

Trainee Town Hall FAQs May 14, 2020

FAQs

I thought that the PGME policy was that redeployed residents should not work more than 8h in house while redeployed. Why are residents being asked to do 12 hour shifts?

Dr. Tourian: Would like more information about it. All hospitals agreed with 8h plus sign over. This is the ideal situation, and for the past 4 weeks everyone was on board. For night shift at the JGH was the only one that couldn't be negotiated. Dr. Tourian will address this issue with Lakeshore immediately. Any issues to email redeployment.pgme@mcgill.ca.

How will programs consider reference letters for applications this year?

Dr. Aalamian: I have already raised this topic to be discussed and considered by program directors at McGill and across Canada. They were asked to discuss with their respective selection committees how letters of reference and/or recommendation letters will impact the files review this year.

Any discussion regarding distribution of resources between COVID and non-COVID services. Everybody on non-COVID services are spread very thin with ratio patient: resident equal or higher than 10:1 on CTUs vs COVID units 2-3:1

There should be ethical discussions as well with ministry and institutions: now that COVID is becoming our new normal, how should COVID patient's quality of care be prioritized over non-COVID patients. Are COVID patients more important?

Dr. Aalamian: Discussions are happening, all things are being taken into account and looking into the fact this is the new normal. Dr. Tourian added that whatever happened 2 weeks ago is different from what is happening now, and we will keep having to adjust to this new reality in the coming months. All patients are equally important.

I saw a video like this, made by staff and resident and it definitely honoured both the dead and the workers, and kept the human factor alive.

Dr. Aalamian: Thank you for sharing this responsible example of using social media!

Any comments on why some residency programs have only put their PGY1s on the redeployment schedule while others have included both junior and senior residents? On this same note, is it possible to explain why some programs still haven't redeployed any residents, while others are on their second redeployment? These inequities have led to some frustrations amongst residents. Thank you.

Dr. Tourian: For some programs, it wouldn't be appropriate to be sending their residents to COVID wards since specific competencies are required. And some specialties do not have the necessary competencies. Some programs redeployed residents to other services that were compatible with their competencies. Program Directors are responsible for informing residents that can be redeployed. Some programs may have preference to be deployed given their competencies.