Background

ASHP and Accreditation Services is monitoring the current COVID-19 pandemic and managing, to the extent possible, disruptions to residency training and accreditation activities. Our primary goal is to minimize work disruptions while respecting public health guidance and the potentially harmful and disruptive effects of COVID-19 illness on healthcare systems, staff, residents, and patients. Below is a list of Questions (Q) and Answers (A) addressing some common inquiries related to COVID-19. These responses represent current guidance and may change as the pandemic widens domestically; is effectively managed through public health interventions and emerging therapeutics and vaccines; or is declared over. Exceptions to this published guidance, and any program-unique requests, will be considered on a case-by-case basis.

Q: Colleges and Schools of Pharmacy have taken steps in response to COVID-19 that may delay graduation of current students pursuing residency. What is ASHP doing to help affected future residents?

A: Accreditation Services and ASHP leaders are monitoring the pandemic, public health guidance, and actions taken by colleges and universities to keep their students safe. The residency year is 12 months or 2080 hours of work. Delayed starts may require residents and programs to ensure the resident completes required training while adhering to the current duty hour policy (no more than 80 hours per week averaged over a four week period).

Q: My program is scheduled for an onsite survey. Will my survey be conducted during the pandemic?

A: Accreditation Services is postponing initial accreditation surveys for the next 30 days effective March 13, 2020 until Monday, April 13, 2020 at which time a decision will be made about additional postponements or restarting scheduled surveys. Postponed surveys will be rescheduled at a future date. Reaccreditation surveys will be completed virtually during this 30-day period. For reaccreditation surveys at sites with multiple programs the, survey schedule may be adjusted to accommodate a virtual survey. These decisions will be made on a case-by-case basis in consultation with the assigned lead surveyor.

Q: What if my program is a new program and this is an initial accreditation site survey.

A: The decision to postpone scheduled surveys until April 13, 2020 was made in recognition of the extreme stress most health systems and staff are experiencing as a result of the current COVID-19 pandemic, travel restrictions, and restrictions on visitors imposed at most healthcare facilities.

Q: What if my resident becomes sick or is quarantined and unable to work?

A: At this time we ask that you adhere to your local leave policy. If the absence exceeds the time allowed the resident will have to be extended in training or make up the time. Exceptions to this requirement will be considered on a case-by-case basis.
Q: Is it acceptable for residents, if quarantined, to provide telehealth services with appropriate supervision?

A: Yes, if the program has the technical capability to deliver telehealth services and includes telehealth services in their learning experiences.

Q: My program requires the resident to present an oral presentation related to their residency project at a national or regional conference. How should we manage this requirement if the regularly attended national or regional conference is allowing either virtual participation or is cancelled?

A: If a meeting is allowing virtual participation then that is acceptable. If the meeting is cancelled then programs may allow a resident to provide a presentation locally to an interdisciplinary group.

Q: Can I dismiss my residents to home and have them work on projects except for their staffing assignments?

A: We understand that it is challenging to know what the right thing to do is at a time like this. The decision is yours and your organizations but consider the following things as you make that decision.

- You need to ensure that residents have the opportunity to complete their completion requirements for the residency.
- Allowing the residents to work from home on their project days is fine but you should not assign project days for the duration of the COVID19 pandemic. They would not complete the residency requirements.
- Could they do remote order entry or do you have telehealth capabilities where they could add support?
- Temporary increases in staffing responsibilities is acceptable as the patient care need dictates. I would offer that the residents are part of your team and can support your own staff as the workload increases and perhaps give them a break. They could also assist technicians if there are call outs or child care issues. They could help cover areas that have less pharmacist coverage or perhaps off shifts. The pandemic itself provides for a unique learning experience for the residents that they can take with them as they begin the next phase of their professional life.
- Do your residents have any paid time off? Perhaps that can be mixed in with staffing and project days.
- Think about how they can help the pharmacy staff in this time of emergency and complete their requirements as well. At this point in the residency they should be able to work with minimal supervision and be an asset to your department and organization. Whatever you do, make sure you allow them to complete their requirements.

Q: How do I start planning to balance the needs of the resident with the needs of the hospital/health system as a whole during the current pandemic?

A: The Accreditation Services Office recognizes that organizations are planning and preparing for a
potential surge of COVID-19 patients. This may include staffing plans to meet increased demand for services; fill vacancies created by staff who are ill; and may include suspension of resident learning experiences. To the extent possible programs should limit disruptions to resident training. If learning experiences are suspended and a resident is staffing and practicing independently as a pharmacist this time will not have to be made up when operations return to normal. When normal operations resume any elective learning experience time may be used to complete unfinished required experiences. While we understand in emergencies adherence to duty hours may be difficult we do ask that you consider the resident’s well-being and monitor them for signs of fatigue and burnout.

**Q:** Is there a plan to delay the 2020-2021 residency year to allow time for COVID-19 recovery (delayed graduation, licensure, etc.)?

**A:** Accreditation Services continues to monitor the pandemic effects on pharmacy education, licensure, and residency training. Delays in graduation, licensure, or residency completion all have second and third order effects that are, at this time, unpredictable and unknown. ASHP will continue to collaborate with our partners at ACPE, AACP, and NABP to develop a coherent strategy that is responsive to student, resident, and member needs while ensuring quality standards in pharmacy education and residency training are maintained.

**Q:** The clinical pharmacists at our site will be moving to remote verification starting this week due to COVID 19 and adhering to social distancing recommendations. The residents will be verifying orders, following their teams, touching base with their preceptors to run recommendations by them, and then making recommendations to their team. We can have topic discussions through Skype, etc. Is that okay?? Does ASHP have any guidance on this situation?

**A:** Every learning experience (LE) has established goals and objectives. During each LE, activities are identified to accomplish these goals and objectives while developing core competencies. The LE description includes how these activities progress through the LE to gain independence over time. As you change how care is delivered our expectation is simply that you adjust the LEs to reflect these changes to ensure goals and objectives are met and competencies developed.

Ideally, if there is a change in the resident’s schedule or learning experiences, the learning experience activities should be altered to reflect what the resident is actually completing to ensure the goals and objectives are met and further developed to ensure the resident is progressing throughout the remainder of the year.

**Per PharmAcademic:**

Learning Experience activities can be edited mid-year and PharmAcademic allows users to decide how to apply those changes.

Here are the “rules”:

- Updates will NOT be applied to completed learning experiences (past the end date on a resident’s schedule)
- Updates will appear on newly scheduled learning experiences.
The user will be given the option to apply updates to existing resident schedules for current or future learning experiences.

Other elements to consider during this changing environment:

Ensuring that 2/3 of the residency year includes direct patient care activities is important keeping in mind that this includes reviewing/processing medication orders and telepharmacy. Residents should not be relegated to nondirect patient care activities at this time unless it is already in their schedule as such.

At this point in the residency year, the preceptor role is most likely in the facilitation phase so residents rounding with the teams on their own and then touching base with their preceptors as needed is in keeping with the training model. This “base touching” can be accomplished in many different modes (i.e., in person, via telephone, email). Further, there is no guidance that speaks to “how” topic discussions should occur. Therefore, the use of Skype, Zoom, Go To Meeting, or other web based programs are appropriate and are already being used for sharing of information and presentations.

Q: Is there a plan to allow current PGY1 residents to graduate early as a result of COVID-19 or delay the start of the next residency year?

A: Current residents are prohibited from completing residency early as a result of COVID-19. An ASHP-accredited pharmacy residency is a 12-month training experience. The accreditation standards (PGY1 and PGY2) are still in full force. Residents must complete all requirements for successful completion of the residency to receive a completion certificate. Programs can determine individual start dates for the 2020-21 residency year in response to constraints imposed by organizational policy or available resources. The pharmacy residency standard requires a 12-month experience, but does not dictate a starting date.

A related topic is release of a matched applicant for the upcoming 2020-2021 residency year. At no point should a residency program unilaterally rescind their matched resident agreement with an incoming resident without a clear understanding of the ramifications to the accredited program when taking this action without discussion with ASHP.

Note: These Q and A’s will be posted to the ASHP COVID-19 website, Residency Program Director (RPD) Connect Community and updated periodically as required. If you are an RPD and not a member of the RPD Connect Community please send an email to Stephen Ford (sford@ashp.org).

If you have any additional questions, or the Accreditation Services Office staff can be of further assistance, do not hesitate to contact us.

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ASHP is committed to supporting you in the response to the COVID-19 pandemic and is regularly communicating updates on this crisis. We have opened access to our evidence-based online resources.
and tools on ashp.org, making them widely available to all pharmacists and healthcare professionals, and our COVID-19 Resource Center is updated frequently. ASHP has also launched a new COVID-19 Community on Connect, which serves as a forum for any healthcare providers to ask questions, share experiences, post resources, and more. Thank you for all you are doing for your patients and your community.