

## **PGME Update April 12<sup>th</sup>, 2020**

Dear Residents and Fellows,

I hope that all of you have had time off this Easter long weekend to spend time with your family. I still find it hard to take in everything that has happened over such a short period of time. Although sometimes it does seem overwhelming, it has really brought home to me how fast change can happen, how fast people can dramatically change their lives, and above all how fast people can come together as a team with grace, courage and resilience, in a situation of great uncertainty, stress and risk. We all recognize how essential our postgraduate learners are for the healthcare response to the pandemic, but no one underestimates the toll this has taken and likely will continue to take over the coming weeks. I continue to hope that you feel recognized and supported through all of this. One of your program administrators wrote to me to say how helpless she feels working from home knowing many of you are frontline and wishes she could be your 'protection blanket'. I know she speaks for all your Program Directors and program administrators.

Much of the information that is in this update is probably old news but thought I would try and summarise the events of the last week. Prediction models and guidelines seem to be changing every few days, so will do my best to provide as up to date information as possible, acknowledging it may change again by next week.

### **Redeployment**

*Please note: Residents based at Waterloo and Niagara Regional Campuses will be redeployed at these sites and have already received information from Drs. Mountjoy and Bell regarding the process. Family medicine residents based at other distributed learning sites may have redeployment activities within that community. PGME is communicating with Dr. Kinzie, Family Medicine Program Director and Dr. Dorothy Bakker, Assistant Dean, MacCARE and the Regional Assistant Deans for information regarding the redeployment at community sites. The sections below relate to the redeployment for postgraduate learners based in Hamilton.*

The redeployment of Learners has been a challenging process. The anticipated need for physicians (including Learners) is directly related to patient volumes and we are currently experiencing lower than expected patient volumes. Therefore, this has put the redeployment schedule in a holding pattern. The surge has been divided into Stages 1-3 according to patient numbers with stages 4 and 5 occurring after hospital capacity has been reached. As of April 11<sup>th</sup>, we are still at Stage 0 with 21 COVID- positive admitted patients at the two sites, HHS (13) and SJH (8).

Below is a PowerPoint slide estimating the numbers in each of stages and hospital capacity at HHS. Similar ratio of numbers has been predicted for SJH. Redeployment of off-service learners will be required for Stage 2; as well, redeployment may happen in Stage 1 if there are learners who need to be removed from the current schedule due to isolation/ illness. As mentioned previously, faculty will also be redeployed at similar numbers.

**Step 3: Continued**

► The chart below shows the **surplus** of COVID beds found compared to the COVID expected demand for stages 1-3.

Population	Stage I			Stage II			Stage III		
	Expected Demand	Actual (COVID Beds)	Surplus/ (Gap)	Expected Demand	Actual (COVID Beds)	Surplus/ (Gap)	Expected Demand	Actual (COVID Beds)	Surplus/ (Gap)
<b>ADULT</b>									
Ward	82	83	1	244	251	7	480	487	7
Critical Care	26	41	15	78	92	14	156	156	0
<b>PEDIATRICS</b>									
Ward	10	26	16	44	60	16	84	90	6
Critical Care	1	12	11	4	12	8	9	12	3



Originally 6 service areas were identified to receive redeployed Learners. Over the last 10 days, the focus has shifted from 6 down to two main service areas: Intensive Care Unit (ICU) and General Internal Medicine (GIM). From the current predictions, it does not appear that Emergency Medicine will require learners from outside their discipline, aside from those who are already scheduled for core rotations, for the rest of the academic year.

You have all received the Redeployment Guidelines last week so will not repeat in this message. If you have questions about the guidelines, please let me know. There were a few things I did not mention in the guidelines

- **Vacation requests:**

We have asked your Program Directors and program administrators to let us know if you are scheduled for vacation during the block of time you may be considered for redeployment- if at possible, we will try and avoid redeploying you. However, this will depend on number of learners needed and maintaining our general principle of limiting redeployment to one bloc per learners, if possible.

If your vacation is cancelled due to redeployment, we will carry over to the next academic year. Many of you in the final year have asked about “pay-out” for vacations cancelled during this time. This is an agenda item at the next Ontario Postgraduate Deans and Managers meeting and we will see if there is a way to do this.

- **Academic Half-days (AHD)**

I recognize how important academic half-days are, especially these days. Even if virtual, it is an opportunity to touch base with your peers in your program and provide some academic programming when so much of it has been disrupted. As much as we can and for as long as we can, we will try and preserve AHDs for residents and fellows while on redeployment. However, as patient volumes increase, this may not be possible for all learners, especially as many programs have exactly the same timing (i.e. Wednesdays) We will continue to work with GIM and ICU for other solutions (perhaps every second week and stagger learners)

**ICU - J. Centofanti, April 11<sup>th</sup>, 2020**

- Difficult to know exactly when we will need to redeploy residents.
- ICU will consider redeployment for April 20<sup>th</sup> depending on numbers; residents, PAs and PDs will be notified through the PGME office.
- The model for resident coverage continues to be in debate; previously it was 5 days- 5 off- 5 nights- 5 off with 12 hours shifts. It may still be the same but further discussion and agreement needs to happen for the faculty model of coverage which in turn will affect the resident model.
- Any resident coverage model will attempt to follow the PARO-CAHO collective agreement.
- Orientation material will be sent with the redeployment

**GIM – L. Whitehead, April 8, 2020**

- GIM is implementing redeployment for the week of April 20<sup>th</sup>, 2020 depending on need and volume of patients.
- Initially, GIM will continue with a team model until the surge hits.
- Learners will receive an email from IM office regarding redeployment including an orientation brochure.

We are also rethinking our timelines for notification. Originally, we had planned for 5-7 days notice for Learners for redeployment and for those on the reserve list. What this last week has demonstrated is the potential disruption and extra work involved of being told one week ahead of time and then being told a few days later that it is not going to happen. For example, Program Directors/ Chief residents would be asked to change home call schedules in anticipation and then have to change it again when redeployment is postponed. With that in mind, notifying learners on the Wednesday (prior of the redeployment start date – Monday), will allow for a more accurate prediction of hospital need and hopefully less chance of changing

your redeployment status on Friday to *not required for redeployment* (recognizing that this did happen in the last week).

***Please let me know your thoughts about this either at our next scheduled town hall Wednesday, April 15<sup>th</sup> or through email [wasip@mcmaster.ca](mailto:wasip@mcmaster.ca)***

### **Personal Protective Equipment (PPE)**

Another area of continual change; you were all sent the latest information from HHS and SJH yesterday. We continue to receive updates from the Regional Campuses, and these are all uploaded in the COVID-19 section of our Webpage. We have also asked for all PPE information from hospitals located in the distributed sites and will upload them as soon as we receive them.

There are shipments of PPE anticipated from the provincial and federal governments over the next few days. The hospitals continue to try innovative ways internally to create masks for PPE.

**Instead of my summarising the information and potentially update in a few days, please review the following from the HHS Hub and St, Joseph's, and hospitals within the Regional Campuses. This has the most up to date information regarding PPE and current screening practices for health care workers and patients. I have included the links below for your information.**

**[HHS COVID-19](#)**

**[SHJ COVID-19](#)**

**[WRC and NRC](#)**

Current highlights:

- HHS and SJH have both gone to universal masking (procedure masks) for all patient interactions as of Friday April 10<sup>th</sup>. Universal masking is already in effect for hospitals in the Waterloo and Niagara campuses.
- Hospitals continue to have weekly inventory checks to ensure supplies will continue to be available for priority areas- ER, ICU and the ward care of COVID-positive patients.
- N95s will continue to be used of Aerosol Generating Procedures and not for routine care.
- All recommendations for PPE are being made by the Infection Prevention and Control team (IPAC) with review of guidelines from provincial and federal public health agencies.
- There is an aggressive approach to PPE preservation and every health care worker will receive 2 mask per shift (4 masks for those on for 24 hours)
  - a. The same masks can be used amongst hospital sites (for those of you who are covering city-wide call)
  - b. PPE are being collected for the potential of reuse.

***As many of you have questions about PPE, I have asked Sarah Khan, Associate Director Infection Prevention and Control Committee to participate in the next town hall on Wednesday, April 15<sup>th</sup> at 2 PM. Please try and attend and have your questions ready!!***

***Questions I have received thus far***

- *What is the evidence behind the safety of the repeated use and reuse of PPE*
- *Can I wear my own PPE (goggles face shields)?*
- *What about clothing? Should I be wearing scrubs, hair cap or booties?*
- *How can I protect my family; should I stay away from them if I am assigned to work in a high-risk area?*
- *What about codes? What will the protocol for PPE*
- *Will all patients who will be admitted to hospital be tested first?*

**Royal College and CFPC Credentialing**

Education programming continues to be challenged by disrupted rotations with decreased exposure to clinical experiences. This is especially a challenge for procedure-based specialties such as the surgical programs. The Postgraduate Deans continue to work with the Colleges to find ways to mitigate these disruptions and if possible, have residents graduate on time from their programs.

Extensions of training will only be considered if there are core competencies that have not been demonstrated due to lack of clinical opportunity and will be for as short a time as possible. Our goal is to have as few residents as possible require extensions of training but at the same time ensuring that we are graduating residents who are prepared for independent practice. Funding for extensions of training is not anticipated to be an issue so this is really about the least disruption to your career plans beyond residency.

Key messages

- All activities must be documented and assessed. There will be an ITAR attached to each redeployment rotation.
- Program Directors will review objectives of training for core program to see if any can be met during redeployment rotations
- Review EPAs that have the potential to be achieved
- Schedules for the following year may require adjustment to ensure achievement of core competencies.
- Waivers of training can be used for disrupted educational activities (currently for Leave of Absences)
- CFPC has already increased the waiver length from 4 weeks to up to 12 weeks, based

on performance and demonstrated ability to have achieved the core competencies.  
Ongoing discussions with the Royal College.

- Discussions ongoing with the Royal College regarding flexibility with the Specialty Training Requirements. e.g. even if community rotations are a required part of training, if the objectives can be met – this will not lead to extension of programs.

### **Royal College and CFPC Certification Exams** **An update was provided on April 9<sup>th</sup>, 2020**

Spring 2020 RC certification exams postponed until the fall. There will be no oral component, only the written component of the exam. Residents will be refunded some of their money. No decisions have been made regarding the SS examinations that are currently scheduled for the fall. CFPC have scheduled their exams (written and oral) for the fall. MCC exams also postponed for the fall.

### **CPSO**

CPSO has announced that they will allow Learners who are graduating this year to practice with a provisional license. The CPSO has indicated that they will create a simplified process to facilitate approval for learners; Learners will require a supervisor (can be remote), license can be renewable after 6 months, and Learners who have not completed the MCCQEII are also eligible. Similar processes have been established in each province. Program Directors will send the list of residents who have completed residency training and PGME will forward to the relevant regulatory Colleges in Canada.

[CPSO Q and A information](#)

### **Electives:**

Electives have been cancelled up until the end of June. It is too early to predict what will happen to electives booked for July onwards. We have not cancelled them nor has any other university in Canada. We will continue to update you as soon as more information is available.

### **Medicine and Pediatrics Subspecialty Matches:**

CaRMS has asked for feedback on a proposal to delay both these matches by 6 weeks. I have had the opportunity to discuss with the relevant Program Directors, who in turn have likely talked with you. There are still a lot of questions about potential downstream effects, especially around delaying the IM match. The big issue for both these matches is the inequity around elective experiences for applicants and how this may affect the match results. This is an issue that will continue to be discussed with CARMS, Program Directors and PG Deans for recommendations.

## **June 2020 Graduation**

It is with great regret that we have had to cancel the group graduation dinner scheduled for June. We do need an event to celebrate our residents' successes, even more necessary this year. We would like to create a small graduation subcommittee with resident participation to think about alternate ideas, given our current reality. If you are interested in participating, please let me know. I am 150% positive that residents will be far better able than me to think outside the box and come up with innovative ideas we can use to acknowledge and thank our graduating residents. Email me directly at [wasip@mcmaster.ca](mailto:wasip@mcmaster.ca) or through Sophia Boljanic, our PG Manager [sophiab@mcmaster.ca](mailto:sophiab@mcmaster.ca).

## **Learner Wellness – What have we done so far and our plans for future initiatives**

### ***Report from Dr. John Miller, Director Resident Affairs and Lisa Giles***

- 2x per week drop-in support sessions for all PG learners, every Tue & Thu from 12pm-1pm.
- Resident Affairs webpage with COVID-19 wellness resources, including the PHP counselling opportunity (Group: Wednesdays pm at 9pm; and individual),
- Kathleen Nolan in WRC has also been working to create a list of free or discounted services accessible to healthcare workers.  
*Note this evolved as a result of a resident's request for a list of community "Perks" for front line workers (e.g. Front of the line service at Fortino's and 50% off at some Order-Out food chains).*
- Brown Social Networking Grant continues to have some submissions; we are working with residents to make their proposals appropriate during Social distancing.
- Working with the Internal Medicine resident wellness committee in purchasing non-perishable snacks to put in as many call rooms across the hospitals in Hamilton with an "appreciation note". Other programs should contact Dr. Miller for extending beyond internal medicine.
- Both John and Lisa are meeting with several residents individually as per usual, however now using Zoom or other virtual platforms
- Lisa has conducted a few academic half-day sessions for different programs on resilience and coping during COVID-19 and has continued facilitating some ongoing treats and talks sessions during AHDs.
- John is coordinating the AFMC Resident Affairs meeting next week (April 17th) via Zoom and look forward to hearing more about how other centres are doing then.
- Future projects: discussing opportunities to work with Parmjit Singh on mindfulness/MBSR programming for residents the first on our reference list.

***Please let us know your thoughts, and if you have any suggestions for further ways that we can support you. John and Lisa***

### **Housing Options**

Many Learners have inquired about alternate housing options for those who have either been exposed to COVID-19 or feel that they can not return home because they live with vulnerable family members (i.e. immuno-compromised, elderly, pregnant partners, babies, etc.).

#### ***Learners who have been exposed or tested positive to COVID-19***

FHS is working with McMaster University to create a solution for Health Care workers who have been exposed to or have tested positive to COVID 19. Soon exposed or positive health care workers will have access to free housing at one of McMaster's residences. **This option will be facilitated by the hospitals and once we have more information PGME will distribute the information and process to Learners directly.**

#### ***Learners who feel that they can not return home because they live with vulnerable family members***

PGME has negotiated a reduced rate at Staybridge Suites Hamilton for Learners who have NOT been exposed nor have tested positive for COVID-19. Learners can access a room for \$69 per night with a reduced rate code. We will send out exact information including the PGME reduced rate code and contact information next week. PGME will also be subsidising housing up to a maximum per resident. Once we have this information finalized, we will send it to you via email.

### **Housing options for Learners at Distributed Campuses**

[Niagara Falls hotels offering discounted rates for frontline workers.](#)

WRC- Delta hotels offering discounted rates in Waterloo region. Info to follow.

### ***Airbnb***

It has been brought to our attention that Airbnb is offering reduced rates for health care workers at various locations. PGME is currently investigating this option to potentially promote to Learners who require isolation or quarantine.

### **Child Care Options**

The City of Hamilton is scouting for volunteers for regulated and registered home childcare (or any registered Early Childhood Educator) to open their house and services to children of front-line workers, including health care workers free of charge.

Please refer to : <https://www.hamilton.ca/social-services/early-years-and-child-care-services/finding-child-care> for more detailed information.

In addition, Learners may also consider the following resources for childcare:

Community and Social Services Helpline: Call 211 or 1-877-330-3213 or visit <https://211ontario.ca/>

Ontario Government

Find and pay for childcare: Visit <https://www.ontario.ca/page/find-and-pay-child-care>

**Services Offered by McMaster UG Learners.**

<https://docs.google.com/forms/d/e/1FAIpQLScXkCqgyncgold8tgJpeWQ7u1pb80ci-hsaQ66bUs3gtxc2nw/viewform>