Trainee Town Hall III FAQs –May 28th 2020

Q. Thank you so very much for the hard work of the ICP team. Greatly appreciated. I have two more questions: 1. There is scarce published data on the sensitivity and specificity of SARS-CoV-2 NPS PCR. At best, it seems to be 70-80% and decreases with milder cases with a single test. Why do we rely on such a poor diagnostic method to protect our HCWs and patients? Should we do repeat measurements when there is a high pretest probability and keep the patient is isolation? Should be combine with a CT chest for admitted patients (sensitivity seems to be > 95%)?

A. yes you can, no question. A memo was written same memo for JGH and MGH.

Q. Great improvements have been have been made to the MGH 15th floor after the first outbreak to improve patient safety with the installation of walls and reduction of patients per room. What has been done or what can be done to improve HCWs protection? Thank you!

A. Proper mask usage. The biggest concern is that the mask is contaminated. Wash your hands every time you touch your mask.

Q. Is there any effort being made to ensure adequate workspaces particularly for residents? One thing I have noticed is that nurses generally have their own workstation that only they use for the entire shift. For residents we are often moving to multiple workplaces all the time throughout the day. Do you feel this increases healthcare to healthcare worker transmission?

A. Dr. Khalil: we are revisiting the way we work and teach and it is challenging.

Q. Any word regarding residents who are on extended sick leave after contracting COVID 19 at work and how it affects their training time? I see multiple entries from previously.

A. We do our best to not prolong residency if possible, but it depends on what experiences are missed due to leave.

Q. Any updates if procedures like gastroscopies can now be done in ER or still requires ICU consult for scope? Even if patient does not require ICU care (ie. foreign object) Thank you!

A. Troquet: Gastroscopy is a procedure and requires a proper setting, so an OR is still needed.

Q. I am curious as to how does this initiative prioritizes patient safety and best possible patient care by placing un-experienced residents into position of patient care?

A. Safety remains always a priority. We will always match residents competency to their redeployment assignment.

Q. Will attending physicians also have scheduled mandatory covid months to contribute to the hospital's needs? Or will the burden fall solely on residents?

A. care of covid patients is a shared responsibility between residents and hospital attendings

Q. Could the PDs be given control over who and when their Residents are redeployed? There are about 1300 residents, and you say you need 350 residents. Should we not prioritize patient care (aka patient who are used to clinical service) over "justice" to have residents of all services (even diagnostic) covering IM floors?

A. We will collaborate with PDs in this process and the decision lies within the PGME office but always in collaboration.

Q. What are the programs that may be excluded from this new rotation on COVID ward?

A. Not known at this time.

Q. What is the percentage of coverage from staff MDs versus residents?

A. we don't know the exact numbers. care of covid patients is a shared responsibility between residents and hospital attendings

Q. Examinees must be free of COVID-19 to write their exams. Anyone who has contracted COVID-19 must have 2 negative tests results before being cleared to write their exams. Could examinees be exempted for at least 3 months before their exam is to take place to ensure they don't become infected and/or have enough time to obtain 2 negative test results?

A. We are looking into that, so you can be assigned away from covid wards up to a max time of 6 weeks prior to the exams. We are looking into what would be the appropriate time. Proposal put forward was 6 weeks and not 3 months. We will do our best to accommodate as much as possible.

Q. How will there be less admin work if PGME is still heavily involved in the scheduling of these rotations? Could hiring more admin to the present RRH be one option?

A. Yes – this is an option being explored

Q. What is the difference between redeployment and the new covid relief rotation? Will the FMRQ contract still hold?

A. Dr. Tourian: FMRQ contract is valid and always has been. We will align ourselves as much as possible so that that the rotation matches the training needs from the whole network and that those needs are being met.