



Redeployment of residents will be permitted for as short a period as is necessary to address the acute need during the COVID-19 pandemic. 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. The primary supervisor must provide an assessment of resident duties while on deployment (see part 2).

**All redeployments beyond the home program should be pre-approved by the PGME office.**  
**Home Program Acknowledgment - Please Initial: \_\_\_\_\_.**

To request a resident redeployment please prepare proper documentation and submit part 1 to:

- **The Resident's Home Program**
- **The PGME office for approval and tracking**

**Section 1: Resident Information (if available)**

Name (First/Last):	
Program & Training Year:	
Email Address:	

**Section 2: Program/Service Redeployment Information**

Program/Service Resident Redeployed To (include location):	
Start & End Date of Redeployment:	
Redeployment Primary Supervisor Name:	
Description of activities to be performed:	

**Section 3: Approval**

Request Submitted By (Print Name):			
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(Signature):		Date:	
Home Program Director Signature:		Date:	
PGME Associate Dean Signature (PGME use only):		Date:	
PGME Verbal Approval received (PGME use only):		Date:	

**Please send all documents and required information (via email) to:**  
 Heather Schultz: [heather.schultz@usask.ca](mailto:heather.schultz@usask.ca)



Redeployment will be permitted for as short a period as is necessary to address the acute need during the COVID-19 pandemic. The roles and performance of redeployed residents should be recorded and evaluated as separate from their regularly assigned rotation and activities. The primary supervisor must provide an assessment of resident duties while on deployment. This assessment should be completed within 5 days of the completion of service and submitted to the Resident’s Home Program Director.

To track redeployment duties, please prepare proper documentation and submit this form **within 5 days** of the end of service to:

- **the Residency Home Program Director for review and tracking**

**Section 1: Resident Information**

Name (First/Last):	
Training Year:	
Resident Home Program:	
Start & End Date of Redeployment:	
Redeployed To (program & location):	

**Section 2: Redeployment Assessment**

**1. Service Provided by Resident:** Please provide a short description of the service provided by the resident during the redeployment period.

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**2. Assessment of Resident Performance:** For each of the CanMEDS Roles below, please rate the resident’s performance during the redeployment period with consideration for his/her level of training (check the appropriate column).

CanMEDS Role	Required others to complete task(s)	Required supervision/guidance	Required minimal supervision/guidance	Did not require supervision/guidance	Demonstrated leading practice(s)/acted as a role model	N/A
Medical Expert						
Communicator						
Collaborator						
Leader						
Health Advocate						



Scholar						
Professional						

**3. Comments**

**a. Strengths:**

**b. Areas for Improvement:**

**c. Patient safety concerns**

No

Yes, please provide comments:

**d. Professionalism issues**

No

Yes, please provide comments:

**Section 4: Approval & Signatures**

Resident Was Supervised or Unsupervised:	<b>Supervised:</b>	<b>Unsupervised:</b>	
If Unsupervised, please provide name of Department Head/Area Lead/MRP etc:			
Primary Supervisor Name:			
Primary Supervisor Signature:		Date:	
Resident Signature (acknowledging feedback on performance):		Date:	
Received by Program:		Date:	