



MEMORANDUM

TO: Department Heads, Program Directors, Program Administrative Assistants, Residents, RDoS & PGME Staff

SUBJECT: 2019 NOVEL CORONAVIRUS (COVID-19) UPDATE
PRINCIPLES FOR REDEPLOYMENT OF RESIDENTS & PROCESS FOR MEDICAL EDUCATION DECISIONS IN PGME DURING COVID-19 PANDEMIC

FROM: Dr. Anurag Saxena, Associate Dean, PGME

DATE: March 20, 2020

Background:

- Under exceptional circumstances of clinical need as identified by Ministerial and/or Public Health Officials and/or SHA, many health care professionals may be redeployed to services in need such as hospital emergency rooms, ICUs, triage facilities, or to responsive facilities such as vaccination units and assessment clinics.
- All current residents are subject to these redeployment measures by virtue of their status in SHA and being on educational register of the CPSS and dual status as learners/care-providers through their contract with the College of Medicine/University of Saskatchewan.
- Redeployment under such circumstances will be governed by decisions at the Ministerial level/ Office of the Medical Health Officers - Saskatchewan/ SHA / College of Medicine-University of Saskatchewan.
- Residents, however, should never be forced against their will to engage in activities that would not be considered a reasonable competency set for a physician at their level in their specialty.

The Framework for redeployment decisions is provided first followed by Principles to guide redeployment.

The framework for redeployment. The following order for redeployment is preferred:

1	Residents can remain where they currently are rotating.	Residents, regardless of primary program, can be called upon to provide care in a manner or volume not normally encountered within their current rotation . Within this group, redemption should occur in this order of preference: <ol style="list-style-type: none"> Residents currently on rotation in their primary program should be redeployed first. <u>Example:</u> Medicine residents on CTU rotations redeployed to cover other wards. Residents currently on rotation in a program/specialty other than their own, which is being called upon to provide care.
2	Residents on non-clinical experiences should be called back into clinical service.	Residents who are on research months or on non-call service within the affected institution can be called back to take call or engage in clinical activities.
3	Residents need to be called back to parent program rotation .	Residents in a given specialty can be asked to provide care in their primary program/specialty while on another rotation. <u>Example:</u> Neurology resident on Pathology rotation being asked to redeploy to Neurology to cover absences.
4	Residents need to be 'loaned' to other services .	Residents who have the skillset and/or who have previously completed key prerequisite experiences, can be asked to shift their work to another service from that of their primary program/specialty and their current service. <u>Example:</u> A General Surgery resident who is on Orthopedic Surgery being called to provide call in the ICU.
5	Residents need to be sent to another facility .	Residents may need to be redeployed to help address surge or other extraordinary circumstances across the network. Ideally this would only be done within specialty. <u>Example:</u> Anaesthesia residents rotating at a busy community site that has been repurposed as a screening facility can be redeployed to a trauma centre to address increased surgical volumes.
6	Residents on a voluntary basis.	Residents may volunteer to help in redeployment activities with consent of the university program/fellowship director and relevant hospital authorities.

**Principles guiding redeployment decisions:**

1	Duration	<ol style="list-style-type: none"> 1. Redeployment will be for as short a period of time as is necessary to address the acute need. 2. Redeployment will respect the employment provisions of the Collective Agreement and allow flexibility at the discretion of the program director or site supervisor regarding individual absences due to the health emergency (personal illness or family care). 3. In all cases, absences should be documented by the program directors.
2	Activities while on redeployment	<ol style="list-style-type: none"> 1. The roles and performance of redeployed residents should be recorded and evaluated as separate from their regularly assigned rotation and activities. 2. Although impossible to guarantee at the outset of a redeployment, individuals should not be required to extend their training program as a result of redeployment for short periods. There may be individual cases that require consultations with the program directors, certifying Colleges and the PGME Office, so a formal record must be made of the service provided. 3. This record will include, at a minimum, the name of a primary supervisor, time period, description of activities to be performed, and a completed 5-point scale used to evaluate those activities. The form should be signed and forwarded to the resident's Program Director at the end of the service. 4. Redeployment decisions made by the hospital administration may need to take into consideration the resident's seniority/level of training and any special expertise, i.e. more senior residents may be able to function more independently, ensuring that the overall team's ability to cope with the workload is increased.
3	Eligibility for redeployment	<ol style="list-style-type: none"> 1. Any resident may be redeployed as per these principles. 2. It is expected that redeployment will apply to those residents assigned to the relevant sites at the time the need arose. 3. Unless otherwise directed by the College of Medicine, rotations between hospitals will occur as scheduled and residents will be expected to adhere to requirements for their service put in place by the institution they rotate to. 4. The College of Medicine / University reserves the right to eliminate or otherwise alter rotation changes (including date, duration and specific assignments of individuals or groups) in consultation with Clinical Service partner(s).
4	Authority and Approval	Please see attached the process for medical education decisions. It is expected that the consultations and collaborative decision-making will occur.
5	Resolution of Conflict	Resolution of conflicts related to redeployment should be brought to the relevant Provincial Head / Area Lead, Associate Dean PGME-Vice Dean Education.

Please note that a resident's participation in service **unrelated** to one's current training program is not mandatory. If a resident chooses not to participate in a redeployment assignment and takes the time off during the pandemic period (other than sick or scheduled leave), he/she should be made aware that the absences may not count towards the credentialing of their education program, unless approved in advance.

Sources:

1. Modified with permission from document(s) at the PGME Office, University of Toronto
2. UNHCR Emergency Handbook <https://emergency.unhcr.org/entry/45259/getting-ready-for-your-emergency-deployment>
3. [Emergency Management Principles and Practices for HealthCare Systems, 2nd ed.](https://www.calhospitalprepare.org/sites/main/files/file-attachments/empp_unit_3_2nd_edition.pdf)

Taking into account:

1. [Collective Agreement \(PAIRS/RDOS-University of Saskatchewan\)](#)
2. [CFPC and RCPSC training requirements](#)



Processes for medical education decisions in PGME during COVID-19 pandemic

1. **Process for changing rotations/on-call duties ([please involve chief residents in the decision-making process at the program level](#))**
 - a. **For changes to residents' schedules (rotation/learning experiences) [within](#) the parent program**
 - i. The program (PD/RPC) determines the changes required based upon sound rationale
 - ii. The PD discusses this with the Provincial Head and or the Area Lead
 - iii. The decisions are communicated to the Associate Dean, PGME
 - iv. The Associate Dean, PGME will inform the Vice Dean Education and Associate Dean, Regina campus.
 - b. **For changes to residents' schedules in the parent program who are currently doing rotations or are on learning experiences [outside](#) the program**
 - i. The parent program (PD/RPC) determines the changes required based upon sound rationale
 - ii. The PD discusses this with the receiving program's PD and his/her own Provincial Head and/or the Area Lead
 - iii. The PD sends the recommendation to the Associate Dean PGME
 - iv. The Associate Dean, PGME forwards the request to Vice Dean Education and Associate Dean, Regina campus along with his recommendation
 - v. The decision is made after discussion (including consideration of the request at the EOC)
 - vi. The decision is conveyed back to the Associate Dean, PGME
 - vii. The Associate Dean, PGME communicates the decision to the PD for implementation.
 - c. **For changes to [off-service](#) residents' schedules**
 - i. The [receiving](#) program (PD/RPC) determines the changes required based upon sound rationale
 - ii. The PD discusses this with the Provincial Head and or the Area Lead and with the PD of the off-service residents
 - iii. The PD sends the recommendation to the Associate Dean PGME
 - iv. The Associate Dean, PGME forwards the request to Vice Dean Education and Associate Dean, Regina campus along with his recommendation
 - v. The decision is made after discussion (including consideration of the request at the EOC)
 - vi. The decision is conveyed back to the Associate Dean, PGME
 - vii. The Associate Dean, PGME communicates the decision to the PD for implementation.
 - d. **For changes to [on-call duties](#)**
 - i. The parent program (PD/RPC) determines the changes required based upon sound rationale
 - ii. The PD discusses this with the Provincial Head and or the Area Lead (**Back up schedules need to follow collective agreement**)
 - iii. The Associate Dean, PGME is kept informed and he will inform the Vice Dean Education/ Associate Dean Regina
 - e. **For any other [redeployment](#) based upon emergent needs**
 - i. Changes will be governed by the SHA/ College of Medicine (EOC) decisions and the document outlining redeployment principles
2. **For changes to the [academic sessions](#) (didactic teaching, rounds, research meetings)**
 - a. As discussed earlier, transition to remote formats
 - i. Inform the Associate Dean PGME of the changes and request any assistance needed for this transition
 - b. Follow central PGME/College decisions regarding simulation
3. **For impact on the [duration of residency](#)**
 - a. Follow the usual PGME policies including approvals at the Associate Dean level
4. **For decisions /concerns regarding [assessments, modified learning plans, appeals](#)**
 - a. Follow the usual PGME policies including informing/approvals from the PGME office /Associate Dean PGME.
5. **For any [unforeseen circumstances](#)**
 - a. Inform / Discuss with the Associate Dean PGME and Dept. Head /Area Lead prior to implementation

The [PGME office](#) will work with all residents, programs and staff during this time and are available to answer any questions you may have.

Sincerely,

Dr. Anurag Saxena
Associate Dean, Postgraduate Medical Education, University of Saskatchewan