**INTERNAL MEDICINE RESIDENCY PROGRAM - RESPONSES TO RESIDENT CONCERNS IN THE COVID-19 ERA**

This report documents the response of the University of Toronto Internal Medicine Program, and its hospital and university partners, to the COVID pandemic. In particular, it describes how we are committed to supporting:

(1) the highest quality of patient care;

(2) excellent educational experiences that are adapted to the current clinical context, including addressing COVID-specific competencies, in addition to continuing the existing curriculum as much as possible; and,

(3) the creation of sustainable structural changes to enhance the wellbeing of both residents and faculty.

|  |  |
| --- | --- |
| **Issue** | **IM Program Response** |
| How has the program been *identifying* trainees’ concerns related to the COVID pandemic? | The program identifies residents’ concerns in the following ways:  Informal reports:  Most commonly, by residents directly approaching/emailing the Chief Medical Resident (CMR) and/ or Site Director (SD) or Program Director (PD) or Internal Medicine Coordinators (IM Team) or Hospital Education Coordinator (HEC)  Concerns are identified at each site via regularly scheduled debriefing sessions and wellness rounds with CMRs; the PD meets twice per week with the CMRs who pass on concerns  Since March, the PD has been holding weekly Townhall meetings via Zoom, with separate meetings for PGY1’s, PGY2’s, PGY3’s. Meetings with PGY-4’s have been held as needed.  Through the Residency Program Committee (RPC):   * RPC representatives carry out surveys (formal and informal) of residents, and the representatives attend RPC meetings where they report on concerns and take part in discussions of potential solutions * Individual Hospital Residency Training Committees (RTC) are meeting more frequently and incorporate continuous improvement initiatives in order to respond to identified concerns promptly   Through other committees:   * The Wellness Subcommittee also carries out surveys of residents * A new Internal Medicine Central Rapid Response Working Group has been struck to rapidly identify and act on issues that arise during the COVID pandemic |
| What structures has the program put into place to work on *responding* to these concerns? | The **program** responds to residents’ concerns through regular, frequent meetings of key committees to rapidly develop plans to address concerns:   * The PD, Site Directors (SDs), CMRs and incoming CMRs initially had daily meetings, and now meet twice weekly. The PD also meets twice weekly with all the CMRs. * The RPC continues to meet every 2 months * Prompt responses to concerns sent by email between meetings * Wellness Subcommittee (two Leads and residents) work on solutions * Rapid Response Working Group Team will be meeting every 2-3 weeks, as needed * The PD has been meeting regularly with the Canadian IM PDs to discuss best practices dealing with COVID issues, and to discuss national responses. An important issue that was addressed was ensuring an equitable process for out of town electives, to ensure U of T residents were not disadvantaged. Ultimately, it was agreed nation-wide to suspend these electives. |
| How have the hospitals and university leadership been responding to identified concerns? | **The hospitals** identify and address concerns during Townhalls (or equivalent) where the local IPAC has been available to review any concerns related to the outbreak, COVID care, donning/doffing, PPE supply, and protected code blues.  For example, our hospitals’ Vice President, Education’s offices have quickly responded to concerns about items including shuttle capacity, help with parking, provision of on-call meal vouchers, follow-up on questions about cleaning of call rooms, etc.  **The university leadership** (Chair of the Department of Medicine, Vice-Chair of Education and Vice Dean of Education) have responded quickly to several program issues. This has included:   * Attending two evening IM Townhalls when requested by the PD * Finding dozens of off-service residents to redeploy to help with the IM workload * PGME and the hospitals advocated for subsidized housing and parking. * The Faculty of Medicine and Department of Medicine are working on a child-care initiative.   **The Deans across the country** are advocating for extra pay for residents who work with patients with COVID-19 (we are still waiting the government’s response) |
| What is the program’s communication strategy? | The program provides a weekly IM Team update about coming events each Monday.  A Program Director’s (PD) News Update goes out weekly.  There is an IM summary document of important information on the DOM website, linked to each PD News Update for ease of access.  There are weekly level-specific PD Townhalls for PGY1s, 2s and 3s (and PGY4s as required), since March.  Residents are informed about changes in hospital processes and other hospital news in different ways, depending on the site they are working at. These methods include regular timely emails several times a week with important updates from their Chief Medical Resident (CMR), emails forwarded by faculty leadership and notices by hospital email. Any immediately relevant updates are reiterated to residents by the CMR by email, via their preferred email address.  For example, at SMH, residents are all assigned corporate emails and are encouraged to check these regularly for hospital level updates. At UHN, medical education sends out relevant e-mails via UMLearns to residents’ preferred email addresses. UHN also formed a new UHN Clinical Education COVID Huddle weekly to discuss resident/fellow issues to improve communication and transparency.  The CMRs have consolidated resources for the residents. For example: TWH Website - <https://uoftcmr.wixsite.com/twhgim/covid-19>  All of the hospitals provide information about the number of patients with COVID-19 infections at their site. The UHN intranet also displays the numbers of health care workers who are infected with COVID-19 (this information is not provided to faculty or staff at the other sites).  All hospital have extensive resources and information related to COVID on their intranet.  SHSC: <http://sunnynet.ca/coronavirus>  SMH:  <https://www.smhdom.com/documents/evidence-base>  TWH:  <http://intranet.uhn.ca/departments/infection_control/covid-19/>  MSH: <http://info2/novel-coronavirus-resources/>  TGH: <http://intranet.uhn.ca/departments/infection_control/covid-19/>  WCH: <https://wchcmr.org/covid-19-at-womens-college-hospital/>  The program informs the trainees about the numbers of residents with COVID infection.  Finally, the PGME office notifies residents of issues that arise at the university level. |
| How has the program managed schedule disruptions? | The Site directors, CMRs and PD have been reviewing each individual resident’s schedule from Block 10 in 2019-2020 to Block 3 of 2020-2021 to make sure they are equitable in terms of workload, that the amount of workload across the blocks is not excessive for any one resident, and that resident priorities related to selecting rotations to support career choice have been addressed.  The Hospital Education Coordinators and the IM Team have worked very hard addressing scheduling concerns that have arisen based on the disruption of the COVID pandemic, including planned for patient surges, and dealing with cancelled out of town electives. |
| What has the program done to reduce the duration of time on-call? | We have continued to deploy off service residents for Blocks 11-13, to assist with the workload, which has allowed many call shifts to be reduced from 26 to 16 hours.  Our GIM restructuring team is looking at the possibility of implementing a hybrid on-call model in the 2020-2021 academic year that includes a hybrid GIM experience (CTU and Medical Consults/ED Admit. This would allow us to reduce the length of the call shifts from 26 hours for seniors for the 2020-2021 year. The original GIM Restructuring Model is awaiting PARO approval, and we hope to implement it for July 2021). |
| What is the program doing to address wellness and especially social isolation? | Multiple measures have been implemented by our program to help address both individual and structural factors that affect the wellbeing of residents.   * Several unique virtual rotations were created for residents who required accommodations for medical illnesses or pregnancy, to avoid their losing training time. These including COVIDEO (video follow-up of patients with COVID post- discharge), Long Term Care virtual experience, and virtual clinics in Hematology, Obstetrical Medicine and Geriatrics. * A Wellness COVID document was developed and circulated to the residents by the Wellness Subcommittee. * The PGME website has information about available mental health services and our Wellness Leads and residents have developed a Centre for Addiction and Mental Health (CAMH) self-referral process for trainees. * CMRs received training from PGME Wellness Leads to support residents. * “Peer-to-Peer” support group run (virtually) by IM resident and psychiatry residents and Psychiatry faculty * “Afterhours program” run by trained IM Resident and visiting guest experts in wellness. * The senior core residents (PGY2s and PGY3s) were removed from their community sites for Blocks 12 and 13 so that they could return to familiar work environments at the core teaching sites. * The Wellness Leads checked in weekly on residents who were placed at Community sites in Block 11. * CMRs check in regularly with residents who have been sick and/or in quarantine. * Residents were redeployed to their base hospitals in Blocks 12 and 13. Therefore, they would have consistency in Code Blue processes and be working in familiar clinical settings and with faculty, SD and CMR whom they know well, to help manage COVID-related issues and issues related to health and wellness. * Weekly Resident Wellness Bingo arranged by two of our PGY2s as a supportive activity. * Incoming CMRS are setting up near-peer mentorship for incoming PGY1s (by current PGY1s and PGY2s) |
| What has the program been doing to reduce stress related to assessments/exams completed during the program? | * CBD has been identified as an augmented source of stress during the COVID pandemic. The current PGY-2’s were surveyed by their RPC representatives and indicated they wished to stop CBD. After careful consideration, the IM Program cancelled CBD for this cohort. * The CBD Implementation Subcommittee proposed reduced EPA requirements for FOD for the current PGY-1’s cohort, and this model has been adopted. * The IM Program gave the current PGY2s (i.e. the incoming PGY3s) the choice of having a virtual OSCE, and they elected not to have it this year, given all the disruption and stress they were feeling. The PGY2s did want to hold the planned annual U of T Written MCQ exam. While this exam is always formative, we will also limit the number of people who will see the written exam results, at their request, to again reduce the associated stress. We are converting it to an online test this year, to allow for physical distancing. |
| What are the expectations of faculty and residents regarding the care of patients with COVID-19? | Both residents and faculty are involved in the care of patients with COVID-19. This care is shared between residents and faculty as equally as possible, although there may be situations where this is not feasible or desirable. Residents who have concerns about the amount of COVID care they are providing should inform the program. |
| How are we addressing learning about COVID? | * At the request of the residents, we had a special program-wide academic half-day event on March 31 on diagnosis and management of patients with COVID-19, with Dr. Isaac Bogoch, Division of Infectious Diseases. * The noon rounds (on the CMR’s city-wide distribution list for all trainees) are regularly addressing COVID topics in response to residents’ needs based on survey (e.g., Goals of care conversations in COVID, ID guidelines for pharmacologic treatment, GI and cardiac manifestations of COVID, IPAC for physicians, Critical care topics (ARDS, ventilation). * As noted above, all sites have educational material in their intranet, and the IM Summary News Summary on the DOM website also contains a list of helpful resources |
| How are we addressing resident concerns about minimizing risks of exposure to the coronavirus? | * There is a city-wide TAHSN IPAC leadership working group to develop consistent IPAC and Occupational Health processes and messaging whenever possible across hospitals. * The hospital IPACs are actively working on ensuring the presence of donning and doffing assistants at night in ED + wards * The hospitals provide continued coaching and dedicated education around donning and doffing. * All sites have transitioned all codes to Protected Code Blues. Protected Code Blue simulation sessions and orientation sessions occurred at most sites. In addition, electronic material including Protected Code Blue instructional videos are available. UHN/SBK/SMH treat CPR as aerosol generating medical procedures. MSH uses a slightly different protocol, and their leadership is looking into the possibility of bringing this into line with the other hospitals.   SMH has implemented a Code Blue team huddle twice daily to review the protected Code Blue process.   * Multiple sites advocated for expedited processing of COVID swabs for residents. |
| How are we addressing “environmental” concerns to reduce risk of exposure to patients with COVID?? | Resident concerns about the physical environment have been addressed. For example, at TWH, moving all the call rooms were moved to be further away from the COVID wards. Also, the team teaching rooms have been moved off the wards. |
| What are faculty members doing during COVID? | Faculty have been redeployed to different activities, as required, to support the COVID-19 University of Toronto response, and provide the following:   * A considerable portion of direct patient care on the dedicated COVID wards across the city. These faculty, who include GIM staff, subspecialists, and family physicians, have been redeployed from their usual clinical and academic activities. * Backup coverage for all inpatient services and overnight call when needed based on patient volumes and healthcare worker absences * Regular in hospital patient care, including inpatient wards and consultation services * Outreach and care for underserviced communities * Virtual outpatient care, including virtual COVID follow up clinics and expanded support to primary care providers * 24/7 call coverage to Long Term Care (LTC) facilities * Essential COVID-related administrative work, including provincial pandemic planning (various working groups ensuring adequate ICU, acute care, long-term care and community resources across the province), hospital pandemic planning (ensuring adequate beds and staffing for patients with and without COVID), infection prevention and control work, and resident and faculty scheduling for pandemic surges and healthcare worker illness/quarantine * Essential COVID-related educational administrative work, such as creating new virtual curricula for undergraduate and postgraduate medical education and developing resources for trainee and faculty wellness * Continued pre-existing educational activities designed to enhance the educational experience for trainees (Academic Half Day teaching) * Continued pre-existing academic activities in areas such as education, research, and quality improvement, often supporting trainees in the completion of their scholarly projects * COVID-related research |
| What has the program done to prepare residents for their next stage of training that starts in July 2020? | The IM Program is arranging the following educational experiences to support our residents:   * All Academic Half Days (AHDs) have continued virtually (PGY1s-4s). * The CMRs have developed local hospital virtual education and orientation rounds. * The CMRs have created a City-wide Virtual Teaching calendar for additional teaching in real time for all residents, which includes virtual noon rounds. SHSC has daily virtual morning report and had a Virtual Research Day. UHN is having a Great Cases in Medicine Competition.   **Incoming PGY1s:** Each hospital will be holding a special hospital information session. We will be sending them support material in June to prepare for call: the updated “Junior Resident Handbook” updated by our Pre-CMRs. We will be holding special sessions on PPE donning and doffing for them.  **Incoming PGY2s**: The CMRS developed a Special Advanced Code Blue Virtual Simulation academic half day.  We are hoping for in-person small group simulation Code Blue practices, if allowed.  A new process for Anesthesia resident or faculty support for IM PGY2 Code Blue Leaders is being developed for a July 1 start by our CMRs and the Anesthesia CMRs.  A new on-boarding process is being developed by each base hospital for this cohort, because they are making the transition from junior to senior resident without having had their fifth block of CTU at their PGY2 base hospital (which would have happened normally).  **Incoming PGY3s**:  The PD has met by telephone individually with each PGY2 (who was interested), to discuss their career plans, CARMS preparation and wellness issues.  For their Medicine Subspecialty CaRMS preparation, we are holding two AHDs: “Meet the Subspecialty PDs” and “CaRMs Applications: Putting your best foot forward”.  We will be holding two evening Townhalls with some of the Subspecialty PDs and the IM PD for informal “Fireside Chats”.  **Current PGY3s and 4s**: We have simplified the promotion process to PGY4, by reducing the requirements for technical procedures to those of the Royal College, plus providing simulation opportunities to meet requirements.  **For all residents:** The rotation schedules are going back to the normally scheduled blocks as of July 1, with the exception that out of city electives need to be re-allocated to U of T opportunities. The PGY2s have been surveyed so that the program knows of their career choice rotations. |

**Contributors: JMG, LBD, AC, DB, TP, LS, NA, WG, LR, MKK**