

# Transcript of Live Webinar: COVID-19 Residency Program Community Forum with AAFP, AFMRD, AFMA

March 31, 2020  
7:00 p.m. Central Time

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00:00:02.095 --> 00:00:14.154

My name is Jay cetera, and I'll be your facilitator and host for tonight this will be a panel forum and discussion where there'll be some interaction with us, but we will not be using the audio or video functions.

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00:00:14.484 --> 00:00:25.405

We will be using the chat feature and I know everybody is getting used to these types of tools. This case we're using WebEx but some of the tools are, they operate just a little bit differently.

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00:00:25.405 --> 00:00:35.755

So, we're gonna do a little bit of a warm up here to get us started just so that you all can engage and learn how to use the chat feature. So, before we introduce our panelists.

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00:00:36.564 --> 00:00:51.145

So, step one here for tonight is I want you to find that little kinda comic book, a, a teacher that that looks like a, you know, kind of a comment box above a cartoon added there if you will.

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00:00:51.475 --> 00:01:02.454

And I want you to click on that when you click on that that should open up a chat box to your right and that chat box allows you all to share information with everybody on the call and,

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00:01:02.484 --> 00:01:06.775

or to chat privately to somebody know that,

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00:01:07.525 --> 00:01:08.424

in this instance,

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00:01:08.454 --> 00:01:10.405

if you chat privately with somebody,

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00:01:10.405 --> 00:01:11.814

we are recording this event,

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00:01:12.144 --> 00:01:14.905

and when we do take this down and upload the recording,

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00:01:14.905 --> 00:01:17.724

we will see all chats that are going on,

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00:01:17.724 --> 00:01:19.045  
including those private chat.

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00:01:19.105 --> 00:01:20.935  
So just be careful there.

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00:01:25.885 --> 00:01:30.174  
A right. Looks like we've got a lot of folks representing all places of the country.

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00:01:31.920 --> 00:01:40.855  
Fantastic, terrific, thank you. While you're also typing in names of states that you're in.

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00:01:41.155 --> 00:01:47.394  
I'd also like to get a sense of what your role is that you're participating on tonight's call.

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00:01:48.480 --> 00:01:48.750  
So,

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00:01:48.745 --> 00:01:51.534  
if you can type in what your role is,

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00:01:51.534 --> 00:01:52.165  
either program,

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00:01:52.165 --> 00:01:52.644  
director,

21

00:01:52.704 --> 00:01:53.155  
program,

22

00:01:53.155 --> 00:01:54.025  
administrator,

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00:01:54.415 --> 00:01:55.435  
core faculty,

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00:01:55.584 --> 00:02:00.025  
or associate faculty and if you have not yet put your phone on mute,

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00:02:00.894 --> 00:02:03.715

you can use the feature on the WebEx.

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00:02:04.435 --> 00:02:06.114

You can hit the feature on your phone.

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00:02:12.865 --> 00:02:23.455

And if you're anything like, my household dogs and cats, kids and everything else running around, can make some bacon. So welcome.

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00:02:29.875 --> 00:02:40.794

And Ray, as you hear first background noise, and they've not been for me that'd be great. J. K. is working with.

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00:02:42.509 --> 00:02:44.034

Okay, great. Thank you.

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00:02:46.199 --> 00:03:00.444

So next up, if you haven't seen this has put out a this rubric sorted to describe the situation, which your sponsoring institution may be with the covet issues and stage one is business as usual and stage.

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00:03:00.444 --> 00:03:10.224

Three is extraordinary times and extraordinary circumstances requiring you to redesign care and redesign the delivery of your education as well.

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00:03:10.224 --> 00:03:22.735

So, what I'd like you to do, if you could use your chat box here, and just type in, I'd give our panelists the sense of what stage you're in stage one again, it's business as usual stage. Three.

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00:03:25.830 --> 00:03:30.205

Okay, we've got a got some stage three folks in there.

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00:03:31.740 --> 00:03:35.514

Got some two and a half. Okay. I like two and a half.

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00:03:38.245 --> 00:03:51.685

Alright, thank you. Okay, so we've got a kind of a warm up period here while you're kinda still adding in information. That would be helpful. Just wanted to briefly talk a little bit about our priorities for tonight.

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00:03:52.525 --> 00:04:05.604

We're gonna try to address some of the challenges, but from all of you who are paying attention to all the data that come up on on the respective listserv. You know, that there's so many things going on that.

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00:04:05.604 --> 00:04:08.155

We're probably not gonna handle on this evening's call.

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00:04:08.574 --> 00:04:10.435

But we're gonna try to do as many as we can,

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00:04:10.435 --> 00:04:25.105

and we're gonna talk about those current challenges from the line of sight that we see it and kind of talk a little bit about some of those solutions as well that we see bubbling up from the community wanna talk about the advocacy priorities of the organizations and what are the things that have been a

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00:04:25.105 --> 00:04:26.305

priority so far as,

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00:04:26.365 --> 00:04:27.774

as information is bubbled up.

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00:04:28.074 --> 00:04:33.774

Both not just a government advocacy, but just public, advocacy and advocacy for our members.

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00:04:34.704 --> 00:04:46.915

We want to talk a lot about how the family most revenue community is supporting each other supporting each other at the institutional level also supporting folks across the, the community.

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00:04:47.665 --> 00:04:59.125

And then, lastly, we really want to hear from you some more again. We're gonna hear from you through the chat function, mostly that allows you to again ask questions and provide insights to us.

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00:04:59.485 --> 00:05:05.245

So warm up your fingers and your typing skills will be asking for that to the course of this session.

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00:05:09.745 --> 00:05:19.944

So, our representatives for tonight's call, come from each of these three organizations, we wish we could have hosted you in Kansas City this year.

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00:05:19.944 --> 00:05:32.394

Obviously we're disappointed that we couldn't have you here, but we know you're in the right place. So we tried to bring these, bring these folks to you in an alternative way to talk about relevant issues.

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00:05:32.394 --> 00:05:43.795

I'm going to have each one of them introduce themselves briefly. Most of these folks, you know, already, but just in case, you don't we'll have them do a brief introduction. Dr Mitchell, we're going to have you go first, Karen? Would you introduce yourself?

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00:05:50.485 --> 00:06:02.725

Karen, if you're speaking can't hear you, can you hear me? Now? I can hear you now. Okay.

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00:06:04.584 --> 00:06:16.675

Nothing changed. So Hi, everyone I'm Dr. Karen Mitchell I am the division director of the division of medical education at the American Academy of family physicians.

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00:06:17.154 --> 00:06:30.774

Our division is responsible for basically students, residence, medical schools and residencies relationships with all of them. We appreciate everyone participating in this session tonight.

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00:06:32.365 --> 00:06:44.064

Thanks, Karen. Thanks for being with us. Jagr your with asthma. Can you tell us a little bit about yourself? And a little bit about yes, thank you. Jay. My name is Melissa.

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00:06:44.064 --> 00:06:57.925

Jagr, I'm the residency coordinator in Washington state. We're about thirty miles south of Seattle so we've been on the news a lot lately. I'm disappointed we are here. We are in Kansas City, but Mike.

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00:06:57.925 --> 00:07:09.954

Jay said, we're in the places we need to be, and I also wanted to let, you know that Tina who is the incoming Afro president. And I, and the rest of the board are here for all of the coordinators are list service, been pretty busy.

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00:07:10.259 --> 00:07:14.154

And so we're are just trying to help everybody as best. We can.

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00:07:15.750 --> 00:07:20.064

Thanks for the thanks for being here. Dr Clemens I'm gonna have you introduce yourself?

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00:07:21.120 --> 00:07:31.855

Thanks Jay. Good evening. Everybody and I really appreciate you taking the time to be with us for this hour. Especially seeing. So many of you. That are at stage. Three. We know. It's really trying times.

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00:07:32.095 --> 00:07:41.274

So, I'm Deb comments and the current president of you all know what if M. R. D. does. And I really regret that we can't be together this week but.

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00:07:41.670 --> 00:07:56.394

And hopefully, we'll make it up to you in the future. Alright, thank you. All. So, these three panelists tonight are gonna kinda we're gonna be this and around if you will, we're gonna have a conversation or really about what's emerging.

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00:07:56.394 --> 00:07:56.995

Both again,

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00:07:56.995 --> 00:08:11.694

on all this serves in other ways that's coming up in all these different communities and these three panels have a line of sight that I think is unique and can bring to bear some insights that I think will help you in addition to the the communications that you're already

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00:08:11.694 --> 00:08:12.024

doing,

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00:08:12.625 --> 00:08:15.714

we're gonna spend about the next fifteen minutes talking about those things.

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00:08:16.105 --> 00:08:27.444

In the meantime, while those fifteen minutes are going on we want you to kind of do two things at once. And I think you're probably getting used to doing about ten things at once right now would be my sense. But we're gonna ask you just to do too.

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00:08:27.805 --> 00:08:41.965

And that is, if you have questions, trickling up in your mind, as you're hearing things from these panelists, feel free to raise those questions. And as a facilitator host, I'll be your voice and I'll be monitoring the chat just to see if I can do them.

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00:08:42.475 --> 00:08:52.764

I probably won't be able to do justice to every single question that emerges, but we'll try to take some themes that fit in there. If at the end of the session we do not get your questions answered.

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00:08:53.034 --> 00:09:01.044

We will, and we will leave you with emails and other kinds of ways that you can reach out to us and engage us.

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00:09:02.544 --> 00:09:16.465

So my first question, and I'm gonna actually ask Dr Clemens to, to start with this is you have again this unique line of sight to the residency program community and the, the, probably, the one, most active listeners and family medicine.

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00:09:17.304 --> 00:09:31.225

And I think there's about sixty postings. A day on that what what of the challenges that you see that are really kinda coming to your front of your mind that seemed to be most important to address right now?

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00:09:32.519 --> 00:09:40.014

So, that's such an important question and I think there's some parents who speaking that would be.

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00:09:43.075 --> 00:09:56.514

The, you know, we've seen waves across the country and so the costs are certainly ahead of those that are, in the center of the country. We have community programs. We have very rural programs. We have programs in urban academic health centers.

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00:09:56.875 --> 00:10:05.664

Everybody is experiencing a little bit different challenges right now. I just congratulate you on all stepping up in this unprecedented time.

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00:10:06.625 --> 00:10:20.904

This is, this is an opportunity for us to really shine essentially, as family physicians, because we know how to work across the spectrum and really have a unique opportunity to use our skills and Bob disaster management for our residents.

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00:10:21.355 --> 00:10:34.134

The challenges are just unbelievable. And so stage one, you probably haven't seen much of this yet, but it's coming your way in one way, or another in stage two. We're really looking at.

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00:10:34.134 --> 00:10:48.534

How do we, how do we transition or curriculum into an effective, but needed curriculum as our waves of patients increase? And so we've seen a lot of programs that have shared resources on the discussion for him.

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00:10:48.534 --> 00:10:53.394

And we really appreciate that keep doing that. Others are following your lead.

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00:10:54.565 --> 00:10:54.865

The,

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00:10:55.825 --> 00:11:08.365

the most common thing that I've seen happen in stage two is that programs are planning their curriculum such that they can separate social distance residence and faculty,

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00:11:08.725 --> 00:11:11.034

and yet still maintain a curriculum.

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00:11:11.424 --> 00:11:24.985

And so, for example, one of the programs I recently talked to, they have the residents divided into two teams. One of the teams is on for two weeks, the other team is working from home for two weeks doing Tele, visits and online learning modules.

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00:11:25.195 --> 00:11:37.134

And then they switch and that gives the team at home the opportunity to self quarantine, essentially to see if they've developed symptoms from their time that was patient facing. So, that seems to be pretty effective.

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00:11:38.245 --> 00:11:38.875

The other,

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00:11:39.384 --> 00:11:42.445

I think the other challenges as we move to stage three,

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00:11:43.524 --> 00:11:45.205

as the said,

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00:11:45.235 --> 00:11:45.595

you know,

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00:11:45.595 --> 00:11:54.235

all bets are off in that stage and our goals are really to provide patient care to protect residents make sure they're well,

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00:11:54.264 --> 00:11:54.595

and that.

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00:11:54.595 --> 00:12:06.865

We adhere to duty hours and make sure supervision is appropriate and that includes appropriate beyond that stage. Three is really at your discretion. You're running the show here as a program director.

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00:12:10.375 --> 00:12:10.705

Deb,

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00:12:10.735 --> 00:12:22.434

one of the things kinda coming up is some folks are not familiar with the rubric and are wondering if they need to report this to the AC GB where their status is,

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00:12:23.184 --> 00:12:23.455

we're,

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00:12:23.485 --> 00:12:26.335

we're not asking you to be the voice of the here.

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00:12:26.335 --> 00:12:32.664

But to the extent that she might have knowledge of this, are you able to Sharon wisdom? Absolutely.

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00:12:32.664 --> 00:12:45.144

So the publication came up from the a couple of days ago the the stage is for the entire institution it's not for the individual program. So, if you're a single single program institution yes, it is.

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00:12:45.144 --> 00:12:56.424

For you, but for those of us who have multiple residencies, that determination comes through the. So, there has to be a unified decision about what stage you're in in my organization.

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00:12:56.424 --> 00:13:10.375

For example, we just did a poll and we're, we're assuming we're in stage two. We're gonna have a meeting tomorrow morning to discuss that and really determine where we are thanks for clarifying that. Deb miss Jaeger.

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00:13:10.705 --> 00:13:21.445

You have a different line of sight then and Dr Clemens does to the program administrators community. What's emerging from you? That seems really noticeable and.

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00:13:21.779 --> 00:13:27.445

An important I spent a lot of time on the listserv today trying to answer that question.

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00:13:27.924 --> 00:13:40.315

One of the big ones that's gone over in the past month is the question of remote work, essential workers, especially as, you know, kind of the coasts are leading the charge.

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00:13:40.315 --> 00:13:48.475

And it's been interesting to see how it's worked throughout the country with the coordinators who's working at home who's not working at home.

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00:13:48.835 --> 00:14:02.934

So that's been a big one, another big one, you know, in the past couple of weeks is the board and step exams. You know, when we were waiting to see what was gonna happen, and then they all started, getting canceled big in the past.

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00:14:02.934 --> 00:14:14.394

Couple of days has been medical students. Same as the board exams. What's gonna happen? What's gonna happen? I know my hospital system, we closed off all volunteers and med students a few weeks ago.

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00:14:14.695 --> 00:14:20.184

And then that seems the med schools quickly after started pulling up their students out as well.

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00:14:23.095 --> 00:14:32.065

And say, you, are you guys currently a stage three in Washington state right now is is that a fair? Well, I texted my program director.

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00:14:32.065 --> 00:14:45.774

That question because our said, last week, we were, he didn't see us getting stage three. So, actually, just texted my program director as we were starting and still says we're in the two, two point five.

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00:14:47.004 --> 00:14:58.075

I was watching the Trump press conferences afternoon, and a lot of it talked about how Washington was pretty proactive with trying to do a lot of this stuff early.

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00:14:58.254 --> 00:15:11.215

So we're starting to see a little bit of a slow, which hopefully it continues that way. They just kind of finished building a field hospital in our parking lot. Hopefully, we're over preparing.

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00:15:11.424 --> 00:15:17.695

That was kind of one of the notes I wrote when we talk about solutions was it's better to over prepare.

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00:15:18.565 --> 00:15:28.855

And not come to fruition, then be completely caught off guard and we can use it for the, you know, the next pit pandemic that hits us will be more prepared.

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00:15:31.044 --> 00:15:32.394

Thanks for sharing that. Yeah.

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00:15:33.235 --> 00:15:46.735

Dr Mitchell, one of the unique ones besides you have is a division director for medical education at the academy is we've got all these residents that are not only kind of sharing their story and their experiences.

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00:15:47.125 --> 00:16:01.284

And we've got some comments that are already in here. That residents are asking, not to take schedule vacations at this time. And we even heard some stories where residents are asking, you know, they're scared. They're asking, not to, to even go in a care setting.

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00:16:01.315 --> 00:16:06.024

So, what what are you hearing what's remarkable from your perspective about residence, right now?

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00:16:07.225 --> 00:16:18.654

I think the most remarkable part is the concern that that they have that they may not be meeting graduation requirements, meaning that they're rotations. They're changing.

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00:16:19.014 --> 00:16:30.924

Their whole that whole clinical experience is changing, they may not be able to meet the, the required usual required number of visits and other residency requirements.

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00:16:32.125 --> 00:16:43.044

And so there's great concern about how things will adjust at the moment, and how they will adjust in the future in order to be able to meet all of the requirements and be able to graduate.

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00:16:44.184 --> 00:16:45.054

Similarly,

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00:16:45.085 --> 00:16:50.725

there's concerns about learning opportunities and just making sure that they do get to have the,

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00:16:50.754 --> 00:16:51.085

the,

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00:16:51.144 --> 00:16:51.325

the,

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00:16:51.355 --> 00:16:54.534

the ongoing learning opportunities and so looking for didactics,

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00:16:54.534 --> 00:16:56.274

looking for distance learning,

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00:16:56.274 --> 00:17:07.015

trying to make the same changes that everyone else across the countries is making that where they're having to adjust to either working much more intensely in the hospital setting,

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00:17:07.015 --> 00:17:21.984

or they may be placing quarantine and then trying to figure out how to how to still have some meaningful experiences while they're on quarantine and being worried that that weren't that quarantine may may take away from some of the

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00:17:21.984 --> 00:17:36.894

required expectations and then we also hear about personal protective equipment in that fear of being in patient care settings and and and that fear of not having all the resources and education that they really need

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00:17:38.244 --> 00:17:47.005

additionally has been concerns just about the cancellation of the spring board exam and all the uncertainty that that creates.

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00:17:49.859 --> 00:18:01.795

Thank you all for kinda reviewing some of that I think the major themes that we're hearing kinda on the, you know, on the list serves and as you're interacting with folks and Dr Mitchell I wanna come back to you here.

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00:18:02.515 --> 00:18:15.085

You have sort of a, a red hotline to the FM on a regular basis. And again, I'm not asking you to answer on behalf a BFM. We hope to bring to a webinar in the near future.

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00:18:15.414 --> 00:18:27.234

But as you're interacting with Dr, Newton and others around some of the issues that are being raised, here are questions and the chat. What kinds of wisdom? Can you share with folks?

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00:18:29.424 --> 00:18:40.555

Well, so, in in, I wanted to make sure that everyone has seen the, the postings, and the notices that have come out from the American Board of family medicine.

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00:18:41.035 --> 00:18:44.755

And one of the things to remember is that.

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00:18:45.234 --> 00:18:58.674

Always, it has been that that for graduation requirements, it is up to the program director to determine the competency of the resident, and that readiness for autonomy in taking care of patients.

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00:18:59.035 --> 00:19:06.595

And while the ABM has has expected, that programs will meet the requirements.

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00:19:06.924 --> 00:19:15.505

Ultimately, it is the decision of the program director to be able to say whether or not that resident is ready to graduate and to move on.

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00:19:15.535 --> 00:19:25.585

And the way I interpret the recent letters from the is that there is recognition in this pandemic time,

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00:19:25.585 --> 00:19:27.744

that there will be flexibility on,

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00:19:27.744 --> 00:19:37.525

to the point that one of the communications was that any covet mandated quarantine or personal illness will count toward clinical time.

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00:19:37.734 --> 00:19:42.414

And it will not violate the AP if I'm one month away or continuity to Carol.

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00:19:42.414 --> 00:19:52.944

So, things like that, where we're seeing some adjustment as we go along and some, some latitude in, in how the things are being interpreted.

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00:19:53.934 --> 00:19:58.315

We're understanding that that a BFM will accept Tele,

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00:19:58.315 --> 00:20:04.914

visits to fit into the sixteen fifty and while the goal is still to try to get to that sixteen fifty ultimately,

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00:20:05.154 --> 00:20:13.105

whatever number a resident achieves it is up to the program director to make sure that that resident really does have the competencies ready for graduation.

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00:20:14.335 --> 00:20:26.875

And that, that it's there in, that was that decision, and I think that that's where the flexibility and the reassurance for thinking about, what does it take for resident to be able to graduate comes?

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00:20:27.625 --> 00:20:38.575

The other thing is that we, we are facing so many unknowns, right? Now, so, when we think about our current first and second year residence, that that is going to be something that will continue to evolve.

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00:20:38.575 --> 00:20:44.755

And that we there just simply are no answers right now because we don't know how long we're gonna be in this situation.

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00:20:45.174 --> 00:21:00.025

And how long that means that that the usual way of functioning within a residency is going to be disrupted in what we do have is a promise from the ABM to continue to adjust and to and to

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00:21:00.025 --> 00:21:01.704

respond as time goes on.

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00:21:02.065 --> 00:21:13.555

And so, while it's a very uncertain time at the moment, I do appreciate that commitment on the part of the, a B. M for that ongoing.

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00:21:14.335 --> 00:21:24.174

We look at at the situation over the next few years Clemens, your membership obviously has a.

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00:21:25.259 --> 00:21:40.224

See, to what's going on when the is making changes and I think, I think some folks mentioned there was a WebEx or some kind of presentation today. And I think Stacey Potts is being presented some new on the f. M.

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00:21:40.224 --> 00:21:51.805

R. D. lists or what are you hearing and from your members that need our attention and and is there any thing that you can share as far as wisdom?

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00:21:52.194 --> 00:21:57.204

I'm interactions with Stacy and so far. Absolutely. Thanks.

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00:21:57.355 --> 00:22:12.025

And I do encourage all of you to look at your email that frequently asked questions, came up from Dr spots at about four, fifty, five o'clock, Central time tonight. And I think a lot of your questions will be answered there as well. So, yeah.

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00:22:12.025 --> 00:22:22.674

And while I don't speak on behalf of either the, I can relay some of the conversations I've had with them and point to some of the information that's been in their communications.

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00:22:22.704 --> 00:22:32.575

I know everyone is really worried about the sixteen fifty also about the impact that's going to have on your P. G. white choose and even new ones, because there will be a ripple effect.

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00:22:33.180 --> 00:22:46.615

What I was told by the is number one now is not the time to worry about your program accreditation. They have suspended all accreditation activities and so that should be the last thing on your mind right now.

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00:22:47.515 --> 00:22:58.795

You're required as program directors to have the experience that you have, because of the kinds of decisions we may have to make in times like these and so quoting from doctor Newton's memo of the eighteen.

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00:22:58.795 --> 00:23:12.535

Th, he said we intend to trust program directors in collaboration with their to make final decisions about readiness for autonomous practice. They recognize you may not meet that. Sixteen, fifty pellet, the visit.

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00:23:12.535 --> 00:23:25.494

You have justify what you're doing. You may not meet that number. If you believe as the program director in collaboration with your that that President is ready for practice, they're ready for practice.

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00:23:27.329 --> 00:23:36.654

Yeah, the CGM uses. What we really ought to be concerned about now is the things that are not not really immutable or duty hours.

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00:23:37.765 --> 00:23:52.525

Resident wellness and appropriate supervision, including so if residents don't have the right, they should not be seeing patients that are potentially infections. So, that kind of leads to the Televisa question.

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00:23:52.525 --> 00:24:04.944

And what is appropriate supervision definition for direct supervision has been modified to include supervision when you're not, even in the same room as a resident.

163

00:24:05.305 --> 00:24:16.464

So, you could be, for example, precept from a completely different office as long as you have the capability to either through the telephone or video supervisor resident.

164

00:24:16.734 --> 00:24:30.144

So, for an intern, you may want to have a three way call with an intern and a patient for third year resident. We can see their patients C, virtually through the telephone or video and report to you after they're done.

165

00:24:30.174 --> 00:24:35.305

As long as you're available for questions. That they may have that can be done at a distance.

166

00:24:35.759 --> 00:24:36.775

And again,

167

00:24:36.805 --> 00:24:41.605

you determine the competency of that graduating residence the,

168

00:24:41.934 --> 00:24:43.464

I think the final pieces,

169

00:24:43.494 --> 00:24:51.325

when we finally get through this and we will get through this when we do our ads update will be asked to say how we manage this.

170

00:24:51.535 --> 00:24:52.555

This pandemic.

171

00:24:53.275 --> 00:25:07.404

This is really again an opportunity for us to think about how will medicine change in the future we're on the verge of rewriting the requirements for family medicine and this may be an opportunity to incorporate more of the kinds of

172

00:25:07.585 --> 00:25:11.724

modalities that we've been wanting for some time in those new requirements,

173

00:25:12.414 --> 00:25:15.355

so I'll stop there and see if you have any more questions.

174

00:25:16.464 --> 00:25:30.174

Yeah, thanks. Hey, guys kind of a follow up between this. So, when I think about the important role, that administrator, and so there's, you know, all of these things that are trying to be tracked, including where the residents are, and all those things.

175

00:25:30.174 --> 00:25:30.325

So,

176

00:25:30.684 --> 00:25:38.515

what are what are the things that are kind of emerging solutions or concepts that the administrators are talking about,

177

00:25:38.545 --> 00:25:47.575

that have been most useful and trying to assuage some of these issues that are kind of still influx laughs excuse me?

178

00:25:48.505 --> 00:25:54.265

That is kinda the perfect question. I was making notes as the other speakers kind of talked and that was gonna kind of.

179

00:25:54.744 --> 00:26:07.464

You know, go off, there was a little bit the one I was gonna bring up and it seems like you have to start with. I'm not speaking for the, but the epic queues that did come out today were pretty useful information.

180

00:26:07.920 --> 00:26:08.184

You know,

181

00:26:08.184 --> 00:26:16.285

I think is coordinators a lot of the times we are kind of the guard for our program directors and I think even more in this time,

182

00:26:16.434 --> 00:26:16.884

or at least,

183

00:26:16.884 --> 00:26:18.234

especially with my program,

184

00:26:18.474 --> 00:26:22.765

where I haven't seen the program director in day she's over at the hospital is,

185

00:26:23.099 --> 00:26:23.454

you know,

186

00:26:23.454 --> 00:26:26.035

really being the guard for her.

187

00:26:26.875 --> 00:26:37.585

So, you know, a lot of emails going out saying, you know, anything that needs to go to the program director, send it to Melissa first that way. I can go to her kind of at the end of the day with all of the big questions.

188

00:26:38.009 --> 00:26:48.384

So, when she came out today, actually pulled one out and sent her a text with the answer, because she didn't need to read all of them.

189

00:26:48.414 --> 00:27:00.384

But the one that was about, and I want to look and see what I sent you earlier, there was one that I thought she really needed to know about. And so I sent her that one, knowing that she probably won't read the email.

190

00:27:00.535 --> 00:27:15.115

Oh, I sent the one about the milestones in the epic queue. It talks about how milestones won't be kind of do this in June. So, I thought that was important for her to know because that creates it's a lot of work for her.

191

00:27:15.115 --> 00:27:22.134

And I, over the next couple of months, the other thing I was gonna mention is one of the comments in here, it was.

192

00:27:22.704 --> 00:27:37.194

Zoo bar, his comment kinda was talking about. He was disheartening. When the website said we expect that most of you will have already hit the sixteen, fifty minimum visits requirement prior to the pandemic.

193

00:27:37.644 --> 00:27:46.825

And this actually came up yesterday when we were kind of walking through this as well, we are a program that doesn't hit sixteen fifty until the very end.

194

00:27:47.065 --> 00:28:02.005

They do kind of like, site site's program does where they do a lot of their clinic work in the last couple of months of residency, you know, in our clinic. We don't really wanna see six people right now. We don't want to see.

195

00:28:02.005 --> 00:28:16.434

Well, people right now we're trying to move to Tele visits, you know, so we went from seeing a hundred patients a day to the fifteen or twenty coming into the building. So our numbers, like, a lot of yours have plummeted.

196

00:28:17.065 --> 00:28:26.845

A lot of you were also talk about worried, I think we gave up on worrying about and requirements a week or two ago. At this point.

197

00:28:26.904 --> 00:28:36.565

We're following the basic rules, the duty hours, the supervision and the safety, because that's all we can't do. Most of our outpatient rotations have already been canceled.

198

00:28:37.049 --> 00:28:47.785

We are working on going from a one team in the hospital to three teams in the hospital. We're going from the residents in faculty, knowing most of our patients.

199

00:28:48.119 --> 00:28:59.154

Two multi carries starting the kind of share the patient so we'll get twenty patients and then the next hospital will get twenty, the next hospital get twenty, then it's our turn again.

200

00:28:59.424 --> 00:29:06.625

So, we're kind of going from the atmosphere where everybody knows other patients to brand new sick patients.

201

00:29:08.664 --> 00:29:09.295

A mistake,

202

00:29:09.295 --> 00:29:22.434

or one of the follow up questions that folks want to be clear about is the you're referring to is that Stacey that she posted pretty late this afternoon when it came from the

203

00:29:24.085 --> 00:29:33.474

it was where they also talked about how they're not going to be sending out daily or weekly emails anymore so yesterday's yesterday.

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00:29:33.535 --> 00:29:47.454

Okay. So I'm a little behind on email. You're good. You're good. It looks like Jamie Smith is for those of you who are following along on the chat here. She's posted a link. Thank you very much a day behind. A cute.

205

00:29:47.454 --> 00:30:02.065

Did come out on the former discussion group from Stacy pots today, but it's also available on the website under specialty, specific epic. So those are geared toward family medicine ones that came from. Stacy.

206

00:30:03.180 --> 00:30:07.494

Yeah, super, just posted that link. Thank you. Thank you very much.

207

00:30:10.194 --> 00:30:19.734

Not too much on my go to a question that I know you've been active on today cause I've been on your emails Diana Hyman ask has there been any update from CMS on supervision for billing?

208

00:30:20.815 --> 00:30:29.845

Around the primary care exception, would you talk a little bit about sort of the work we're doing and all of the back and forth communication that you've been engaged in.

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00:30:30.894 --> 00:30:45.744

Well, thank you, Jay so, the exciting news is that Seamus just came out saying that they will pay for the audio only telehealth visits last week.

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00:30:45.775 --> 00:30:51.865

There was movement in the video telehealth visit.

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00:30:51.865 --> 00:30:52.164

So,

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00:30:52.164 --> 00:30:52.585  
certainly,

213

00:30:52.585 --> 00:31:01.105  
we're very telehealth focused on what we and then with yesterday or with the announcement from yesterday,

214

00:31:01.884 --> 00:31:08.634  
is that announcement that that the supervising physician does not have to be in the same place as the resident.

215

00:31:08.964 --> 00:31:23.904  
And that would include both video and audio. And I'm making a differentiation between video and audio, because the coding is different and with the allowance that the physician that the supervising physician does not have to be in the same place.

216

00:31:23.904 --> 00:31:33.355  
It makes that fairly clear that the video telehealth can certainly fit into the primary care exception rules.

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00:31:33.355 --> 00:31:44.184  
And that means if you're building a nine nine to one three, that, that can fit into the primary care exception rules, which makes it just a little easier for the process in the office.

218

00:31:44.934 --> 00:31:57.865  
E, audio, while we now expect that can get paid, it's still not completely clear about what the teaching supervision or the teaching position requirements are.

219

00:31:58.404 --> 00:32:12.565  
That's the discussion I'm still having that. So, CMS did say that it can that that direct supervision can mean at the supervising physician is remote if they do not have to be in the same place.

220

00:32:14.005 --> 00:32:20.605  
The question that still remains is what's the level of a synchrony as far as the, the, how?

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00:32:20.605 --> 00:32:31.164  
The visit may occur and so there's still some more clarity that we would like to have to understand the CMS billing rules a little bit more around telehealth.

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00:32:31.464 --> 00:32:38.244  
The good news, though, is that at least these types of visits now, have the opportunity to be paid.

223

00:32:38.880 --> 00:32:53.875

But we also know that individual pairs are so outside of so Medicare outside of that the individual pairs are beginning to pay much more than that you'll have to check it with your local pairs to really find out what they're paying

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00:32:53.904 --> 00:32:54.295

for.

225

00:32:55.555 --> 00:32:55.914

So,

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00:32:56.605 --> 00:32:56.934

yeah,

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00:32:56.934 --> 00:32:58.494

it's still not completely clear,

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00:32:58.644 --> 00:33:02.065

but we're working on it here in a follow up,

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00:33:02.065 --> 00:33:02.394

but I know,

230

00:33:02.394 --> 00:33:02.664

you know,

231

00:33:02.664 --> 00:33:10.674

the answer to this because I know you've been raising this James to ask us since audio visits are time based and residents can't do time based billing,

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00:33:10.674 --> 00:33:13.404

how will that work to build for resident audio visits?

233

00:33:14.845 --> 00:33:15.234

James,

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00:33:15.265 --> 00:33:22.734

you perfectly stated the question that I have that is unanswered at this moment and that,

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00:33:22.734 --> 00:33:24.295

because I'm concerned about that too,

236

00:33:24.295 --> 00:33:28.375

and that's part of the advocacy that we're still trying to look for the a p,

237

00:33:29.065 --> 00:33:36.055

because being time based is a problem for that supervising physician situation.

238

00:33:37.440 --> 00:33:47.125

So, stay tuned will let, you know, when we have more answers. Yeah. Thanks. Appreciate that Karen couple. I'm gonna change this up a little bit.

239

00:33:47.575 --> 00:34:02.545

Some of you may have read in the news that New York State has a status. It's a state of emergency and that duty hours no longer apply for any one of the panelists here. What's your understanding of that situation?

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00:34:02.545 --> 00:34:13.105

And and I know did, in their epic, you yesterday did put out some clarity on this. But can you talk a little bit about your, your sort of thinking on this?

241

00:34:13.105 --> 00:34:22.795

And as we look to potentially help people understand how to maintain the resident well, being as well, any one of you could go here.

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00:34:23.244 --> 00:34:23.425

Yeah,

243

00:34:23.425 --> 00:34:23.695

dude,

244

00:34:23.695 --> 00:34:24.264

this is DEP,

245

00:34:24.264 --> 00:34:30.505

so I'll reiterate in every conversation and every publication I've seen from the me,

246

00:34:30.864 --> 00:34:42.925

the one factor they're unwavering on is the duty hours still apply some state of emergency or not according to the you still have to adhere to duty hours.

247

00:34:43.260 --> 00:34:46.494

I really in the interest of patient safety and resident wellness.

248

00:34:48.894 --> 00:34:56.545

Thanks, I appreciate that looks like, there's looks like this some folks from New York that are also chime in on the chat here as well.

249

00:34:59.545 --> 00:35:14.215

I don't know if any of our panelists know this question, it's very specific to who aren't in a primary care exception. And how telehealth and payment of Medicare is working by and they got some wisdom on that one.

250

00:35:14.724 --> 00:35:26.034

I can. This is Karen. That was discussed yesterday by CMS as well and they are now fit under that telehealth for Medicare.

251

00:35:26.034 --> 00:35:40.375

So, that was as of just yesterday's announcement. I would recommend that. You that you look for the exact details, because I don't want to overstate this and a billing and so it can be very complex.

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00:35:40.585 --> 00:35:45.835

One of the places to look for that information is on the website.

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00:35:46.135 --> 00:35:49.914

If you go to the main website at the top banner,

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00:35:49.914 --> 00:35:50.394

there is a,

255

00:35:50.454 --> 00:35:52.315

you just press a button for the cover,

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00:35:52.315 --> 00:36:06.684

it'll take you to the covered site and then there's huge amounts of resources there and I would recommend checking under the billing because there is some information and that should lead you to more

257

00:36:06.715 --> 00:36:08.275

exact information.

258

00:36:11.755 --> 00:36:20.755

I'm gonna move us to our next slide, which really is an opportunity for the community to weigh in here and tell us where you're needing some help.

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00:36:20.755 --> 00:36:29.875

So, for example, to our panelists, there's there's a question here about if he has a properly define what P.

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00:36:29.875 --> 00:36:41.364

is, and I think there was a similar post that said our residence and faculty aren't are uncomfortable with the CDC recommendations around P. E. Karen.

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00:36:41.364 --> 00:36:47.965

I know you are on a, every morning call talking about all things academy and Howard dealing with things.

262

00:36:48.414 --> 00:36:57.025

Has this been a topic on that morning call and if not are these things that are on our priority agenda items.

263

00:36:58.224 --> 00:37:05.605

Well, has come up in a couple of ways early on there was definitely questions about the science of it.

264

00:37:05.635 --> 00:37:18.054

And what the is doing is making sure that there are links to the, the most up to date evidence that we have, and for it is going to be coming from largely from the CDC.

265

00:37:18.385 --> 00:37:23.065

And I has quite a bit of of covet nineteen information as well.

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00:37:23.335 --> 00:37:34.974

So the AP is daily updating these links on the covet nineteen page, and I'm keeping it up to date at least daily and sometimes even more than once a day.

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00:37:35.514 --> 00:37:49.735

So if you're looking for accurate information, that's one of the places to go the other aspect. About P. E is under advocacy and that has been one of the advocacy points that the has been in Washington D. C.

268

00:37:49.764 --> 00:37:58.764

I'm advocating for more getting it distributed well, and getting it distributed. Right we will continue to do that.

269

00:38:03.925 --> 00:38:05.184

Right. Just move the slide.

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00:38:13.135 --> 00:38:27.804

Slide coming back up there. It is. Sorry about that. Thank you. So, what I've asked everybody do now here is this is the opportunity where you get to weigh in and share with us.

271

00:38:28.135 --> 00:38:39.175

What's really important to you. So, our folks that are here on the call tonight, who end up being really important advocates for you and your voices in Washington D.

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00:38:39.175 --> 00:38:39.414

C,

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00:38:39.414 --> 00:38:50.394

and elsewhere can hear what are the priorities that you think are important right now and I'll start to read some of these just to get a sense and then to the extent that Deb,

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00:38:50.394 --> 00:38:54.534

and and I'm Melissa and Karen wanna react to them.

275

00:38:54.534 --> 00:39:06.204

Please do who Santa writes a shout out as needed for our residents who mainly want to help when residents are useful. They learn because corona virus hit a. now.

276

00:39:06.235 --> 00:39:10.494

We find ourselves with a stable of fifty for young, enthusiastic physicians.

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00:39:11.820 --> 00:39:22.014

Who who are all no way around the current crisis is an object lesson in the advantage of broad and deep training and the care of very sick patients.

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00:39:23.965 --> 00:39:38.875

I think Lou is pointing out that, in some instances, our residents maybe are not being used appropriately and maybe could be more of used than, than maybe some institutions, depending on what their stage are.

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00:39:39.150 --> 00:39:50.994

I think I've got that. Right Louis I don't please correct me with a a chat here. What do you what's your reaction to that? Panelist? Well, I think that's a great point. And it speaks to your leadership as well.

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00:39:51.355 --> 00:40:00.025

Not all residents across the country can be called enthusiastic. I I don't want to pretend that we're not all anxious. We are anxious.

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00:40:00.054 --> 00:40:14.034

We're anxious about our patients, our families or trainees ourselves, but to really have a group of people that to understand that this is our mission. And then we will protect them in that mission is fantastic.

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00:40:14.815 --> 00:40:29.215

I've heard a lot of talk around around the country that this may really be an opportunity to demonstrate our full scope of practice in a way that sort of, and scale back in some organizations. And so again. Congratulations.

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00:40:29.215 --> 00:40:30.565

I hope others can do the same.

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00:40:34.074 --> 00:40:38.275

This is Melissa, you know, our residents, we're a smaller program.

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00:40:38.275 --> 00:40:49.074

We only have eighteen and, like, I mentioned a lot of our rotations, have been canceled and it mostly is a p, the issue inpatient and outpatient.

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00:40:49.585 --> 00:41:02.635

I have kind of heard, you know, through the lists are and friends, you know, some residents who haven't been as eager to help you know, we started very early, you know, especially with the family medicine.

287

00:41:02.635 --> 00:41:13.675

What it is, we have lots of babies these days. So, one of the things we did really early was, hey, you may not be ready to tell people to get, but if there's something we need to know, you know, come to us early.

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00:41:13.675 --> 00:41:21.715

We'll do what we can just because so much is unknown right now and so I think the biggest thing is they've all been wanting to help.

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00:41:21.715 --> 00:41:31.344

It's just the lack of not only the lack of it, but how much residents would use adding to the educational experience.

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00:41:31.344 --> 00:41:41.485

So, as we've been trying to monitor what we have, as the surge starts, you know, that's why residents haven't been able to do as much, at least in our system.

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00:41:42.565 --> 00:41:55.105

Some interesting thing yesterday from the I, eight they are, they have some recommendations about how to conserve and they're basing it in science as well.

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00:41:55.135 --> 00:42:05.934

And and they're what they're saying is, we don't have all the answers either, but we want to collect the stories of how you're using it and then tell us how that works out so that we can learn together.

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00:42:06.235 --> 00:42:17.724

And so there were some examples of, of some leadership and healthcare systems about how to use appropriately and still be able to conserve it.

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00:42:18.085 --> 00:42:19.105

And the way,

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00:42:19.135 --> 00:42:23.905

I think about it is that is a kind of tool that all of us can use,

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00:42:23.905 --> 00:42:27.414

just to help with some leadership within the hospital systems,

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00:42:27.684 --> 00:42:35.934

and that kind of information may be empowering at a time when it can be kinda scary.

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00:42:35.934 --> 00:42:38.695

And sometimes frustrating.

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00:42:41.094 --> 00:42:43.405

That was posted at that age yesterday.

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00:42:44.309 --> 00:42:44.965

Thanks, Karen.

301

00:42:45.355 --> 00:42:50.574

One of the things that I've really observed that I think has been amazing on the listeners that I have a line of sight,

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00:42:50.574 --> 00:42:50.844

too,

303

00:42:50.844 --> 00:43:02.244

is the number of folks that are providing resources and tools to potentially help learning as individuals are kinda in before the surge.

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00:43:02.545 --> 00:43:14.574

Someone pointed out here that it's probably pretty hard for I think they pointed out a book called brain rules where it's hard to get residents to focus on things as they know there's this transition.

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00:43:15.054 --> 00:43:29.635

So, can you talk about some of the things that you've seen? That might be really useful tools. I know FM R, D, dev, for example, is correlating and curating a bunch of tools that are coming up on this. And you wanna talk a little bit about that.

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00:43:29.934 --> 00:43:34.644

And how people should be thinking and using those tools. Sure. J the toolbox out on the.

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00:43:36.869 --> 00:43:41.034

A website is really fantastic so,

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00:43:41.034 --> 00:43:47.994

as people introduce curricula or or learning AIDS or just ideas about what they do,

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00:43:48.295 --> 00:44:02.844

those are all curated and put into the toolbox and categories and we do that manually but it's a really great repository for things that may help you the other thing that we're doing in conjunction with is we're making the residency

310

00:44:02.844 --> 00:44:06.324

curriculum resource available to all of you free of charge.

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00:44:06.655 --> 00:44:19.045

And so that may be a way to, to develop some didactic material that you could do through zoom, for example, or virtual to work through any virtual platform. That isn't gonna require a lot of work on your part.

312

00:44:19.045 --> 00:44:22.675

Because I know your faculty are very busy with other things at this point.

313

00:44:24.054 --> 00:44:38.784

The the discussion forum I think is the best tool we have because all of us have different needs and asking our colleagues about what their experiences. And what resources do they have that they'll share is very effective?

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00:44:38.934 --> 00:44:43.644

We're one of the most interest groups of people. I know. And I've never had any problems with that.

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00:44:43.885 --> 00:44:55.764

I'll also say that the last week they published an Excel spreadsheet with, I would say thirty different online.

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00:44:56.994 --> 00:45:11.965

Curricula that residents can use everything from the Society for critical care medicine for non to the health and safety quality and safety school and so everything in between.

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00:45:12.625 --> 00:45:15.144

So, those things are all available for you in the toolbox.

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00:45:18.175 --> 00:45:28.284

And at a, we have an additional resource that has been made available on that is the board review videos are now available to residents.

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00:45:29.034 --> 00:45:33.835

So that's just one more modality on top of all the others that are available in the toolboxes.

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00:45:36.960 --> 00:45:51.264

One issue that comes up here on the chat box that I have not seen before. I've seen this in community practice had been not in residency practices where some support and medical staff might be being laid off like, amaze.

321

00:45:52.380 --> 00:46:07.224

I don't know if that I haven't seen that yet has that come up as a priority for any of the organizations as something to be on the lookout and pay attention to particularly as it relates to some of the recent

322

00:46:07.914 --> 00:46:14.844

CMS decisions to try and put past flow into practices.

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00:46:16.405 --> 00:46:17.545

This is Melissa.

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00:46:17.574 --> 00:46:21.835

I know that we haven't seen it so much in our hospital system,

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00:46:21.835 --> 00:46:25.405

but we have seen it on the listserv the past couple of days,

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00:46:25.764 --> 00:46:30.925

and it wasn't so much amaze and clinical staff as much as it was kind of,

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00:46:30.925 --> 00:46:34.704

the clerical admin residency coordinator staff.

328

00:46:34.974 --> 00:46:48.594

You know, a couple of different people said it might becoming their GMV offices, you know, we're gonna go to bat for them and hopefully, that wouldn't be the case because it seems right now, you know, residency coordinators.

329

00:46:48.594 --> 00:46:58.945

I mean, we're all essential employees right now, but it really seems like, you know, we would need our residency coordinators just as much as we need some of the other staff right now.

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00:46:58.945 --> 00:47:11.425

So, I know that's been an issue and I was gonna go back to the tools to when Jay said, early in the phone call that the program director listserv can have sixty emails a day.

331

00:47:11.760 --> 00:47:13.554

It kinda made me giggle a little bit,

332

00:47:13.554 --> 00:47:16.885

because sometimes we can do that in an hour on the,

333

00:47:18.204 --> 00:47:21.505

we can do that in our but a lot of the same things,

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00:47:21.715 --> 00:47:22.164

you know,

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00:47:22.195 --> 00:47:23.635

a lot of people are sharing,

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00:47:23.664 --> 00:47:24.684

not only,

337

00:47:25.675 --> 00:47:25.885

you know,

338

00:47:25.885 --> 00:47:28.465

kinda curriculum that they use throughout the year,

339

00:47:28.494 --> 00:47:28.855

you know,

340

00:47:28.885 --> 00:47:30.235

after someone has a baby,

341

00:47:30.235 --> 00:47:31.375

they're sharing that curriculum.

342

00:47:31.375 --> 00:47:34.045

How can we make that work in this time?

343

00:47:35.275 --> 00:47:46.255

The forum has been really busy. There's also a great Facebook page that a lot of us belong to. That's not just family medicine. It's all the specialties. So I've taken a lot of stuff from there.

344

00:47:46.255 --> 00:47:56.994

I've sent my scheduler to that page because a lot of people are coming up with those Excel spreadsheets and recreate the wheel when we can use each other's resources.

345

00:47:59.394 --> 00:48:08.094

This is Karen, what I'm aware of is that the cares act that Congress passed last Friday is focused on assisting small businesses.

346

00:48:08.094 --> 00:48:11.304

And while we are all from varying sizes of,

347

00:48:11.364 --> 00:48:16.135

of health institutions on some of the,

348

00:48:16.315 --> 00:48:17.034

the law,

349

00:48:17.034 --> 00:48:22.284

that was passed may be of use to some of those people who may end up being on for low,

350

00:48:22.554 --> 00:48:25.735

or may be laid off or whatever.

351

00:48:25.735 --> 00:48:31.284

The, the terms are. And so, that may be worth looking into if you're in that situation.

352

00:48:32.275 --> 00:48:46.465

And so there's been a couple different bills passed through Congress that may apply to our, to the health institutions of sponsoring institutions more information on that is available on the nineteen website.

353

00:48:47.005 --> 00:48:54.295

It's complex. And we're certainly not gonna be able to answer it all here but there may be some opportunities there.

354

00:48:56.184 --> 00:48:56.514

Yeah,

355

00:48:56.875 --> 00:48:58.885

and Karen to follow up with what you just said,

356

00:48:59.184 --> 00:49:02.934

I just kinda put in here we would like to hear from you if,

357

00:49:03.684 --> 00:49:18.655

if those resources that are still in process are indeed still preventing you from being able to provide the care that's needed for your community and so please keep us in mind as I keep

358

00:49:18.655 --> 00:49:19.375

this question,

359

00:49:19.375 --> 00:49:21.175  
an advocacy issue in mind,

360  
00:49:21.684 --> 00:49:23.394  
I'm going forward,

361  
00:49:23.605 --> 00:49:24.985  
particularly as that gets implement.

362  
00:49:26.755 --> 00:49:33.925  
Alright, so I'm, we're, we're about ten minutes to go here and I wanna probably have five more minutes.

363  
00:49:33.985 --> 00:49:46.914  
I'm really interested in other priorities and issues that you think our organization should be looking at as soon as possible, because you're not gonna be able to be successful without it.

364  
00:49:47.784 --> 00:50:00.054  
Well, being resources. So, coming up. So, for the three organization representatives, outside of, I know that there's a, a, is a lot of well, being resources for a long time.

365  
00:50:00.295 --> 00:50:11.485  
Is there anything special that we're doing in this particular time both to support well being and provide maybe a resources at a discount or even Pre.

366  
00:50:12.534 --> 00:50:22.764  
You know, that's a great question, Jay, and I can say we're not doing enough so I can guarantee you, we're gonna be talking more about that this week.

367  
00:50:23.155 --> 00:50:33.445  
We do have the resources that are out in the toolbox that have been there for some time, but really not specific to the, the issues we're facing now with a pandemic. So we'll get to work on that.

368  
00:50:36.534 --> 00:50:44.905  
Someone just mentioned Headspace and I had written that down, you know, a lot of hours we had used Headspace as well. That's a great one.

369  
00:50:44.905 --> 00:50:55.045  
During this time, we're trying to do little things like, you know, food and drinks in in the resident hub over at the hospital.

370  
00:50:55.195 --> 00:51:09.264  
Our cafeteria is basically closed down point since the hospital doesn't allow any visitors in the cafeteria's basically closed. And so we're trying to at least bring some food into them.

371

00:51:10.014 --> 00:51:16.735

The community has been really great lately last night and it seems like it happened, at least, around here.

372

00:51:16.735 --> 00:51:28.494

I'm not sure where else there was kind of like some card visuals and the parking lot, you know, just showing support for everybody that's going into work every day during this.

373

00:51:32.034 --> 00:51:44.965

Dr Mitchell, could you mention a little bit about some of the things that we're doing in medical education at least to connect residents nationally, particularly your chief residence? Sure.

374

00:51:44.994 --> 00:51:53.545

Well, so, one of the things we've recognized is that just having a way that residents can support each other becomes very important.

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00:51:53.875 --> 00:52:08.545

So we are on the verge of creating a resident community where residents can be talking with each other. And so we know, for example, that the is a, is a powerful tool for connection between a m. R. D.

376

00:52:08.545 --> 00:52:09.025

members,

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00:52:09.054 --> 00:52:13.614

and so we are on getting up and running within the next few days,

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00:52:13.614 --> 00:52:16.224

the resident community Additionally,

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00:52:16.224 --> 00:52:22.224

we have we have had a chief resident course we still do that with,

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00:52:22.255 --> 00:52:24.385

with covered nineteen that has changed.

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00:52:24.385 --> 00:52:29.485

And so we are looking to extend that chief resident community and again,

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00:52:29.485 --> 00:52:32.065

it's a subset of residents,

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00:52:32.065 --> 00:52:40.074

but to be able to connect those who are facing similar challenges for support as well as to exchange ideas.

384

00:52:40.525 --> 00:52:44.784

And so we're, we're actively on creating those opportunities.

385

00:52:47.454 --> 00:52:56.275

Give each of you a couple of minutes to kind of promote your services and support that you at most,

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00:52:56.275 --> 00:53:00.744

these folks who probably already tried and true as a Melissa mentioned,

387

00:53:00.744 --> 00:53:02.875

but I'm gonna start with you.

388

00:53:03.355 --> 00:53:15.324

A Deb. What do you wanna tell folks? About M? R. D, and what what services they can count on after this webinar, should they have questions, or need to share information with the community?

389

00:53:16.405 --> 00:53:18.445

We're fortunate that our number one role,

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00:53:18.445 --> 00:53:21.894

our only role is to support program directors and so,

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00:53:22.195 --> 00:53:31.644

let us know what you need representation is what we do best as we saw your concerns about the sixteen to fifty and the forty weeks and missing parts of the curriculum.

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00:53:31.914 --> 00:53:43.855

We went to the and the FM and ask for their help and their leniency in that, and they responded really rapidly. So, I'm pleased about that. So, let us know what's troubling. You and what's going on.

393

00:53:44.184 --> 00:53:56.875

Some of you are farther ahead of us than others and you're gonna have a different experience. I think, as we look toward our incoming in terms in July, there are gonna be questions that come up that we don't yet have answers for.

394

00:53:57.204 --> 00:54:09.385

And so we're happy to go to the N or M. P. we're happy to go to the and find out the answers to those questions. Because I think there's a lot that's yet to be learned use the tools that we've made available.

395

00:54:09.385 --> 00:54:21.414

The is a great tool as is the toolbox. We have some traffic on the toolbox, but I think we could certainly have more. And for your friends who are program directors that aren't members of M. R. D.

396

00:54:21.684 --> 00:54:33.505

encourage them to join, because I think the community is the most useful piece of what we have to offer. So hang in there. We'll get through this. Let's say you want to go next.

397

00:54:34.079 --> 00:54:39.864

So, of course, I do, I was going to start with kind of where she ended is.

398

00:54:40.230 --> 00:54:48.385

You know, our listserv is a pretty busy listserv, but I think the most important thing right now is just being there for each other.

399

00:54:48.534 --> 00:54:59.784

You know, a lot of the acma members, or some of my best friends, and between the listserv and text just being there for each other, I think is just a huge part of it.

400

00:55:01.045 --> 00:55:08.244

I also wanted to mention one of the things we're trying to work on, you know, all of the, for our PS and Rad had already been done.

401

00:55:08.545 --> 00:55:21.625

So one of the things we're gonna talk about this week is how we can get the Rad presentations as webinars out to our members. So, hopefully, we're gonna start working on that right now. Probably a lot of you.

402

00:55:21.625 --> 00:55:36.085

A lot of that work has been put aside while we're dealing with covet. The one of our goals is to get that out of there another. I hate to use the word positive, but we've all learned a lot about new technology over the past couple of weeks.

403

00:55:36.715 --> 00:55:51.625

You know, we're all giving to know zoom and WebEx and I use Google Hangouts for the first time last week. So, one of our members had posted a great email last week and our names Joann from Texas tech and hers.

404

00:55:51.655 --> 00:55:58.135

I'm glad she took the time to do it. It's about two page email and it talks about everything they did.

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00:55:58.469 --> 00:56:03.655

And they were, they're probably kind of, on the Seattle timeline of everything happening a couple of weeks ago.

406

00:56:04.284 --> 00:56:15.114

You know, she kinda did a step by step of what they did, what they should have done, how the rest of us can prepare for next time. And I think that is important.

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00:56:15.114 --> 00:56:22.465

No matter what happens this time we're gonna be more prepared for next time. But, you know, kind of figuring out.

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00:56:23.550 --> 00:56:33.985

What we do next I think it's just super important. Yeah, thanks. So appreciate that Karen I'm gonna actually start with a bit of a question for you.

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00:56:33.985 --> 00:56:46.974

There's a, you mentioned earlier that there are board review videos that are free on the website. And so we've got someone who says I'm looking now, but I can't it doesn't seem to be free. Any wisdom.

410

00:56:46.974 --> 00:56:52.255

You wanna share about that along with other resources that people can count on. Sure.

411

00:56:53.094 --> 00:57:03.864

The free link was posted on the Web site and so look for path because with that link, that's what makes it free.

412

00:57:04.224 --> 00:57:12.925

And we can make sure that that gets sent out again. For that that particular link and.

413

00:57:14.005 --> 00:57:21.864

I wanted to highlight a few other things. One of the things is that, of course, we could not have in person this year.

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00:57:22.164 --> 00:57:30.025

And so we will be doing recording if some of the already planned sessions, and we will make that available for the future.

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00:57:31.135 --> 00:57:45.565

The reason I say for the future is right now, it feels like all covet all the time, and that's appropriate for the circumstances. And yet, there will be a point when we will want to go back and learn about residencies, an ideas and sharing some of the other ideas.

416

00:57:45.565 --> 00:58:00.505

And so we will have a package ready for that. Since we had so many presenters prepare. How did this coven crisis and did did some excellent work that we would like to continue to share? So that will be coming out.

417

00:58:01.409 --> 00:58:06.505

The other things from the that I want to highlight are a p,

418

00:58:07.014 --> 00:58:10.434

I already mentioned the website and that is important,

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00:58:10.434 --> 00:58:14.545

because it's a source of clinical information and it has,

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00:58:14.545 --> 00:58:14.844

there's,

421

00:58:14.875 --> 00:58:17.335

there's a button on there for telehealth tools.

422

00:58:17.335 --> 00:58:17.454

So,

423

00:58:17.454 --> 00:58:22.525

if you want to take a deeper dive into into how that gets how to do it,

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00:58:22.525 --> 00:58:24.565

and how to get paid their cmmi,

425

00:58:24.565 --> 00:58:27.715

and we have some rapidly expanding cmmi,

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00:58:28.164 --> 00:58:36.565

including on covet and there's some opportunities for some live cmmi since it's currently hard to get any other live cmmi cmmi credit,

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00:58:36.565 --> 00:58:39.474

anywhere else and including that,

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00:58:39.505 --> 00:58:42.835

that there's gonna be town halls on Wednesday evenings,

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00:58:43.224 --> 00:58:47.034

that are also for cmmi live credit and again,

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00:58:47.034 --> 00:58:48.985

those are coded nineteen related.

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00:58:48.985 --> 00:59:00.985

So, lots of resources, when you want the science and the medical knowledge, the clinical knowledge behind covet this clinical resources and patient education, materials, and practice manage materials.

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00:59:00.985 --> 00:59:15.684

So, there's just a wealth of materials that are being updated every day. And then, lastly, the looking looking forward on this has been mentioned, and I want to just really highlight that. And that is.

433

00:59:16.739 --> 00:59:30.144

New together, we will get through this. This is why we're creating the communities is why we're creating the resident community and there is a covered nineteen community as well, which I encourage you to to join.

434

00:59:30.175 --> 00:59:43.855

It's a big community with lots of sharing of different ideas and while it's not an academic community, it's still a very important community. And at some point we're going to get as we get through this.

435

00:59:44.425 --> 00:59:52.945

We're going to have learned a whole lot such as that. We can deliver a lot more care by telehealth than we ever had done before.

436

00:59:53.184 --> 01:00:06.295

That's one example, and what we expect out of that is that we're going to find that that what we need for training and family medicine is going to evolve and this is like, perfect timing for that.

437

01:00:06.295 --> 01:00:19.585

Because we're, we have the opportunity to help shape the next set of program requirements for family medicine. And what we want to be doing is really listening to everyone who's clicked through this.

438

01:00:19.644 --> 01:00:34.525

This is going through what we're going through now and and to be able to learn from this, be able to listen to you be able to respond. And what we hope is to be able to take that forward, as we certainly, what do we need for the future?

439

01:00:34.525 --> 01:00:41.664

What would the future family medicine program requirements look like as well? But I think right now the meeting.

440

01:00:42.204 --> 01:00:55.974

Message is that that we know there's challenges and and we're listening to your needs. We are responding the, the best that we can we will continue to respond. And what we also know is that we'll all get through this together.

441

01:00:59.304 --> 01:01:04.405

I wanna thank our panelists. I put up here on this slide their email addresses.

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01:01:04.405 --> 01:01:18.144

So, again, you guys as a community have had lots of great questions and even suggestions and these folks would welcome them directly as an email to. Some of them are in patient care.

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01:01:18.144 --> 01:01:30.715

And so we've kinda had their backup staff support, which includes myself. I backup Dr Mitchell Kristen SS Melissa St George for Dr. Clements. So feel free to write us at anytime.

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01:01:30.775 --> 01:01:34.315

And we'd be delighted to help you if you have questions individually.

445

01:01:34.315 --> 01:01:48.715

If you'd like to one last thing for you, I'm not do quality improvement unless you do a plus Delta the thing I learned and so I really welcome people to share a last thing before you go, what did you like about this session?

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01:01:48.715 --> 01:01:58.704

What what made it better? I already got one suggestion to make it better is show the faces of our panelists and speakers, and we can do that easily do that next time.

447

01:01:58.704 --> 01:02:04.885

And we appreciate that feedback that you, you'd love to see these folks on live screen.

448

01:02:06.505 --> 01:02:19.014

Changes also asking for a transcript of the comments. One of the things we hope to do is be able to put a recording of this and we do have the ability of capturing the transcript of the comments and we'll do that as well.

449

01:02:21.090 --> 01:02:35.094

Hey, Jay, this is Melissa. Can I add one quick thing? Sure. Can I just give a shout out to Kristen? She is our backbone of asthma and especially during this time she's working at home we're all working from home.

450

01:02:35.454 --> 01:02:46.434

I just want to give her a public shout. Yeah. Give her a social distant high five. Right? Well, thank you.

451

01:02:46.434 --> 01:02:59.485

Everybody we appreciate all your time and we will be communicating back with you soon. And if this was something that was valuable, we'll probably do this again. We've even got one suggestion in here that to do this weekly.

452

01:02:59.485 --> 01:03:13.224

So we'll see if that's something that you really want, but thanks again for your feedback and your participation panelists. You're terrific. I really appreciate you a whole bunch thanks for spending the evening with us and we'll catch up with you next time.

453

01:03:13.980 --> 01:03:16.164

Thanks so much. Thank you.