To GME Program Directors and Coordinators:

Several of you have been reaching out with ideas and best practices for how to lead your programs through the challenging time of this pandemic. A lot of the things we usually count on as leaders are not in place right now: confidence, knowledge of the future, control of the learning environment, time for supporting our residents one on one. I have been reading (in my spare time!) a little bit about leadership in crisis and have also been learning from exemplars like you around me.

**Communication**

- Programs should communicate often but be sensitive to information overload.
  - Try to consolidate email updates into a few times a week.
  - Consider create a **comment box** for questions to decrease “one off” emails. This gives residents an opportunity to state their concern without expecting an immediate response.
    - Refer to the GME comment box [Submit non-urgent questions or concerns related to COVID-19](https://olucdenver-my.sharepoint.com/:w:/g/personal/amelia_challender_cuanschutz_edu/EQJTDP6eKcxMpZaULwRfZWkB5i1JhrHe__jIka0pUL7LeA?e=UsPGyP&CId=b9ebde0e-6aeb-317d-9543-0999d6f0d548) (contact the GME office with questions)
  - Consider adding additional program director communication through virtual town halls at weekly Zoomed didactics and through group texts (try **GroupMe App** to text all residents at once).
  - Then share FAQs through email to respond to concerns brought up at virtual town halls and comments in comment box.
  - Give the learners concrete examples of how you hear their concerns, what your GME team is working on, and what you need help with.
    - Examples of concrete language: “Here is what we hear you want to know... “Here is what we have found out in response to your questions...” “Here are the questions we are asking for help with....“
  - Utilize chief residents, APDs, site directors, advisors for direct, personal check-ins with residents.

**Education**

- Most of you have moved to virtual conferences including morning report, M&M, case conference, didactics or Grand Rounds.
- Even if these cancel or are thin, consider saving the time for a virtual check in or update. Give an update on COVID or ask someone to do this for you.
- This is also a good time for a virtual panel discussion (Could even be about leadership in crisis!)
- Think about doing cross disciplinary conferences which might be easier with Zoom (ophtho, surgery, medicine, path, radiology)
- Challenge your residents to submit questions or create an online journal club discussion
- Use other venues such as podcast assignments, MedEd Twitter, MOOCs. Consider a curated e-resources list such as this one started by Family Medicine:
  - [https://olucdenver-my.sharepoint.com/:w:/g/personal/amelia_challender_cuanschutz_edu/EQJTDP6eKcxMpZaULwRfZWkB5i1JhrHe__jIka0pUL7LeA?e=UsPGyP&CId=b9ebde0e-6aeb-317d-9543-0999d6f0d548](https://olucdenver-my.sharepoint.com/:w:/g/personal/amelia_challender_cuanschutz_edu/EQJTDP6eKcxMpZaULwRfZWkB5i1JhrHe__jIka0pUL7LeA?e=UsPGyP&CId=b9ebde0e-6aeb-317d-9543-0999d6f0d548)

**Schedules**

- Anticipate the need to offload work force in the event of a surge
- Plan these schedules now even if they won’t be needed
- Consider turning in vacation weeks (no one can go anywhere) for shorter breaks instead.
- Build depth into jeopardy system
- Use telehealth shifts as “out of hospital” rotation to help with quarantine (7 days on/off)
- If certain sites may need more or less resident coverage, try to anticipate those needs now and discuss with GME so we can look at hospital distribution
- We should build a group that looks at redeployment
- Are there telehealth options all of us can be helping with across specialties? What are those and how do we communicate together to address those needs.

**Well-being**
- Consider setting up small resident teams that stick together, stick together, and focus on well being
- Add a psychologist discussion in some of smaller conferences
- Use the small group break outs feature on Zoom for this option
- Childcare help or meal deliveries could be considered for sick residents
- Divide up your program and have someone text everyone in the program once per week
- Send birthday text messages
- Online resources (including CDC, *Department of Psychiatry and AMC)*
  - [Coronavirus and Managing Stress](https://www.cdc.gov/coronavirus/2019-ncov/prepare/managing-stress-anxiety.html?fbclid=IwAR2Y_vnxLwc3WptYu0wMw9uuVRXh6xKL_isRaPJpfzQYMEqgn1lkY9BqOUNU)
  - [Coronavirus and Student & Resident Mental Health](https://medschool.cuanschutz.edu/psychiatry/programs/student-resident-mental-health?ga=2.96437532.1228675249.1583433667-924489523.1582046330)
  - [Coronavirus and AMC resources – students et al](https://www.cuanschutz.edu/coronavirus)

**Anticipation**
- Remember that this is a long haul and so we need have breaks and things for the residents to look forward to
- This may mean planning for some future event
- Prepare now for virtual celebrations of graduates
- Transitioning intern orientation events to online or smaller groups
- Start planning to delay until summer some of your usual May/June program events (record roasts of chiefs, etc.)
- Ask new interns to start training modules on telehealth
- What would it mean to have extra intern work force of newly minted med students to fill the gap

For reference, I have attached the following resources:

- McKinsey article, *Leading in a Crisis: Responding to Coronavirus Outbreak and Future Challenges*
- Crisis Management Best Practice and Considerations – Courtesy of Penny Archuleta (Dept of Medicine)

Thank you,
Shanta

**Shanta M. Zimmer, MD**
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From: Maxfeldt, Alyssa <ALYSSA.MAXFELDT@CUANSCHUTZ.EDU>
Sent: Tuesday, March 17, 2020 12:48 PM
To: Mailbox, GME <gme@ucdenver.edu>
Subject: GME-Wide COVID Policy - Sent On Behalf of Shanta Zimmer
Dear GME Colleagues,

We know that there is a lot of uncertainty and confusion around the rapidly changing landscape of our COVID-19 protocols, especially in face of the growing pandemic and the increase in local spread.

While we made the difficult but correct decision to remove our UME trainees from the environment, our GME workforce is prepared and skilled in caring for all of our patients. Per ACGME guidance, where possible PUI and COVID+ patients have been placed on attending only services. However, when this is not possible or not the standard of care, I wanted to reinforce the imperative that our residents and fellows are expected to see these patients. To help keep order during times that expected to get even more difficult, we ask the following:

- That all GME programs use non-teaching services to cohort COVID+ and PUI patients when this is feasible or reasonable
- When residents and fellows are called on to see COVID+ or PUI patients, that all GME programs involve their residents and fellows in the care of those patients unless they are*:
  - Immune compromised
  - Pregnant
  - Have known, chronic, structural lung disease or uncontrolled diabetes (it is recommended that all programs assemble the list of trainees who meet the above criteria now to help in schedule planning for the next 3 months)
- When programs cannot provide resident or fellow led care for patients, then the attending physicians (as always) are responsible for direct patient care at all sites, 24 hours per day
- If any program disagrees with this policy or guidance, please do not unilaterally bar your residents or fellows from seeing PUI or COVID+ patients. This is too disruptive to our providers and patient care in general. Any Program Director considering a policy different from the one above is asked to contact Dr. Carol Rumack in GME before making any unilateral decisions.

We have, of course, heard of circumstances when residents or fellows would prefer not to see patients infected with COVID-19. We must work together to ensure adequate patient care. Please reach out to your GME leadership along with your Department leadership if challenges arise in meeting the clinical needs during this daunting time.

*It is recommended that all programs assemble the list of trainees who meet the above criteria now to help in schedule planning for the next 3 months.

Thank you,
Shanta

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