

March 28th, 2020
PGME Update

Dear Residents and Fellows,

In this time of uncertainty and change across every facet of your professional and personal lives, it is hard for me to find exactly the right words (not sure if there are any) to let you know we do appreciate the toll that this has taken on our learners in every stage of training. I also realize with the flurry of decisions seemingly being made for you, that some of you may feel at times that you are not being heard.

These are extraordinary times- the first for most of us. We are all worried about our safety and that of our loved ones, our ability to provide good care for what may come, safety of our colleagues on the frontline of this pandemic and for our learners, what impact this has on their future careers. Our job in PGME is to make sure that you feel supported, you feel appreciated and valued for the essential services you provide during this time of crisis and most importantly that you feel you have a voice. Tell us how we can do better- email me anytime at wasip@mcmaster.ca. Again, thank-you to all of you- you are all exceptional residents and fellows and continue to make us proud every day.

I also want to thank our local resident leaders from PARO. They have been a phenomenal help in bringing up your concerns, coming up with answers and solutions and attending multiple meetings along with their own clinical responsibilities. Their help has been truly invaluable, and I appreciate their advocacy and support.

A shout-out to Alvin Chin, who initiated the UberEATS vouchers!
Thank-you Alvin!

Communication:

Please visit our PGME website for all up to date [COVID-19 information](#). We upload all communication from hospital, university and external organizations daily. Although I send out these messages once a week, anything that comes up that is important for you to know, we are sending directly to you. Please read everything we send - so you are up to date on any new directives from the hospitals.

We encourage learners based in Hamilton to also stay up to date by reviewing the [HHS Hub](#) and [MyStJoes](#) portal for weekly updates. HHS provides a [summary of updates](#) as often as possible.

PGME has added the ability for Learners to [submit an anonymous question](#) to the PG office through our website. The Q&A's will be posted on the bottom of the COVID-19 Learn FAQ site for everyone's benefit. On the [COVID-19 FAQ site](#), there is a button at the top titled "[Ask an anonymous question](#)". Check the [Learner FAQ site](#) regularly for answers to all your questions.

Finally, PG will organize regular weekly call ins with me through ZOOM. We can certainly increase the frequency depending on the uptake. You can login and ask any questions and ask for explanations regarding decision making, etc. Marina Kicic from PGME will send you the ZOOM information early next week.

Redeployment:

As the hospitals prepare for the worst of COVID-19, all programs have been asked to develop redeployment strategies for their residents and fellows. I am sure you have already heard this directly from your program directors. At the same time, the hospitals are gathering faculty names for redeployment. I want to reassure all of you that redeployment strategies developed for faculty, allied staff and PG learners are a team effort.

We have some guidelines that have been developed to help with the redeployment process; some of the key themes are highlighted below:

1. All programs are first considering the projected needs within their own discipline first and redeploying for PG learners in the high-need areas within the department.
2. High need areas have been identified as General Medicine, General Pediatrics, ICU (adult/pediatric), Emergency Medicine (adult/pediatric) and Assessment centers.
We have asked program directors in discussion with their learners, to identify those who can be redeployed to these areas, based on previous clinical experiences and skills sets.

I do understand that there is anxiety about being redeployed to an area for which you have not had recent clinical experience. Whenever possible, we will try and keep the learner at the site which they have been based. Redeployment will be for as short a time as possible for each individual learner. We will ensure that there is appropriate orientation, training as necessary, and appropriate supervision. This is our responsibility – PGME and the hospitals- to make sure that we establish appropriate processes to support you in redeployment rotations.

3. We are currently developing a workflow with the hospitals to clearly identify a process for when a service need is identified, and a learner is redeployed. Questions that will be addressed:
 - Duration of time on each redeployment assignment.
 - Notification system.
4. Along with your essential roles in health care provision, we cannot forget you are learners in an educational program. We continue to work with our program directors to ensure that we document all clinical activities, including redeployment, and align competencies that can be counted towards credentialing. We are emphasizing to all supervisors that all redeployment activities must be assessed, primarily for the purpose of documentation for credentialing.

COVID-19 Screening:

Last week, it was recommended that all Health Care Workers must be screened for COVID-19 if demonstrating symptoms. Please review the attached document - Employee Health guidelines

in terms of symptoms that will determine if screening is required. As always, if you are feeling unwell, please stay home or go home immediately if you are at work, after notification of your supervisor.

Please follow the processes outlined below for HHS/SJH (we will provide you with a visual workflow early next week).

Do not come to work if you have fever OR new/worsening cough OR difficulty breathing. If you have two of the following, do not come to work: sore throat, headache, muscle aches, runny nose, nausea, diarrhea. And call EHS at your host hospital.

1. Learner contacts Employee Health Services (EHS) at host hospital – information available on website.
2. Based on symptoms, EHS will determine if testing for COVID-19 is required
3. EHS will determine where testing will occur and will make the appointment
SJH: 1st floor Fontbonne Screening Centre
HHS: Urgent Care Center (UCC)
Screening centres will send all samples to the virology laboratory; when results are ready lab will notify EHS of results
4. EHS will contact the learner upon receiving the results whether negative or positive
5. If negative, learner can return to work when symptoms have resolved for 24 hours

We understand that there has been difficulty in response time from EHS. EHS at HHS will be moving to a 24/7 model with increase in staffing; we hope that the process will be much faster starting early next week. EHS at SJH has also increased hours of availability: 0630- 8 PM daily including weekends.

For Regional Campuses- please contact Public Health who will refer you to Assessment centers for testing if indicated. [Contact information for EHS and Public Health](#) can be found on our Website. If you are in a community rotation through MacCARE, please contact EHS at the site/ Public Health and/or your site coordinator/ Program Director for further information.

Personal Protective Equipment (PPE):

We do understand that this has been a great source of stress for learners and indeed for all health care providers. The hospitals have identified ensuring adequacy of PPE as a priority. For now, I would stress the following:

- If you have not yet been tested for N95 mask fitting, please arrange this as soon as possible. While I recognize that most of you will not be placed in situations where this is required (aerosol-generating procedures), it is recommended that if possible, you get mask-fitted. Please let us know either through your program administrator or PGME office if you are having trouble getting an appointment.
- Where possible, the number of health care providers to look after suspected COVID-19 patients should be limited to a minimum (so usually faculty/ senior learner).
- This should be the same for any isolated patient to preserve PPE.
- Hospitals must ensure that PPE is available for any patient requiring it, and that any health care provider has the right to refuse care for a patient if PPE is not available.

- One issue that has come up is our ability, as health care providers, to refuse care in the situation where it is necessary to save the life of the patient. This is a tough scenario and needs more guidance about how one approaches this as a learner; agenda item for our next PG Task-force meeting - to review all guidelines in place, including the position of CPSO.

Vacation

In the situation that a vacation request (or Professional Leave days) is **denied** by the program/ department due to service needs created by the pandemic, the vacation can be carried over to the following academic year. Otherwise, learners should continue to submit vacation requests through the appropriate channels and take their vacation.

Extension of Training: This week it was brought to our attention that the end date of the program was extended by two weeks for those who went on COVID-19 leave. We have since rectified the issue and I can assure you your program will not automatically be extended. Many programs have instituted alternate learning experiences during self-isolation (or other reasons) such as virtual care, academic enrichment, research etc. These do not require a LOA as considered work from home.

News from CPSO:

Electives: Recently all national and international electives were cancelled. In view of this decision, CPSO will extend validity by one year to elective applications based on the CPSO receipt date. This applies to those learners who previously submitted an elective application to the CPSO. They will not have to resubmit an application or pay the fee should they decide to do a future elective within one year.

Provisional License: CPSO announced this week that all residents who may do the certification examinations in the fall of 2020, will be granted a provisional license for 6 months, with “low-level’ supervision. Although the description of the supervision appears to be much less restrictive than the current restricted license, there are some unanswered questions. The Postgraduate Deans will be meeting (virtually!) with CPSO Registrar and I will provide further information to you and your program directors at that point. We will be strongly advocating for a license that allows residents/ fellows to honor the commitments that they have already made (e.g locums, jobs etc.).

Thank-you and please email me directly anytime regarding questions you may have, use the PGME anonymous question function, and join me on the townhall.

Please do not forget the [Resident Affairs is available](#) at any time for support. Individual residents can arrange appointments with Dr. John Miller and/ or Lisa Giles at any point.

If you have suggestions or ideas about how we can support our residents and fellows as a group- let us know!

Take care and again thank you for your continued dedication.

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