



WEEKLY COVID RELIEF INITIATIVE UPDATE

ISSUE # 3 • JUNE 30, 2020

TAKE A CLOSE LOOK AT OUR UPDATES THIS WEEK!

RESIDENTS

- Please read the PGME COVID RELIEF MEASURES document: English [link](#), French [link](#)
- **Please note that no residents were redeployed week 1 of period 1.**
 - The number of COVID patients is quite low at the JGH and MUHC, and their care is being assured by faculty and on-call residents (night float). PGME thanks the hospitals and the department of medicine for all their help.
 - PGME and our COVID relief coordinators will continue to provide weekly updates of resident availability and hospital need even in the absence of redeployment.
- PGY1s cannot be first call without in-house senior supervision as per article 12.08 of the FMRQ contract:
 - *When call duty is performed in an establishment, the resident, in the six (6) months following the start of his residency, shall be able to count at all times on the presence, on-site, of a physician who is a member of the Council of Physicians, Dentists and Pharmacists or of a resident other than a Resident 1.*
- Residents should be freed for their academic half-days during their COVID relief assignments.
 - If you're scheduled for COVID Relief periods 1 and 2, please inform the service chief when you will be absent for teaching.
- Please remember to ensure that your redeployment is evaluated – please log onto one45, send the faculty who supervised you during your redeployment an assessment form.
- Please remember to complete the Resident Redeployment Quality Improvement Survey – this survey will end June 30: [Redeployment Quality Improvement Survey](#)
- A COVID relief initiative survey will be up and running as of July 1 – stay tuned.
- If you have any concerns regarding your work/learning environment, please discuss those with your supervisor, the unit's service chief, or the COVID relief initiative coordinator.
- COVID relief initiative assignments are considered the resident's rotation; as such, absences must be documented, and the 75% rule of attendance must be respected.
 - COVID relief can be considered part of the total time of a resident's rotation and not counted as time away from their rotation. However, program directors in consultation with the resident's competency committees and the host rotation directors must ensure that a resident's learning experience is meaningful.
 - Consider the following scenario:
 - If a resident is in a one-period rotation of four weeks, takes a week off and is assigned a week of COVID relief, that leaves 2 weeks for the rotation.
 - Perhaps residents in the situation above should not be redeployed during that period and redeployed at a later time.
- Please confirm any leaves with your program office as early as possible as per FMRQ deadlines:
 - Vacation: requests should be submitted no less than 60 days prior to start of leave



- Conference: requests should be submitted no less than 30 days prior to start of leave
- Study: requests should be submitted no less than 30 days prior to start of leave
- Your program director will confirm your one-week COVID relief initiative assignment with you before sending it to the COVID relief initiative coordinator – please confirm your availability.
- Please inform your rotation director that you’ve been assigned to a COVID relief initiative assignment and ensure that colleagues and/or faculty cover your calls.
- In summary, PMGE’s COVID relief initiative is structured as follows:
 - It is compulsory.
 - A resident who refuses redeployment will be placed on unauthorized leave of absence.
 - Will be one week long.
 - Efforts will be made to limit redeployment assignments to 1 week per resident/per academic year; however, this cannot be guaranteed as the evolution of the pandemic remains uncertain.
 - Redeployments are full time, i.e., 5 to 7 workdays per 7 days.
 - If the number of workdays goes beyond 5, the extra days will be considered call.
 - The maximum number of calls per period, as per the FMRQ contract, must be respected (and therefore coordinated with the resident’s regular rotation).
 - Redeployed residents are released from the call obligations of their scheduled rotation during the period of redeployment.
 - This will require close collaboration between PGME and the hospital leadership to avoid undue pressure for service coverage.
 - Redeployment schedules (except for period 1) will be planned with enough advance notice to allow for call schedule reorganization.
 - Will include a mix of daytime, evening, and night shifts.
 - The duration of shifts will be between 8 and 12 hours, in accordance with the FMRQ contract.

Frontline health care providers such as residents, nurses, faculty, and orderlies are starting to show signs of fatigue – please take a look at the following [link](#) from the WELL Office. If you want more information related to PGME’s response to COVID-19 please click the following [link](#). If you need to contact Occupational Health, please click on the following [link](#).



PROGRAM DIRECTORS

- **Please note that no residents were redeployed week 1 of period 1.**
 - The number of COVID patients is quite low at the JGH and MUHC, and their care is being assured by faculty and on-call residents (night float). PGME thanks the hospitals and the department of medicine for all their help.
 - PGME and our COVID relief coordinators will continue to provide weekly updates of resident availability and hospital need even in the absence of redeployment.

Please send the COVID relief initiative coordinators (redeployment.pgme@mcgill.ca) an updated excel list of all residents available for COVID relief spanning periods 1 (4 weeks) and 2 (4 weeks) by noon on Thursday July 2 2020.

- The programs assigned to provide residents for periods 1 and 2 include:
 - Internal medicine
 - Family medicine
 - General internal medicine
 - Diagnostic radiology
 - Pediatrics
 - General surgery
 - Anesthesia
 - Urology
 - Plastic surgery

| PERIODS | 1 | | | | 2 | | | |
|--|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| WEEK | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| FAMILY MEDICINE | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| INTERNAL MEDICINE (CORE) | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 |
| DIAGNOSTIC RADIOLOGY | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| GENERAL SURGERY | | | | | 1 | 1 | 1 | 1 |
| ANESTHESIA | 1 | 1 | | 1 | 1 | 1 | 1 | 1 |
| GENERAL INTERNAL MEDICINE (2 YEAR PROGRAM) | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| UROLOGY | | | 1 | 1 | | | | |
| PLASTIC SURGERY | 1 | 1 | | | | | | |
| PEDIATRICS | | | 1 | | | | | |
| Total | 11 | 11 | 11 | 11 | 11 | 11 | 11 | 11 |
| Projected need | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |

- If your program has been selected for COVID relief during periods 1 and 2, please confirm with those residents involved their availability for COVID relief before sending CRIC your final excel spreadsheet.
- It is very important to highlight the following rules:
 - When you are assigned to provide residents for a given two-period block, CRIC assumes you will provide residents that are active in your program. If residents in your program train in other specialties or in the common training stream, it is your responsibility to verify if they are available for redeployment.
 - For example, psychiatry has a mandatory 1-period endocrinology rotation as part their foundation phase of training. If the psychiatry program director assigns a



resident for COVID relief during the endocrinology rotation, it is the psychiatry program director's responsibility to inform the endocrinology rotation director that the psychiatry resident will be completing a one 1 week redeployment on a COVID unit.

- Please ensure you identify where your resident is rotating. Ideally, the CRIC will attempt to redeploy within the same site.
- COVID relief initiative assignments are considered the resident's rotation; as such, absences must be documented, and the 75% rule of attendance must be respected.
 - COVID relief can be considered part of the total time of a resident's rotation and not counted as time away from their rotation. However, program directors in consultation with the resident's competency committees and the host rotation directors must ensure that a resident's learning experience is meaningful.
 - Consider the following scenario:
 - If a resident is in a one-period rotation of four weeks, takes a week off and is assigned a week of COVID relief, that leaves 2 weeks for the rotation.
 - Perhaps residents in the situation above should not be redeployed during that period and redeployed at a later time.
- The CRIC assumes that if you have added a name to the excel spreadsheet then that resident can be redeployed.
 - In order to avoid confusion, please ensure that this is in fact the case by contacting the rotation director to ensure that they are aware that said resident will be on COVID relief initiative assignment for 7 days and the resident's call will be covered by colleagues and faculty.
 - It is not the resident's responsibility to find coverage for their call.
- Please remember that residents can be sent for a COVID relief initiative assignment to any of our training sites and affiliated hospitals (such as Lachine and Lakeshore).
- PGY1s cannot be first call without in-house senior supervision as per article 12.08 as per FMRQ contract:
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- Residents should be freed for their academic half-days during their COVID relief assignments.
 - Please confirm when you host your academic half days on the availability excel spread sheet.
- Please inform PGME (redeployment.pgme@mcgill.ca) if your residents are not allowed to care for COVID patients due to the specific patient populations your specialty cares for – for example, immunocompromised and or oncological patients.
- If your residents have to spend more than 6 periods in internal medicine (IM) as part of their training requirements (for example: radiology, ophthalmology and dermatology, radio-oncology but not neurology), IM will manage redeployment and your residents will be counted as IM residents for the time they are training in IM.



SERVICE CHIEFS: PLEASE READ

Please submit your request [form](#) Thursday (July 2nd) morning by 10am.

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- Residents should be freed for their academic half-days during their COVID relief assignments.
 - Residents will inform you of their teaching schedule.
- It is important to note that the number of residents available for period 1 and 2 is VERY LIMITED – please ensure you request the least amount of residents for COVID Relief.
- If the number of COVID beds decrease and you no longer need as many residents as scheduled please contact as soon as possible at redeployment.pgme@mcgill.ca.
 - Residents should reintegrate their rotation as quickly as possible and their program director should be immediately informed.
- If the number of COVID beds increase and you need more residents please contact us as soon as possible at redeployment.pgme@mcgill.ca
 - We will be a limited number of scheduling backup residents on a weekly basis.
- **The FMRQ contract is still in effect.**
- It is your responsibility to organize the residents' schedules.
 - This involves providing them with a work schedule.
 - Please remember that PMGE's COVID relief initiative is structured as follows:
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 - Redeployments are full-time, i.e., 5 to 7 workdays per 7 days.
 - If the number of workdays goes beyond 5, the extra days will be considered call.
 - The maximum number of calls per period, as per the FMRQ contract, must be respected (and therefore coordinated with the resident's regular rotation).
 - Redeployed residents are released from the call obligations of their scheduled rotation during the period of redeployment.
 - This will require close collaboration between program offices and the hospital leadership to avoid undue pressure for service coverage.
 - Redeployment schedules (except for period 1) will be planned with enough advance notice to allow for call schedule reorganization.
 - Will include a mix of daytime, evening, and night shifts.



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- The duration of shifts will be between 8 and 12 hours, in accordance with the FMRQ contract
- This involves orienting residents to your clinical setting on their first day (ideally starting off-service residents not familiar with your clinical setting on day shift).
- Please ensure that your resident knows how to use PPE properly and is aware of local safety measures.
- It is your team's responsibility to assess redeployed residents. Residents will send their main supervisor a redeployment assessment form via one45 to be filled out at the end of their redeployment assignment.



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