

March 30, 2020

Dear Colleagues,

We're in the midst of a public health emergency, and healthcare workers of all sorts are being mobilized to the front lines. As most of you know, the ACGME recently issued an "ACGME Response to Pandemic Crisis" (<https://acgme.org/COVID-19>). Under specific circumstances, the ACGME will allow fellows to be reassigned to other rotations or other forms of clinical work with the approval of the program director (PD) and DIO (assuming that fellows receive appropriate safety and clinical training, have appropriate supervision at all times, and adhere to work hour requirements). The ACGME will also allow fellows to act as attending physicians in their core specialty area (e.g., internal medicine) as needed for up to 20% of each academic year, subject to the approval of the fellowship PD and DIO.

We anticipate that your fellows may be asked—if they haven't already—to serve in general medicine wards, intensive care units, and/or emergency departments. Yet APDEM's recent COVID-19 survey suggested that many PDs have concerns about this possibility. We in APDEM Council discussed these legitimate concerns: we also feel anxiety about fellow redeployment. Although we do not feel it would be appropriate for APDEM to issue a policy statement regarding fellow redeployment, we do wish to offer some comments in the spirit of collective support. It is not our intention to tell you how you should think about fellow redeployment: we encourage you to follow your conscience in this regard. We merely offer the following comments for your consideration.

- We believe that we as Program Directors should acknowledge to our fellows that the current times are remarkably uncertain, atypical, and difficult.
- We believe that all of us—both faculty and GME trainees—will need to work together to meet the COVID-19 challenge. Providing medical care to those in need is what we do.
- We acknowledge that all of us are concerned about COVID-19-related risks to our fellows and their loved ones.
- We acknowledge that GME trainees can be a vulnerable population in that they feel/assume less power/agency vis-à-vis faculty and leadership. Our fellows deserve our protection against undue pressure/influence (if any such situations arise).¹
- We believe that, whenever possible, fellows should be involved with program/divisional decisions regarding their redeployment in response to the COVID-19 crisis.
- We acknowledge that, in most cases, our fellows are recent graduates from an internal medicine residency program, making them well-suited to serve as general internists (e.g., hospitalists) as needed.
- We believe that most GME trainees are exceedingly caring individuals and will want to—or will at least be willing to—contribute to our collective response to COVID-19. This will be a noble pursuit, and our fellows deserve the opportunity to actualize their altruism whenever appropriate.
- If/when your fellows respond to such calls to duty, we believe it will be critically important that we support them fully and carefully ensure their safety and well-being (e.g., ensure appropriate training for the role; ensure appropriate supervision as needed; ensure appropriate use of personal protective equipment; ensure strict adherence to duty hour regulations; provide mental health support; prevent inappropriate treatment; etc.).
- We note that there may be compelling reasons that one or more of your fellows should be excused from redeployment.
- We advocate that programs, to the degree possible, facilitate all fellows' continued training in endocrinology and metabolism—the reason they joined the fellowship program—and ensure timely graduation of final-year fellows.
- We believe that it has never been a more appropriate time to be exceptional role models for our fellows.

We share the opinion that all of us—faculty and fellows alike—must rise to meet this profound challenge according to our individual abilities and circumstances. Our communities desperately need us. At the same time, we must remain staunch advocates for our trainees and their interests. Let us stand in solidarity with our fellow health care workers; let us wholeheartedly support our fellows; and let us continue to remind ourselves why we went in to medicine in the first place. We fully trust that our love for our colleagues and our patients will guide us through this remarkably difficult time.

We wish the very best for you and your loved ones.

From APDEM Council – Marina Charitou, Odelia Cooper, Andrew G. Gianoukakis, Christopher McCartney, Roberto Salvatori, Susan Samson, Mira Sofia Torres, Abid Yaqub

¹ For example, a Council member voiced concerns about the possible impact on future institutional employment if a fellow declines redeployment.