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: While we recognize this is very disruptive 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.
Pandemic Effects on Residency: Q & A

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 routinely 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: I 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 COVID-19 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.

Note: these Q and As will be posted to the 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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