

Implications of COVID-19 pandemic on Family Medicine Residency training program and ACGME requirements in Qatar

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Introduction

Disasters like Covid-19 pandemic can turn into opportunities for sustainable development. From the family medicine training perspective while responding to the most urgent needs as a front-line staff facing the unpredictable pandemic, one must take advantage of all opportunities for change to achieve the desired goals and sustainable recovery. It is a continuous dynamic multi-dimensional process through the efficient use of the best available resources.

Qatar reported its first Qatari case of Covid-19 coming from Iran on February 29, 2020, and 2 weeks later the first cluster had emerged. The state of Qatar, through Hamad Medical Corporation, has developed the system wide incident command committee, SWICC, to manage the crisis in the country. Family medicine residents were allocated to provide direct patient care along with the other residents as front-line staff to manage the situation.

Leadership role and responsibility during the crisis

- Adequate resources, training and supervision and putting resident's safety as a priority were all requisites of the accredited ACGME-I, family medicine training program in Qatar. The concept of Flexibility was always adopted to accommodate residents' training needs. Family medicine training program director along with the faculty team takes the initiative of raising our residents to be flexible in order to adjust to the real situation on the ground during and after the event.

- The program director monitors the educational activities, webinars, collaborating with Microsoft teams, providing close supervision and guidance to highlight residents' points of strength and encourage them by providing a personalized comprehensive feedback system which encompasses their strengths and weaknesses and empowers them to be safe, highly qualified physicians.

- Promoting their mental well-being; family medicine residents are encouraged to report fatigue, stress and other problems at site. Local support from the program director, assigned consultants and their chosen mentors along with the Mental Health team has been provided as well as relieving them from responsibilities when needed.

- The program director considers the circumstances, assesses readiness of each resident for autonomous practice, provides a final evaluation for each graduating trainee and be able to attest for future hospital privileges, licensure, and other purposes. The decision to graduate a resident is made by the program director, with input from the Core Competency Committee, based on that individual's ability to perform the medical, diagnostic, and/or surgical procedures considered essential for the area of practice. The Extension of the educational program/training may be necessary if the program director determines that an individual is not fully ready for autonomous practice.

Covid-19 implications on ACGME-I Requirements

Family medicine residency program in Qatar has been an accredited ACGME-I program since 2013; During the COVID crisis, ACGME/ ACGME-I has granted significant flexibility to allow our residents to meet increased clinical demands created by the pandemic(3). This advice is adapted from their advice to USA programs and is consistent with ACGME's commitment to patient and trainee safety as following.

1. Work Hour Requirements

ACGME Common Program Work Hour Requirements are unchanged. Safety of patients and trainees is their highest priority. All residents have received adequate rest between clinical duties. Therefore most deployed trainees are working around a 40-hour week and certainly not exceeding 80. Only daytime shifts or nighttime cover.

2. Adequate Resources and Training

ACGME expects that trainees be aware of and able to appropriately respond to Covid-19. Therefore, the residents caring for patients are fully trained in treatment and infection control protocols and procedures (e.g. PPE). Clinical learning environments provide adequate resources, facilities, and training to recognize and care for these patients presenting with COVID-19 signs and symptoms. They are using Microsoft Teams groups to share all the latest national treatment protocols and other relevant resources that help our residents in management of patients with COVID-19.

3. Adequate Supervision

All the residents who provide care to patients are working closely with supervising consultants for support and guidance according to their level and expertise. PGY 1 Residents are left mainly in their base program, but a few are deployed in COVID facilities.

Residents Rotations and safety

Over several months of very heavy pressure on the health care systems with additional patients who must be cared for, requiring significant trainee redeployment, several measures have been introduced such as and not limited to:

Prior to starting the reassignment, residents must receive appropriate safety and clinical training for the new setting which encompasses training on infection prevention and control (IPAK) measures, and swabbing techniques. They must always have appropriate supervision and adhere to work hour requirements.

Optimizing the quality of transitions/hand-offs; - a good system was established by Chief Residents including I-PASS handoff notes. The I-PASS handoff tool in Cerner is utilized to maintain adequate and proper handoff between different shifts. This allows social distancing between physicians and limits the need for paper endorsements.

Residents with chronic conditions or fitting the criteria of Covid-19 high risk group such as pregnancy or immunocompromised are exempted from the direct contact with Covid patient cases.

- According to HMC/SWICC; many trainees are deployed > 4 weeks because that is felt to be much safer for patients and for them, so this will be an issue for programs to assess. It may be that the experience can count towards training but that depends on their curriculum and their deployment. E.g. ICU could count as an elective for an IM trainee. HMC/ SWICC also acknowledged that residents experience at centers handling the pandemic crisis might count towards aspects of training e.g. (professionalism, systems-based learning). Residents are encouraged to log the procedures they did in COVID hospitals into Med hub and ADS.

- Residents' time away from required rotations, or the program, may possibly, but not necessarily, affect their graduation from the Program, their promotion to the next year or indeed, their Arab Board eligibility.

- The Program can make their judgment based on exactly what the trainee has missed. Trainees cannot participate in operations that do not take place. Cancellation of clinics may adversely affect required volumes of clinic visits. If they have missed a core rotation, they may need the time (and arrangements made) to complete that. They may need additional time to gain the essential competencies for that training year.

- Program has had the opportunity to describe how this crisis has affected enrolled trainees and the resident's point of view has been highlighted via an anonymous survey.

- Arab Board have not given any specific guidance regarding eligibility requirements or time away from required rotations/the program related to COVID. Their examinations are delayed anyway, so with attention to individual needs, trainees may well be ready when the exams are deliverable

Didactics e.g. educational sessions, rounds, journal clubs, etc.

The Program continues to provide education to trainees, when feasible, utilizing remote conferencing technology, web-based resources, and other innovative tools. Programs document and record the educational activities that they are able to provide during the crisis and easily record the session for trainees who cannot make that time.

Face to face socially distanced sessions (if unavoidable) are carefully conducted in order not to put trainees or faculty at any extra risk.

Recommendations

Safety of residents and staff is a priority.

Continue applying physical distance and IPAK measures. Preparedness and Planning for any upcoming waves.

Increase the Funding on virtual communications like new web cam, lap tops, mics. etc.

Collaboration with educational medical institution and stakeholders for online OSCE Exam preparation.

Continuous comprehensive Training to faculties on the official virtual methods of communication and online training.

Keep an eye on promoting the mental health well-being for all team members and address any concern as early as possible.

Post-crisis reforming and planning.

Analysis of Residents' Pandemic Reflection survey and empower all positive aspects.

Encourage all the scholarly activities for both residents and faculties.

Conclusion

Crisis could be an opportunity for continuous development in the presence of adequate mentoring and leadership. Efficient educational resources, supervision, promoting residents well-being are all requisites of the, accredited ACGME-I, family medicine training program in Qatar. The concept of Flexibility was always adopted to accommodate residents' training needs.

Conflict of interest

Nothing to be declared

References

1. Espana-Schmidt C, Ong E, Frishman W, Bergasa N, Chaudhari S. Medical Residency Training and Hospital Care During and After a Natural Disaster: Hurricane Sandy and Its Effects. *The American Journal of Medicine*. 2013;126(11):944-945.
2. Gómez Rosado J, Valdés Hernández J, Oliva Mompeán F. Considerations regarding the residency of General and Digestive Surgery during the health crisis caused by COVID-19. *Cirugía Andaluza*. 2020;31(2):161-163.
3. Kharbach Y, Khallouk A. Will COVID-19 drive innovation within medical education and residency training? *Integrative Journal of Medical Sciences*. 2020;7.
4. ACGME International > Accreditation Process > Requirements [Internet]. *Acgme-i.org*. 2020 [cited 29 July 2020]. Available from: <https://www.acgme-i.org/Accreditation-Process/Requirements>
5. M. Nasrallah, H. Tawfik and M. Aseel, "Medicine Residency Training Program during COVID-19: Qatari Experience", *Pan African Medical Journal*, vol. 35, 2020. Available: 10.11604/pamj.suppl.2020.35.2.25005 [Accessed 30 August 2020].