McGill | Faculty of Medicine | Faculté de médecine
Postgraduate Medical Education | Formation médicale postdoctorale

2020–2021 MCGILL PGME PANDEMIC RELIEF MEASURES

Preamble

Montreal remains the city hit hardest by COVID-19 in the province and the country. In response, McGill PGME has taken a leadership role in coordinating the redeployment of trainees within the McGill network by creating the Resident Redeployment Hub (RRH). The RRH ensures that residents, paired with faculty, are engaged in the care of patients hospitalized with COVID-19, fulfilling their professional obligation towards society as part of their training as the next generation of physicians.

Shift from acute to chronic pandemic relief

The RRH was an acute response to the pandemic, allowing PGME to urgently redeploy residents to care for COVID-19 patients. We are now entering the chronic phase of the pandemic, and PGME will have to continue its commitment to patient care while maintaining its commitment to ensuring that residents meet the training requirements established by the Colleges (CMQ, RCPSC and CFPC).

The MSSS scenarios require our two largest training centers (MUHC and JGH) combined to have 230 hospital beds and more than 43 extra ICU beds available for COVID-19 care. As we move forward to a longer-term phase of responding to the COVID-19 pandemic, PGME has instituted the current document entitled **MCGILL PGME LONG-TERM PANDEMIC RELIEF MEASURES.**

These measures ensure a fair and transparent distribution of residents from all PGME training programs in the care of hospitalized patients with COVID-19 across training sites. The care of COVID-19 patients cannot be guaranteed by any single residency training program; meeting training objectives remains a priority of residency programs, and should a group of residents be over-burdened with caring for COVID-19 patients in addition to regular training requirements, they risk being overly challenged, overworked, suffering burnout, and compromising their training. PGME is transforming the RRH's function to align itself with ongoing COVID-19 relief measures. In this way, PGME will help our trainees cope with the need for increased patient care due to the pandemic while ensuring COVID-19 care remains a meaningful educational experience and other required educational experiences are maintained.

Current workforce needs

The RRH, in collaboration with the DPSs, is currently reducing resident redeployment while our two main teaching hospitals are ramping up other clinical activities. Residents are slowly being reintegrated to their "usual" training environments, all of which have been impacted by the

COVID-19 pandemic. Though the number of hospitalized COVID-19 patients is currently decreasing, there is the risk of a second wave associated with deconfinement that would threaten the ramping up of clinical activities. The RRH, in collaboration with the DPSs of the CIUSSS-Centre-Ouest-de-l'Ile-de-Montreal (CIUSSS-COMTL) and the MUHC, is planning for further decreases in resident redeployment, averaging between 30 and 50 residents per period (4 weeks) or 8 to 13 residents per week. **This translates into 416–676 resident-weeks over the course of the next academic year.** However, depending on patient volume we might need more or less than these projections.

COVID-19 RELIEF INITIATIVE (CRI)

In order for residents to reintegrate into their training environments without undue disruption to their rotation schedules, PGME will continue with redeployment measures but with significant changes that minimize disruptions in training. The COVID-19 Relief Initiative (CRI) will be run by PGME with the CRIC (CRI Coordinator). CRI will only redeploy residents to COVID units and COVID-ICU and not to CTUs, ICUs or other services.

The following are the updated redeployment principles and measures:

Redeployment:

- Must not compromise patient care.
    - Wherever possible, residents will be redeployed at the same site where they are scheduled for their usual rotation that period.
    - Residents redeployed to COVID units must not circulate between a hot zone and a cold zone on any given day.
- Should not compromise resident wellness and wellbeing.
- Must occur in work environments free of intimidation and harassment.
- Must respect the FMRQ contract.
- Should be for as short a period of time as is required to address services in urgent need.
- Should allow for the resident to remain in / return to their rotation with minimal disruption.
- Is **compulsory** and part of a resident's promotional requirements.
    - A resident who refuses redeployment will be placed on unauthorized leave of absence.

  - Residents who cannot be redeployed for medical reasons must provide a medical note to the PGME office.
- Is part of residency training and must be appropriately supervised and assessed.

Redeployment assignments:

- Are determined by the CRI
  - The CRI assignments will be established every two to three months in a fair and transparent manner.
- Are considered the resident's rotation; as such, absences must be documented, and the 75% rule of attendance must be respected.
- Will be one weeklong
  - 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
- 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 8-12 hours, in accordance with the FMRQ contract

<u>The Role of Programs: Expectations and Exemptions</u>

All programs are expected to contribute all available residents to ensure that the burden of caring for COVID-19 patients is equitable and fair. However, redeployment should be organized in such a way as to match residents' competencies in order to ensure patient safety.

All residents in all programs, without exception other than medical exemption, may be required to participate in CRI rotations.

- Program directors are required to identify a pool of available residents per period and submit this list to the CRI.

- Some programs, given their size, seasonal availabilities, and competences will be asked to provide availabilities to this pool of residents throughout the academic year, others may only be asked to provide availabilities for part of the year.

- Residents who should be prioritized by their program for redeployment in a particular period include the following:
  - in rotations that do not have call obligations;
  - in rotations where the pool of available residents is not very limited;
  - in rotations where an absence of 7 days keeps the rotation valid despite any preplanned leave, which must be requested within time limits clearly outlined in the FMRQ contract;
  - in longer rotations.

  Depending on the evolution of the pandemic, residents ***potentially*** excluded from redeployment (depending on COVID-19 care needs):
  - Those who have not practiced adult physical medicine in the last 12 to 24 months
    - PGY4–5s in pathology, ophthalmology, radiology, psychiatry, public health
    - PGY4–5s in pediatric subspecialties
    - PGY4–5s in adult surgical specialities
  - EM and ER enhanced skills residents
  - Residents with academic or professionalism difficulties
  - Certain specialities caring for immunocompromised patients
    - Hematology and oncology
  - Residents preparing for their certification exams (this group of residents should not have any COVID-related duties for 2 periods before their exam).

Assessment

Redeployment does not waive or diminish the continued responsibility of faculty to ensure timely resident supervision, teaching, and assessment. Program offices must ensure that clinical activities associated with redeployment are duly assessed (using appropriate ITERs) and documented following PGME assessment guidelines. For example,

- redeployed residents in CBME-based programs should be able to ask faculty to complete EPAs when appropriate and feasible;
- redeployment assignments have specific goals and objectives and an assessment form that can be uploaded on one45;
- residents are responsible for sending their main supervisor a redeployment assignment assessment form via one45 (self-send via TO DOs).
  - CRI assignment evaluations are considered a contributory assessment to a resident's scheduled rotation ITER.

Example of CRI redeployment:

- *A PGY1 in pediatrics is scheduled for a 3-period core rotation of inpatient care at the MCH (MUHC). They have scheduled a week of vacation during this 3-month rotation.*

    - *This resident would be an ideal candidate to complete a 1-week redeployment because they would maintain the 75% attendance requirement for their core rotation.*
    - *Ideally, they would be redeployed within the GLEN so as to avoid disruption to their commute and because of their existing familiarity with the hospital's IT system.*
    - *Redeployment would be planned far enough in advance to ensure that there is reorganization of call duties within the base rotation in respect of the terms of the FMRQ contract and the resident's wellness and wellbeing.*
    - *At the end of the 3-period rotation, the resident would receive an ITER for their scheduled rotation plus a contributory evaluation during their time on COVID reassignment.*
    - *This resident should not be redeployed again for the remainder of the academic year (dependent on COVID patient volume).*