

**UNIVERSITY COUNCIL  
ACADEMIC PROGRAMS COMMITTEE  
REQUEST FOR DECISION**

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**PRESENTED BY:** Len Proctor, Chair, Academic Programs Committee of Council

**DATE OF MEETING:** April 21, 2011

**SUBJECT:** **College of Medicine: Increase to Enrolment Target**

**DECISION REQUESTED:**

*It is recommended:*

That Council approve the proposal from the College of Medicine to increase its enrolment target to 100 students annually, effective for admissions in August, 2012

**PURPOSE:**

The University of Saskatchewan Act 1995 requires that a decision to change the number of students to be admitted to a college or a program of study be approved by University Council [61 (1) (l)] and be confirmed by University Senate [63(1) (3) (b)]

**SUMMARY:**

The College of Medicine intends to increase its admissions target to 100 students annually, from the present number of 84. The attached documents describe how the College will expand its programming and increase its clinical teaching resources to provide medical education opportunity in Regina and in Prince Albert.

**REVIEW:**

At its April 7, 2011 meeting, the Academic Programs Committee discussed this proposal with Assistant Deans Gary Linassi and Sheila Harding. The Committee noted the extensive information provided by the college to support this enrolment target increase and how the college is responding to Saskatchewan's need for distributed medical services. The Committee agreed to recommend approval to Council.

**ATTACHMENTS:**

Proposal documentation

March 29, 2011

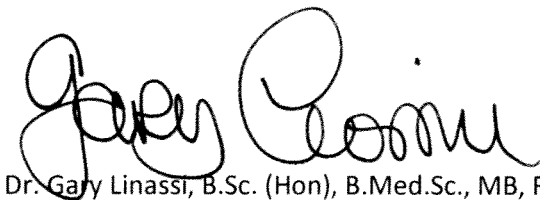
Academic Program Committee/University Council

To Whom it May Concern:

Through careful planning, the College of Medicine at the University of Saskatchewan has engaged in a period of expansion that will result in distribution of medical education across the province. Integral to this is increasing our student admission quota from 84 to 100 students. The following is a submission to the University of Saskatchewan that outlines preparations designed to support this enrollment increase, with details on the resources in place to ensure continued excellence in the delivery of medical education.

We are one step closer to realizing a distributed model of medical education in Saskatchewan with the successful completion of a pilot project that saw the creation of the third medical school year (or Phase C) at our satellite campus in Regina. A nod of approval was received from a recent Secretariat review by a joint committee of CACMS (Committee of Accreditation of Canadian Medical Schools) and LCME (Liaison Committee for Medical Education) which determined that the "current and projected financial resources of the College of Medicine are sufficient to meet the demands of the program" and that "technical [and resource] upgrades have been successfully implemented to permit the delivery of the Phase C portion of the curriculum [on a permanent basis] in a recently conducted pilot."

Distribution of medical education throughout the province, in step with the 16-seat enrollment increase, is part of the overall commitment the College of Medicine has made to the people of Saskatchewan to foster and promote the delivery of quality health care through innovative educational programming.



Dr. Gary Linassi, B.Sc. (Hon), B.Med.Sc., MB, FRCPC  
Assistant Dean, Undergraduate Medical Education

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# Proposal for Curriculum Change

## University of Saskatchewan

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to be approved by University Council or by Academic Programs Committee

### 1. PROPOSAL IDENTIFICATION

**Title of proposal:**

Degree(s):

Field(s) of Specialization:

Level(s) of Concentration:

Option(s):

Degree College:

Department:

Home College:

Contact person(s) (name, telephone, fax, e-mail):

Date:

Approved by the degree college and/or home college:

Proposed date of implementation:

### 2. Type of change

#### Requiring approval by Council

- ☐ A new Degree-Level program or template for program.
- ☐ A new Field of Specialization at the Major or Honours Level of Concentration or template for a major or honours program
- ☐ Conversion of an existing program from regular to special tuition program.
- ☐ A change in the requirements for admission to a program
- ☒ A change in quota for a college
- ☐ Program revisions that will use new resources
- ☐ A replacement program, including program deletion
- ☐ A program deletion (consult Program Termination Procedures, approved by Council in May 2001)

#### Requiring approval by Academic Programs Committee

- ☐ Addition of a higher Level of Concentration to an existing Field of Specialization.
- ☐ Addition of a new Field of Specialization at the Minor Level of Concentration.
- ☐ A change in program options
- ☐ A change in the name of a Degree-level Program or Field of Specialization.
- ☐ A change in the total number of credit units required for an approved degree program.

***LOOKING TO THE FUTURE* – INCREASING ENROLLMENT IN  
THE COLLEGE OF MEDICINE FROM 84 TO 100**

**March 28, 2011**

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### **Appendices:**

#### **T-1.1 College of Medicine Faculty Complement Plan December 1, 2010**

#### **T-1.2 Update to the December 1, 2010, College of Medicine Faculty Complement Plan**

#### **T-1.3 Faculty Position re New Class Size Increases**

#### **T-1.4 Regina survey and letter from Volunteer/Inaugural Regina Phase C Class**

#### **T-1.5 Spread sheet showing 2010-2017 phase in of increased undergraduate medical student enrollment and educational site distribution.**

## **1.0 Rationale**

**This proposal seeks to help meet the health and human resource needs of the province by increasing the number of students and residents trained in Saskatchewan.**

### **1.1 Introduction**

At the January 2011 meeting of Faculty Council of the College of Medicine (CoM), a motion was brought forward to increase medical student enrollment from the current intake of 84 to 100 students. The motion was passed and the approval process now moves forward to the University Council (and, later, University Senate) for consideration.

The CoM has used its base in Saskatoon for decades to train medical students and thus meet its social contract with the citizens of Saskatchewan to provide both family physicians and medical specialists for the province. Like most other medical schools across Canada and many in the United States, the CoM has recently adopted a model of distributed medical education for the students that spans the entire province. In keeping with Government of Saskatchewan directives and in collaboration with the University of Saskatchewan and the Health Sciences Network, the CoM believes that this approach will improve the student educational experience and enhance access to healthcare. The focus of this initiative primarily has been to expand educational capacity in Regina by accessing existing underutilized teaching capacity. During the 2010-2011 academic year, 26 students, representing a cohort of the Phase C & Phase D (third and fourth year clerkship) students will receive their medical education in Regina. An additional four students are participating in a pilot project by receiving their Phase D (clerkship) training in Prince Albert.

Experience and feedback to date (e.g. appendix T-1.4), has demonstrated that these distributed teaching centres not only provide exceptional undergraduate medical education, but that additional teaching capacity exists, thereby permitting an increase in the numbers of students that these sites can accommodate, particularly in Regina. This proposal details the intended infrastructure investments that will support an enrollment increase from 84 to 100, in part by taking advantage of sites other than Saskatoon.

**ABBREVIATIONS USED:** CACMS, Accreditation of Canadian Medical Schools; CLRC, Clinical Learning Resource Centre; CoM, College of Medicine; CSIs, College Student Intermediaries; JURSI, Junior Undergraduate Rotating Student Interns; LCME, Liaison Committee on Medical Education; RGH, Regina General Hospital; RQHR, Regina Qu'Appelle Health Region; V/C, video conferencing

## **2.0 Facilities Renewal and Development**

### **2.1 Saskatoon**

In 2008 and 2009, tenders were issued for the construction of two large additions to the Health Sciences Building as well as major renovations to the existing structures in which the CoM is located. These additions will form the basis of the University's new Academic Health Sciences Centre and will consist of a six-story research complex (D Wing - completion mid 2012) and a four-story library, classroom and office complex (E Wing – completion mid 2013). When completed, the new E Wing will include a 500- and a 125-seat theatre, a 40-seat classroom and two 30-seat classrooms. All classrooms will have the latest technology for distribution of the educational session if required. The new addition will also have a 24-room Clinical Learning Resource Centre (CLRC) as well as three eight-bed procedure laboratories and one four-bed simulation suite. The current nine-room CLRC in the existing Health Sciences Building will remain in operation once the new facilities are opened. Renovations to the existing facility are anticipated to include the development of one new 100-seat theatre, two new 60-seat classrooms, one new 30-seat classroom and one new 20-seat classroom, as well as the renovation to the existing 150-, 100- and 70-seat lecture theatres. Spread throughout the complex will be an additional 40 12- to 20-seat breakout rooms. The existing 25-seat computer lab will be replaced with a 50-seat lab and/or a smaller lab in conjunction with mobile computer labs and the library will see a major increase in its Learning Commons area. The two anatomy dissection labs will be relocated and expanded to meet the needs of the increased class size. During the summer of 2010, one of the existing 80-seat classrooms was retrofitted to become a “smart” classroom to augment the distributed education model. A similar classroom was constructed in Regina and both were available for the 2010 fall term. In early 2010, two of the 12-seat small group discussion rooms were converted to dedicated spaces for simulation, while two new eight-seat small group discussion rooms were added to the mix.

Further to the details in the narrative above is a description of the major capital expansion project taking place at the University of Saskatchewan. This projected \$300+M project is currently underway and is the largest capital expansion in the history of the University of Saskatchewan. The entire project, including retrofitting the older buildings, is expected to be completed in 2016, but the new facility, including a new library and CLRC, will be available in 2013. In the interval, we have an interim CLRC that is currently in use by Medicine, Nursing and Pharmacy/Nutrition. This space also includes additional small group meeting space and computer facilities to handle the increased class size. Resources for the Health Sciences Library were significantly enhanced in 2003-2006 as part of the response of the University of Saskatchewan, through the Saskatchewan Academic Health Sciences Network, to the CoM being placed on probation by the Liaison Committee on Medical Education (LCME) and the Committee on the Accreditation of Canadian Medical Schools (CACMS). This library enhancement allows students and faculty located anywhere in the province of Saskatchewan to access the electronic library holdings and supports staff at each location where medical students are taught. Finally, the CoM has

significantly enhanced its IT support for all programs, especially to support the participation of students in Regina and elsewhere in the Junior Undergraduate Rotating Student Interns(JURSIs, or clinical clerks) and disciplinary academic half-days.

## **2.2 Regina**

In August 2010, an extensive renovation of the Regina General Hospital (RGH) Auditorium was completed. The space was reconfigured and smart classroom technologies were introduced. The venue is currently equipped to accommodate 25 student workstations and students have access to push-to-talk microphone technologies from each workstation. Two banks of theatre-style seating remain in the auditorium (which allows for additional capacity), with wiring completed to allow a second bank of student workstations to be easily constructed when medical student numbers grow beyond 25. The current configuration allows for hosting of large academic and regional education sessions and will allow the region to partner with the College of Nursing during the winter term to deliver two large (greater than 100 students on site) distance nursing classes using the smart technologies available in the room. The cost of the renovation was approximately \$700,000.

For the fall of 2010, small group and clinical science sessions for Phase C were accommodated in various meeting rooms, patient exam spaces and physicians' offices throughout the region. Future renovations described below will enhance this learning experience.

To support future expansions, the project team for the next phase of renovations at the RGH has now been struck. A draft design for a simulation centre is being reviewed and construction is expected to begin on this space in early 2011 (anticipated completion late 2011). The space will include two simulation rooms, debriefing spaces, multi-purpose rooms, support areas and patient exam spaces. A second smart classroom will also be renovated (anticipated occupancy of August 2011) and a renovation to the existing Health Sciences Library at the RGH will be completed to accommodate increased user traffic, and a student learning and resource area (anticipated completion late 2011).

## **3.0 Expanded Clinical Teaching Resources**

Here we provide an update on teaching resources in both urban and rural settings that are needed for the increased number of students in Regina and Saskatoon. Also described are new clinical sites and the expansion of existing sites.

### **3.1 Saskatoon**



The following table lists each required course and clerkship that engage incremental instructional staff to accommodate the proposed class size increase as taken from the Interim Class Size Template submitted to LCME/CACMS in August 2010)

Base-line data was from the academic year 2008-2009. Increases shown have occurred since that time.

<b>Course or Clerkship Title</b>	<b>Number of New Staff<sup>1</sup></b>	<b>Instructional Responsibilities of New Staff<sup>2</sup></b>
MED 101.0 Cardiopulmonary Resuscitation	7 additional tutors	Teach the class total hours (4 hours)
MED 103.2 Professional Issues in Medicine	Community-based part-time faculty, for a total increase of 0.3 annualized FTE	Maintain current class
MED 104.4 Life Cycle and Humanities	6-8 additional facilitators, community-based part-time faculty, for a total increase of 0.1 annualized FTE	Maintain current class Correct assignments
MED 105.8 Professional Skills	Additional community-based part-time faculty, 5 additional clinical mentors, for a total increase of 0.3 annualized FTE	Increased from 17 to 21 tutors
MED 106.19 Form and Function of the Human Body	Additional full-time Teacher Assistant Full Time University Faculty Member	Teach in gross anatomy lab Increased from 2 to 4 Teaching Fellows Teach 25-30 hours in course and administration of one or more modules
MED 108.4 Introductory Neuroanatomy	Full Time University Faculty Member (Dr. T. Atkins hired January 2008)	Coordinate Clinical Skills component of Neurosciences Vertical Theme (B)
MED 201.4 Pharmacology	Lecturer – 5 Year Term	Maintain course and teach in MED 106.19 Form and Function of the Human Body. Added 1 Assistant Professor, Tenure Track
MED 203.6 Microbiology & Infectious Diseases I	Additional community-based part-time faculty, for a total increase of 0.25 annualized FTE	Coordinate and teach in this class as well as MED 303.2 Microbiology & Infectious Diseases

MED 204.2 Clinical Sciences	Additional community-based part-time faculty, for a total increase of 2.0 annualized FTE	Maintain course as well as MED 304.10 Clinical Sciences
MED 303.2 Microbiology & Infectious Diseases	See MED 203.6 – some of this recruitment will be in Regina	
MED 304.10 Clinical Sciences	See MED 204.2	
Med 403.2 Anesthesia	No need for increase until 2011 for all the Med 400 (clinical rotations)	Data are currently being collected to assess the best way to manage the increased student enrollment in the clinical clerkships. While increased faculty will be required in 2011, we don't yet know how many, or from which faculty pool, they will be drawn
Med 404.6 Family Med	See above	See above
Med 405.12 Medicine	See above	See above
Med 406.6 ObGYN	See above	See above
Med 407.6 Peds	See above	See above
Med 408.6 Psych	See above	See above
Med 409.8 Surgery	See above	See above

<sup>1</sup>Includes full-time, part-time, and community-based (volunteer) faculty, residents, graduate students, and others with teaching responsibilities

<sup>2</sup>Lectures, small-group precepting, lab or clinical supervision.

Changes in student-faculty ratios or group size for dissection, lab supervision, and small-group discussions that would be required as a result of the proposed class size increase.

Group sizes are not anticipated to increase. Additional groups will be accommodated by increasing the number of facilitators. Addition of a full-time permanent teaching fellow position in anatomy will provide stability in the workforce and capacity for anatomy lab requirements due to the increased class size.

Changes in the numbers of volunteer patients that would be needed to accommodate the proposed increased class size.

It is anticipated that volunteer patients for interviewing skills (MED 105.8) will be increased from 16 to 20, and volunteer patients for MED 204 and MED 304 will increase from 72 to 84, with some of the latter being recruited in Regina.

We do not anticipate that any new clinical teachings sites will be required to accommodate the increased class size. Currently the main inpatient teaching is conducted within three sites in the

Saskatoon Health Region and two sites in the Regina Qu'Appelle Health Region. We plan to increase the number of students that will receive this portion of their education in Regina, as outlined in the Report on New Branch Campus or Proposed Expansion of an Existing Branch Campus to CACMS/LCME. Also, we currently engage more than 800 community-based physicians throughout the province to provide both didactic and clinical instruction. We believe that these resources are sufficient to handle the non-hospital based teaching that will be required with the increased class size.

### **3.1.1 Expanded Faculty Complement-Additional Documentation**

Here we provide an update on faculty recruitment in all clinical disciplines for the current and projected class sizes at the Saskatoon and Regina campuses. We also describe the number of faculty already hired and to be hired, by discipline (see detailed information in the appendices).

## **3.2 Regina and South Saskatchewan**

### **Phase D**

The program continues to function very well with the resources that have been dedicated to the program.

Medical Teaching Unit: Has been funded to date by the CoM. A proposal has been developed to solidify funding for this unit and has been forwarded to the Ministry of Health.

Pediatric Teaching Unit: To date pediatric teaching experiences have been rotationally based within the hospitals and preceptor-based in the community. A proposal to develop a Pediatric Teaching Unit within RGH (??) has been sent to the Ministry of Health, to begin in 2011.

### **Phase C**

Renovations are complete for the two classrooms that were required for Phase C. One room is located in Saskatoon and the other room is the RGH auditorium in Regina. The first group of students has finished Phase C and the feedback has been excellent as to the teaching program and facilities (see appendix T-1.4).

Fifty plus faculty have volunteered to teach in Regina and we could not use all of them with the initial volunteer complement of students (i.e., 12) who came to Regina for Phase C

Small classroom space is available for the small groups. We are somewhat short of physical exam rooms and this is being addressed for the next class in August 2011.

We are negotiating with the Regina Health Authority for additional space for offices and physical exam rooms. This space will be available in 2012 - 2013.

**Rural:**

Discussions have been ongoing with the rural Regional Health Authorities as to requirements for enhanced student presence in the rural areas. As a provincial plan is developed for this additional distributed medical education, this will give direction as to the requirements specific rural locations.

## From Branch Campus Template - Phase B (August 2010 interim report) and the Phase C Report

The following RGH space is available on either a shared or dedicated basis for undergraduate medical education (V/C, video conferencing).

<b>Type of Room<sup>1</sup></b>	<b>Seating Capacity</b>	<b>Main Educational Use(s)<sup>2</sup></b>
Seminar room (with V/C capability)	20	Group teaching and V/C
Seminar room	20	Group teaching
Seminar room (with V/C capability)	10	Group teaching and V/C
Auditorium	50	Group teaching and V/C
*Smart classrooms (2 adjoining)	25-50	Group teaching and V/C
*Simulation labs (2)	20	Group teaching
*Skills lab	40	Group teaching
4 breakout rooms	3-5	Small group teaching
5-6 clinical exam rooms	1-2	Patient exam rooms

<sup>1</sup>Lecture hall, multidisciplinary lab, conference room, small-group discussion room (number given in parentheses).

<sup>2</sup>Lectures, small-group discussion, dissection, slide study, wet lab, simulations, clinical skills practice or testing.

\* Planning is underway involving the Regina Qu'Appelle Health Region (RQHR) and the CoM to adapt and develop space within the hospitals/health facilities to support students, residents and health professionals. Funds have been allocated to develop space that will include simulation lab(s), additional technologically advanced lecture theatre(s) and additional study/research space.

The following space at Pasqua Hospital is available (on either a shared or dedicated basis) for undergraduate education

<b>Type of Room<sup>1</sup></b>	<b>Seating Capacity</b>	<b>Main Educational Use(s)<sup>2</sup></b>
Auditorium	40	Group teaching
3 Breakout rooms	10	Small group teaching

Library capacity within the RQHR is excellent. RQHR Health Sciences librarians are available to support medical students requiring assistance with literature searches. Students will also have the ability to connect to the Health Sciences Library at the University of Saskatchewan and the library at the University of Regina. Library holdings (books, periodicals and e-resources) will be

augmented as required to ensure equivalent access by Regina-based students as their Saskatoon peers. Access to study space and computers currently exists and will be further enhanced with the renovations to the library.

In addition, the RQHR has a research unit that provides a range of research and evaluation support services to both physicians and students.

A comprehensive Information Technology Department within the RQHR, in conjunction with the provincial Health Information Solution Centre, is available to support the academic information technology service requirements. Wireless capacity exists throughout the Regina Hospital complexes.

### **Adapted from the Phase C expansion interim Report for Regina:**

Instructional Staff

The following table for describes the resources required for Phase C in Regina.

<b>Course or Clerkship Title</b>	<b>Number of Staff<sup>1</sup></b>	<b>Instructional Responsibilities for Staff<sup>2</sup></b>
MED 301.3 Community Health & Epidemiology	2 Faculty	Small group teaching and delivery of some full class sessions by videoconferencing
MED 302.2 Systemic Pathology	2 Faculty	Small group teaching
MED 303.2 Microbiology & Infectious Diseases	1-2 Faculty	Small group & case-based teaching; some full class sessions by videoconferencing
MED 304.10 Clinical Sciences II	9-12 Faculty	Clinical supervision – small group and 1:1 preceptorships Small group/case-based teaching
MED 305.8 Systemic Study of Disease II	9-12 Faculty	Small group teaching and delivery of some full class sessions by videoconferencing

<sup>1</sup>Includes full-time, part-time, and community-based (volunteer) faculty, residents, graduate students, and others with teaching responsibilities

<sup>2</sup>Lectures, small-group precepting, lab or clinical supervision.

**Additional hiring that is planned, including the timetable for recruitment.**

Planning and operations expertise	In place
Learning Centre Director/Scheduler	In place
IT Facilitators	In place
Phase C Education Consultant	In place
Administrative Assistant	In place
Academic Faculty	In place
Undergrad Medical Coordinator	In place
Technology Coordinator	In place
Human Resources Coordinator	In place
Student Affairs Coordinator	In place
Librarian	In place
Clinical Sciences Coordinator	In place

**Adapted from the Phase B interim reporting:**

The following table describes the resources required for Phase B in Regina:

<b>Course or Clerkship Title</b>	<b>Number of Staff<sup>1</sup></b>	<b>Instructional Responsibilities for Staff<sup>2</sup></b>
MED 201.4 Pharmacology	2	Lectures, large group case presentations
MED 202.3 Systemic Pathology	4	Lectures, large group discussions
MED 203.6 Microbiology & Infectious Diseases	3	Lectures and small group sessions
MED 204.2 Clinical Sciences	19	Small groups, simulations, volunteer patients, lectures (pediatrics)
MED 205.16 Systems	36	Lectures, large group case-based discussions, small group discussions
MED 205.6 Inter-professional problem based learning	4	Lectures and small group discussions

MED Genetics 206.2	1	Lectures, large group discussions/presentations
MED 204.20 Community Health and Epidemiology	2	Lectures, community experience, large group discussions, small group discussions

<sup>1</sup>Includes full-time, part-time, and community-based (volunteer) faculty, residents, graduate students, and others with teaching responsibilities

<sup>2</sup>Lectures, small-group precepting, lab or clinical supervision.

#### **Additional hiring for Phase B in Regina:**

Planning and operations expertise	In place
Learning Centre Director/Scheduler	In place
IT Facilitators	In-place
Phase B Clinical Coordinator	In place
Phase B Curriculum and Evaluation Manager	In place
Administrative Assistant	In place
Academic Faculty	In place
Undergrad Medical Coordinator	In place
Technology Coordinator	In place
Human Resources Coordinator	In place
Student Affairs Coordinator	In place
Librarian	In place

#### **4.0 Resources to Ensure Equivalent Student Support Services in Regina**

Here we describe the means by which the medical school assures that students have the same rights and support services (e.g. financial aid, health services, personal counseling, career counseling, and academic support) at both sites.

There are few variations for students as it relates to financial aid. The RQHR provides some financial support to help students relocate from Saskatoon to Regina. Otherwise, students continue to have access to the same financial aid resources as their Saskatoon peers, including the services of MD Management. Help is also provided by both the CoM office in Regina and the RQHR if students have difficulty finding accommodation.

The students are encouraged to find a family physician in Regina. If they encounter difficulties, help is provided through the CoM site office. A cohort of family physicians has volunteered to take students as patients to ensure that all students have access (also see Transition Item 5 a).



Additional assistance is available through Dr. Nicole Fahlman, Student Affairs Coordinator, as well as a student representative in Regina. The students also have access to the Occupational Health and Safety Nursing Office within the RQHR for immunizations, safety glasses, and needle pokes.

Students can access the recreational facilities within the RQHR at no charge and at the University of Regina for the same charge they would pay at the University of Saskatchewan campus in Saskatoon. Parking facilities close to the teaching facilities (in the doctors' parking areas) are also provided for students by the RQHR.

Regular student services are available at both the Regina and Saskatoon campuses. Those that are physically located on the main campus are available remotely. On those few occasions when students must travel to Saskatoon to take advantage of unique opportunities or attend to special needs, travel costs are covered by the CoM. Additional video conferencing from Saskatoon to Regina has been arranged to include students in various activities such as Dean's lunches, feedback sessions, and other student meetings. In September 2011, we anticipate completion of a simulation centre and technology classroom at the RGH. Library services are available in the RQHR 24 hours a day, seven days a week. Transportation is being provided for Phase C students who require any learning off site (Wascana Rehabilitation Centre) of the RGH.

At the Saskatoon campus, students receive the benefits and support provided by the College Student Intermediaries (CSIs) at the Saskatoon campus. Dr. Nicole Fahlman, the current Student Affairs Director, is pleased to announce the development of the College Student Intermediary Program in Regina. College Student Intermediaries (CSIs) are people that volunteer their time as a resource for medical students in Regina to approach as an additional option in their choice of who they may speak to about personal and/or academic concerns. Usually students will go to their class representatives, to a staff member in the CoM office, or the Student Affairs Director directly as appropriate. However, rarely, the students may have specific reasons for not doing this and for wanting to speak to a different "safe" party instead. This is why the College has the volunteer CSI program. A CSI is available in the rare situation where the medical student is uncomfortable to use the usual channels and is in minor distress. The CSIs in Regina will be under the supervision of the Student Affairs Director; however they have the autonomy to arrange things directly for the students if that is the student's preference (with any information on resources needed to be provided by the Student Affairs Director, preferably, or Dr. Gill White, if that seems more appropriate, while maintaining anonymity for the student). Of course, if the student doesn't mind the issue being handed over directly to the Student Affairs Director that would be the efficient and preferable path of issue resolution. Volunteer CSIs in Regina are:

Dr. Merunka Mordasiewicz, a physician in the Academic Family Medicine unit;

Dr. Tiann O'Carroll, a physician working in Emergency; and

Dr. Ron Taylor, who is in charge of the Emergency Medicine Program and is an active emergency room physician.

Students are provided with e-mail and telephone contact information for these physicians.

Students in Regina have complete health and dental coverage provided by <http://www.ihaveaplan.ca/>

Students in Regina must opt into the program by the end of September to be covered. A cohort of family physicians has volunteered to take the students as patients to allow all of them to have access to a family physician.

All students have the benefit of library resources and services from the Regina Qu'Appelle Health Region and the University of Saskatchewan Health Sciences Library. There are three libraries with four librarians and 3.8 library technicians within the Regina Qu'Appelle Health Region, where a full range of library services are available: Library instruction, book and journal loans, interlibrary loans, current awareness services, reference services and literature search services. Instructional sessions are conducted on a variety of topics upon request.

The library has 12 online public access computers (soon to be 14) in its three locations. The library has also provided computer stations for surgery, emergency, psychiatry, and the students' lounge in order to access library and other resources. Support for hand-held devices is provided and a selection of point of care resources is included in the region-wide resources available through the library.

The library delivers as many of its services as possible to the desktop. Off-site access to RQHR library resources is also available.

## **5.0 Processes to Determine Student Distribution**

Here we describe how students will be assigned to the Regina and Saskatoon campuses in the 2011-2012, 2012-2013 and 2013-2014 academic years. A chart indicating the planned distribution of students for the next 5 years is attached as **Appendix T-1.5**. Developing the policy to distribute the students is ongoing; however, we have included some of the information and considerations that have been made to date.

Currently, we prefer that students volunteer to go to the other campus. When allotted quota is not achieved with volunteers, then a lottery system is used to determine which students go. The students are allowed to submit letters indicating reasons why they should remain in Saskatoon (i.e. employed spouse, children, etc.) and these are taken into consideration prior to the lottery. It has only been necessary to use the lottery system one year.

The applicant information on the College website in Section X. Clinical Clerkship contains information about the distributive model of education at the University of Saskatchewan.

<http://www.medicine.usask.ca/education/medical/undergrad/admissions/admissions-information/Applicant%20Information%202011%20-%20Nov%2023%202010%20for%20website%20-%20with%20CRC.pdf>

Excerpt from Applicant Information document *Fall 2011 Admission Requirements*:

### **X. CLINICAL CLERKSHIP**

The University of Saskatchewan College of Medicine has a distributed learning environment in which a number of clinical educational experiences take place in a number of Saskatchewan Health Regions and teaching hospitals (the “Academic Health Sciences Network”).

Students who are admitted to the undergraduate medical education program may be assigned to various sites for educational experiences. Specifically, it should be noted that students may be assigned to complete up to two years of educational training, including the clinical clerkship, outside of Saskatoon.

A motion regarding the contracts that are offered to students entering in 2011 and classes thereafter was passed at the Faculty Council meeting of January 19, 2011. Specific information about the administration of the motion will be available on site.

### **Overall summary:**

For the incoming class of 2010, based on the contract we had students sign when they accepted a seat, we are able to assign any student to study outside of Saskatoon for their final two years of study (i.e., phases C and D). For the incoming class of 2011, the contract will be changed to allow for assigning three years of study outside of Saskatoon. With this approach, we have relied on (and preferred) students to choose to study in Regina. Where sufficient volunteers are not forthcoming, and we have student agreement to assign to site, we will use to a lottery to fill the remaining seats in Regina. Similarly, if more students choose Regina than can be

accommodated, a lottery would be used to balance the site assignments. Beginning with students entering as of 2012, which are intended to coincide with a class size increase of 16 to a total intake of 100, we will use a process for assigning each student's home base as part of the admissions process. As such, a student will know when they accept a seat whether they will spend years two through four in Regina or Saskatoon.

**Distribution According to 2011/12, 2012/13, & 2013/14 Academic Years (Aug - July each year)**

NOTE: Students not volunteering or assigned to Regina remain in Saskatoon.

- 2011-2012     Aug - Dec 2011 = Phase C Regina; up to 25-35 volunteers  
                  Jan - July 2012 = 25-35 Phase D Regina (the above Phase C student & additional volunteers; if not enough, lottery draw to assign remainder to total 25-35 students; if too many volunteers, lottery draw to balance sites)  
                  Jan - May 2012 = Phase B Regina; up to 25-35 volunteers
- 2012-2013     Aug 2012 - May 2013 = Above 25-35 Phase D students continue in Regina  
                  Aug - Dec 2012 = 25-35 Phase C Regina (from above 2011/12 Phase B volunteers; if not enough volunteers, lottery draw to assign remainder to total 25-35 students; if too many volunteers, lottery draw to balance sites)  
                  Jan - July 2013 = Above 25-35 Phase C students continue Phase D in Regina  
                  Jan - May 2013 = Phase B Regina; up to 25-35 volunteers; if not enough volunteers, lottery draw to assign remainder of total 25-35; if too many volunteers, lottery draw to balance sites
- 2013-2014     Aug 2013 - May 2014 = Above 25-35 Phase D students continue in Regina  
                  Aug - May 2014 = 40 Phase B Regina students (via admissions process\*\*)  
                  Aug - Dec 2013 = 25-35 Phase C Regina (above 2012/13 Phase B volunteers; if not enough volunteers, lottery draw to assign remainder of total 25-35; if too many volunteers, lottery draw to balance sites)  
                  Jan - July 2014 = Above 25-35 Phase C students continue Phase D in Regina

**Distribution According to Year of Graduation**

NOTE: Students not volunteering or assigned to Regina remain in Saskatoon.

- 2013 (84 students)     Aug - Dec 2011 = Phase C Regina; up to 25-35 volunteers

Jan 2012 until graduation in May 2013 = Phase D Regina; 25-35 volunteers; if not enough volunteers, lottery draw to assign remainder to total of 25-35; if too many volunteers, lottery draw to balance sites

2014 (84 students) Jan - May 2012 = Phase B Regina; up to 25-35 volunteers  
Aug 2012 - May 2014 = Phase C & D Regina; 25-35 volunteers; if not enough volunteers, lottery draw to assign remainder to total of 25-35; if too many volunteers, lottery draw to balance sites

2015 (84 students) Jan - May 2013 = Phase B Regina; Volunteers (to 25-35); if not enough volunteers, lottery draw to assign remainder to total 25 – 35; if too many volunteers, lottery draw to balance sites  
Aug 2013 - May 2015 = Phase C & D Regina; 25-35 volunteers; if not enough volunteers, lottery draw to assign remainder to total 25-35; if too many volunteers, lottery draw to balance sites

2016 (100 students?) Aug 2013 - May 2016 = Phase B, C, & D Regina; 40 selected through an admissions process\*\* implemented for the incoming class August 2012.

\*\*Motion recommended to Faculty Council of Medicine by the Admissions Committee (final approval at the May 2011 Council meeting): Applicants in their electronic application (deadline end of October 2011 and annually thereafter) will be asked to select either Regina or Saskatoon as the site for their 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> years of training (all 1<sup>st</sup> year of training is in Saskatoon). Each applicant's admission rank number (based on 65% MMI and 35% GPA) will then be used to place an applicant in either Regina or Saskatoon. As long as a spot is open in either place, an applicant will get their choice of location. As allocated seats in either Regina (i.e. 40) or Saskatoon (i.e. 60) become filled, applicants next on the admission rank list will be offered a seat in the alternative location. As such, an applicant either will get their location of choice or be given the choice of accepting or declining a seat at the alternative site.

## College of Medicine - Faculty Complement Plan ( December 1, 2010)

## Schedule Key:

Incumbent Status	
1	Clinical - Medical
2	Basic Scientist
3	Other
4	To Be Determined

Position Type	
TT	Tenure Track
CS	Continuing Status
Super	Supernumery
Term	Term

Attachment D

Appendix T-1.1

## Source of Academic Component

Biotech	Biotech and Biomolecular initiatives position
Univ	University Operating Budget position
CSF	Clinical Services Fund position
CPP	Clinical Practice Plan position.
Repl	Term replacement position for Associate Dean
Other	Other Source(s) of support for the position (White)
Accred	Position supported by Accreditation Financing 2003-2009 (\$13.5M)

Line	Dept Count	Incumbent Status	Position Type	Source of Academic Comp	Department	Incumbent
1		1	TT	Univ	Dean's Office	Albritton, W
			CS	CSF	Dean's Office	Harding, S
			TT	Univ	Dean's Office	Harrison, E
			TT	Univ	Dean's Office	Olatunbosun, O
			TT	Univ	Dean's Office	Ovsenek, N
2		1	TERM	Univ	Dean's Office	Smith-Windsor, T
			TT	Univ	Dean's Office	Stoneham, G
			TT	Univ	Dean's Office	Qualtiere, L
	2		TT	Univ	Dean's Office	White, G
3		1	CS	CSF	Positions held by College - Include unallocated and committed	TBA
4		1	CS	CSF	Positions held by College - Include unallocated and committed	TBA
5		1	CS	CSF	Positions held by College - Include unallocated and committed	TBA
6		1	CS	CSF	Positions held by College - Include unallocated and committed	TBA
7		2	TT	Univ	Positions held by College - Include unallocated and committed	TBA
8		1	TT	Univ	Positions held by College - Include unallocated and committed	TBA
9		1	TT	Univ	Positions held by College - Include unallocated and committed	TBA
10		2	TT	Univ	Positions held by College - Include unallocated and committed	TBA
11		4	TT	Univ	Positions held by College - Include unallocated and committed	TBA New Class Size 2010-11
12		4	TT	Univ	Positions held by College - Include unallocated and committed	TBA New Class Size 2010-11
13		1	TT	Univ	Positions held by College - Include unallocated and committed	TBA New Class Size 2010-11
14		1	TT	Univ	Positions held by College - Include unallocated and committed	TBA New Class Size 2010-11
15		4	TT	Univ	Positions held by College - Include unallocated and committed	TBA New Class Size 2010-11
16		4	TT	Univ	Positions held by College - Include unallocated and committed	TBA New Class Size 2010-11
17		4	TT	Univ	Positions held by College - Include unallocated and committed	TBA New Class Size 2010-11
18		4	TT	Univ	Positions held by College - Include unallocated and committed	TBA New Class Size 2010-11
19		4	TT	Univ	Positions held by College - Include unallocated and committed	TBA New Class Size 2010-11
20		4	TT	Univ	Positions held by College - Include unallocated and committed	TBA New Class Size 2010-11
21		4	TT	Univ	Positions held by College - Include unallocated and committed	TBA New Class Size 2010-11
22		2	TT TERM	Univ	Positions held by College - Include unallocated and committed	TBA
23		1	TT TERM	Univ	Positions held by College - Include unallocated and committed	TBA
24		1	TT TERM	Univ	Positions held by College - Include unallocated and committed	TBA
			TT	Bio Tech	Positions held by College - Include unallocated and committed	N/A
22			TT	Bio Tech	Positions held by College - Include unallocated and committed	N/A
25		2	TT	Univ	Anat Dept Hd	Devon, R
26		2	TT	Univ	Anat	Ovsenek, N
27		2	TT	Univ	Anat	Chapman, D
28		2	TT	Univ	Anat	Corcoran, M
29		2	TT	Univ	Anat	Doucette, R
30		2	TT	Univ	Anat	Haas, T
31		2	TT	Univ	Anat	TBA
32		2	TT	Univ	Anat	Krone, P
33		2	TT	Univ	Anat	Kulyk, W
34		2	TT	Univ	Anat	Mohamed, A
35		2	TT	Univ	Anat	Nichol, H
36		2	TT	Univ	Anat	Rosser, B
37		2	TT	Univ	Anat	Schreyer, D
38		2	TT	Univ	Anat	Verge, V
39		2	TT	Univ	Anat	Cooper, D
40		2	TT	Univ	Anat	Boughner, J
41		2	WOT	Univ	Anat	Langer, T
42		2	TERM	Univ	Anat	Chlan-Fourney, J
43		2	TERM	Univ	Anat	Malin, G
44	20	2	TT	Biotech	Anat	Harkness, T
45		2	TT	Univ	Biochem Dept Hd	Khandelwal, R
46		2	TT	Univ	Biochem	Leary, S
47		2	TT	Univ	Biochem	Geyer, R
48		2	TT	Univ	Biochem	Lukong, E
49		2	TT	Univ	Biochem	Lee, J
50		2	TT	Univ	Biochem	Luo, Y
51		2	TT	Univ	Biochem	Napper, S
52		2	TT	Univ	Biochem	Stone, S
53		2	TT	Univ	Biochem	Pato, M
54		2	TT	Univ	Biochem	Roesler, W
55		2	TT	Univ	Biochem	Warrington, R
56		2	TT	Biotech	Biochem	Wang, Hong
57		2	TT	Univ	Biochem	TBA
58		2	TERM	Univ	Biochem	Anderson, K
59		2	TT	Biomolecular	Biochem	Dmitriev, O
60	16	2	TT	Biomolecular	Biochem	Moore, S
61		2	TT	Univ	Micro Dept Hd	Bretscher, P
62		2	TT	Univ	Micro	Goldie, H
63		2	TT	Univ	Micro	Havale, C
64		2	TT	Univ	Micro	Hayes, S
65		2	TT	Univ	Micro	Howard, P
66		2	TT	Univ	Micro	van den Hurk, S
67		2	TT	Univ	Micro	Xiao, W
68		3	TERM	Univ	Micro	Bull, H
69		2	TT	Univ	Micro	Chelico, L
70		2	TT	Univ	Micro	TBA
71		2	TT	Univ	Micro	Kobryn, K
72	12	2	TT	\$10.60	Micro	Wilson, J
73		2	TT	Univ	Pharm Dept Hd	Gopalakrishnan, V







**Schedule Key:**

Incumbent Status	
1	Clinical - Medical
2	Basic Scientist
3	Other
4	To Be Determined

Position Type	
TT	Tenure Track
CS	Continuing Status
Super	Supernumerary
Term	Term

**Attachment D**

### Source of Academic Component

Biotech	Biotech and Biomolecular initiatives position
Univ	University Operating Budget position
CSF	Clinical Services Fund position
CPP	Clinical Practice Plan position.
Repl	Term replacement position for Associate Dean
Other	Other Source(s) of support for the position (White)
Accred	Position supported by Accreditation Financing 2003-2009 (\$13.5M)

Line	Dept Count	Incumbent Status	Position Type	Source of Academic		Department	Incumbent
				Comp			
238		1	TT	Univ	Ped Gen		Bruce, G
239		1	TT	\$10.50	Ped Gen		Mohtar, M
240		1	TT	\$10.50	Ped Gen		Brusky, J
241		1	TT	Univ	Ped Gen		TBA
242		1	CS	CSF	Ped ID		Tan, B
243		1	CS	CPP/10.5	Ped ID		McConnell, A
244		1	TT	Univ	Ped Med Gen		Lemire, E
245		1	TT	Univ	Ped Med Gen		TBA
246		1	CS	CPP	Ped Neonat		Sankaran, K
247		1	CS	CPP	Ped Neonat		Givellichian, L
248		1	CS	CPP	Ped Neonat		Wonko, N
249		1	TT	Univ	Ped Nephrol		Erickson, R
250		1	CS	CPP	Ped Neurol		Huntsman, R
251		1	TT	Univ	Ped Neurol		Lowry, N
252		1	TT	Univ	Ped Neurol		Datta, A
253		1	TT	\$10.50	Ped Rheum		Shill, N
254		1	CS	CSF	Ped Resp		TBA
255	27	1	TT	Univ	Ped Research Dir		Rosenberg, A
256		1	TT	\$10.50	Phys Med Single Hd		Rudachyik, L
257		1	TT	Univ	Phys Med		TBA
258		1	CS	CSF	Phys Med		Knox, K
259		1	CS	CSF	Phys Med		Sankaran, R
260		1	TT	Univ	Phys Med		TBA
261	6	1	TT	Univ	Phys Med		Linassi, G
262		1	TT	\$10.50	Psych Single Hd		Baetz, M
263		1	CS	CSF	Psych		Bennett, V
264		1	CS	CSF	Psych		Blackshaw, S
265		1	CS	CSF	Psych		TBA
266		1	CS	CSF	Psych (Forensic)		Mela, M
267		1	CS	CSF	Psych		TBA
268		1	TT	Univ	Psych		TBA
269		1	TT	Univ	Psych		Bowen, R
270		1	TT	Univ	Psych		Cherland, E
271		2	TT	Univ	Psych		Mousseau, D
272		1	TT	Univ	Psych		Quinn, D
273		1	TT	Univ	Psych		Templier, R
274		2	TT	Univ	Psych		Walz, W
275	14	2	TT	\$10.50	Psych / SPH		D'Arcy, C
276		1	TT	\$10.50	Surg Single Hd/ Thoracic		Casson, A
277		1	CS	CSF	Surg CV		Myrook, T
278		1	TT	Univ	Surg CV		Thomson, D
279		1	CS	CSF	Surg Gen		Chandra-Kanthan, S
280		1	CS	CSF	Surg Gen		Kennedy, R
281		1	CS	CSF	Surg Gen		Moser, M
282		1	TT	Univ	Surg Gen		Keith, R
283		1	TT	Univ	Surg Gen		McFadden, A
284		1	TT	Univ/APP	Surg Gen Ped		Miller, G
285		1	CS	CPP/APP	Surg Neuro		TBA
286		1	CS	CPP/APP	Surg Neuro		Meguro, K
287		1	CS	CPP/APP	Surg Neuro		TBA
288		1	TT	Univ/APP	Surg Neuro		Fourney, D
289		1	TT	Univ/APP	Surg Neuro		Kelly, M
290		1	CS	CSF	Surg Ortho		Dust, W
291		1	CS	CSF	Surg Ortho		King, A
292		1	TT	Univ	Surg Ortho		Dzus, A
293		1	TT	Univ	Surg Ortho		Johnston, G
294	19	1	TT	Univ	Surg Ortho		Yong-Hing, K
295		3	TT	Univ	CH & E Dept Hd		Muhajarine, N
296		3	TT	Other	CH & E		Abonyi, S
297		3	TT	Univ	CH & E / SPH		Dickson, G
298		3	CS	Other	CH & E		Leis, A
299		3	TT	Univ	CH & E (ES&D)		D'Eon, M
300		3	TT	Univ	CH & E		Engler-Stringer, R
301		3	TT	Univ	CH & E		Hanson, L
302		3	TT	Univ	CH & E		Janzen, B.
303		3	TT	Univ	CH & E		Lim, H.
304		3	TT	Univ	CH & E		Pahwa, P
305		3	TT	Univ	CH & E (ES&D)		Premkumar, K
306		1	TT	Univ	CH & E / SPH		Reeder, B
307		3	TT	\$10.50	CH & E / SPH		Whitehead, S
308	14	1	TERM	Univ	CH & E		Thorpe, L.

UPDATE FOR DEC 1/10

Faculty Complement - Filled, Approved and Unallocated Positions - December 1, 2010

Attachment E

Departments	Anat	Anes	Biochem	CHE	Dean's Office	College	Family Med	Med Imaging	Medicine incl CCHSA	Micro	Obs Gyn	Pathology	Pediatrics	Pharm	Phys Med	Physio	Psych	Phys Ther	Surgery	Total
<b>Permanent Positions</b>																				
a) Tenure Track - U of S Operating Budget	15	6	11	9	7	4	8	2	24	8	4	9	6	7	3	6	6	8	9	152
b) New Class Size Funding	1		1		1	11	6	3	3	2		1	3	1		2	1	1		37
<b>Accreditation</b>																				
a) Unified Department Heads		1							1	1	1	1	1	1	1			1	1	9
b) Full Time Faculty				1			10		4	1	3	1	3					1		24
c) Term Position																				
<b>Continuing Status</b>																				
a) Clinical Services Fund		4			1	4	3		1		1	4	3		2		5		6	34
b) Clinical Practice Plans									10					6						16
c) Other Sources				2			2		2				1							7
d) Alternate Payment Plans													4						3	7
<b>Total Permanent Positions</b>	<b>16</b>	<b>11</b>	<b>12</b>	<b>12</b>	<b>9</b>	<b>19</b>	<b>29</b>	<b>6</b>	<b>45</b>	<b>11</b>	<b>9</b>	<b>16</b>	<b>27</b>	<b>8</b>	<b>6</b>	<b>14</b>	<b>9</b>	<b>19</b>	<b>286</b>	
<b>Other Positions</b>																				
a) Term Replacement for Associate Dean							3													3
b) Bio Tech and Bio Molecular Tenure Track	1		3																	4
c) CRC Chairs				1																1
d) Supernumerary Financed by University Funds	2		1	1			1		2	1				1		2		1		12
e) Term Positions Financed by Clinical Practice Plans									2											2
<b>Total Other Positions</b>	<b>3</b>		<b>4</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>1</b>		<b>4</b>	<b>1</b>				<b>1</b>		<b>2</b>		<b>1</b>		<b>22</b>
<b>Total Filled, Approved and Unallocated Positions</b>	<b>19</b>	<b>11</b>	<b>16</b>	<b>14</b>	<b>9</b>	<b>22</b>	<b>30</b>	<b>6</b>	<b>49</b>	<b>12</b>	<b>9</b>	<b>16</b>	<b>27</b>	<b>9</b>	<b>6</b>	<b>10</b>	<b>14</b>	<b>10</b>	<b>19</b>	<b>308</b>
Faculty Complement as of Dec 1, 2007	16	10	17	16	6	18	23	13	48	8	8	15	27	9	6	9	14	8	19	292
Increase in Faculty Complement to December 1, 2010	1	1	-1	-2	3	4	7	-7	1	4	1	1	1			1		2		16

Faculty Positions to be Added as per Draft Expenditure Plan Related to Increased Undergraduate and Post Graduate Class Size

New Faculty Positions (including Unified Clinical Department Heads)									
	Incr UG Seats	Incr PG Seats			Dec 1 2007 Planned FTE	Revised FTE	Hires to Dec 1, 2010	Recruit. in Progress Of Dec 1, 2010 (*Note 2)	To be Alloc as Of Dec 1, 2010 Total
Year:									
2007/2008	8								
2008/2009	16	24			7	7	5	2	7
2009/2010		24			5	5	4	1	5
2010/2011		12			14	26	14	8	26
2011/2012					12				
2012/2013	16				7	5		1	5
2013/2014					6	8			8
2014/2015						2			2
2015/2016						6			6
<hr/>									
Total Incremental Student Positions									
	40	60	51	59	23	12	24	59	59

\*NOTE 1 - Medical Imaging Tenure-Track positions since 2008, have increased by 1. The net decrease of 7 positions is the result of CPP funded academic positions becoming Community Faculty without full-time academic appointments.

\*NOTE 2 - Recruitment in Progress:

- 2008/2009:  
1. Family Medicine (TBA)  
2. Medicine, GIM (TBA)

- 2010/2011:  
1. Micro & Immuno (TBA)  
2. Medicine, CCHSA (Callaghan)  
3. Pathology (TBA)

- 2011/2012:  
None available

- 2009/2010:  
1. Pharmacology (TBA)
- 2012/2013:  
1. Family Medicine (TBA)
- 2013/2014:  
1. Micro & Immuno (TBA)  
2. Medicine, CCHSA (Callaghan)  
3. Pathology (TBA)  
4. Pharmacology (TBA)  
5. Dept TBD - Clinical MS Research Chair  
6. Dept TBD - CRC-1 Synchrotron Light  
7. Dept TBD - CRC-2 Biomed MS Research  
8. Dept TBD - CRC-2 Biomed Image Processing

Appendix T-1.2

## Appendix T-1.3

Date Printed:3/14/2011 10:43 AM

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\\cabinet\work\jan\931\My Documents\report\_UofS\_100\Appendix%20T-1.3%20New%20Class%20Size%20positions(1).xls

## ED-44 Regina Survey

*In March, 2011 we will be having a site visit from Committee on Accreditation of Canadian Medical Schools and the Liaison Committee on Medical Education (CACMS/LCME).*

*Part of the documentation they have asked for pertains to some of the standards that were deemed to be in partial or substantial non-compliance. We have been asked to supply survey data showing whether students at the Regina campus are satisfied with the support services they receive.*

*Please answer the following questions and submit your answers prior to December 13, 2010. Your feedback is greatly appreciated!*

Service	N/A (did not use service)	1 Not at all Satisfied	2	3	4	5 Very Satisfied	#	Mean
Parking	2	0	0	0	4	8	12	4.7
Lockers	1	0	0	1	4	8	13	4.5
Mail	1	0	0	0	9	4	13	4.3
Security identification	0	0	0	3	4	7	14	4.3
Gym facilities	3	0	3	3	2	3	11	3.5
Library	2	0	1	1	4	6	12	4.3
Residences (i.e., Wascana Rehab Centre)	10	0	0	1	2	1	4	4.0
Registration with the College of Physicians and Surgeons	4	0	0	0	5	4	9	4.4
Audio-Visual	0	0	2	2	7	3	14	3.8
Confidentiality issues (health region orientation manual)	1	0	0	1	7	4	12	4.3
Health & dental	9	0	0	1	3	1	5	4.0
Receiving signatures for student loan forms.	5	0	0	1	1	6	8	4.6
Director of Student Affairs of CSFs	7	0	0	3	3	1	7	3.7
Contacts re concerns about course or section	0	0	0	2	7	5	14	4.2
Counseling services for social, family, and/or personal problems (i.e., Student Health, Student Counseling, Saskatchewan Medical Association Physician Support Program, Advocacy, Legal Advice, sexual harassment and assault, racism).	8	0	0	1	3	2	6	4.2
Financial aid - RQH provides some financial support for moving expenses.	4	0	0	2	4	4	10	4.2
	57	0	6	22	69	67	164	4.2

*Please provide any comments you have about the services provided to Regina students:*

Very friendly and approachable office staff who are great at addressing concerns. Also Associate Dean Dr. White is extremely accommodating and open to feedback from students! I have not regretted one bit my decision to come to Regina for internship!

Re student loans, Student Central in Saskatoon is a handy resource which I have been unable to attend to ask questions The shift from overflow parking lot to the physician's lot was fantastic, so as long as the JURSIs will still be able to do that in the spring it will be appreciated. I have found Regina to be much more supportive, flexible and reactive than Saskatoon and feel it would be of benefit to everyone to take more learners here.

Gym at the hospital is kind of a little room in the basement. A nicer facility would be appreciated. The lockers are outdated but functional. The library is not as extensive as its counterpart in Saskatoon. A subscription to Uptodate like many other schools have would be a nice addition. We used to have it but it was deemed too expensive. I don't think a price should be put on our learning like that.

The staff at the College of Medicine here in Regina, have been absolutely exceptional. They all go out of their way to help us and make our time here easier. We all know each other by name and it makes it a really enjoyable environment to be around. Thanks for all of your hard work. We truly appreciate it!

Appendix T-1.4

I have been very pleased with the facilities and services in Regina. We have particularly good parking, library services, IT support, and administrative staff.

The letter below was submitted by the Class of 2012 Students in Regina, following the inaugural Phase C experience.

November 18, 2010

Dear Dr. G. Linassi,

It is with great pleasure that we express our appreciation and gratitude to the College of Medicine in Regina and Southern Saskatchewan for their significant contribution to medical education in the province of Saskatchewan.

As students, we understand that the implementation of distributive medical education in Saskatchewan is a complex process with significant challenges and barriers that could only be overcome through strong leadership, cooperation, innovation, and a common vision for success. The combined efforts of the Regina Qu'Appelle Health Region, the Government of Saskatchewan, and the University of Saskatchewan College of Medicine have effectively created a positive learning opportunity in Regina that has profoundly impacted our medical education and future careers as physicians.

The administration and faculty of the Regina Qu'Appelle Health Region have not only fulfilled, but exceeded their stated commitment to creating an exceptional education environment with the aim of training skilled, empathetic, and professional physicians for the province of Saskatchewan.

The RQHR has effectively recruited and organized physician educators to create the premiere clinical learning experience for undergraduate medical education. As students, we have the opportunity to learn in small, individualized groups that challenge us to perform at our best and motivate us to succeed. We have the privilege of working in engaging environments with passionate physician leaders that are committed to both teaching and demonstrating the virtues of physicians as skilled clinicians, leaders, scholars, and educators. Through their investment of time and enthusiasm into our education as physicians, they have inspired us and renewed our own commitment to the art of medicine.

The RQHR administration has displayed exceptional organizational capacity and professionalism throughout the entire experience. While facing the prospect of organizational and technological hurdles that are adherent in all new programs, the administrative and technological staff have managed to organize the program flawlessly. They have demonstrated the ability to engage in positive dialogue with students to improve our learning experience and seamlessly adapt to constructive feedback in the aim of furthering the quality of medical education. Ultimately, they have managed to create a profoundly positive learning environment with a spirit of collegiality and friendship.

As a class, we have only compliments for the innumerable successes and are without criticism of undergraduate medical education in Regina. We are excited about the future of distributive education in Regina and sincerely hope that the RQHR is given the opportunity to positively impact medical education in an expanded role in the future.

Sincerely,

All 12 Regina Phase C Medical Students  
College of Medicine - Class of 2012  
University of Saskatchewan

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