

Tufts FMR's Response to COVID-19

■ What happened to the residency and clinic when COVID-19 hit the area?

CHA closed most of their outpatient clinics in early March and had only a few sites open for in-person visits. Unfortunately, our home clinic at Malden (MFMC) temporarily closed though our providers were doing televisits. Before the surge, residents covered the COVID call center and nursing triage as patient calls increased. Residents were primarily sent where we were most valuable, our inpatient hospital in Everett, where the pandemic had hit the hardest in the Boston area. Clinic staff, including our front desk employees, medical assistants, physician assistants, and nurses were also deployed to the most needed areas of our hospital system: inpatient floors, call centers, in-person clinics, and testing sites.



■ How were rotations, duty hours, and patient volume impacted?

Residents were pulled from their normal rotations to work inpatient medical floors in Everett Hospital. Residents covered the medical floors and the ICU in shifts: 5-days on, 5-days off, which included a back-up system to be “on call”. If patient volume increased, these back-up residents were called in. If residents had more than 5 days off, they were scheduled to do televisits. Residents did not have direct contact with COVID positive or patients pending testing on the medical floors. They called the patient



room phones to talk to the patient while the attendings dressed in proper PPE to do the examination. Residents did not go over duty hours as we had many residents on rotation and backup. Furthermore, all residents that graduated this year met their ACGME requirements.

■ How has residency education been adapted?

Residents continued to have virtual didactics from our program as well as invitations to the CHA Internal Medicine Residency didactics. We attended daily virtual outpatient and inpatient “huddles” where CHA discussed the most up-to-date workflows and treatments. There were virtual sessions from several departments including ICU/pulm attendings and ID attendings. The program also provided us with resources for self-learning in our residency drive.

■ How many people in the program were sick?

As of July 22, 2020, none of the residents have tested positive for COVID-19. However, residents who were exposed to COVID-19 or had flu-like symptoms were sent to get COVID testing the day they reported symptoms to Occupational Health. Those who did feel sick were not allowed to work until they were symptom-free, in which the back-up resident was called in.



■ **What were the accommodations for residents with medical issues?**

Residents who had medical issues did not rotate through our inpatient hospital while the pandemic rose and reached its highest in the Boston area. Those residents were scheduled to do televisits and helped with triage calls. Once COVID-19 lessened in the hospital floors, they rotated through non-COVID floors and did not have direct contact with COVID-positive patients.

■ **What was your access to PPE?**

Every resident was given N95 masks and a face shield to wear in the hospital even if they did not

have direct contact with COVID-positive patients. The residents who rotated in the ICU and had direct contact with COVID patients were given proper PPE including N95 masks, face shields, and Tyvek suits, and gloves to care for patients.

■ **What support did residents have during the crisis?**

Residency wellness and transparency has always been a priority for us. Residents had twice weekly program director meetings on top of our weekly residency meeting for continuous updates on the changes within CHA. We also started weekly “resident only” meetings run by our chiefs to address our concerns. Because COVID-19 has impacted several aspects of our residency experience, residents and faculty quickly established an ongoing “COVID-19 Residency Working Group” which assesses resident concerns and implements clear plans to better our program during this time. For individual wellness, there has been increased virtual opportunity to talk to our faculty psychologist. In addition, the IM and FM attendings pooled together to provide 1 meal per 5-day shift for the residents and our program delivered weekly snacks and drinks on top of our usual Peapod order we receive from our resident union.

■ **What is happening now at TUFMR?**



Most of our rotations are back in action with some specialty clinics not ready to have us back yet. Our home clinic is slowly opening back up (with caution due to a possible COVID surge in the future) and residents are currently doing in-person well child visits, prenatal visits, and reproductive health procedures in addition to televisit sessions. We have some virtual group visits starting up and are working on opening up more in-person visits for patients. Our working groups have started meeting again to discuss this year’s quality improvement projects. There have been many

opportunities to get involved in residency and clinic leadership. Finally, our inpatient team is back to its pre-COVID framework now that the hospital is off surge.

