back to 2003 (then called the Aboriginal Initiative Steering Committee), the **Indigenous Health Committee** plays a central role in Indigenous health and healing in the CoM by working with Saskatchewan individuals, families, communities and institutions. The committee is an interprofessional committee, comprised of members from various health science colleges, including faculty, students and staff, Elders, and other university and community partners. The committee meets approximately six times a year and its mission is guided by the Teachings of the Seven Grandfathers. Current committee membership includes faculty from CH&E, Pharmacy and Nutrition, Family Medicine, Nursing, Physical Therapy, and Indigenous Studies.

## Global Health Committee

The inter-professional **Global Health Committee** of the CoM has been meeting since 2003 to support and expand global health education, learning and research opportunities and strengthen local-global/community-university partnerships. The committee is guided by a social transformation model, wherein global health serves to address inequities within and between countries through “a reciprocal process, where communities and institutions locally and internationally seek to share insights and knowledge and to learn from the experience, cultures, and research of each other”. The committee is comprised of student, faculty, staff and community partner members and meets quarterly. Much of the work is carried out through various subcommittees, including the Global Health Travel Awards subcommittee and the Immigrant/Refugee Health subcommittee. Current committee membership includes faculty from Family Medicine, Microbiology, CH&E and Medical Imaging, as well as representation from the Saskatoon Health Region, ISAAC and CoM alumni.

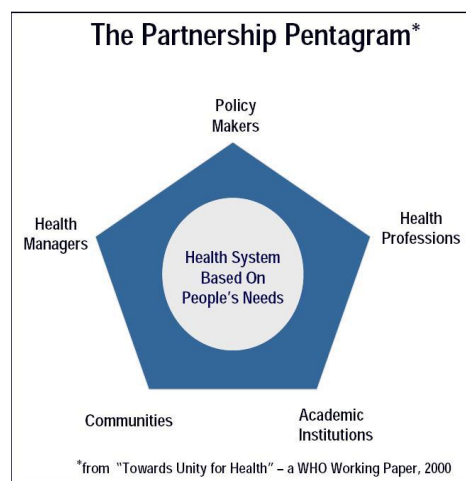
## How Do We Work?

### Partnerships for Social Accountability

Central to the social accountability activities of the CoM is **community engagement and partnership**. In order to be responsive to the issues our communities face, we as a college of medicine, as current and future clinicians, researchers, health educators and administrators, recognize that we are but one part of the complex condition that is health. We cannot achieve health equity alone. Working together in partnership with local and global individuals, communities and organizations is a key aspect of our social accountability philosophy and numerous examples of engagement and partnership are embedded throughout this annual report. Much of the work we do would not be successful without the collaborative efforts of our partners.

### Social Accountability in CARE

The CoM translates social accountability into four key areas of activity: Clinical activity, Advocacy, Research, and Education and training – **The CARE Model**. The *clinical activity* of our students, faculty and graduates addresses priority issues and responds to changing community needs. Our students, faculty and graduates speak out and act in collaboration with stakeholders on communities on behalf of underserved populations and advocate for greater health equity (*advocacy*). The *research* we conduct is inspired by the health needs of our communities and is often conducted in collaborative partnership. The content and context of our learning environment and the training we offer works to ensure our graduates are adequately prepared to respond to the needs of the population of Saskatchewan (*education and training*). A highlight of key social accountability activities in each of the four areas of CARE is presented in this report.



## The CARE model of social accountability

Clinical activity

Advocacy

Research

Education and training

Meili, R., Ganem-Cuenca, A., Leung, J.W. & Zaleschuk, D. (2011). *The CARE model of social accountability: Promoting cultural change*. Academic Medicine, 86(9): 1114-1119.

## Social Accountability in Education and Training

### *Outreach, Recruitment and Admissions*

In order to achieve the desired diversity in our physician workforce, faculties of medicine must recruit, select, and support a representative mix of medical students. Evidence is mounting that today's medical students increasingly hail from the highest income-earning families in Canada. Parallel to this, little progress has been made in attracting applicants from First Nations, Inuit, and Métis communities and rural areas. Other sociocultural and economic groups are also underrepresented. The CoM's **Commitment to Indigenous Enrollment** is a dedication to increasing the number of Indigenous health practitioners in Canada through the development of programs to encourage and support students. The college's commitment to a diverse health practitioner workforce is evidenced by its *diversity categories* (e.g., Indigenous people, low SES), which guide recruitment and support activities for medical and physiotherapy students and various other pre-admissions/admissions policies and initiatives, outlined below.

The CoM participates in and offers Indigenous high schools students health careers exploration opportunities through [Medicine and Health Career Exploration](#) opportunities and events. Opportunities include Indigenous Spend a Day, the Northern Lights Health Career Symposium and other local events. These opportunities provide hands-on, interactive learning opportunities from various health professions and opportunity for prospective students to hear stories of inspiration from Indigenous medical role models.

The [Indigenous Student Mentorship Program](#) allows pre-med students to spend a half or full day with a physician while meeting medical students, doctors and other health care workers. Additionally, the CoM Aboriginal Coordinator supports a number of outreach programs to encourage enrollment and successful admission of Indigenous students into the CoM.

The [Pre-Health Science Student Group](#) allows Indigenous students desiring a career in health sciences the opportunity to learn more about health science colleges and programs, including information on scholarship, bursaries and health science role models.

#### Pre-Med Awards for Indigenous Students

[These awards](#) are open to students of Indigenous ancestry who are continuing students (beyond first year of a program) registered in a minimum of 24 credit units (September-April) working towards a Baccalaureate degree in a bona fide four-year baccalaureate degree program at an accredited Saskatchewan post-secondary institution, as determined by the College of Medicine Admissions Office and the Awards Committee.

#### Indigenous Admissions Program

To increase the number of Indigenous physicians, [ten percent \(10%\) of first-year spaces](#) in medicine are reserved for persons of Canadian Indigenous descent (First Nations, Métis, and Inuit students), with a preference for applicants meeting the Saskatchewan residency requirement and a maximum of five seats open to Out-of-Province applicants of Indigenous descent. All applicants of Indigenous ancestry are first considered within the Saskatchewan pool, and if not competitive, then within the [Indigenous Admissions Program](#). Over the past five years the CoM has maintained the amount of allotted seats for Indigenous first-year medical students.

#### Diversity and Social Accountability Admissions Program (DSAAP)

In recognition of and response to mounting evidence that today's medical students come from the highest income-earning households in Canada, the CoM Admissions Committee has designed and begun the implementation process for the [DSAAP program](#), which will be fully in effect for the 2018 medical student intake. Through the DSAAP program, six of the CoM's first-year spaces will be reserved for low-SES applicants who qualify for the program through the voluntary DSAAP supplemental admissions questionnaire.

### OUTCOMES

#### → Pre-Med Awards for Indigenous Students

proves to be a successful pathway into medicine.

**22** Indigenous students have been accepted into the program to date.

→ **16** positions were offered to applicants through the *Indigenous Admissions Program* in 2016 (8 accepted) and **18** were offered in 2017 (12 accepted).



## Welcome Reception and Orientation for Indigenous Students

The Admissions team and the CoM Aboriginal Coordinator provide a welcome reception to all Indigenous applicants the weekend of the MMI interviews. The special gathering includes role models, Elders' teachings and an overview of all the U of S and the CoM has to offer Indigenous applicants. A half-day orientation is also held for incoming Indigenous applicants and includes an Elder, role model physician, upper-year students, refreshments and networking. Each student also receives the *CoM Support Toolkit for First Nations, Inuit & Métis Students into Medicine* handbook. The Admissions Director and Coordinator and the Aboriginal Coordinator hold a mandatory meeting with each first year Indigenous medical student at the beginning of the year, with ongoing meetings with the Aboriginal Coordinator at least four times per year. The intent is to provide a welcoming and supportive atmosphere and opportunities for tutoring and access to other cultural and personal/professional supports, with the goal of ensuring success of Indigenous students throughout the undergraduate program.



### OUTCOMES

#### *Indigenous and Rural Student Enrollment*

- From 2012-2016, an average of **13** first year positions, of 100 total first year positions available, were offered to Indigenous students (8 accepted on average).
- Currently **9.8%** of enrolled students identified as Indigenous (i.e., As defined by the Human Rights Commission of Saskatchewan, Indigenous people are those who identify themselves as First Nations, Métis or Inuit).
- Of our in-province applicants, an average of **20%** of accepted applicants between 2012-2016 were from rural locations.



### IMPACT

#### *Indigenous Graduates*

- There have been **83** graduates of Indigenous ancestry from the College of Medicine to date, and the future is promising with **31** Indigenous students currently enrolled in the program and expected to graduate in the next four years.
- A large cohort of **10** Indigenous students graduated in 2016 and **11** graduated in 2017.

*Students who graduated from the program continue to serve as role models for future practitioners.*

[Dr. Lucy Nickel, a member of Star Blanket First Nations](#), was one of the first students to graduate from the CoM as part of the Indigenous Admissions Program. *"There are a lot of young kids in my practice who realize that yeah, they can be a doctor – they just have to work hard. Which is good because then they're more likely to work with First Nations people, and they become role models themselves."* When asked why she decided to continue practice in Saskatchewan – *"It's home, and I know that I can make a difference here."*

*Indigenous students often have the invaluable lived experience of growing up on reserve and seeing inequities play out first-hand.*

[Second year medical student Annette Pegg](#) received the *Indigenous Student Achievement Award* as part of U of S Indigenous Achievement Week in 2017 for the leadership she has shown. From Kawacatoose First Nation, she is the first in her family to attend university and has developed a passion for volunteering and giving back to her community. *"As an Aboriginal person, I have experienced living on a reserve, growing up in poverty and being discriminated against based on my race. These experiences allow me to better connect and empathize with Aboriginal patients. Today, the Aboriginal community faces many issues with access to quality and culturally-sensitive care. Being a physician will allow me to be an educator, a role model and a healer. Working in a rural setting is an exciting opportunity if you are the type of person who likes to learn about many different specialties instead of just focusing on one."*

## Undergraduate Medical Education

The College of Medicine undergraduate medical educational program is rooted in an integrated educational philosophy, which states, “[o]ur curriculum starts with and is rooted in patients, their families and communities, and populations, teaching the health issues and conditions of the people our graduates will eventually serve.” Promoting a healthy Canadian population involves more than treating illnesses when they occur; it also includes promoting healthy lifestyles, addressing the social determinants of health, and preventing illness before it happens.

The CoM has a multitude of activities and programs in place to ensure our graduates are adequately prepared to meet the needs of diverse populations locally and globally through undergraduate education, post graduate education, and continuing medical education. Students at the CoM have various opportunities to learn in low-resource and marginalized communities, as well as international settings through our distributed medical education model and global health programs. Emphasis on Indigenous health issues, prevention and public health, determinants of health, primary care and interdisciplinary care is a focus of our programs. Social accountability in our undergraduate education program is outlined below.

### Redesigned 2+2 Curriculum

Following three years of preparation, a redesigned “2+2” curriculum was introduced for undergraduate medical education students in the 2014-2015 academic year. The new 2+2 Curriculum aims to address a number of recommendations in the *FMEC MD Guidelines*:

Promoting prevention and public health occurs through multiple learning opportunities within the Medicine and Society course which runs in stages during the two pre-clinical years of training. The Medicine and Society series curriculum also includes social determinants of health, Indigenous health and healing, cultural safety and competency, and health equity and ethics, among other concepts.

Advancing inter- and intra-professional practice has occurred through several inter-professional education (IPE) advances in recent years. The *Canadian IPE Core Competency* document guides our priorities in curriculum development and informs 2+2 curriculum development, programming and evaluation. There is now time scheduled within the undergraduate curriculum designated for IPE. Interprofessional Problem Based Learning (iPBL) modules were also developed and in the 2016-17 academic year iPBL modules were offered in the following social accountability related topics: One Health Perspective; First Nation Culture, Health & Healing; Palliative Care; Student Stress and Resilience; HIV/AIDS. Lastly, an inter-professional collaboration module is a longitudinal module that runs throughout year 3 with the aim of enhancing inter-professional communication skills, role division, team functioning, collaborative leadership and conflict resolution.

### Social Accountability Vertical Themes: Indigenous Health and Global Health in the Curriculum

A number of vertical themes guide undergraduate programming in the 2+2 curriculum, including social accountability. [Indigenous health and global health are two themes under the social accountability vertical theme](#) and are integrated across the years throughout the curriculum. The college distinguishes its degree and certificate programs by their breadth and inclusion of Indigenous knowledge in the curriculum and by providing opportunities to understand and celebrate Indigenous language and culture.

Indigenous health is embedded in the undergraduate curriculum through a variety of learning opportunities, including guest lectures from elders and leading experts, case studies, inter-professional problem-based learning modules, community service learning projects, communications training, etc. (see Table 1). As key partners, the Indigenous Health Committee guides Indigenous health opportunities in the MD curriculum. Northern Medical Services (NMS) is also involved in undergraduate training, playing an integral part in curriculum planning and distributed medical education.

Global health concepts and topics are found in both pre-clerkship and clerkship (see Table 1). The CoM also offers many elective global health learning opportunities, including the *Making the Links – Certificate in Global Health*. The Global Health Committee also guides numerous global health learning events throughout the year, including a global health conference, speaker series, and the global health travel awards program, among others.

### Types and Locations of Undergraduate Learning – Clerkship Year 3 & 4

During year 3 and 4 of the undergraduate program at the CoM – called “clerkship” - eight core rotations occur at the college’s three campuses (Saskatoon, Regina and Prince Albert) and include a mandatory minimum of four weeks of clinical training in a rural community. Rural rotations are held at geographically-distributed sites throughout the province. Core rotations include the

**Table 1: Indigenous Health and Global Health 2017 Curriculum Inventory**

	Indigenous Health	Global Health
<b>YEAR 1</b>	<p><i>Medicine &amp; Society</i></p> <ul style="list-style-type: none"> <li>Indigenous People History, Intergenerational Trauma, Cultural Safety/Competency</li> <li>NIHB and Indigenous Health Issues</li> <li>Health Care in Canada – Jordan’s Principle</li> </ul> <p><i>Clinical Integration:</i> iPBL First Nations Culture, Health and Healing</p>	<p><i>Foundations of Clinical Medicine:</i> Tuberculosis</p> <p><i>Medicine &amp; Society</i></p> <ul style="list-style-type: none"> <li>Health Equity and Social Determinants of Health; LGBT History and Stigma; Suicidality – Risk and Protective Factors; Addictions; Mental Health</li> </ul> <p><i>CHEP 402 Global Health I - Local Communities Issues and Approaches (MTL*) :</i> Health Promotion/Social Determinants of Health; Inequality, Power, Oppression and Agency; Gender, Feminism, and Intersections of Inequalities; Global Health Ethics; Respect and Cultural Safety; The Métis; Indigenous Health Theories and Models; Key Issues in Indigenous Health</p> <p><i>CHEP 410 Inner City Practicum (MTL) – experiential learning at SWITCH (West Side) or SEARCH (Regina), ongoing into Year 2</i></p> <p><i>CHEP 411 Indigenous Community Practicum Saskatchewan (MTL) – six week experiential learning in one of four Indigenous communities</i></p>
<b>YEAR 2</b>	<p><i>Foundations of Clinical Medicine:</i> Reproductive Health – Indigenous Health</p>	<p><i>Medicine &amp; Society:</i> International perspectives on health care systems</p> <p><i>CHEP 403 Global Health II (MTL):</i> Social Determinants; Health Professionals Working with Indigenous Peoples; Global Health Politics, Policy and Collaboration; Child and Maternal Health; Chronic Diseases; Nutrition and Food Security; Indigenous Approaches to Health and Wellness; Immigrant and Refugee Health; Violence, Conflict, Peace and Health; Infectious Diseases; Environmental Context of Health</p> <p><i>CHEP 415 International Practicum (MTL) – six week experiential learning in one of four International partner sites</i></p>
<b>YEAR 3/4 CLERKSHIP</b>	<p><i>Selected Topics:</i> Family Medicine - Indigenous Health</p> <p><i>Family Medicine Core Rotation:</i> Rural / Urban family medicine</p> <p><i>Electives Rotation:</i> Indigenous Health – All Nations Healing Hospital; Whitecap Health Centre; Whitecap Dakota First Nation</p>	<p><i>Selected Topics:</i> Family Medicine- Immigrant/Refugee Health, Immunizations, Integrative Medicine, Tropic Infections</p> <p><i>Selected Topics:</i> Internal Medicine - HIV/AIDS</p> <p><i>Elective Rotation:</i> Internal Medicine, Infectious Diseases</p> <p><i>Elective Rotation:</i> Community Health &amp; Epidemiology – health economics, the Canadian Health System, Medical Ethics</p> <p><i>Elective Rotation:</i> Internal Medicine - Geriatrics</p> <p><i>Elective Rotation:</i> Pediatrics - Social and Community Pediatrics</p>

\* Making the Links (MTL) is an elective undergraduate opportunity in global health, and also includes Indigenous health learning objectives, content and experiences

specialties of Family Medicine, Internal Medicine, Obstetrics/Gynecology, General Surgery and Pediatrics. Elective rotations also occur in clerkship. Elective rotations may occur in other Canadian provinces and internationally (The U of S International Student and Study Abroad Centre (ISSAC) and the Division of Social Accountability provide preparation and support for students participating in international electives). Indigenous Health electives are also available at All Nations Healing Hospital in Fort Qu’Appelle and the Dakota Whitecap First Nation.

### Social Accountability in School of Physical Therapy Curriculum

Two priorities related to social accountability in the CoM School of Physical Therapy (PT) 2017-2020 Strategic plan are:

*Enhance Indigenous Initiatives* - Working closely with the College, other health professional programs, University and members of our Indigenous communities we are committed to advancing initiatives that will strengthen education and research related to Indigenous content and approaches in our school.

*Interprofessional Education and Research* - To advance interprofessional collaborative practice and patient centred care, we continue our commitment to working with health professional colleagues to further develop the Interprofessional (IPE) curriculum and strengthen interdisciplinary research.

The PT curriculum includes health promotion, modules and professional practice learning opportunities around Indigenous health, inter-professional problem based learning, social determinants of health and a community health workshop in the core communities in



## Social Accountability Elective Learning Opportunities

### CoM Certificate in Global Health - Making the Links Program

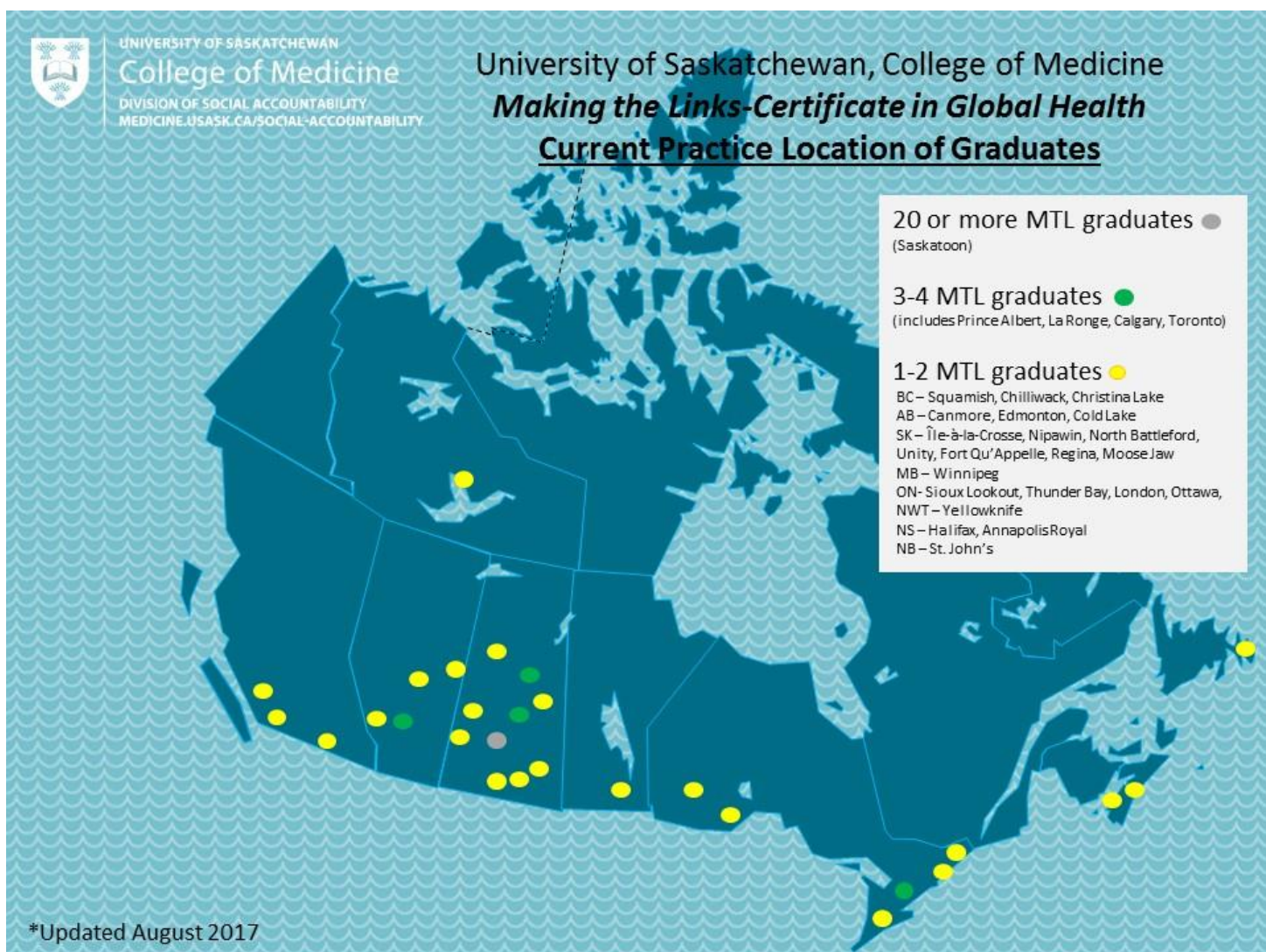
[Making the Links – Certificate in Global Health](#) (MTL-CGH) is an optional, 2-year elective program for all medical students (15 seats available per year) that was founded in 2004 at the CoM. Overall course aims include understanding and acting on key issues affecting the health of disadvantaged peoples locally and globally, including Indigenous peoples. Learning objectives of the certificate program centre around challenges of promoting and providing health care in low resource settings, socio-political-economic factors that impact health and wellness, areas for action on the social determinants, power relations and systems of exploitation, public health, global health ethics, and cultural conceptions of illness and Indigenous health perspectives, among others.

**To date 102 students have completed the MTL-CGH program.**

## OUTCOMES

### MTL Graduate Disciplines, Practice Locations, Knowledge Gained and Motivations

- A 2015 program evaluation revealed that **MTL graduates are more likely to choose Family Medicine** over other specialities and **rural medicine** vs. urban
- Further, participation in the program correlated with higher LMCC scores, which suggests a **positive effect of participation on academic performance.**
- Qualitative analysis revealed MTL **increased students' knowledge of the social determinants** of health and their **desire to work in underserved**



## IMPACT

**Many students of the MTL-CGH program continue to demonstrate leadership in global health and health equity throughout their medical careers.**

MTL graduate, Dylan Ginter, was nominated for Canadian Medical Hall of Fame for exemplifying leadership in his work in global health. He was part of a student project to create a pamphlet targeted towards newcomers in Saskatchewan, including refugees, recent immigrants, and asylum seekers, as a way newcomers can get better connected to our health care system.

49% of MTL graduates are practicing in a rural community

61% of MTL graduates have remained in Saskatchewan



59% of MTL graduates went into Family Medicine

## CoM Health Training in French Program

The CoM *Health Training in French (HTiF)* program aims to enhance the skills of students and residents who are francophones or francophiles to improve the quality of health services offered to the francophone population of Saskatchewan. The program supports learning experiences in French (e.g., orientation, mentorship, public lectures, workshops, mock-OSCE, rotations, electives, etc.) throughout students' medical training, and works collaboratively with the *Réseau Santé en Français de la Saskatchewan (RSFS)* and the *Institut Français*.

**Between 2015-2016, approx. 13 francophone students were regularly engaged in program offerings, with 52 signed up to the network. Four students completed a French elective through the program with several more first and second year students expressing interest. At least three medical students are participating in**



## Saskatchewan Medical Association (SMA) – Rural and Regional Clinical Skills Program

The SMA *Rural and Regional Clinical Skills Program* provides the opportunity for U of S CoM medical students and family medicine residents to work alongside a rural or regional physician that provides both in-patient and emergency coverage for a weekend on-call period. In this way, medical learners will enhance their clinical skills and be introduced to the many positive aspects of rural medicine. Learners are expected to provide a brief report of their experience, including an assessment of their perception of the opportunities and barriers found in rural practice, and suggestions for overcoming these barriers and improving the acceptability of rural practice.

## SMA Roadmap Program

The Saskatchewan Medical Association *Roadmap Program* takes students on tours (by bus or plane) to explore all Saskatchewan has to offer. While on tour, students are exposed to a variety of practice options; they get a snapshot of life in each community they visit. By introducing students to the health needs and opportunities in rural communities, the program serves as a recruitment strategy.

**Approximately 45 students participate in each one-day tour offered through the program. In 2016 students traveled to Tisdale, Meadow Lake, North Battleford/Blue Mountain and Swift Current. In 2017 trips to La Loche, Estevan and Nipawin were also held.**

***"You get to see communities you otherwise wouldn't be in, [and] see what facilities they have. A lot of them have brand new hospitals, great amenities and resources, and really welcoming people. That's not what I would have thought rural medicine was like, so the [roadmap] program is great."* - CoM student who attended the Roadmap Program in 2017**

### ***The Physician Recruitment Agency of Saskatchewan's Rural Externship Program (PREP)***

[PREP](#), available to first and second year medical students, was established in 2011 to provide medical students with invaluable experience working in rural and remote communities around the province of Saskatchewan. Participants are given the unique opportunity to be immersed in the comprehensive nature of rural medicine while serving underserved communities, gaining valuable expertise and experiencing what rural Saskatchewan has to offer. The program is jointly managed by SaskDocs, SK Regional Health Authorities, the Saskatchewan Medical Association (SMA) and Northern Medical Services, a division of the Department of Academic Family Medicine, CoM. **Since its inception, an average of 35 students per year complete this program.**

[Medical student Candina wrote of her PREP experience in Melfort](#) in the summer of 2016, "I'm having my PREP experience in Melfort, and after one and a half weeks, I can already tell that I am going to love it here. The doctors here in Melfort are all so kind, welcoming, and are great teachers. I've gotten to see patients, take their histories, perform physical exams, and give the occasional injection. Because I am in a family clinic, patients who come in are of all ages and all demographics. This is one of the reasons that I think family medicine is so great; you get such a wide variety of patients so there's an incredibly broad scope of practice."

## **Undergraduate Education Social Accountability Outcomes**

### ***CoM Graduates Choose Family Medicine***

- 2017 CaRMS data indicates that **36.4%** of Canadian Medical Graduates (CMGs) who graduated from the U of S CoM and who were matched in the first iteration ranked [family medicine as their first choice](#) (this compares to 34% of [all Canadian Medical Graduates](#) who ranked family medicine at their first choice and were matched in the first iteration).

### ***CoM MD Graduates are Matched to a U of S Residency Program***

- [CaRMS 2017 data](#) indicates that **55%** of matched Canadian medical graduates who graduated from the U of S CoM MD program were matched to a residency program in Saskatchewan.

### ***CoM Students Role Model Social Accountability***

- Studying at the [CoM] University of Saskatchewan was an obvious choice for [Kristen Edwards](#).  
*"I think you have a certain responsibility to give back what your community has given to you. I think you have a strong duty to the community that you were raised in, so I really wanted to stay here."*
- During his clerkship elective in family medicine in Prince Albert, student [Vincent Niccoli](#) developed a passion for serving patients in primary care settings. He received the *Award for Leadership* during Indigenous Achievement Week (March 2017) and hopes to practice as a family physician in rural Saskatchewan, serving a community and the surround First Nations.
- CoM student Emmett Harrison received the 2017 *Society of Rural Physicians Rural Student Leadership Award*, an annual award recognizing a student who demonstrates sustained interest in rural medicine. Recipients of this award have demonstrated their rural leadership through electives in rural or remote areas or disciplines particularly important to rural practice (e.g., Indigenous health), involvement with local or national rural or remote health groups, promotion of rural health initiatives, involvement in volunteer- or community-based projects in rural/remote areas, or published work relating to rural/remote issues.



## Undergraduate Education Social Accountability Outcomes

### *Social Accountability Competencies are Emphasized and Knowledge/Readiness is Demonstrated*

Data from the 2016 AFMC Graduate Questionnaire indicates that U of S CoM students strongly agree/agree that various social accountability-related competencies were emphasized in their medical education program. Further, data from the 2016 Medical Council of Canada Qualifying Examination (MCCQE) indicates that CoM graduates demonstrate medical knowledge and readiness in various areas related to social accountability (note: data from the MCCQE is for Canadian Medical Graduates only).

#### Diversity and Cultural Competency

- **90.3%** of U of S, CoM students strongly agreed/agreed that they were appropriately trained to care for individuals from diverse backgrounds (AFMC - GQ)
- **92.7%** strongly agreed/agreed that their clinical experience highlighted the need to understand and incorporate diversity and culture in patient care (AFMC - GQ)
- **79.3%** strongly agreed/agreed they feel prepared to provide culturally competent care (AFMC - GQ)
- **96%** of CMGs demonstrated medical knowledge and readiness in their ability to identify vulnerable individuals and populations (MCCQE)
- **96%** of CMGs demonstrated medical knowledge and readiness of culturally safe and respectful care of all patients including First Nations, Inuit and Métis (MCCQE)

#### Advocacy

- **90.2%** of students strongly agreed/agreed that they feel appropriately prepared to advocate for their future patients (AFMC - GQ)
- **82.9%** strongly agreed/agreed that they feel appropriately prepared to advocate for the communities of their future patients to better meet their health needs (AFMC - GQ)
- **97.5%** of graduates strongly agree/agree that a commitment to “advocate for access to health care for members of traditionally underserved populations” was emphasized in their medical program (AFMC - GQ)

#### Determinants of Health and Public Health

- **90.3%** strongly agreed/agreed that they feel prepared to integrate the social determinants of health into an appropriate management plan (AFMC - GQ)
- **96%** CMGs demonstrated medical knowledge and readiness in their ability to identify the determinants of health at the individual, family and community level (MCCQE)
- **96%** of CMGs demonstrated medical knowledge and readiness in their ability to describe evidence-informed principles of surveillance and screening for the normal health populations and for at-risk populations (MCCQE)
- **96%** of CMGs demonstrated medical knowledge and readiness in their ability to describe how health promotion and public health principles apply to clinical care (MCCQE)

#### Interprofessional Collaborative Care

- **100%** of graduates strongly agree/agree they felt confident they have the appropriate knowledge and skills to “communicate with other health professionals” (AFMC - GQ)

#### Ethics and Professionalism

- **93.9%** of graduates strongly agree/agree that compassionate treatment of patients was emphasized in their medical education program (AFMC - GQ)
- **89.1%** of graduates strongly agreed/agreed the medical program emphasized the principles that govern ethical decision-making (AFMC - GQ)
- **96%** of CMGs demonstrated medical knowledge and readiness in their ability to explain the best use of resources when making equitable patient-centered clinical and population healthcare decisions. (MCCQE)
- **96%** of CMGs demonstrated medical knowledge and readiness in their ability to explain the evolving contract between physicians, their organizations and society (MCCQE)

## Postgraduate Medical Education

At the postgraduate level, cultivating social accountability requires that programs provide learning and work experience in diverse environments and different types and contexts of practice, including and extending beyond Academic Health Science Centres, ideally exposing them to a range of service delivery models with a focus on improving the health and health care of underserved and disadvantaged populations and influencing their choice of future practice ([FMEC PG Collective Vision](#)). Medical schools should acknowledge that a sound health system must be founded on a solid Primary Health Care approach and priority attention should be given to fostering graduates committed to Primary Health Care. Implementing a competency-based curricula to better meet the diverse learning needs of residents and the evolving health care needs of Canadians is also an important strategy for demonstrating a commitment to social accountability at the postgraduate level (FMEC PG). Many of the U of S College of Medicine’s postgraduate activities align with these values and strategies.

**The CoM PGME strategic plan emphasizes social accountability as an overarching goal:**

1. Allocations: right mix and distribution of learners
2. Distributed medical education: experience in diverse learning/work environments
3. Diversity and inclusiveness: enhance diversity and inclusiveness in PGME settings
4. Meaningful contributions: to national and global educational organizations.

### Move to Competency by Design (CBD) in Postgraduate Education

The new Royal College ‘Competency by Design’ curriculum is being rolled out through CoM postgraduate programs. The rationale for Competency-Based Medical Education (CBME) is rooted in better patient care and social accountability – a curriculum that can be prepared around needs of the future practice environment. *“With so much of the training taking place in large academic centres, sometimes people feel ill-prepared to enter directly into practice in smaller towns,”* [comments Dr. Ken Harris, Royal College of Physicians and Surgeons of Canada, on the move to CBD](#). The move will help ensure the college is preparing graduates well and making more explicit the current needs of the population. The CoM Family Medicine Residency Program has already fully adopted and implemented a competency by design curriculum and is refining it further. A joint workshop on CBD was held in November 2016 with close to 100 U of S residents, faculty and staff attending. Anesthesiology will be the first CoM specialty program to formally adopt CBD in the summer of 2017. Internal Medicine and Surgical Foundations will follow shortly after.

### Distributed Postgraduate Medical Education

Postgraduate programs in the CoM offer opportunities for students to train in distributed medical education sites with community teachers throughout the province. Most postgraduate programs offer training in both the major centres (i.e., Saskatoon and Regina) and have required rotations in other affiliated learning sites throughout the province (see Table 2). In addition, many postgraduate programs offer electives in various rural and remote Saskatchewan communities.

**Table 2: CoM PGME Affiliated Training Sites**

Prince Albert	North Battleford	La Ronge
Regina	Moose Jaw	Swift Current



Our Dean of Medicine, Dr. Preston Smith, eloquently highlighted in one of his [blog posts](#) why distributed medical education is so important,

*“Despite the increased number of trainees and now over-supply in some specialties, there is a huge problem across Canada with mal-distribution of physicians across geography and across specialties. The three main factors in geographic choice of practice are: where you are from, where you train and the wishes/career of your life partner. As a medical school, we can impact the first two! There is clear evidence our trainees exposed to community and rural settings are more likely to choose primary care and generalist specialties and locate in rural and community settings. We must do distributed medical education because our role as a medical school is to train doctors for all of the people of Saskatchewan.”*

The retention rate of physicians trained in Saskatchewan who remain in Saskatchewan outlines our success to date in this area, as well as the need for continued growth and expansion of DME in the future (see Figure 1).

## IMPACT

### CoM Post-MD Graduate Retention in Saskatchewan

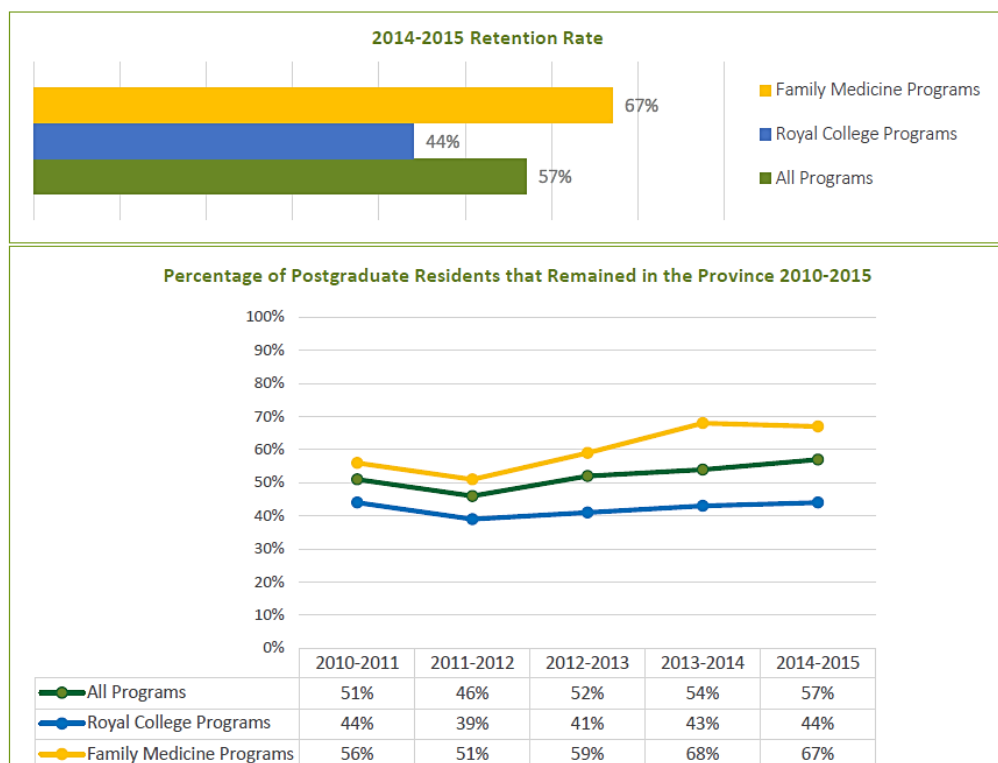
While emphasis on family medicine is important in upholding the social accountability mission of the college, the proportion of graduates who remain working in the communities and regions we serve as the only College of Medicine in Saskatchewan is equally important. Many CoM post-MD graduates continue to work in Saskatchewan and serve their communities.

Data from the 2015-2016 CoM PGME Annual report indicates the **retention rate of UofS residents across all programs is 57%, with a retention rate of 67% in the Family Medicine program.** The percentage of postgraduate residents that remained in the province has been increasing since 2011.

Data from the [2016-17 CAPER Provincial Reports](#) indicates that **25.4% of residents training in Saskatchewan were in Family Medicine.**

**Figure 1: PGME 2015-16 Annual Report – Retention in Saskatchewan of U of S Residents**

### RETENTION IN SASKATCHEWAN U OF S RESIDENTS



Overall the retention rate of family medicine graduates trained at the UofS has jumped over the past two years – from 50% to 75%. The College of Medicine has long been focused on helping to improve health care in the province, and has made rural health care a priority.

The growth rate in the number of physicians in the province has exceeded what was recommended in the government's A Planning Tool for Physician Resources in Saskatchewan report.

## IMPACT

### CoM Graduates Role Model Social Accountability in Practice

- [Dr. Crystal Litwin, a family physician](#) from rural SK (Wynyard) and CoM graduate, received the 2016 Physician of the Year Award and is praised by colleagues for her unwavering commitment to her rural roots. *“She showed significant foresight and determination in establishing the primary health-care model in Wynyard, which has been extended to the nearby Day Star First Nation”*. Dr. Litwin is a tireless advocate for rural medicine and contributes through her involvement with SMA, as an evaluator for the SIPPA program and as a mentor to many medical students and JRSIs. *“Dr. Litwin is an exceptional family physician who is passionate about rural practice and serving the people of this province.”*
- [Dr. Paul Dhillon, graduate of the Family Medicine Program in Regina](#), continues to serve the province of Saskatchewan, and beyond, through his work in rural and international communities. His current contract sees him generally spending six days a week working in small towns in the province providing locum coverage; however, he’s on a temporary leave to work in Sierra Leone at a Save the Kids UK-run Ebola treatment facility. Once his eight weeks in Africa are complete, Dhillon will be happy to be back on the road providing front-line care in Saskatchewan’s rural areas. *“The communities are really welcoming and really thankful that you’re there so there’s an incredible amount of job satisfaction. I’m always super-happy to go in to work.”*
- [For Dr. Sandi Funk](#) the decision of whether or not to stay in Saskatchewan after graduation *“...wasn’t really a tough decision”*. Funk has been practicing alongside professional colleagues in Meadow Lake since 2012 after completing her family medicine residency in Swift Current. She talks about wanting a practice *“where I have supportive colleagues close by with a balanced and realistic call schedule”* and wanting a place where I could *“...have a diverse practice and do more specialities like obstetrics and gynecology.”* For Funk, her choice was made easier by doing some homework early on. *“My advice to other residents and medical students: experience family medicine in a rural or remote setting as soon as you can. It is invaluable”*.
- *“It was the combination of the benefits of rural family medicine – which let me practice a type of medicine that utilizes all the skills you’ve been training for the past six years – and equally my interest in [Indigenous] health,”* explains [U of S CoM grad Dr. Joel Schindel](#) in describing why he chose rural family practice in Rosthern, SK.
- [Dr. Colin Gallins, who completed his medical residency through the U of S distributed medical education model](#), and now lives with his wife in Prince Albert comments, *“[t]hrough my residency here in [Prince Albert] I found out the more I stayed and practiced here, the more this was the right fit for me.”* The family medicine physician notes, *“[w]orking in P.A. has given quite the variety in terms of scope of practice and living close to all of the things we love to do. Those are just two great benefits of living and working in this province.”*
- PGY2 psychiatry resident, Dr. Sahlu, was selected for the 2016-18 American Psychiatric Association Diversity Leadership Fellowship, designed to develop leadership to improve the quality of mental health care for minority groups at risk and underrepresented in psychiatry. Residents of the program will become well-equipped leaders in psychiatry by providing culturally sensitive mental health services to diverse and underserved populations.
- [For Dr. Kevin Wasko, a single rotation late in medical school changed the course of his career.](#) *“I did a rotation in family medicine in Swift Current and it really swayed me – I saw the breadth and scope that physicians can practice in that kind of location.”* Having done his undergrad at Dalhousie and studied medicine in Calgary, Wasko moved back to Saskatchewan to complete residency because the family medicine program had newly been established in Swift Current. The SK native can now be found working in the community he grew up: Eastend SK. Now an Assistant Clinical Professor with the CoM, Wasko has either a family medicine resident or medical student from U of S travel with him to Eastend every week.

## Continuing Professional Development / Continuing Medical Education

An important strategic direction for the Division of Continuing Medical Education (CME) comes from the recognition of the wide geographical distribution of the population of Saskatchewan and the extreme weather conditions in both winter and summer. CME strives to become a leader in distance education in Saskatchewan, by physically bringing learning opportunities to distributed areas or by giving physicians electronic access to programs via Telehealth, webinars, etc. A number of continuing professional development opportunities connected to the CoM's social accountability mission were offered by CME in the last few years.

### *Role of the Practitioner in Indigenous Wellness Online Course*

Being offered since 2016, (w/ Continuing Physical Therapy) [The Role of the Practitioner in Indigenous Wellness Online Course](#) was designed from an Indigenous world view and is delivered through the voices and stories of Indigenous community members and scholars. Practitioners who complete the course gain the knowledge, skills and insights to implement an inter-professional approach to understanding and supporting the wellness of Indigenous patients, families and communities. **To date, 91 practitioners have completed the course. The course is being offered again this winter from October 2017 to January 2018.**

### *2017 Highlights in Medicine Alumni Reunion Conference – Social Accountability at Home and Abroad (June 21-23, 2017)*

This year's *Highlights in Medicine Alumni Conference* theme "[Social Accountability at Home and Abroad](#)" included a range of speakers who have exemplified the values of social accountability throughout their careers. Among some of the presentations - Dr. Bruce Reeder presented "Social Accountability in the Global Context" during the 13<sup>th</sup> Annual Clara and Frank Gertler Lecture in Medicine and an alumni panel discussed the impact of the HIV/AIDS epidemic on First Nations communities in Saskatchewan. **Over 150 U of S CoM alumni attended the conference.**

### *POGO Women's and Children's Health Conference, March 2017*

[This Continuing Medical Education event provided](#) current updates on recent developments and issues in women's and children's health. Evidence-based management strategies to engage the interdisciplinary team in improving care for women were discussed with a primary audience of family physicians, obstetricians/gynecologists, pediatricians, medical residents, nurses, nurse practitioners and midwives.

### *Transforming the Care of Older Adults Through Interprofessional Teams, April 2017*

Jointly offered in partnership by Continuing Medical Education, Continuing Physical Therapy Education and Continuing Education and Development for Nurses, this [interprofessional conference](#) was offered to health care and other professionals who work with and support older adults in acute, community or long term care, in urban, rural and remote locations.

### *Navigating the Unique Medical Needs of Refugees, March 2016*

The division of Continuing Medical Education, in partnership with the Division of Social Accountability, provided an education opportunity on the unique medical needs of refugees in response to the growing refugee crisis in Saskatoon and greater Saskatchewan. Conference participants learned about clinical guidelines for refugee health and were provided with the resources and connections to build capacity to support the health needs of refugees.

*Alumni gather at the 2017 Highlights in Medicine Alumni Reunion Conference*



#### *Refugee Conference Impact*

In the evaluation impact report from this conference, **62.% of respondents agreed they were "able to make changes in [their] clinical practice as a result of attending the conference"** and some of the noted outcomes included:

- [Patients] better compliance and understanding of the Canadian health system and how it benefits them
- Understanding specific health issues of the current cohort of refugees
- Better communication based on understanding social factors
- Better advocate, as now more aware of resources available
- Sensitivity and awareness of refugee health matters

### **One Health Initiative, U of S Health Sciences**

Past co-leads Dr. Bruce Reeder (CoM) and Dr. Hugh Townsend (Western College of Veterinarian Medicine) helped establish the [One Health Initiative](#) - a global initiative that encourages collaboration among all health disciplines with the goal of attaining optimal health for people, animals and the environment. Now led by an interdisciplinary board, the educational and training programs of the initiative address challenges in integrated health science plus methods for collaborative, interdisciplinary problem solving for undergraduate and graduate students as well as established scientists and health practitioners. Health science students, including medical students, have the opportunity to participate in the 3-day *One Health Leadership Experience* that occurs annually. CoM graduate students may also apply for the *One Health Graduate Certificate Program*, and the *Public Health and Agricultural Rural Ecosystems* graduate training program, which provide foundation knowledge for issues related to rural health, public health and agricultural rural ecosystems.

## **Social Accountability in Clinical Activity**

The emphasis on the clinical service provided by the college is evident in the CoM strategic priority:

***Integration and Alignment with the Health System*** - Focus on aligning our strategic and operational plans with Saskatchewan health system strategies and plans to enhance integration between the clinical environment and the college.

Much of what happens through the College of Medicine's undergraduate and postgraduate medical education programs involves a great degree of socially accountable clinical activity and service. At the undergraduate level, the move to the 2+2 curriculum has resulted in two full years of clerkship (year 3 and 4; as opposed to a year and a half) in which medical students participate in clinical learning activities during their rotations. At the postgraduate level, residents in the CoM practice medicine in a hospital or clinic under the direct or indirect supervision of an attending physician. Beyond the required clinical learning that takes place in our undergraduate and postgraduate programs, there are a number of elective clinical opportunities for students that aim to encourage social accountability in practice by providing in-context learning in diverse practice settings. Educators in the CoM are also involved in service delivery related to improving the health of the communities we serve. Much of the socially accountable clinic service of our students and faculty is possible because of the programs and activities of our partners.

***Northern Medical Services – A Division of the Department of Academic Family Medicine, CoM, U of S***  
[Northern Medical Services \(NMS\)](#) provides clinical services to northern SK communities and plays a significant role in the education and training of future medical practitioners and retention of physicians in northern Saskatchewan communities. NMS was developed in 1984 as a tripartite co-operation of Sask Health, U of S Department of Family Medicine and the Medical Services Branch of Health Canada. With the mission to improve the health and well-being of northern SK residents through disease prevention and treatment, health promotion and health protection, NMS works cooperatively with both Regional Health Authority Boards and Tribal Councils in the provision of health services.

### ***Social Pediatrics Helps Remove Barriers to Care***

The CoM Social Pediatrics initiative provides comprehensive, multidisciplinary pediatric clinical care utilizing Pediatrics School-Based Clinics (PSBCs), providing access to care to children/youth whose families are low income. Their service model reflects an understanding of the influence of the non-medical, social determinants of health, and a multitude of learners across sectors spend time in the PSBCs. Partnership has been essential to the work – in May 2017 the initiative celebrated 10 years of formal partnership with the Greater Saskatoon Catholic School Division and the Saskatoon Tribal Council. Informal partnerships also exist with Saskatoon Public School Division, Mental Health and Addictions Services, Saskatoon Lung Association, Optometry, Registered Doctors Psychologist, and Child and Adolescent Psychiatrist. The partnership is based on a respectful and equitable relationships and location of clinical care delivery was informed through community consultation and engagement prior to establishing PSBCs. Clinical care is continually evolving and informed by the needs of the communities served. Dr. Maryam Mehtar (CoM, Pediatrics) is the director of the initiative. **Currently, there are 4 base clinics: St. Mary's, WP Bate, ED Feehan, and St. Marks and kids are seen from approximately 25 different schools in Saskatoon. Service has expanded in recent years from 2 days/week to 5 days/week and the project is moving towards establishing a dedicated clinic for children in foster care and partnership with a Family Physician to address transition to adult care.**

### ***U of S Rural Partnerships for Inter-Professional Clinical Experiences***

This project, lead by interdisciplinary team Dr. Tom Smith Windsor (Medicine), Dr. Arlis McQuarrie (PT), Dr. Yvonne Shevchuk (Pharmacy & Nutrition), and Dr. Hope Bilinski (Nursing), links health science students from Medicine, Nursing, Pharmacy & Nutrition and Physical Therapy with local health care professionals in rural SK communities in an effort to foster increased understanding among students and professionals of one another's roles and competencies. During their clinical experiences, students worked together to investigate the health care needs specific to a rural setting and engaged in interprofessional clinical reasoning and decision-making that was collaborative and patient-centered. **Approximately 200 students have participated in the project in Humboldt SK and the project has been successfully replicated in Melfort and Tisdale. The project was awarded the [University of Saskatchewan Provost's Prize for Innovative Practice in Collaborative Teaching and Learning](#) in 2017.**

### ***Interdisciplinary Student Teams Provide Service in Inner-City Low-Resource Settings at SWITCH & SEARCH***

At Student Wellness Initiative Toward Community Health (SWITCH) and Student Energy in Action for Regina Community Health (SEARCH), students from medicine, physical therapy and many other colleges are exposed to different social, economic, environmental and political realities, with the goal of raising awareness of these issues and their impact on health and providing targeted services. Students also have the chance to actively participate in community-based outreach, clinical or research activities in a low-resource setting, and to identify and reflect on their own and other peoples' cultural assumptions that influence health and the delivery of health care services. All first- and second-year medical students at the Saskatoon and Regina campuses can volunteer at SWITCH or SEARCH. SWITCH was founded in 2003 by a handful of University of Saskatchewan students. SEARCH is funded in part by the University of Saskatchewan. In the last few years, CoM medical students have provided countless hours of service at SWITCH and SEARCH (see "Outcomes" box below).

### ***Portable MRI Can Make Medical Imaging More Accessible***

Somaie Salajeghe, recent U of S PhD graduate in biomedical engineering, co-supervised by medical imaging professor Paul Babyn (CoM) and U of S biomedical engineer Gordon Sarty, has [designed and written new software for a prototype of a silent, portable MRI that can make medical imaging more accessible, especially in northern communities](#). "A portable MRI will have a large impact in the world," said Salajeghe. "The price for MRI exams is high. There are roughly two-month waiting lists in Saskatoon." Portable MRI could reach people in rural and remote areas with little access to medical imaging, and be used in ambulances, dental clinics and operating and emergency rooms.

### ***Point-of-Care HIV Testing and Treatment in Remote Saskatchewan Communities***

Dr. Stephen Sanche with CoM alumni Dr. Stuart Skinner and Dr. Lawrence Gelmon have developed a [mobile outreach clinic to provide HIV point-of-care testing and treatment](#) to First Nations communities in Saskatchewan. Local testing provided through the project has replaced the need to drive hours to the nearest town or city, increasing the likelihood patients will get tested. The clinic is a collaboration with First Nations leadership, Health Canada, clinicians and the province. "Everything that we've developed is community-led, in partnership with First Nations leadership – chiefs, elders, council and health directors," explains Skinner. **The mobile unit is already seeing success with increased HIV status awareness. Their statistics show 42% of people tested in these clinics were unaware of their HIV status. Currently, the mobile outreach clinic is at 10 sites serving 24 First Nations communities.**

## **OUTCOMES**

### ***CoM Students Provide Countless Hours of Service at SWITCH and SEARCH***

Over the past academic year (Sept 2016 to August 2017) 17 CoM medical students volunteered at SEARCH providing **212 volunteer hours** over 53 shifts at the clinic.

In 2016, 59 medical students volunteered at SWITCH, providing an average of 6 shifts each and about **1400 hours of service** to the clinic.

Currently in 2017, **44 medical students have been volunteering at SWITCH** with that number expected to rise as classes resume in August 2017





### **Refugee Engagement and Community Health (REACH) Clinic**

[The REACH clinic is a collaborative partnership](#) with the Saskatoon Community Clinic, U of S College of Medicine (Family Medicine, Pediatrics, Community Health & Epidemiology), Global Gathering Place, Saskatoon Open Door Society, Saskatoon Health Region (Population and Public Health, Primary Health, Mental Health and Addictions) and Tuberculosis (TB) Prevention and Control Saskatchewan. The clinic is for refugees who need initial health assessments and follow-up services with physicians providing the medical care and is a pilot site for TB control as well. The clinic is an integrated clinical experience (ICE) and part of the formal curriculum at CoM; residents in Academic Family Medicine are required to do a mandatory half-day in the clinic in both the first and second year of their residency program.

**To date, 22 residents have provided clinical care at REACH.**

**Undergraduate students and graduate students in the CoM are also doing research work with the clinic.**

### **Rural and Remote Memory Clinic (RRMC) Aims to Improve Dementia Care**

The [RRMC](#) is a cornerstone project of the Rural Dementia Action Research Team (RaDAR) team, an interdisciplinary, international group of researchers. Located within the Academic Health Sciences E-Wing U of S, the aim of the clinic is to increase the availability and accessibility of dementia care in rural and remote areas, to determine the acceptability of telehealth and to develop culturally appropriate assessment protocols for assessment of dementia in Indigenous older adults. The Saskatchewan TeleHealth network is then used for follow-up appointments to reduce patient and caregiver travel burden. The team has produced the [RaDAR Primary Health Care Toolkit](#) that provides a range of strategies that are adaptable, scalable and sustainable across diverse low-resource rural settings nationally and internationally. **Since it was established in 2004, the RRMC has provided service to over 585 patients. The RRMC was recommended as a model of dementia care for rural and remote communities by the Standing Senate Committee on Social Affairs, Science and Technology in the national strategy for dementia-friendly communities in November 2016.**

### **Advancing Interprofessional Primary Healthcare Services in Rural Settings for People with Chronic Low Back Disorders**

[This two-year pilot study uses the telehealth system](#) in an aim to tackle the problem of how we provide better care and accessibility for patients living outside big urban centres. Dr. Brenna Bath (PT, CCHSA), who is one of the lead researchers on the project, comments “[w]e knew (from our clinical experience) that a lot of people were coming from rural and remote areas, and we were sending them back into the communities that didn’t necessarily have



*great access to care. People were sometimes travelling several hours, up to eight hours, to come for a one-hour back pain assessment.”* The team started implementing the teleconference-side of the project with their partners at Kelsey Trail Health Region in central-eastern Saskatchewan, and is now running another small pilot project using the telehealth network and compatible technology and is the first group at the U of S that has a designate telehealth unit outside of the health region for clinical purposes.

### **SMA Family Medicine Resident Bursary Encourages Residents to Provide Service in Rural Saskatchewan**

The [SMA Family Medicine Resident Bursary](#) program provides bursaries to medical residents who agree to provide service to a rural, regional, or northern Saskatchewan community. The program aims to attract and retain physicians who have graduated from a CoM undergraduate/family medicine residency program in rural Saskatchewan. Family medicine residents at the U of S are eligible, as are residents who obtained their undergraduate medical degree from the UofS and are accepted into a Canadian university in family medicine.

### **SMA - Rural and Regional Physician Enhancement Training**

[This program provides funding for two practicing rural or regional physicians and for two second-year family medicine residents](#) to complete a third year of training to enhance their skills in obstetrics, anesthesia, general surgery, emergency medicine, geriatrics or psychiatry at the CoM U of S. Recipients must complete a return-in-service in a rural, northern or regional community or with the SMA Rural Relief Program. Preference is given to family physicians who have served in rural or regional SK community for a minimum of two years and family medicine residents who have successfully completed their second year of training through the Family Medicine Residency Training Program, CoM, U of S or successfully completed their undergraduate medical training at the U of S and will have successfully completed their second year of family medicine residency training at a Canadian medical school.

### Remote Presence Technology Helps Deliver Care in Saskatchewan

Dr. Ivar Mendez (Dept of Surgery, CoM) has been pioneering the clinical use of remote presence technology in several hospitals and clinics in Saskatchewan. The “[doctor in a box](#)” innovation uses an ordinary cell phone connection to video-link specialists with patients so they can perform real-time diagnosis and monitoring. Robot “Rosie” is stationed in the First Nations community of Pelican Narrows. Last year in the community, there were an estimated 750 emergency medical evacuations and another 5000 patient transfers to see specialists, get tests or receive dialysis – all of which are exhausting and expensive. There are now robots in Stony Rapids and La Loche as well. The technology, which has been piloted in Labrador, led to a 60% reduction in medical evacuations. With subsequent expansion in partnership with Northern Medical Services and pediatrics, there **are now 11 medical robots and portable devices in clinical practice in the province, more than anywhere else in Canada.** Dr. Veronica McKinney (Director, NMS) [commented that with the expansion](#), “[t]he ability to receive care in the community allows family members to remain by the patient’s bedside and to be more actively involved in the patient and support, both of which are critical to improved outcomes.”

## Social Accountability in Research

Research conducted by the College of Medicine is often inspired by and responsive to the needs of the community and is directed in collaborative partnership. Much of the research conducted at the CoM is collaborative and action-focused, emphasizes public health and prevention, and is guided by and responsive to the needs of communities both locally and globally. The CoM offers a number of graduate research programs and elective research programs for students to support for socially accountable research. Further, many faculty members and staff are engaged in various research collaborative centres that conduct projects that identify and respond to the pressing health needs faced by our communities in Saskatchewan.

### Saskatchewan Centre for Patient-Oriented Research (SCPOR)

[SCPOR](#) is a partnership of organizations (including the University of Saskatchewan) that support patient-oriented research in Saskatchewan and is one of eleven provincial/territorial units led by CIHR. SCPOR is committed to supporting rural and Indigenous health research in the province and is advised by an Indigenous Platform to build capacity in Indigenous-specific engagement and research across the province. The SCPOR office is located on the U of S campus and funding is provide to students in the College of Medicine for research projects that align with the Saskatchewan health system strategic priorities. Further, SCPOR provides resources and coaching to U of S faculty in advancing patient-oriented research. Many socially accountable research projects in the CoM are conducted in partnership with SCPOR. Examples are below.

**Table 3: SCPOR Supported CoM Socially Accountable Research Projects**

<a href="#">ACCESS Open Minds</a> – uses a strengths-based approach to patient-oriented youth wellness research. Site launch was held on May 26, 2017 at Sturgeon Lake Central School. The site is one of 12 ACCESS sites throughout Canada. Dr. Caroline Tait (Psychiatry); Community Partners – Sturgeon Lake First Nation
<a href="#">Improving Outcomes for Rural and Northern Patients with COPD through Remote Patient Monitoring (RPM)</a> Dr. Donna Goodridge (Respirology)

### Primary Health Care Research Group, DAFM

The CoM Department of Academic Family Medicine (DAFM) Research Division facilitates the [Primary Health Care Research Group](#) (PHC-RG), which strives to contribute to the re-orientation of health services aware from acute care and more towards health prevention and promotion. This requires both understanding and action related to bridging gaps between individuals/communities, health care practitioners, decision-makers, policy makers and the health care system.

- Dr. Vivian Ramsden (DAFM) was recognized by *College of Family Physicians of Canada* as one of the [Top 20 Pioneers in Family Medicine Research](#) in the country for her work in helping to improve healthcare in underserved communities.
- Dr. Shelley Kirychuk (CCHSA) and Dr. Vivian Ramsden (DAFM) were awarded a CIHR \$150,000 Catalyst Grant for Indigenous Approaches to Wellness and Research for their project *Mamawohkamatowin: Enhancing & Integrated Pathways to Wellness*.

### Department of Psychiatry Research

[Research foci in the department of psychiatry](#) includes mental health and addictions in Indigenous populations (i.e., community-centered approaches to mental health and addictions programming, alternative and traditional healing models, community mental health services and transition of care), maternal mental health (including Indigenous women), and epidemiology/population health related to mental illness in Saskatchewan. The [psychiatry graduate program](#) in applied research, administered through the health sciences research program, focuses on the psychosocial determinants for emotional and physical wellbeing, and for mental health issues as well as the distribution and the effectiveness of treatment of these mental health issues. Research in Indigenous mental health occurs under the direction of a medical anthropologist.

### Department of Community Health & Epidemiology Research

Much of the research activity occurring in the department of Community Health & Epidemiology (CH&E) is intimately tied to the college's social accountability mission. The research goals of the department include:

- To conduct excellent, interdisciplinary and transdisciplinary research in population health with a focus on inequities locally and globally.
- To develop diverse partnerships to co-create knowledge and find applications in society.

The department offers a number of graduate research programs, including a masters (MSc) in Community and Population Health Sciences, a doctorate (PhD) in Community and Population Health Sciences, and Collaborative Biostatistics MSc and PhD programs in collaboration with the *School of Public Health, U of S*. **Currently as of August 2017, there were 40 students enrolled in the MSc programs and 27 students enrolled in the PhD program.**

- Msc (CH&E) candidate Lise Kossick-Kouri and colleagues works to amplify community voices and the social determinants of health through [animated stories](#).
- CH&E Research Development Funding recently provided funding to a graduate student for the project *Evaluating the REACH Clinic Impact* project to assess to what extent the program increases coordination of care and appropriately meets the health related needs of refugees and immigrant clients. (May 2017). The department also funded the graduate student project *TB Screening* project, intended to review SK epidemiological data to evaluate the effectiveness of screening activities for early detection of TB in newcomer (immigrant and refugee) populations; and the collaborative project *"The Syrian Refugee Health Clinic Evaluation"*.
- As part of the CoM, the Saskatoon HIV/AIDS Research Endeavour (SHARE) has partnered with AIDS Saskatoon to be the Saskatchewan Regional Team for the CIHR REACH Community Based Research Collaborative Centre in HIV/AIDS. With the academic leadership of Dr. Ryan Meili and Dr. Michael Schwandt (CH&E), the community leadership of Heather Byrne (AIDS Saskatoon), and the ongoing leadership of executive director Sugandhi del Canto (CH&E PhD Candidate) the team became fully operational in June 2013. Working strategically with clinicians, policy makers, healthcare professionals, and community organizations, SHARE is using research to help inform, guide and determine best practices that will have the strongest opportunity to improve the lives of people living with HIV in Saskatchewan.

Much of the research conducted not only by students, but also by faculty within the department falls within the realm of socially accountable research. Faculty research projects exemplifying social accountability are found throughout the additional sections below.

- [Dr. Sylvia Abonyi \(CH&E\) and Dr. Sarah Oosman \(PT\)](#) are conducting closely connected research projects in northern Saskatchewan Métis community Île-à-la-Crosse, one focusing on seniors and the other on youth. The projects are facilitating the creation of a core group of youth and Elders that meet regularly. They provide support for each other and are encouraged and supported in attending community meetings where decisions are being made about future directions. The team includes community members, researchers from the U of S and University of Regina, and Saskatchewan Population Health and Evaluation Research Unit.
- Dr. Rachel Engler-Stringer and her fellow PIs are investigating [food inequities in urban and rural SK](#).
- Dr. Edward Rooke (CH&E), Dr. Ron Siemens (Pediatrics) along with others have been working on the project *Mozambique Maternal Health Implementation Research: Alert Community to Prepared Hospital Care Continuum* in Nampula. In partnership with Universidade Lurio and the Mozambique Provincial and Federal Departments of Health the team has been working to develop innovative and community-informed interventions to reduce newborn and maternal mortality.

### Health Sciences Graduate Research Program

[This program is a unique research-based program within the CoM open to all departments.](#) Areas of study include, but are not limited to, clinical sciences, physical therapy, and social accountability and students in the program can pursue an MSc or a PhD. **As of August 2017 there were 51 students currently enrolled in the program.**

### CoM Global Health Travel Awards Support Socially Accountable Research, Clinical Service and Education

The aim of the [CoM's Global Health Travel Awards](#) program is to encourage and support faculty, residents and students to become engaged in global health learning, teaching, research and clinical service opportunities abroad. Priority is given to initiatives that (i) contribute to the internationalization of the medical curriculum and learning environment, (ii) raise awareness of global health issues among faculty and students, (iii) increase global health awareness in the wider community, (iv) increase global health research into issues of concern in low-resource settings, and (v) build capacity in health care, education, and research at international settings and the college. Dissemination and reporting are requirements of the program which allows for broader exposure to the learnings among students, faculty and staff. Over the last few years, a number of travel awards have been provided to students and faculty of the CoM in support of various socially accountable activities globally (see Table 4).

**Table 4: Global Health Travel Awards 2016-17**

Award Type			
Undergraduate	Graduate	Resident	Faculty / Staff
<ul style="list-style-type: none"> <li>Research/ Knowledge Translation (Montreal, Canada) <i>North America's People's Health Assembly: Key Extractive Industries</i></li> <li>Research (Nampula) <i>Maternal Child Health</i></li> </ul>	<ul style="list-style-type: none"> <li>Research / Knowledge Translation (Winnipeg, Canada) <i>Clinical Interventions to screen for social determinants of health and tailor care and treatment</i></li> </ul>	<ul style="list-style-type: none"> <li>Research/ Teaching (Rwanda) <i>Anesthetic safety</i></li> <li>Clinical Elective (China) <i>Pediatrics at rural, ethnic minority, low SES population served hospital</i></li> </ul>	<ul style="list-style-type: none"> <li>Research (Poland) <i>Sleep Disorders</i></li> <li>Research (Nicaragua) <i>Extractive industries – Nature and effects of interactions of a Canadian mining company with community mining resistance</i></li> <li>Research (Poland) <i>Lung health in children in Eastern Europe and Canada</i></li> <li>Education Partnership (Australia) <i>JCU Undergraduate Exchange Program</i></li> <li>Research (Poland) <i>Asthma prevalence and trends, risk factors, etiology and disease management</i></li> <li>Clinical Service/ Teaching (China, Kenya, Uganda) <i>Cleft lip and palate surgery</i></li> <li>Teaching / Knowledge Translation (India) <i>EHealth Workshops and Simulations</i></li> <li>Research / Knowledge Translation (Cuba) <i>Impacts of Canadian mining on social fabric of a rural community</i></li> </ul>

### Canadian Centre for Health and Safety in Agriculture

A cross-university centre with roots dating back to 1986, the [Canadian Centre for Health and Safety in Agriculture \(CCHSA\)](#) was established in 2005 to provide world leadership in the health of rural people through research, education, prevention and service. The centre conducts various activities aimed at enhancing the well-being of agricultural, rural and remote populations.

**Table 5: CCHSA Socially Accountable Research Projects**

<p><b>Rural Dementia Action Research (RaDAR) Team</b></p> <p>The RaDAR team, founded in 2003, is an interdisciplinary, international group of researchers aim to improve dementia care in rural and remote settings.</p> <p>Dr. Debra Morgan (CCHSA), Dr. Andrew Kirk (Neurology, CoM), Norma Stewart (Nursing, U of S), Margaret Crossley (Psychology, U of S), Megan O'Connell (Psychology, U of S), Julie Kosteniuk (CCHSA, U of S), and Haizhen Mou (JSGS, U of S).</p>
<p><b>Rural Health Lab</b></p> <p>Conducts research on childhood asthma prevalence among an urban-rural gradient, as well as differences between Hutterite and non-Hutterite populations.</p> <p>Dr. Joshua Lawson (CCHSA, Dept of Medicine).</p>
<p><b>Rural Diabetes and its Impact Among Indigenous Peoples</b></p> <p>Team conducting research on the epidemic of diabetes and its complications among Indigenous peoples.</p> <p>Dr. Roland Dyck (CCHSA), Dr. George Katselis (CCHSA, Department of Medicine) and U of S colleagues</p>
<p><b>Canadian Consortium on Neurodegeneration in Aging (CCNA) Team 20 Rural</b></p> <p>Established by Canadian Institutes of Health Research (CIHR) in 2014 to address the growing prevalence of neurodegenerative diseases affecting cognition. The CCNA Team 20 Rural includes RaDAR team members and is led by Debra Morgan. CCNA Team 20 Rural focuses on developing and evaluating effective and sustainable models of primary health care for dementia by identifying current gaps in rural dementia care and priorities for intervention.</p>



### **One Health Research, U of S Health Sciences**

The [One Health Initiative](#) promotes and facilitates research, education and training in One Health – addressing complex problems in human, animal and/or ecosystem health and is undertaken by integrated teams of medical, animal, social and environmental scientists. Current social accountability related research themes include “One Health Community Needs & Services” and “Water & Health” under which the *Safe Water for Health Research Team (SWHRT)* aims to build community and scholarly capacity for water and health research in rural and remote communities in Saskatchewan. To date, the SWHRT group has established a Community-Based Safe Drinking Water Research Program with Saskatchewan First Nations and has worked with the Ministry of Health and the SK health regions to summarize and map the determinants of water quality in public water supplies too small to be regulated by the Ministry of Environment. The group is currently working on a project that utilizes a community-based participatory research approach to identify barriers to, health impacts of, and the process and capacity needs for First Nations drinking water regulation.

### **First Peoples First Person Indigenous Hub**

The [First Peoples First Person Indigenous Hub](#) is a collaborative research partnership with the University of Saskatchewan, Dalhousie University, Lakehead University, Thunderbird Partnership Foundation, and the University of Alberta. The aim of the hub is to build a comprehensive national research and intervention network based on Indigenous intelligence to develop interventions to prevent and treat depression and other forms of mental illness and distress. The hub plays a central research, policy and knowledge dissemination role in partnerships with Indigenous peoples of Canada to realize the potential for improvements in wellness, healing, mental health and addictions supports and services.

### **Indigenous Peoples’ Health Research Centre**

The Indigenous Peoples’ Health Research Centre (IPHRC) was created to establish a research environment designed to foster and increase Indigenous health research in Saskatchewan through community-generated research initiatives and capacity building. The centre is a partnership between the First Nations University of Canada, the University of Regina and the University of Saskatchewan and was able to fund over fifty community-based research projects throughout Saskatchewan from 2003-2012 (see [Community Projects Map](#)) under the Network Environments for Aboriginal Health Research grant from CIHR. Many research affiliates of the centre are from the University of Saskatchewan and the College of Medicine including Dr. Mark Fenton (Respirology), Dr. Roland Dyck (CCHSA), Dr. Joshua Lawson (Medicine, CCHSA), Dr. Vivian Ramsden (Academic Family Medicine), and Dr. Caroline Tait (Psychiatry). Recent projects include:

- [Using Indigenous Knowledge for a Healthier Aboriginal Youth](#) – this initiative seeks to capitalize on existing work done by the IPHRC to develop culturally-appropriate, cost-effective health interventions among Indigenous youth using Indigenous and arts-based methods and is a partnership with the Five Hills Qu’Appelle Tribal Council Health Services, Battleford Tribal Council Indian Health Services Inc. and Northern Sport, Culture and Recreation.
- [Researching Arts-Based Wellness Promotion for Suicide Prevention Among Aboriginal Youth](#) – this project aims to build the capacity of Indigenous youth, community members, knowledge users, and researchers to investigate, identify and address conditions leading to Indigenous youth suicide and other self-harming behaviours through the development of culturally appropriate arts-based methods of research. The study will formulate policy recommendations on Indigenous youth suicide that are culturally appropriate and have the potential to increase the health and well-being of Indigenous peoples over the coming generations. The project is being carried out in partnership with the Five Hills Qu’Appelle Tribal Council Health Services.

#### **Dean’s Summer Research (student) Project on Indigenous Mental health**

Third year medical student Racheal Head has been working on researching both needs and services offered to First Nation’s youth, as part of the [ACCESS Open Minds youth mental health research initiative](#). Through the project, Racheal is working closely with the youth of Sturgeon Lake to find out what they want to see when accessing mental health services, how to improve services, what services they feel they need most and what about those services is culturally appropriate and makes them feel welcome to be there to access the services. But more importantly, the project is allowing her to make a meaningful impact on both mental health research and the accessibility of care for First Nations youth. “I chose this project because it has a strong Indigenous component, and as a health care practitioner in Saskatchewan it’s important to immerse myself in First Nations culture and gain an understanding of how I can be a better physician for my First Nations patients.” And while their research site is currently located at Sturgeon Lake, just outside of Prince Albert, the team is hoping to launch a second site in the Clearwater River Dene Nation area. “Specifically, First Nations youth are very underserved – we’re really lacking in culturally appropriate youth friendly mental health care resources for on-reserve populations.”



### Saskatchewan Population Health and Evaluation Research Unit (SPHERU)

[SPHERU](#) is a bi-university health research unit based at the University of Regina and the University of Saskatchewan and a leader in cutting edge population health research that not only looks at the what and the why of health inequities – but also how to address these and take action. This unit is focused on population health, health policy and planning, public policy at all levels of governance, and incorporating a population health perspective into the education of health professionals with 5 main research theme areas (see Table 6). Many recent SPHERU research projects under these key theme areas have been led and conducted by College of Medicine researchers and are strong examples of social accountability in research.

**Table 6: Recent SPHERU social accountability research projects\***

Northern and Indigenous Health	<ul style="list-style-type: none"> <li><a href="#">Wuskiwiytan! Let's Move! Aging well in a northern Saskatchewan Métis Community</a> CoM Faculty - Dr. Sylvia Abonyi (CH&amp;E), Dr. Sarah Oosman (PT), Dr. Nazeem Muhajarine (CH&amp;E) SPHERU – Bonnie Jeffery, Shanthi Johnson, Nuelle Novik Community partners - île-à-la-Crosse</li> </ul>
Healthy Children	<ul style="list-style-type: none"> <li><a href="#">Nutrition inequity in the inner city: using smartphones to study diet and food access</a> CoM Faculty – Dr. Rachel Engler-Stringer (CH&amp;E), Dr. Nazeem Muhajarine (CH&amp;E) UoF Faculty collaborators – Kevin Stanley (Computer Science), Dr. Hassan Vatanparast (Public Health)</li> <li><a href="#">Evaluation of the Aboriginal diabetes initiative: Understanding the implementation and uptake of AS!BC and YETE programs</a> CoM Faculty – Dr. Sarah Oosman (PT)</li> <li><a href="#">Increasing Maternal, Newborn Survival in Mozambique - UofS researchers awarded \$16.6 million</a> CoM Faculty - Dr. Nazeem Muhajarine (CH&amp;E); Denise Kouri Community Partners – Mozambique national and provincial health ministries and communities "This transformative initiative addresses a great tragedy and demonstrates our university's ongoing commitment to global citizenship and international community service through research." "This community-engaged project will also provide an extremely valuable international learning experience for our students." - Karen Chad, U of S vice-president Research</li> </ul>
Rural Health	<ul style="list-style-type: none"> <li><a href="#">Healthy aging in place: Improving rural seniors' health through policy and community level interventions</a> CoM Faculty – Dr. Nazeem Muhajarine (CH&amp;E), Dr. Sylvia Abonyi (CH&amp;E), Dr. Sarah Oosman (PT) SPHERU - Bonnie Jeffery, Shanthi Johnson, Nuelle Novik, Tom McIntosh U of S Faculty – Paul Hackett (Geography &amp; Planning), Community partners - Saskatoon Health Region, Regina Qu'Appelle Health Region, Saskatoon Council on Aging, Blairmore Medical Clinic and Saskatchewan Parks and Recreation Association</li> <li><a href="#">It takes a village.... Growing together for promoting healthy aging in place</a> SPHERU - Shanthi Johnson; Community Partners – Sun Country Health Region</li> <li><a href="#">Pilot study exploring emotional and mental healthcare supports for seniors in rural Saskatchewan</a> SPHERU - Nuelle Novik; Community Partners – Sunrise Health Region</li> </ul>
History of Health Inequities	<ul style="list-style-type: none"> <li><a href="#">First Nation's health development: Tools for assessment of health and social service program impacts on community wellness and capacity</a> CoM Faculty – Dr. Sylvia Abonyi (CH&amp;E) , Dr. Nazeem Muhajarine (CH&amp;E) SPHERU - Bonnie Jeffery, Georgia Bell-Woodard, Michael McCubbin, Allison Williams, Ron Labonte, George Maslany First Nations University of Canada – Shannon Avison Community Partners – Athabasca Health Authority, Prince Albert Grand Council Health and Social Development, Northern Inter-tribal Health Authority</li> <li><a href="#">Further development of SPHERU's History of Health in Saskatchewan Timeline</a> SPHERU – Tom McIntosh</li> </ul>
Intervention Research	<ul style="list-style-type: none"> <li><a href="#">SPOR Pan-Canadian Network in Primary and Integrated Health Care Innovations: Management and Operations Grant</a> CoM Faculty - Nazeem Muhajarine (CH&amp;E), Cordell Neudorf (CH&amp;E) SPHERU - Shanthi Johnson</li> </ul>

\*many of the projects overlap multiple research theme areas

## Saskatchewan Health Research Foundation (SHRF)

[SHRF](#) works with its partners in universities (including the University of Saskatchewan), government agencies and communities to advance health research for Saskatchewan. As part of their strategic plan, SHRF invests in high-impact, peer-reviewed health research aligned with provincial needs and aims to mobilize knowledge for the physical, mental, social and economic well-being of Saskatchewan citizens. Many examples of socially accountable research conducted by CoM faculty are funded and supported by SHRF and many faculty members sit on SHRF's various committees. A highlight of some key socially accountable research examples from the past couple of years is provided below.

**Table 7: SHRF Funded Socially Accountable Research in CoM (2015-2017)**

<a href="#">Saskatchewan Health Equity Study</a> - health inequities experienced by Saskatchewan residents from 2001-2013. Dr. Cordell Neudorf (CH&E) & Dr. Daniel Fuller (Public Health); Collaborators – Upstream
<i>Development and Pilot Testing of a Decision Aid for Dementia Patients in Long-Term Care in Saskatchewan and their Surrogate Decision Makers.</i> Dr. Leslie Malloy-Weir (CCHSA), Dr. Debra Morgan (CCHSA)
<i>How do Material and Social Deprivation Affect Health Care Utilization of High System Users with Multimorbidity? A Retrospective Cohort Study.</i> Dr. Donna Goodridge (Respirology)
<i>The Patient-Provider Toolkit: Using a Community-Based Research Approach to Support HIV+ Patients Accessing Health Care</i> Dr. Michael Schwandt (CH&E)
<i>Bringing Together Physical Activity and Culture to Promote Mental Health for Indigenous Youth</i> Dr. Serene Kerpan (CH&E), Dr. Sylvia Abonyi (CH&E) and Dr. Sarah Oosman (PT) <a href="#">*researchers were honoured at the 2016 Santé Awards for this project</a>
<i>Toward Equitable Distribution of Primary Health Care: A Comparative Geospatial Examination of Access to Community Based Health Services Across Canadian Prairie Provinces</i> Dr. Stephan Milosavljevic (PT) & Dr. Brenna Bath (PT).
<i>Tah-Nigahniwhak! (They Will Be Leaders!) Growing up Well in a Northern Métis Saskatchewan Community</i> Dr. Sarah Oosman (PT)
<i>Social Determinants of Health Among Migrant Workers in Saskatchewan</i> Dr. Michael Schwandt (CH&E)

RESEARCH + PARTNERS RESOURCES TEAM CONTACT US

## New Saskatchewan Equity Study report:



## Social Accountability in Advocacy

At the U of S College of Medicine, we recognize that our social accountability mission goes beyond the activities housed within the walls of the college; it's not just about education, research and clinical service, it's also about advocacy – speaking out on behalf of and working in collaboration with underserved populations in a call for greater health equity within our communities and more broadly. As a medical school, we recognize that our students, faculty and graduates need to be active in broader advocacy and health-related reform and have adopted the CanMEDS **Health Advocate** role, which guides many of our program objectives (see Table 8). There are many activities led and directed by CoM students, faculty and staff that connect to our larger goal around advocacy, including student groups, faculty and student presentations, resident projects, policy recommendations, and personal activities that exemplify advocacy in our communities.

**Table 8: Health Advocate CoM Program Objectives**

- Integrate knowledge of a patients' and providers' social, cultural, educational, and personal backgrounds and the impact of these on the dynamics of care relationships, as well as on system and community responses to individual needs. Advocate for change where possible and appropriate.
- Integrate the knowledge of communities, illness prevalence, determinants of health and other local factors with evidence to support specific interventions in order to advocate for the provision of services appropriate for the specific person/population/community/ location.
- Recognize and advocate for addressing the needs of patients, families, communities, and populations in all areas that affect health and well-being.
- Demonstrate an awareness of cultural and socio-economic issues that impact patient and population health.
- Identify vulnerable individuals/populations and develop plans for care that are sensitive to their needs; identify factors important to the care and advocacy of vulnerable individuals and populations.
- Identify advocacy measures relevant to the health promotion of their patients, families, and communities.
- Recognize barriers to healthcare and health promotion that may be unique to the patients or community encountered.

### CoM Faculty and Staff Advocacy Activities

- Dr. Tom Smith-Windsor (Family Medicine) and Dr. Kathy Lawrence (Family Medicine) were members of the joint taskforce [Advancing Rural Family Medicine: The Canadian Collaborative Taskforce](#), to launch the [Rural Road Map for Action](#). The road map provides **20 recommendations to enhance rural healthcare** in an aim to (i) reinforce the social accountability mandate of medical schools and residency programs to address healthcare needs of rural and Indigenous communities; (ii) implement policy interventions that align medical education with workforce planning; (iii) establish practice models that provide rural and Indigenous communities with timely access to quality healthcare; and (iv) institute a national rural research agenda to support rural workforce planning aimed at improving access to patient-centred and quality-focused care in rural Canada.
- Dr. Lori Hanson (CH&E) was invited to speak at the University of Oslo, Norway about how health advocates can organize themselves and respond to austerity measure put in place in the global north, drawing from her experiences working with the [People's Health Movement](#).
- Dr. Annette Epp (Obstetrics and Gynecology) [pledged to raise \\$20,000 in the Sanctum Survivor Challenge in June 2017](#) and hoped that by walking in someone else's shoes, she could make strides toward improving the health of some of the most vulnerable and marginalized in Saskatoon.
- Dr. Nazeem Muhajarine (CH&E) continues to work with citizens, policy makers and like-minded researchers leading innovation projects that have profound impacts on a range of stakeholders. His motto, "[Think Globally, Act Locally](#)," guides his research and has led him to focus, largely, on project that locally address widespread social issues – such as how income-based social inequality can affect health.
- Dr. Steve Sanche (Pathology and Laboratory Medicine), Dr. Kris Stewart and Dr. Ryan Meili (previously CH&E) came together in a coalition of patient and clinical colleagues to [advocate for the province to adopt the UNAIDS 90-90-90 strategy](#). "*People are becoming ill and dying from a treatable and preventable illness... the time to act is now,*" Dr. Sanche stated at a news conference. The group demanded the province not only declare a state of emergency, but that the costs of all anti-retroviral treatments be covered, regardless of where people live. First Nations and other Indigenous communities have been hit particularly hard; more than 70% of new HIV cases in 2014 were Indigenous people.
- Various paper presentations by PGME were made in 2016 that touched on advocacy and physicians' roles in society including (i) *Resident perceptions on advocacy: Perspectives from chief resident leaders* in Calgary, AB at the Health and Medical Education Scholarship Symposium, (ii) *Developing leadership and professional identities: Perspectives on social purposes* in Montreal, QC at the Canadian Conference on Medical Education, and (iii) *Leadership and professional identity development in medical learners: Perspectives in their roles in healthcare and society* in Montreal, QC at the Canadian Conference on Medical Education

### CoM Student Advocacy Activities

There are various active student groups in the College of Medicine supported by the Student Medical Society of Saskatchewan (SMSS)

### Health Everywhere Student Group

*"Our focus is on health in a global setting".* This student group plans and holds unique events including skills training nights where attendees learn to address power differences between doctors and patients, learn to work with and around language barriers, etc. They also encourage global health education through speakers' sessions and presentations by faculty, alumni, and others in the community who are involved in, or have been affected by, global health issues, including many under-served populations.

### ARRHG Student Group

The Aboriginal, Rural and Remote Health Group (ARRHG) is an interprofessional group of students from medicine, nursing, physical therapy, etc. focused on the three areas of health outlined in their title. They host speaker and cultural education sessions throughout the year, along with trips to rural or remote areas.

- **The SMSS Committee on Global Health and the ARRHG partnered to bring the first [Blanket Exercise Workshop](#) to the CoM in April 2017. Facilitated by the *Canadian Roots Exchange* teams, this interactive learning experience covers over 500 years of history and engages on an emotional and intellectual level to effectively educate and increase empathy.**

### Family Medicine Club (FMC)

*"Our purpose is to promote interest in family practice and provide medical students with information about clinical practice and life as a family physician".* This group offers students opportunities to meet and mentor with Saskatchewan doctors, and introduce them to/support the learning and practice of clinical skills.

### Sask Students for MediCare

*"As a Canadian medical school in the birthplace of Medicare (i.e., Saskatchewan), we are students passionate about medical and its surrounding issues."* This group aims to facilitate better understanding of Medicare and allow students to support Canadian doctors for Medicare.

- **In March 2017 Students from the SMSS met with Health Minister Jim Reiter and Rural and Reginal Health Minister Greg Ottenbriet to [advocate for universal drug coverage for HIV+ patients](#).**

Many students have also role modeled social accountability in advocacy through various activities beyond our CoM student groups.

- Medical student Josh Butcher was [honoured with the national Indspire Award](#) which identifies positive role models for Indigenous youth. Josh helped create *Athlete Allies* – a program to support LGBTQ2-identified athletes. *"I hope that by being in the CoM, I can help other Indigenous youth realize that it's certainly something within reach. By creating my own path, we start to show how there are more diverse paths to medicine, (that) it's an achievable goal for Indigenous youth, and are letting them know that there are resources there to support them to achieve those goals."*
- Jacqueline Carverhill (medical student) [returns to Parliament Hill to advocate around the opioid crisis](#). She has been part of the committee tasked with researching the topic and developing a specific 'ask' for which they will lobby the federal government.
- A group of U of S students from the Arab Students' Association, including CoM student Ghassan Al-Yassin, [raised money for the homeless during Ramadan](#). The association decided to raise money for the Lighthouse, as it fit well with their mission of helping marginalized people. – *"It's time to appreciate our many blessings and to reaffirm our commitment to community by helping those who are less fortunate"*.
- Psychiatry residents have been committed to advocacy through the health advocate role. In Saskatoon, residents are continuing to engage with Mental Health and Addictions Services and community partners by providing public education about mental health and engaging in *Break the Barrier*, and initiative whose goal is to reduce stigma and create community support for people suffering with mental health and addictions issues in the Saskatoon region through community events and activities.







## Social Accountability Annual Report, September 2017

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