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Minutes Residents' Town Hall

March 26, 2020 – via ZOOM meeting

INTRODUCTION

- Dr. Aalamian welcomed everyone to the Town Hall and expressed his hope this form of communication helps keep residents informed about recent changes due to COVID-19. Dr. Aalamian said that in the end, he would ask if this format is useful and if it should be continued in coming weeks. Dr. Aalamian emphasized the importance of residents' work and their invaluable contribution to the health care system, particularly during this crisis.
- Dr. Aalamian told the audience that some PGME Leaders are also attending this meeting; Dr. Fata from the Well Office was asked to say a few words.
- Dr. Fata reminded residents that a Thrive edition was recently sent by email and contained important information about the current situation. An FAQ was also included. Dr. Fata said she is available when [needed](#). Martha could not join the townhall, but she and Camilla are available by ZOOM meetings. Meetings can be scheduled from the [Well Office website](#). Dr. Fata thanked residents for being a great support to faculty. She is working to secure meal delivery and transportation for residents. Many more questions are answered in [Thrive](#).
- Dr. Aalamian introduced Dr. Tourian, new Assistant Dean, PGME, he started in March 2020, and he was previously the PD in Psychiatry.
- Dr. Tourian explained how redeployment would work. Residents' wellbeing and patient needs are being taken into consideration. He is working with hospital leaders and will provide more details soon.
- Dr. Aalamian said that Dr. Annick Berard-Giasson, ARM president, has taken part in daily PGME meetings to help deal with the pandemic. She is representing the residents at these meetings. She has been very active and regularly brings forward issues of concern to her fellow residents.
- Dr. Aalamian mentioned that an email about academic half days has just been issued, and the decision was to cancel the academic half days for P10, 11 and 12. PGME will reevaluate this decision regularly and reinstated the academic half-days as soon as possible. However, if some PDs want to continue assigning work to residents, then they may.

QUESTIONS AND ANSWERS:

- ***Given that there are different needs for coverage and patient care in different specialties, how will you decide what programs and in what order residents will be deployed?***

Dr. Tourian said redeployment is being approached practically, based on specialty, skills and expertise. In the next 24 hours, PDs will be asked which residents can be redeployed. Priorities are ICU, ER and Wards. Residents will be deployed to sites as needed. PDs will be playing an essential role in informing the PGME Office where their residents can be redeployed. Dr. Aalamian mentioned that if residents don't want to be redeployed for whatever reason they can refuse but need to explain. If they are not sure on how to proceed on this point, residents can contact the [PGME Office](#).

- ***For those of us accepted into a fellowship next year, some of us require PGME credentialing regarding residency training and UGME credentialing. Are these services still functioning from the PGME website and how fast is the turnaround as our licenses and fellowships are depending on these documents being sent promptly?***

The PGME Office is still doing credentialing, but if a signature is required, we will have to verify if Dr. Aalamian's electronic signature is accepted. This can vary from one place to another.

- ***What is the process of deployment - criteria? Are there orders for programs, and is the order based on the number of years of training?***

A master list was developed, and redeployment will focus on ICU, ER and Ward. And residents will be sent where their competencies are a match.

- ***For R5-R6 subspecialty fellows who are already certified in Internal Medicine/Pediatrics: how do you plan to redeploy us? As subspecialty fellows, or as staff internists?***

Right now, dual roles are not allowed (no one can be a resident and faculty at McGill at the same time).. It's being discussed, but residents are residents and will be deployed as such. Dr. Aalamian added that fellows could also be redeployed similar to residents . If someone takes a LOA to work as an attending staff (moonlighting) this will be allowed, but the fellow will then have to make up for the lost time. This is the decision today, but it could rapidly change.

- ***Can you clarify the rules for us regarding the redeployment of our sponsored trainees as their sponsor pays them? Are they allowed to be redeployed, if they choose?***

All residents are treated the same; all are part of the FMRQ agreement. The safety of all residents is to be ensured. Funding does not affect redeployment decisions; sponsors are being informed of our redeployment process.

- ***R5-R6 sub-specialist trainees in internal medicine, we have responsibilities and special skills specific to our sub-specialty. Sub-specialists are being asked unprecedented things like being asked to potentially immediately take charge of the care of febrile neutropenic patients directly in ER, which changes the call burden. Subspecialty staff may also be sick and quarantined. How will redeployment affect our ability to support and cover call for our specialty? Can we be redeployed within our specialty?***

Yes. Redeployment is the PD's decision. The PD in coordination with the Resident Redeployment Hub (RRH) will decide which areas of the hospital their residents are redeployed to. You will only be redeployed to an area that matches your training.

- ***Is there any specific consideration for pregnant residents, regarding redeployment and mask fitting?***

Dr. Aalamian said this is not a question for PGME and asked residents to contact their institution's Occupational Health (OH).

- ***From our understanding, the redeployment will act as a "rotation" with a 75% rule applying and ITERs. Considering a lot can change in a month at this unprecedented time, will we be allowed to return to our subspecialties as soon as needed (which could be much less than a month) given the considerations above?***

The duration of redeployment is a minimum of one week. Redeployment will align with needs and will be assessed daily. Assessment will continue. PGME is creating a simple redeployment rotation assessment form. Discussions about this are also happening at the national level.

- ***If someone wants to be redeployed right away, whom should we contact? Our program director or Dr. Tourian?***

Redeployment is a complex activity, it involves PDs and service chiefs who will make requests, and a central committee who will make decisions. We need to track when and where residents are redeployed. Residents who want to be redeployed should contact their PDs, and they must follow this process.

- ***Just out of curiosity: how will that count towards our rotations? Are the rotations to cover the COVID floor for a surgical resident?***

Dr. Aalamian said this is being discussed at the national level. Discussions are ongoing regarding how to identify the issues and how to address them while also meeting requirements for training. There are electives and other experiences that may have to be moved in order not to extend training. But, Dr. Aalamian doesn't know if training will have to be extended, but he will look at funding and sponsorships. Everything is being considered to make a decision. More information still to come.

- ***How will redeployment affect promotion? As R4-R6 subspecialist trainees, my colleagues and I still have RC requirements to meet and sub-specialty exposure, which will NOT happen on a COVID ward and are not easily possible right now. For example, hands-on, lab-based rotations, which are vital to our learning as hematologists, are not possible at this time for many reasons (lab has other priorities, unnecessary exposure in hospital, etc.). Can we lengthen our residency if we choose to be redeployed, or can we at least be redeployed within our sub-specialty?***

Extension of training is not allowed at this time. As per the above answer, this issue is still being discussed at a national level.

- ***Will redeployment take priority over rural rotations - for example, rural rotations cancelled as they are in indigenous communities?***

Rural rotations have **not cancelled**. Only one rural rotation was cancelled because it required travelling back and forth across the Canada-US border. Other rural rotations continue. The safety of our residents and the community is always taken into consideration. These residents must be recalled if their safety is at risk.

- ***Can you clarify for us the position of PGME on R4 fellows who have successfully completed their internal medicine FRCPC being granted their full license to practice given they are three months shy of July 1?***

Licensing questions, in general, should be addressed to the licensing authorities such as the CMQ.

- ***For sponsored trainees, what is the process of transition for those who are pursuing training in the US given the fact that contracts and work permits finish at the end of this academic year and no Visa applications are allowed at this time? What is their status in Canada, and how will the timing of the Royal College exam affect their transition process.***

PGME is referring trainees to the [Immigration and Citizenship Canada website](#) as we do not have information from the government right now. Immigration is not currently easily reachable due to enormous volume of calls. Nafeesa will try to ask this question to her immigration contact. If we can get more information, we will let you know.

- Will the current pandemic affect start dates for fellowships?**
We hope it does not, but quite honestly, we don't know yet—more information to come.
- Dr. Alam just updated all IM residents that virtual AHDs or self-study will continue, yet you said all AHDs are cancelled for everyone.**
Dr. Alam may not have received our email yet. All academic half days have been cancelled, but if a program wants to put something online, then obviously they can. If all residents in a program want to continue with AHD, they make this request to PGME and continue. PGME will be reasonable and make reasonable decisions.
- Some residents are concerned about being redeployed to manage COVID patients since they live with vulnerable family members who are worried about being infected. Are those residents allowed to ask not to be redeployed to COVID wards**
Residents and faculty will have to treat COVID patients. The resident should let their PD know about their particular situation and make a special request.
- During these times, some residents have kids and families. Some of them work and our single parents. Have you considered how to support those residents as schools and daycares are closed? Most of these residents are IMG?**
The Quebec Government has made child care accessible for health care workers. More information is available [here](#).
- Period 11, inter-university rotations are cancelled. Is this only for Period 11 thus far or for period 12 as well?**
Indefinitely cancelled, once inter-university rotations can be reinstated, residents will be informed.
- Will program directors ask for volunteers before assigning residents for redeployment?**
If someone wants to volunteer, please let your PD know. Otherwise, PDs will let residents know they have been made available for redeployment.
- Will we be deployed outside the McGill hospitals?**
No.
- Given the changes in some of our rotations, cancelled electives and possible redeployment, some of us are missing specific clinical experiences that are important to us and our training. Many of us can never return to do elective rotations once we are the staff. Can we extend our residency or fellowship for a month or two (once things are better) so that we can make up for these missed rotations?**

No, we cannot extend unless we have to.

- ***In our program, pregnant residents have already contacted occupational health at our institution and were told their workplace restrictions are not the decision for the institution. Can this be clarified with explicit policy from the redeployment committee and numbers to contact as it appears the roles of occupational health vs university are not clear?***

Dr. Aalamian asked the resident to clarify who she had contacted, and she said she contacted the JGH and MUHC. The JGH never answered. MUHC said it was not their responsibility. The resident emailed them a week-and-a-half ago. Dr. Aalamian noted that since then, he has met with hospital Educational Directors, and they discussed this question and were told it is an OH responsibility. OH should have a clear answer now. Check first if the information is in the CIUSSS/Hospital website. Otherwise, the resident should contact OH again.

- ***In full agreement that we are all in this together. Will redeployment affect residents and staff equally or are residents being redeployed at a much higher rate? The skillset of an R5 in a surgical subspecialty is not identical, but near staff level, as we come to the end of our training***

Redeployment is based on each physician's competency and training. The resident will be redeployed as residents, and their level of expertise in a given area and years of training will be considered before they are redeployed.

- ***If a resident gets a +ve COVID infection during his daily work/redeployment and has to stay home/hospital for >14 days, will this affect his rotation as per the 75% rule? And when he comes back, will need to repeat this rotation?***

Residents on sick leave are on sick leave. If in quarantine, the resident can be provided with educational activities to be done at home, so this will count towards training. However, if the resident is sick, sick leave does not count as training, no matter how the resident became ill.

- ***Do you mean rural rotations within the McGill network are no longer cancelled? I'm confused as rural pediatrics rotations outside of the McGill network were cancelled.*** Rotations outside of McGill affiliated sites have been cancelled.

- ***The core internal medicine program has cancelled all community rotations and called back their residents for P11 (CHIME rotation). Could you please clarify the policy? PGY4/5s General Internal Medicine is wondering if they should continue their CHIME rotations?***

The program can decide on resident redeployment based on the redeployment policy.

- ***A specific question for Hematology/oncology and radiation oncology. AMHOQ has advised staff physicians and us not to participate in the direct care of COVID patients because our patients are an immunocompromised group. How does this impact our eligibility for redeployment?***

PD will see what's suitable and in keeping with program needs. Redeployment can be to places that are not directly related to COVID.

- ***Do you have any information about the Peds CaRMS subspecialty match? Is there any talk about postponing dates as upcoming rotations are changing?***

There is no information about matches at this point. Weekly meetings are being held with CaRMS. For now the CaRMS match deadlines remain unchanged.

- ***Given the uncertainty regarding the upcoming Royal College exam dates, is there any consideration to allow residents to carry over more banked study/vacation time to next year? E.g. if someone has 10 study days left, can they carry all of them over rather than only seven as per the current contract?***

This is a question for FMRQ, and they are considering it.

- ***Any news about the fall exam?***

CFPC exams may be held in October.

For the Royal College, the latest information is the exams may be in September 2020. Many petitions are circulating, and there is a lot of debate. PGME will support the RC decision. The most important thing is the safety of residents and those giving the exams. There is legislation about certification and examination, and laws cannot be waived. Therefore, the Colleges are considering all the suggestions being forwarded to them.

- ***What will the redeployment schedule look like? Will it be daily shifts?***

The goal is to make redeployment a meaningful experience. Redeployment will last at least a week, and decisions will be made week to week. However, this may change if someone is contaminated, and an entire team needs to be replaced.

- ***Can you clarify... you say that if there are no volunteers, the program director will deploy residents... I thought you said this was voluntary... is it voluntary?***

It is voluntary, and PDs will provide a list of residents that are available for redeployment, residents can refuse to be redeployed as long as they have a good reason (not having the skills, risk of contamination, vulnerable family members at home).

- ***Concerning the postponement of the RC exam, a lot has been communicated about the ability to obtain a temporary restricted permit while waiting to write the exam. What has yet to be mentioned, however, is how the college expects us to realistically dedicate the necessary time to prepare during our fellowships or early stages of practice. Furthermore, given the significant disadvantages facing our cohort, has there been any discussion about curving exam scores to match the pass rates of previous years?***

We completely understand everyone's anxiety about exams and having adequate time to study. But at this time, we don't know what the RC will decide. Dr. Olivier Fortin is the academic affairs representative at the FMRQ and residents can [email him](#) with questions.

- ***How does two weeks quarantine affect 75% rule for a block of rotation?***

The competency committee will take all aspects of training into consideration. All programs across the country are in the same situation. CC will determine if competency has been achieved.

- ***Given the postponement of the RC exam, there has been lots of back and forth - including the updates that we received today. 1. It is guaranteed that the written exams will be postponed to the fall, or is there a possibility that it can still be given before the fall? 2. Oral exam - some information indicates this exam could be postponed to spring of 2021 - can you clarify this? 3. Is there any information across provinces as to how, and if, the "study leave" will be respected during the fellowship?***

I don't have that information—nothing is official. Don't know about fellowships at this point. But residents are guaranteed to have time study for the exam.

- ***Some residents have already failed their P10 rotation due to returning from vacation after March 12 and having to self-isolate (thereby missing three weeks of P10). With this new statement on at home learning/academic objectives to prevent failing the rotation, can this be retroactively applied to these residents that have already been informed they have been failed P10?***

You cannot fail by not taking part in your rotation. It would be an INCOMPLETE rotation. We have asked programs to review competencies achieved and not time spent within a rotation. Nobody failed unless borderline or unsatisfactory performance.

- ***In our clinics, we have had several patients that have answered 'No' to having cough/cold/fever to our secretary and the hospital security guard. But then when they get to our office, they are sick. Is anything being done about this at the hospital level?***

We are all aware of this situation. It's a real problem. Front lines workers have to make sure patients are educated and need to understand the questions better. Work on education and possibly overcoming language barriers.

- ***Concerning resident parents, I would like to clarify that access to emergency childcare is not the concern. But you are asking resident parents to drop off their children with strangers during a time when every other parent is being told to keep their children at home. Resident parents are in a uniquely challenging situation, and I would like to know what you would suggest and how you are planning to support residents in these challenging situations (such as those with two physician households)?***

Dr. Fata commented that there is a need to balance family life with patient needs if residents are experiencing anxiety or have questions they can [email](#) her directly.

Dr. Tourian said residents in this situation need to have a good discussion with their PDs. Different people have different needs—problem-solving brainstorm with your PD. Sacrifice and engagement are required at this time. Dr. Aalamian reassured the resident that he/she is not alone, other physician couples in the same situation, it is not easy, talk with your PD about how this can be managed.

- ***Why don't you start with a volunteer list of shifts that need to be filled? I assume given the number of beds (even how many new beds have been added), the people already on ICU and CTU can manage a good amount of patients. Volunteers can supplement a schedule similar to schedule with the 70+ staff (They did two shifts a month/ We are way more residents). Rather than those who are skilled being redeployed on COVID ICU for a whole month/period.***

All suggestions for how to redeploy residents will be taken into consideration by the RRH.

- ***On behalf of radiology residents, since redeployment is done on a competency basis, from what I understand, there is a possibility that our PGY1s (who are already on clinical services) may be redeployed if needed? But maybe not more senior residents who haven't had patient contact in a while (for now at least).***

PDs will identify the most suitable residents to redeploy. A list will be provided regarding where residents are needed.

- ***Are there any plans to make employee parking free throughout the McGill system to discourage public transport (thereby exposing ourselves and other public transport takers)?***

That has already been done; parking is free for all residents at all hospitals.

- ***Access to personal protective equipment has been an issue; in the event of lack of such material, will this influence what residents are expected to do (i.e. to minimize contact and use of PPE)? Hospital policies regarding access to PPE differ between services and hospitals, which is quite confusing for residents and has some feeling unsafe given the inconsistencies.***

We are aware of the shortage of PPE. More equipment is on the way. Each hospital has and different guidelines. When residents go to services in need; service chiefs have to provide training in safety and how to use materials used on that site.

- ***Can we choose which site we prefer to redeploy to (MUHC vs JGH)?***

No, given the complexity, we will try to redeploy you to the same site. But this cannot be a guarantee. It will be on a needs base. However, preferences will be considered.

- ***Once redeployed, do we still cover our subspecialty call during evenings and weekends?***

When you are redeployed to a service that needs you for the entire week Monday to Sunday as per the RRH Protocol, you are only working where you are redeployed.

- ***I would like to raise concerns regarding notification of contact with COVID positive patients. Each site varies in its protocol for contacting residents if they have potentially been in contact with positive patients (specifically in the ER). I was in a situation the other day where the nurse asked me to text a colleague as he had been in contact with a positive. No other call back mechanism was in place at that time. Can this be reviewed with institutions, please?***

Yes, we need to have clarity. Dr. Aalamian will address this issue.

- ***@Olivier and @PGME any changes or partial suspensions to FMRQ collective agreement that we should know about or consider when planning availability or residents to redeployment? In certain instances, doing 24h calls might minimize the number of residents needed to provide essential home service (e.g., general surgery)***
Contract in effect, not suspended. However, we don't know what will happen. On-call may be asked to do the maximum number of hours.

- ***What is the earliest date to do a redeployment shift? (So that we know in terms of making call schedule etc.)***

This information will be communicated to the Program by RRH.

- **PD will put on the list, available residents. Is there any limit for LOA in term of the number of period off**

LOA is given in exceptional circumstances. The residency will be extended by the same amount. There is no maximum, during the pandemic. PGME COVID web page available to all www.mcgill.ca/pgme.

All PGME COVID information is being posted to this site.

- Dr. Aalamian would like to know if a weekly town hall or written FAQ is preferred?
Residents replied in the chat both.
- Dr. Aalamian would like to know if residents prefer to get web updates or email updates? **Residents replied in the chat, both: email and webpage updates.**
- ***Regarding redeployment: is there a reason why residents will be redeployed one week at a time while staff are being redeployed half-day at a time?***

The hospital organizes staff redeployment, and PGME is not involved. PGME is recommending one week at a time, so residents are not all over the place. One week will make assessment possible and will help protect your wellbeing as well.

- ***I have concerns about breastfeeding while seeing COVID patients. Are there any particular restrictions/recommendations that the PGME has about this? (My biggest concern is being in a situation where there is a higher risk of becoming sick, getting sick or quarantined and not being able to breastfeed my son for two weeks).***

The resident must contact OH and discuss it with PD.

- ***If you change staff each day or half-day, it will never end. They will never know the patients***

PGME cannot govern how the departments organize themselves; we agree but cannot control or force departments to do things a certain way.

- ***I would rather have one day as needed at a time rather than a week, have you assessed or surveyed our opinions about this?***

No, we have not and won't, this is a pandemic and cannot take opinions have to make decisions, ARM is involved but cannot survey all. All will follow the redeployment team decision.

- Dr. Aalamian thanked everyone and said residents would receive an invite to another townhall to be held next week.