

Postgraduate Redeployment Form

This form is to be completed for redeployment of any PG trainee as part of the COVID-19 redeployment for each redeployed rotation.

1) Resident / Fellow information

- Last name, First name:

- Residency / Fellowship Program Name:

- PGY level:

- Base hospital of resident/fellow (pick one):
 - Bruyère Continuing Care
 - CHEO
 - l'hôpital Montfort
 - The Ottawa Hospital
 - The Royal Mental Health
 - Centre Community or other

2) Rotations involved:

- Presently scheduled regular rotation:

- Intended service / rotation for redeployment:

3) Start date of intended redeployment:

4) Reason for request for redeployment:

n.b. Reason(s) must be specific e.g. 8/20 of faculty quarantined, 6/9 regularly scheduled residents unable to work due to quarantine, clinical unit is at 140% capacity with anticipated increase above and simply indicating "insufficient physician staffing" or "increased patient care requirements" will result in redeployment not being considered

5) I have communicated with **all** of the following:

- PG Trainee
- Program Director of PG trainee
- Service chief/unit director/supervisor of presently scheduled rotation

AND IF A REDEPLOYMENT BETWEEN HOSPITAL DEPARTMENTS AND/OR HOSPITALS:

- Hospital Educational lead(s) – check >1 if redeployment is between hospitals
 - Dr. Carol Wiebe (Bruyère) - cwiebe@bruyere.org Dr.
 - Lyne Pitre (Môntfort) - lynepitre@montfort.on.ca Dr.
 - JP Vaccani (CHEO) - vaccani@cheo.on.ca
 - Dr. Raj Bhatla (Royal) - raj.bhatla@theroyal.ca
 - Dr. Jerry Maniate (TOH) - JManiate@toh.ca
 - Vice-Dean PGME (Dr. Lorne Wiesenfeld) - lwiesenf@uottawa.ca

6) Name and title of person submitting this form:

7) Please email this form when completed to pgmesup@uottawa.ca