

## **Trainee Town Hall – FAQs – June 11, 2020 from 2:30 – 3:30 pm**

### **PERSONAL TRAVEL & SELF-ISOLATION**

Q. Can residents travel between regions. For example, a resident who is based in Gatineau or Valleyfield or Chateauguay, can they come to Montreal or outside of their regions without failing a rotation?

A. Dr. Aalamian: Residents should not be traveling for personal reasons. Especially from cold zones to hot zones. If they do, they must follow the recommendations established by the government.

Q. Is there any requirement for residents to self-quarantine when travelling to places like Hull or Amos for their rotation?

A. Dr. Aalamian: It depends where you have worked before you go to those areas. If you worked in a hot zone, yes. The application of this rule in some establishments is inconsistent. It has been brought up with Public Health and the government.

### **REDEPLOYMENT**

Q. If a resident was redeployed for a 2-week period, would this resident have to make up for this original rotation since they missed 2 weeks due to redeployment. Is the 50% rule still applicable for residents being redeployed?

Dr. Tourian: Still applied the 50% rule to deal with the pandemic scenario. 50% rule no longer valid as of July 1<sup>st</sup> 2020. If issues to please contact the PGME office.

Q. Will residents who have already been redeployed during the current academic year, be counted as having fulfilled their requirement for the 2020-21 year?

A. Dr. Tourian: No, all residents will be considered when the new academic year starts. If numbers go down, we may not have to consider these residents, but we cannot commit to that at this point.

Q. In the document, dermatology residents R4-5 should be excluded along with ophthalmology and radiology. I am an R4 dermatology and I was called for redeployment 2 times (MGH P12) and JGH P13 and more senior medicine residents were not called once.

A. Dr. Tourian: Some residents were redeployed twice. It was an exception though and not in the spirit of the RRH.

Q. If a total of 10-12 residents will be requested per week, will you be designating how many should be sent by each program every week?

A. Dr. Tourian: the rule of proportionality, the program's size and the resident's competency will be taken into consideration.

Q. How long in advance are you planning to let residents and program directors know about their week of redeployment?

A. Dr. Tourian: Will plan for 2 periods. Period 1 will be more challenging.

Q. Will there be protections in place for new R1s so they will not be redeployed immediately?

A. Dr. Tourian: No guarantees. We will be working based on the list provided by PDs.

Q. What will be the staff to resident ratio during redeployment?

A. We strive for equitable distribution.

Q. There are some programs that are smaller than others and require all residents on service to be fully functional, and suffer when a resident takes leave/conference/study time/etc. Will that be taken into consideration?

A. Dr. Tourian: We will try to make this the least disruptive as possible. FMRQ contract will be respected.

A. Dr. Aalamian: this was discussed with FMRQ and they were not opposed and agree this is in line with their contract. We ask residents to also be mindful about their vacation and leaves requests and to follow the timelines in the FMRQ contract.

Q. What are the tentative weekly schedules? Can they be organized to solely day shifts or solely night shifts and not a mix of both?

A. Dr. Tourian: Will be confirmed shortly.

Q. How will you ensure that programs who have not redeployed residents yet (or not many) will indeed redeploy their residents, if it is still the PDs telling you who could be redeploy? (to ensure fairness among all programs)

A. Dr. Tourian: We count on the PDs who will inform us of the available resident. We currently have about 40 programs providing residents for redeployment.

Q. What about oncology residents that work with immunocompromised populations. Are we part of the redeployment process?

A. Dr. Tourian: These residents will not be redeployed, given patient safety concerns.

Q. In certain programs, the prospect of potential redeployment has disrupted the annual schedule even though no residents have been redeployed, some of these measures were put in place for the potential work shortage that might happen on the unit in case trainees were redeployed. This is causing it very difficult to schedule the rest of the year, are program's and PD's receiving guidance/support/supervision on how to navigate ramping up scheduling?

A. Dr. Tourian: This is being done since there is more demand for care (40 extra beds in the hospitals) and one program cannot carry all the weight. All will contribute based on skills and competencies. It is 1 week that is been requested in the academic year per resident. Period 1 will be challenging since it will be the first.

Q. As part of health human resource planning, are there considerations for how the pandemic may have differential implications on services other than COVID units/ICU wards? For example, anticipated mental health wave and rise in acute psychiatric care seeking.

A. Dr. Tourian: If you are in an ICU rotation, you should not be redeployed.

Q. I am in ObGyn and our program has been understaffed and struggling to cover our birthing centers adequately with residents over the last 3 years, worsening each year as more residents graduate and few new residents come in. We also have our own COVID patients and be assured that we have had the pandemic experience. How do we explain/rationalize sending our residents who are covering an essential service that showed no signs of slowing down to COVID units where they will arguably less useful, will

have questionable learning experience and will risk contaminating high risk populations when going back to core rotations?

A. Dr. Tourian: Unless a second wave hit us, we will try to be as little disruptive as possible with all the other services.

Q. If I understood currently, will we know 40 days in advance when we will be redeployed? For example, in P1, will I know which week I will be redeployed in P2/P3? Can we request to be redeployed during a certain period? I'm asking in the context of planning for childcare.

A. Dr. Tourian: Period 1 will require some adjustment. Waiting for the June 15 registration deadline to have number of residents.

Q. I believe at this stage redeployment should be on volunteer basis rather than mandatory. I suggest opening the door to medical students to volunteer.

A. Dr. Tourian: It is a mandatory experience and shared responsibility between all residents.

Q. Just a follow up to the oncology residents: does this measure also include radiation oncology residents? As we understand it, the cancer centers are still a cold zone

A. Dr. Tourian: Will have to discuss with the PD of Rad Onc.

Q. Why are some of the major programs getting excluded while small programs with less than 15 residents in total are asked to redeploy their residents?!

A. Dr. Tourian: All major programs have been contributing.

Q. Just to understand, when residents cover the COVID units, the week is Monday to Sunday day shifts?

A. Dr. Tourian: Monday to Sunday, but cannot confirm that all will be day shifts.

Q. What support/resources does RRH provide for residents that get COVID after redeployment esp. considering how health and safety, government and public health are often providing different information?

A. Dr. Tourian: Follow guidelines established by your employer the hospital.

Q. If we get sick from redeployment and end up missing mandatory rotations, will that prolong our training?

A. Dr. Aalamian: We hope not. It will depend on how long the sick leave will be. Competencies will be looked into more than length of training.

Dr. Tourian: The protection and care will fall under PD. If it is in your training requirements, and if you have to complete those rotations, PD will be responsible to not redeploy residents during these rotations.

Q. Question regarding missed rotations during the pandemic; in the last 3 months, some of us missed on rotations that may have been mandatory for royal college requirements. Our program director told us that we did not have to necessarily reschedule them? I'm concerned that this is mainly to ensure coverage of core units, can you confirm that the royal college allows for flexibility in mandatory rotations that would have been missed due to the pandemic?

A. Dr. Aalamian: RC provided a document that gives PD responsibility to inform if competencies were achieved. You must discuss this with PD and if there is no agreement, bring it up to PGME.

Q. For adult/pediatric immunology residents, are we excluded from redeployment as well since we regularly care for primary immune deficient patients?

A. Dr. Tourian: Is discussing with PDs if associations and Public Health ask for exceptions.

Q. Will we have a summary document of these new directives to share with our co residents?

A. Dr. Tourian: Yes, it was sent out with the invitation to this meeting.

Q. On the basis of fairness, for the residents who have already been redeployed this year, can this be taken into consideration when forming the redeployment schedule for next year?

A. Dr. Tourian: Will take this into consideration, but cannot guarantee exclusions since it depends on the numbers that will be required.

### **ELECTIVES & RURAL ROTATIONS**

Q. Out of province electives for senior residents after August 2020, what is the current rule?

A. Dr. Aalamian: Within QC no electives in French universities from P1-P4. All electives have to be approved by all 4 faculties as exceptions. McGill has authorized electives as of period 1. However, core IM has a national ban from periods 1 to 3. If you think you qualify for an exception, communicate with the PGME office.

Q. After P5, will electives be allowed outside of the country?

A. Dr. Aalamian: For the moment, no electives are allowed outside of the country. Do not make arrangements outside of the country. Personal travel should also be avoided. If you travel abroad for personal reasons, quarantine measures upon arrival, will have to be respected and result in an unpaid LOA.

Q. What is the latest rule regarding rural rotations within Quebec in the McGill network? (For example, rotations in Hull, Amos, Valleyfield, etc).

A. Dr. Aalamian: As of period 3, we are rescheduling where trainees are accepted. Far north, is not accepting at this time.

### **50 – 75% RULE**

Q. Does the 50% rule for a rotation to be valid still valid for next year?

A. Dr. Tourian: the 50% rule was only valid during the peak of the pandemic. Starting July 1<sup>st</sup>, the 75% rule is valid.