

FAQ's

PGME

1. Will Competency by Design (CBD) go ahead for programs slated to begin in July 2020?

A: Currently the answer is yes, however given the current environment – this may change.

2. We can establish virtual rotations for our residents which includes international standardized assessments. Although it doesn't replace the clinical environment, can we provide credit for these rotations (counting towards the STRs)?

A: This requires review and comments from RCPSC. Initially uOttawa PGME's thought are no but as the current situation evolves, this may be subject to change.

3. Residents are taking vacations that were approved way back and are coming up. Do they keep them? Can we revoke as needed for patient care/safety? Will PD agree then to bank the vacation for next year, so they don't lose the vacation days?

A: Normally vacation cannot be banked from one academic year to another, however, during a pandemic when individuals are being asked to cancel vacations, the right thing to do is to consider allowing banking for the next academic year which is supported by uOttawa PGME. Given this is a new process we will need to develop a process to ensure that residents achieve their competencies. This question has also been asked of PARO, this is the response that PGME received on March 23 from the PARO office staff: "We are in the process of determining all of the ways our members are being impacted, including with respect to vacation - once we have a sense of this, we will be a position to begin exploring what our response will be. As I'm sure you can appreciate, the unprecedented nature of the COVID outbreak means that the advice we might apply to a situation during business as usual may not be fully appropriate, and it will take time for us to work through the many circumstances that have arisen over the past few weeks (and will no doubt continue to arise). Certainly, this is a question we've got quite frequently, so it is on our list to address when we're in a position to."

4. What do we do with our residents who were on clinic rotations, now clinics are closed, but we don't have anything for the residents to do? They are sitting on their hands, wasting valuable residency time.

A: Residents can do the following as outlined by the Council of Ontario Universities (COU):

- Regardless of specialty or level of training, residents possess basic medical knowledge and procedural skills and can be efficiently retrained or provided with complementary or additional training to provide care outside of their scope if necessary.
- Residents should practice when care needed is urgent, when a more skilled physician is not available, and when not providing care would lead to worse consequences than providing it during a Public Health Emergency

- Residents should perform essential frontline work where it is most needed during a Public Health Emergency. Where they are expected to perform procedures, they may not be qualified to perform, appropriate training must be provided.
5. What if a resident is exposed to a patient with presumed COVID-19 occupational health does not feel patient needs to be tested but resident refuses to work unless patient is tested, or resident insists on self-isolating for 2 weeks, citing concerns for patient safety?
- A: With respect to the PARO-CAHO contract, the hospital is considered the employer. The employer uses its due diligence to determine risk. Occupational Health, along with Infection Control are the ones who determine whether an exposure is an exposure. To force a patient to undergo testing when our best practice dictates otherwise is not consistent with labour law.
6. What if residents are asking to [moonlight](#) in order to help out front lines by covering extra inpatient call if they have independent license?
- A: They can do so per the CPSO and hospital policies, but they would need to get credentialed and approved by the appropriate hospital medical advisory committee (MAC) or Office of Medical Affairs.
7. When does the redeployment strategy become active?
- A: Hopefully within a few days, however, hopefully it being used for any reason other than perhaps to relieve the quarantining of an entire service.
8. If a resident is redeployed for an extended period of time will they get credit towards their overall training?
- A: This would depend on the rotation. uOttawa PGME will endeavour to see how this can be done however it simply might not count. Given the circumstances, we will explore using the Waiver of Training for this (up to 3 months for a 5-year program, 1 month for a 2-year program).
9. Q: Given that all the academic half days and group learning activities have been cancelled, how can PDs bring trainees together virtually?
- A: A lot of departments have been using Google Teams as well as Zoom. Medtech confirmed that our PAs/PDs have access to Teams via their uOttawa account.
10. Q: In Public Health, all of our PH core rotation supervisors are deployed to coronavirus. All core PH sites are almost exclusively doing emergency response to coronavirus. I predict some residents will not be able to find a supervisor for some core rotations, particularly if they are not allowed to leave Ottawa.
- A: Remember that as a program in this time, there are a lot of clinics that are closing down and it may not be possible for you to put your trainees in the rotations you had planned. Do your best as a program to try to provide whatever learning opportunities you can to provide a way to

either achieve objectives or competencies. Trainees may require an extension based on how the next few months unfold.

11. Q: What will happen with International trainees?

A: Again, there is a lot of uncertainty. We suggest that you think about the worst case scenario that they will not be here on July 1, 2020 or to start PEAP as expected.