Managing Outpatient Residents During COVID-19

- **Atrium Health** – Diverting outpatient residents to inpatient, but they would only work one week at a time on a rotation among all the outpatient residents. Allowing them to be creative with their time (i.e. revise/update the MSK US protocols for 6 joints to optimize resident MSK US education further)
- **Columbia University/ New York Presbyterian Hospital** - Setting up "off-site" work such that residents can board study, pre-chart patients that are coming up in clinic, pre-chart consults and inpatient admissions, follow up on imaging, screen upcoming ambulatory visits for appropriateness, perform patient call backs, assist in telemedicine visits whenever possible, practice/simulate procedures/ultrasound, work on a QI project, develop an educational product. Off-site residents will rotate every 2-3 days onto the consult service.
- **NYU Langone Health** - Outpatient residents are helping the inpatient and consult teams at the same site
- **Rush University** – Residents are on a strict study program in addition to having to do scholarly work from home. We are hoping to convert this time at home into a self-designed for a 2- or 4-week research elective.
- **University of Virginia** - The important thing in the end be your assessment of trainees’ competence and ability to enter unsupervised practice when all is said and done.
- **University of Washington** - Pulling all of my PM&R residents who are boarding in other clinics back to PM&R for now. PM&R interns are staying on ED and medicine to help the system.