

**Welcome to the  
Division of Continuing Medical Education's  
Post COVID-19 Condition  
2026 Webinar Series**



# Treaty Acknowledgment

As we gather here today, we acknowledge we are on Treaty 2, 4, 5, 6, 8 and 10 Territories and the Homeland of the Métis. We respect that Indigenous people have rich cultural and traditional practices that have been known to improve health outcomes. We pay our respect to the First Nations and Métis ancestors of this place and reaffirm our relationship with one another.



# Quick Poll

- Please select your role from the list, so we can see who is in the audience.
- Please rate your **knowledge level** about the Post COVID-19 Condition (PCC) topics **before** attending the webinar.

The image shows a screenshot of a Zoom poll interface. At the top, there is a dark header with the word "Zoom" and a close button (X). Below the header, the word "Poll" is displayed. There is a text input field for the poll question, followed by four radio button options. The bottom option is selected, indicated by a blue bar next to the radio button. At the bottom of the poll interface is a blue "Submit" button.



# Accreditation Credits

- **Royal College of Physicians and Surgeons of Canada (RCPSC):**  
This event is an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification (MOC) program of the Royal College of Physicians and Surgeons of Canada and approved by the Division of Continuing Medical Education, College of Medicine, University of Saskatchewan. You may claim a maximum of 1.0 hours (credits are automatically calculated).
- **The College of Family Physicians of Canada (CFPC):**  
This activity meets the certification criteria of the College of Family Physicians of Canada and has been certified by the Continuing Medical Education Division, University of Saskatchewan for up to 1.0 Mainpro+® Certified Activity credits.
- **Other Healthcare Professionals:**  
Participation in this event may be included as part of the continuing education and competence programs established by individual professional associations.



# Following this webinar..

## Certificates:

Certificates will be emailed to those who attend the live session, within 10-14 business days post-webinar.



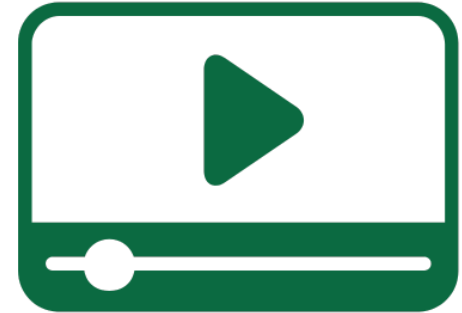
## Evaluation:

A survey link will be shared in the chat at the end of this event. The link will also be included in the email distribution of the certificates.



## Recordings:

This event will be recorded for future educational purposes and managed/distributed by CME.





# Digital Learning Experience

## Questions:

- Throughout the presentation and during the Q&A period, attendees can submit written questions through **Zoom’s Q&A function** (anonymously, if desired) or **chat function** (addressed to “everyone”)
- During the presentation, attendees will be muted.
- During the Q&A period following the presentation, attendees can use the **raise hand function** and **unmute** to ask a question.

## Video:

- Video has been enabled and is optional for attendees.
- During the Q&A period, any speakers, including our main presenters, will be recorded.





# Mitigating Potential Bias

## **Potential sources of bias have been mitigated.**

- CME office recruits, communicates and manages all financial supporters, not the Scientific Planning Committee.
- 'Event Supporters' are kept separate from the educational content and listed as 'non-accredited' and 'optional' to attendees.
- 'Event Supporters' are not provided the opportunity to have commercial influence towards the educational content being delivered.
- Continuing Professional Development (CPD) material is peer reviewed and elevated to the Director of Accreditation, CME for further review, if required, until in compliance with the national accreditation standards.
- Brands/medical equipment/etc. are equally presented with no bias and/or with a generic brand listed.
- Survey results are documented, reviewed and addressed when bias is identified.

# Gary Groot MD, PhD, FRCSC, FACS

- Professor at the University of Saskatchewan, College of Medicine
- Holds a joint appointment in the Departments of Surgery and Community Health & Epidemiology
- Clinical work based in Surgery; research rooted in Community Health & Epidemiology
- Integrates health equity, implementation science, patient-oriented/community research, and realist philosophy into his research program
- Early interest in health equity and reconciliation began in Zaire, Africa; further developed during his PhD
- Former Chair of the Canadian Partnership Against Cancer's Equity Advisory Committee
- Extensive experience in community-engaged health services research with Indigenous communities
- Current research with Métis Nation–Saskatchewan and the Saskatchewan Cancer Agency focuses on culture as a social determinant of health
- Co-leads the Population Health Pillar 4 of the Long COVID Web



# Maria Diaz Vega MSc

## Research staff from Community Health and Epidemiology

- Originally from Mexico, with a mixture of Indigenous and European ancestry
- Master's graduate (2024), Department of Community Health and Epidemiology, University of Saskatchewan
- Studied Indigenous health in Canada and worked directly with Indigenous communities during her program
- Master's thesis focused on cultural continuity and health promotion among Métis people in Saskatchewan
- Currently a Research Officer with Dr. Gary Groot's Indigenous Health research team
- Over the past two years, has focused on Long COVID research, particularly the lived experiences of Métis individuals





# Understanding the Lived Experience of Saskatchewan Métis People Living with Long COVID: A Hermeneutic Phenomenological Study

Gary Groot, MD, PhD, FRCSC, FACS  
Maria Diaz Vega, MSc

CME Webinar Series 2026  
April 28, 2026

# Presenter Disclosure

**Faculty:** Dr. Gary Groot

## **Relationships with financial sponsors:**

- **Grants/Research Support:** CIHR, SHRF, Métis Nation Saskatchewan
- **Speakers Bureau/Honoraria:** Regeneron
- **Consulting Fees:** NONE
- **Patents:** NONE
- **Other:** NONE

# Presenter Disclosure

**Faculty:** MSc Maria Diaz Vega

## **Relationships with financial sponsors:**

- **Grants/Research Support:** NONE
- **Speakers Bureau/Honoraria:** NONE
- **Consulting Fees:** NONE
- **Patents:** NONE
- **Other:** NONE

# Disclosure of Financial Support

This project has received financial support from Métis Nation–Saskatchewan (MN–S) in the form of a research grant

# Learning Objectives

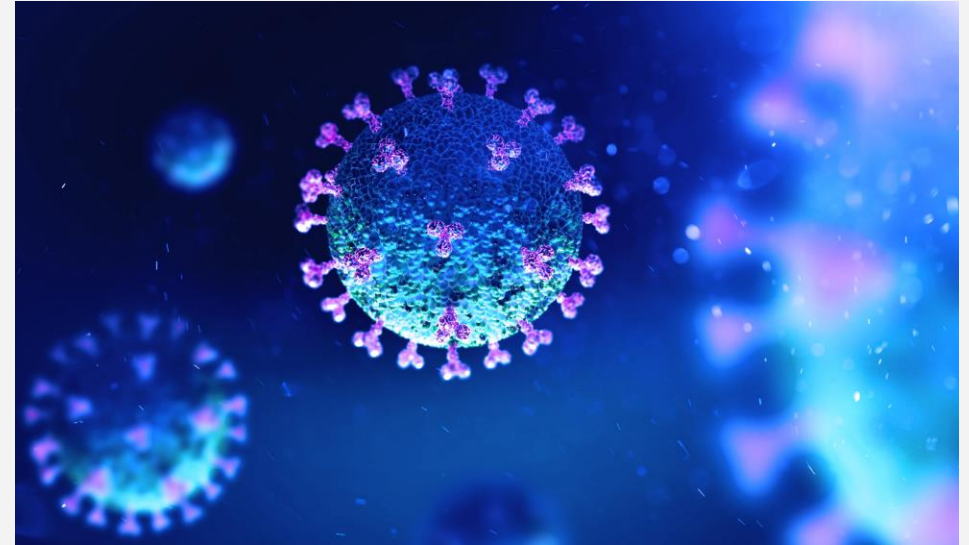
- Summarize recent updates on collaborative research with Métis communities in Saskatchewan exploring the lived experiences of Post-COVID-19 Condition and identifying culturally relevant supports needed by Métis individuals.
- Identify the health, social, and cultural impacts of Post-COVID-19 Condition on Métis individuals in Saskatchewan.

# Outline

- Long COVID Overview
- Background/ Rationale
- Objective
- Approach
- Method
- Interview Guide
- Data Collection
- Data Analysis
- Findings
- Knowledge Translation

# What is Long COVID?

Post COVID-19 Condition, commonly known as long COVID, can affect anyone exposed to SARS-CoV-2, regardless of age or severity of original symptoms.



## World Health Organization (WHO) Definition

*"Post COVID-19 Condition is defined as the continuation or development of new **symptoms 3 months after the initial SARS-CoV-2 acute infection**, with these symptoms lasting for at least 2 months with **no other explanation**".*

World Health Organization. (2022). *Post COVID-19 condition*.

<https://www.who.int/europe/news-room/fact-sheets/item/post-covid-19-condition>

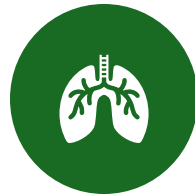
Image obtained from: European Lung Foundation. (n.d.). *COVID-19 factsheet*.

<https://europeanlung.org/en/information-hub/lung-conditions/covid-19/covid-19-factsheet/>

# Long COVID-19 Main Symptoms



Fatigue



Shortness of  
breath



Brain fog



Pain



Sleep problems



Heart problems



Post-Exertional  
Malaise

# Background

- Métis have been found to experience poorer health outcomes compared to the overall Canadian population
- Indigenous peoples are more susceptible to SARS-CoV-2 infection and COVID-19 due to elevated levels of chronic illnesses, insufficient housing, and obstacles in accessing healthcare services

Smylie, J., McConkey, S., Rachlis, B., Avery, L., Mecredy, G., Brar, R., Bourgeois, C., Dokis, B., Vandevenne, S., & Rotondi, M. A. (2022).

Uncovering SARS-CoV-2 vaccine uptake and COVID-19 impacts among First Nations, Inuit, and Métis Peoples living in Toronto and London, Ontario. *Canadian Medical Association Journal*, 194(29), E1018–E1026.

<https://doi.org/10.1503/cmaj.212147>

# Rationale

This research was funded by MN-S and conducted at the request of Métis citizens.

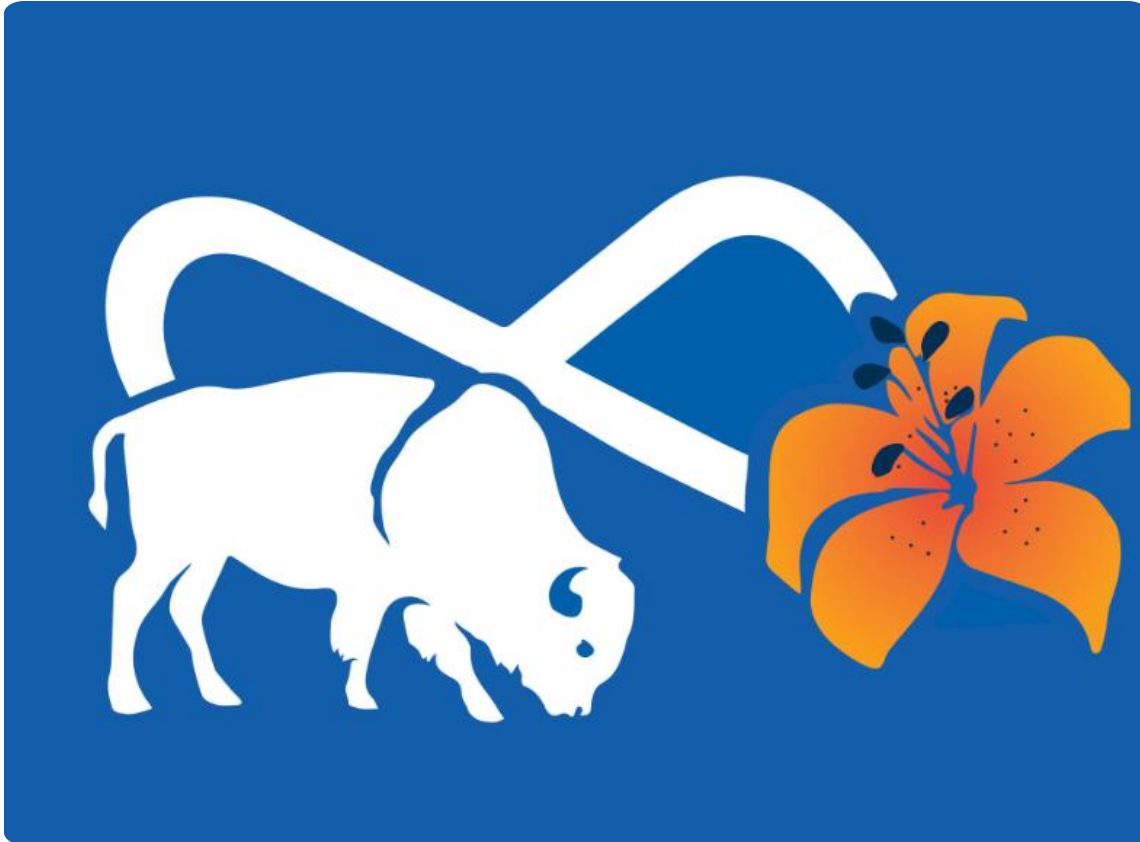


# Research Objectives

A large, dark red, spiky virus particle, resembling a coronavirus, dominates the left side of the slide. A small silhouette of a person is running away from the virus towards the right, with several green lines connecting the person to the virus, suggesting a struggle or impact. The background is a dark, textured grey.

- 1) To examine the lived experiences of Saskatchewan Métis Peoples affected by Long COVID
- 2) To inform the development of culturally relevant services and supports that enhance the well-being of Métis individuals living with Long COVID in Saskatchewan

# Approach



Community-based  
research approach



Conducted in  
partnership with Metis  
Nation Saskatchewan



Formed a research  
advisory committee  
(RAC)

# Hermeneutic Phenomenology



**Hermeneutic phenomenology is a qualitative research approach that focuses on understanding the meaning of people's lived experiences**, rather than measuring or explaining them, by interpreting how individuals make sense of their lives and illness.



**It recognizes that culture, relationships, and context shape experiences**, and that understanding emerges from careful interpretation of participants' stories rather than detached or purely descriptive analysis.

# Why use Hermeneutic Phenomenology?

- It helps understand people's lived experiences, not just list symptoms. Hermeneutic phenomenology focuses on what LC means in everyday life for Métis people, including its effects on identity, family, culture, and well-being
- It respects culture and context, because experiences are understood within people's histories, relationships, and community realities
- This approach allows Métis voices, values, and ways of knowing to guide the interpretation and sharing of the findings

# Data Collection

- **Recruitment supported by our community partner:** Métis Nation–Saskatchewan (Tea and talks, posters, newsletters)
- **Semi-structured interviews** conducted via phone or Zoom, based on participant preference
- **Co-interviewing:** Participants may choose to include a Knowledge Keeper to support or guide them during the interview process

1) Have you ever had COVID-19?

2) Do you have any of these symptoms?

- Fatigue, tiredness, or loss of energy
- Coughing
- Shortness of breath or difficulty breathing
- Difficulty thinking or problem-solving.
- General weakness
- Postural orthostatic tachycardia syndrome (PoTS)

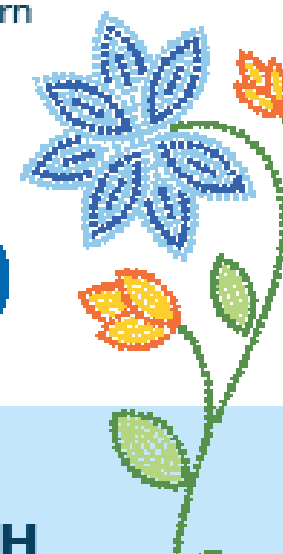
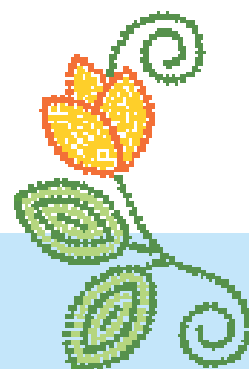


**If your answer is yes, you might be suffering from Long COVID-19.**

We are partnering with researchers from the University of Saskatchewan to better understand Long COVID-19 and would like to hear your story. Our aim is to understand your experiences with Long COVID-19 and learn more about the support you need.

Elder support during the conversation is available.

**If you are interested, please contact:  
Maria Diaz [kps350@usask.ca](mailto:kps350@usask.ca)**



**PARTICIPANTS WILL BE PROVIDED WITH**

# Interview Guide

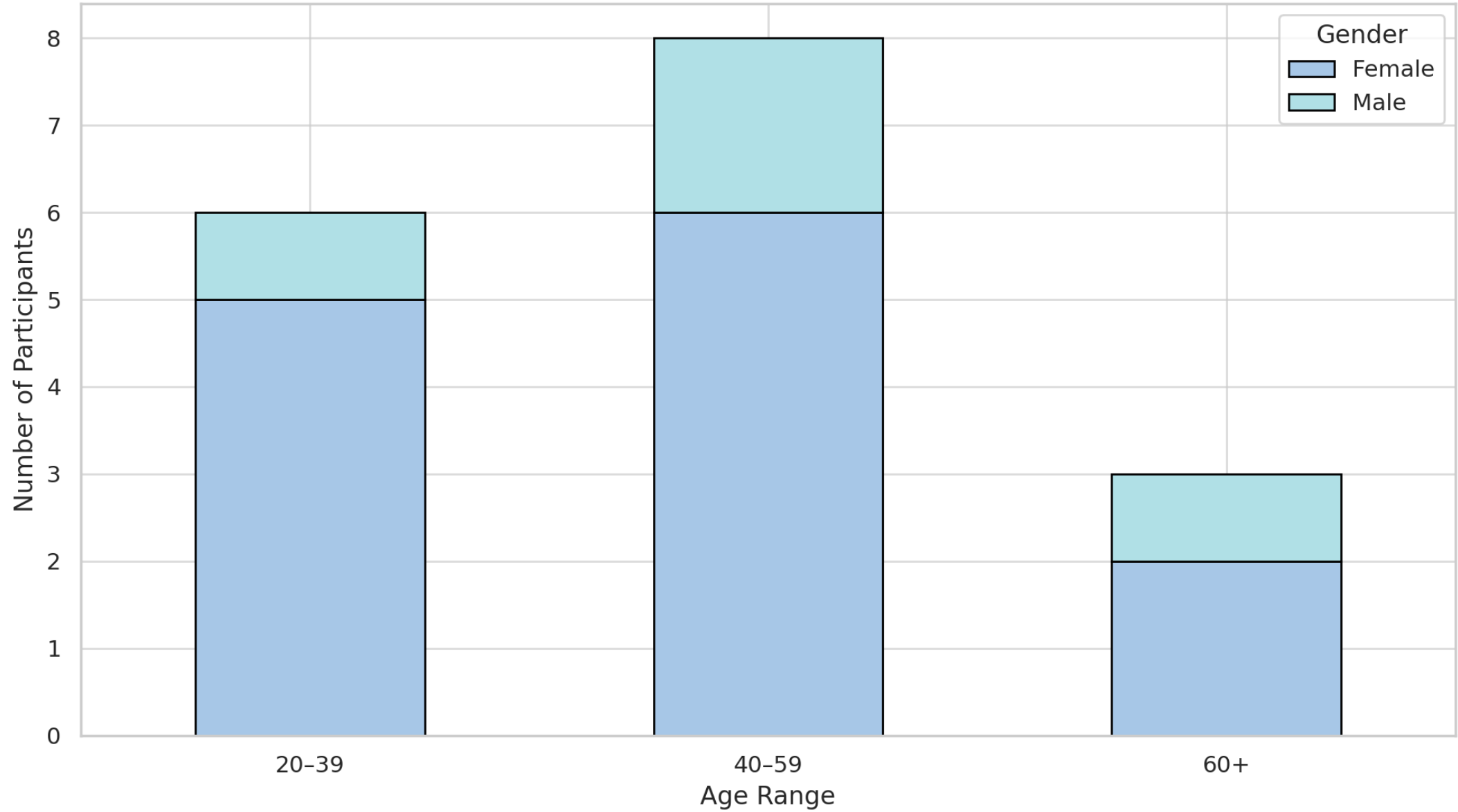
Includes questions about:

- Demographics
- Symptoms
- Pre- and post-COVID health
- Life changes after COVID-19
- Treatment decisions and barriers
- LC supports that are utilized, needed, and available,
- The influence of culture
- Overall ideas about health and well-being

# Participants

AGE RANGE	FEMALE	MALE	TOTAL
20–39	5	1	6
40–59	6	2	8
60+	2	1	3
Total	13	4	17

Gender by Age Range



# Participants Location



Location	Female	Male	Total
Prince Albert	6	0	6
Saskatoon	3	1	4
Regina	0	2	2
Aberdeen	0	1	1
Lumsden	1	0	1
Melfort	1	0	1
Moose Jaw	1	0	1
Humboldt	1	0	1
<b>Total</b>	<b>13</b>	<b>4</b>	<b>17</b>

Image obtained from: Geology.com. (n.d.). *Saskatchewan map and satellite image.*

<https://geology.com/canada/saskatchewan.shtml>

The background of the slide is a blurred image of a document. It features a line graph with a jagged, fluctuating line. A pen is positioned in the upper right corner, pointing towards the graph. The overall color palette is a muted, dark blue-grey. The text 'Data Analysis' is centered in a clean, white, sans-serif font.

# Data Analysis

# Theme 1: Living in a Body That No Longer Feels Reliable

Participants described Long COVID as living in a body that feels unpredictable and difficult to trust.

- Ongoing tiredness and low energy
- Brain fog and memory challenges
- Sleep problems
- Breathing and heart issues
- Pain and physical discomfort
- Changes in taste, smell, and in some cases vision
- New or worsened health conditions

# **Main Subthemes and Quotes**

## **Ongoing Tiredness and Low Energy**

“But I just don't feel the same since having it. I just feel very exhausted, and it takes it. I feel like it took a lot out of me.”

## **Brain Fog and Memory Challenges**

“My cognitive brain at work seemed messier, like it was hard to focus.”

## **Breathing and Heart Issues**

“I felt like my lung capacity wasn't as strong, like I get winded easier.”

# Theme 2: Changes to Identity, Roles, and Daily Life

LC changed how people see themselves and their roles in family, work, and community.

- Difficulty working
- Loss of usual roles and routines
- Identity Disruption
- Reduce social connection
- Trying to understand what support they needed

# Main Subthemes and Quotes

## **Difficulty Working**

“I don't think I could do my job at all, like I don't think there's any way, because I can walk to the store and back, and my heart is thumping so hard I'm huffing and puffing and ready to throw up. I try not to throw up, but I start slowing down when I get home and start like I have to spit, because if I don't, then I'm going to throw up, for sure.”

## **Loss of Usual Roles and Routines**

“Feel too sick most of the time. I'm stuck in bed. I have trouble getting around my house. I can't make meals, so it's very isolating that way.”

## **Identity Disruption**

“I think naturally, when your life has been turned upside down, there's, you know, there's sadness, there's grief around my ability to parent, work.”

# Theme 3: Emotional Struggles and Living With Uncertainty

Living with LC comes with emotional pain, worry, and grief about the future.

- Anxiety
- Feeling low or depressed
- Stress and overwhelm
- Feeling numb as a way to cope
- Moments of hopelessness

# Main Subthemes and Quotes

## **Anxiety**

“There's more of, like, some anxiousness coming in. I had to leave a job. It just became the point where I couldn't handle it anymore.”

## **Feeling Low or Depressed**

“I was diagnosed two and a half years ago with major depressive disorder, and that was after having COVID.”

## **Stress and Overwhelm**

“I worry more about things, things more like you say more easily agitate me.”

# Theme 4: Experiences With Health Care Systems

Many participants shared challenges in getting care that truly listens and understands LC

- Difficulty accessing care
- Feeling dismissed or not believed
- Racism
- Lack of precise diagnosis or answers
- Limited mental health support
- Trying different treatments to see what helps

# Main Subthemes and Quotes

## **Feeling Dismissed or Not Believed**

“I guess the biggest thing is having compassionate care would be, like, really great. I don't like it when people don't believe me, and then I don't want to have to, like, injure myself trying to prove my illness.”

## **Limited Mental Health Support**

“Somebody who would like to understand how I feel and have maybe some suggestions on how to cope with it”.

## **Trying Different Treatments to See What Helps**

“So, like, initially it was like, Celebrex, and we tried methotrexate, like, I tried hydrochloric pain. I've tried like, all sorts of drugs, I guess, but then certain ones I have side effects, and so it's kind of just like trial and error.”

# Theme 5: Meaningful Supports

Support from people, organizations, and community helped participants cope.

- Support from family and loved ones
- Positive experiences with health care providers
- Mental health supports
- Support from Métis Nation–Saskatchewan
- Financial or workplace support
- Connecting with others with similar experiences
- Need for reliable information

# **Main Subthemes and Quotes**

## **Support From Family and Loved Ones**

“I have my family. They're really supportive, and I'm married, and my husband takes, like, really good care of me. He cooks for me. He takes me out of the house for my mental health.”

## **Positive experiences with health care providers**

“I think it helped a lot, but I also had a doctor that was willing to listen, which helped and listen to my symptoms and give me medication based on that.”

## **Support from Métis Nation–Saskatchewan**

“I think with having the Métis society, I have somewhere to ask questions. I have a local to get support from.”

# Theme 6: Meaning making through Healing, Culture, and Connection

Participants spoke about healing as something that goes beyond medicine

- Interest in traditional and cultural practices
- Healing through connection to land and nature
- Support from the community
- Seeing health as physical, emotional, spiritual, and cultural

# Main Subthemes and Quotes

## Interest in Traditional and Cultural Practices

- “I'm on a journey to learn a lot more about traditional medicine. But it's not through the Metis folks here. It's through, like, First Nations connections that I've made.”
- “Using indigenous and local ingredients. So , because of what I do, I already had all these ingredients in my freezer and pantry, dried. So, bison, wild rice, cherries, sage, nettle, all these things. I ended up, you know, cooking with these ingredients and eating them, and I just really felt that eating bison made me feel strong. So, I ate a lot of bison liver. It was kind of what I was craving. So, I really went, and my husband actually had, we had covid at the same time, and we both experienced really strong cravings when we were sick, and then those kind of continued.”

# Main Subthemes and Quotes

## Healing Through Connection to Land and Nature

“I've always felt really connected to the outdoors. I find it so peaceful just to walk out on the land. I find it so comforting. So, I really do miss being able to mobilize and walk out on my family land, and yeah.”

# Data Saturation was reached



**No new themes emerged in  
later interviews**



**Themes became repetitive  
across participants**



**Sufficient depth and  
redundancy achieved**

# General Findings

- Common among individuals from their early 30s to older adults
- Often worsens existing comorbid conditions
- Severe depression is frequently reported
- Many patients rely on multiple medications, often with strong side effects
- The symptoms and their severity can vary greatly from one person to another

# Gaps



Patients are interested in learning about traditional medicine, but there is a lack of resources available to them



Limited awareness of Long COVID among healthcare practitioners has contributed to misdiagnoses, inappropriate treatments, and worsening of symptoms

# Supports LC Patients Need



Increased awareness and understanding of Long COVID among healthcare practitioners



Ongoing research to identify effective treatments and solutions for Long COVID



Peer support groups for individuals with Long COVID to share experiences and coping strategies

Explore traditional medicine and healing practices.

# Knowledge Translation



Summary to  
participants



Tea and talks



Academic  
manuscripts



LC Webinars



Conference



**Thank you!**

Questions?





# Thank you for attending!



**Please complete our survey by scanning the QR code above  
or by clicking on the link in the chat box.**



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