

Background

As the COVID-19 pandemic continues in the US, ASHP and Accreditation Services Office (ASO) is monitoring the ever-changing situation 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. The ASO leadership appreciates that much remains unknown including: how the pandemic will progress; effects on pharmacy education, residency, and patient care; and how each will be provided in a post-pandemic era. We recognize that health systems, hospitals, managed care organizations, and community-based programs have experienced varying effects on operations and training. We continue to be inspired by the creativity, adaptability, and dedication of our pharmacy and residency colleagues who ensure continuous, high quality patient care, and support to residency training despite the many pandemic-related disruptions. Below is a list of Questions (Q) and Answers (A) providing information we feel may be valuable as you begin a new residency year. These responses represent current guidance and may change as the pandemic widens, wanes, or resurges 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.

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NAPLEX/MPJE and Licensure

Q: What happens if my resident fails their initial attempt at the licensure exam and reexamination is required?

A: If a resident fails to pass their initial licensure exam(s) and is required to take a reexamination, the deadline for licensure remains January 1, 2021. If the resident is not licensed by January 1, 2021 they may be extended in training to makeup the time from January 1, 2021 until licensed (as your program and organizational policies allow). If extension in training is not an option then the resident must be dismissed from the program for failure to obtain a pharmacist license. This is only during the pandemic period. Two-thirds of the residency year must be completed as a licensed pharmacist normally.

Visas for International Residents Training in the U.S.

Q. My incoming resident is a non-US citizen. The resident applied for a US visa and employment authorization document (EAD) but processing may be delayed. Is ASHP able to assist with expediting visa application processing?

A: Visa application and processing is outside ASHP's purview. Accreditation Services encourages RPDs to consult their international program staff and attorneys who can give them advice specific to their program. Normal visa processing times can be between 1.5 – 5 months. It is the resident's responsibility to ensure they obtain a visa to start their residency on time. With delayed processing as a result of COVID-19 residency programs, through their RAC, may allow a delayed start as local program and human resources policies allow.

Furlough or Termination of Pharmacy Residents During Pandemic

Q: What is ASHP's position on furlough or termination of pharmacy residents in good standing due to the pandemic?

A: The [ASHP Statement on Pharmacy Residency Furloughs resulting from the COVID-19 Pandemic Emergency](#) established ASHPs strong opposition to resident furlough or termination during the pandemic emergency.

Pharmacy residents are essential members of the pharmacy department and the patient care team, and furloughs and terminations of PGY1 and PGY2 pharmacy residents completing a residency are unacceptable. These actions disrupt patient care and resident training. In addition, furloughs of pharmacy residents negatively effects the resident's eligibility for future professional positions in which post-graduate pharmacy residency training is required and for Board of Pharmacy Specialties board certification.

Sponsoring organizations, in partnership with their respective programs and participating sites, must ensure training continuity and the fulfillment of their obligations to pharmacy residents and others in the clinical learning environment.

Furloughs of other employees should not interfere with sponsoring organizations' abilities to ensure sufficient resources for residency program administration, program directors, preceptors, and/or faculty members. Furloughing a resident without a plan to honor the 12- month minimum training commitment, or termination of a resident's employment due to the pandemic, constitutes a violation of the *ASHP Regulations on Accreditation of Pharmacy Residencies* and accreditation standards and may subject programs to a change in accreditation status, up to and including withdrawal of accreditation.

In the event a program furloughs or terminates a current pharmacy resident due to the pandemic, the ASHP Accreditation Services Office (asd@ashp.org) must be notified of the following:

- 1) Name, location, and type of residency program
- 2) ASHP 5 digit code
- 3) Residency program director name, email address, and phone number
- 4) Director of Pharmacy, Dean of Pharmacy School, or Business Owner name, email address, and phone number

- 5) Name and contact information of the furloughed or terminated resident(s)
- 6) Reason for furlough or termination
- 7) Date of furlough or termination
- 8) Plan for continuation of the resident(s)' education and training, if any

Accreditation Surveys and Survey-Related Information

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

A: Accreditation Services is using available remote meeting technology to **conduct scheduled accreditation surveys virtually through June 1, 2021**. Decisions about a further extension of virtual surveys or return to in person site surveys will be determined as travel restrictions are lifted; organizations resume unrestricted access to facilities; and staff safety can be ensured. Assigned lead surveyors will be in contact with programs scheduled for survey to provide additional information and a framework for the survey process.

Q: I have a progress report or survey response due but I don't think I can get it done by the current due date. Can I get an extension?

A: All required reports are due on the date requested by the Accreditation Services Office (ASO) staff. Exceptions to submission deadlines for any required report will be considered on a case-by-case basis in consultation with the assigned lead surveyor and ASO staff.

Q: What if I am scheduled for an upcoming virtual survey, when is my survey packet due to ASO?

A: The due date for survey packets is 45 days prior to the survey start date. RPDs should notify the lead surveyor for the accreditation survey and the Accreditation Services Office (asd@ashp.org) if the packet cannot be emailed by the due date. A 15-day extension will be granted but packets must be sent at least 30 days prior to the survey date.

Resident COVID-19 Illness and Quarantine

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 accrued leave or 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.

Program Design and Conduct During COVID-19

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

A: The ASO recognizes that some organizations are managing a surge of COVID-19 patients while others are planning for a potential surge or resurgence of COVID-19 patients as the pandemic progresses in the U.S. During the pandemic response, learning experiences can be adjusted to meet patient care

and organizational needs. Staffing plans which include residents to meet increased demand for services; fill vacancies created by staff who are ill; and suspension of some resident learning experiences, are expected. To the extent possible programs should limit disruptions to resident training and ensure adjustments to residents' learning experiences to allow residents sufficient opportunities to achieve the program's requirements for achievement of the competency areas, goals, and objectives. 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. ASHP does not support ending ASHP accredited pharmacy residency programs early as they are 12-month training 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 in consultation with your organization's leadership and should be made locally. We ask that you consider the following when making that decision.

- Please ensure that residents successfully complete all requirements for the residency and maintain, to the extent possible, the quality of the training experience.
- Consider allowing a resident to work from home on their residency project is fine, but it is unacceptable to assign project days for the duration of the COVID-19 pandemic
- You may consider remote order entry or virtual encounters through telehealth capabilities where this is available and appropriate supervision and training is assured.
- Residents should be included as part of an organization's core, mission-essential staff during an emergency and an integral part of the Pharmacy Team. Residents may be expected to provide licensed pharmacist support during periods of increased workload, staff shortages resulting from illness, or absences resulting from quarantine. Residents may be an important clinical and drug information resource to pharmacy technicians, nurses, and the medical staff. The pandemic itself provides for a unique learning experience in emergency planning and response.
- If residents have available paid time off consider intermixing time off with required staffing and project days.
- Please evaluate how residents can assist patients first, the pharmacy, and the organization in this time of crisis while still completing their residency requirements. At this point in the residency year residents should be able to work with minimal supervision and be an asset to your department and organization. Whatever you do, please make sure you allow them, to the extent possible, an opportunity to complete all residency requirements.

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. As you change how care is delivered our expectation is simply that you adjust the learning experience description activities to reflect any significant changes in resident activities associated with objectives for impacted learning experience descriptions to ensure goals and objectives are met and competencies developed.

This information is in the PharmAcademic help document "Editing a Learning Experience"

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.
- **If making changes to established learning experiences for the duration of the COVID-19 pandemic, consider copying the current learning experience, adding COVID-19 to the name, and changing activities in the copy. Then assign the copy to the resident. This ensures that when the pandemic has passed, you do not need to change the original learning experience again.**

Other elements to consider during this changing environment:

- Programs must ensure residents are on track to complete the program's completion requirements.
- 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 non-direct patient care activities at this time unless it is already in their schedule as such.
- Use of Skype, Zoom or other web based technology is appropriate and are already being used for precepting, sharing of information and presentations.

Q: Do you have an example of a COVID-19 modified learning experience?

A: Below is a Pandemic/Emergency Procedure for Residency Programs to consider for incorporation into their Manual to accommodate the resident working virtually.

Thanks to Ernie Cyr, RPD at Ascension Sacred Heart, Pensacola, FL

1. PGY-1 Pharmacy residents will work from home except for assigned **evening** and **weekend staffing duties**. If and when this staffing model changes, residents will be required to come into the hospital as staffing needs change, as defined by the Director of Pharmacy, Pharmacy Clinical Managers, or Residency Program Director.

2. During weekdays, work with your preceptors remotely, on completing orders and Senti7 tasks for the areas you have been learning on, unless your preceptor would like you for you to work on your projects assigned for that rotation.
 - a. During clinical rotations, review patient profiles for medication related issues, just like you would do normally, and submit questions to nursing staff through (insert organization specific communication system here).
 - b. Medication related calls that require communication to a physician will be relayed to the pharmacists at the hospital assigned that floor through (insert organization specific communication system here), unless you are able to communicate directly with the physician or have the physician's cell number to text them requesting a call back to discuss medication related questions.
 - c. If/when your clinical review queue is clear, including the completion of all consults for your assigned area (the area you are on rotation), please reach out to the rest of the team to see how you can assist with clinical review or the order verification queue.
3. Medication related questions that are routinely posed to preceptors or other pharmacists, can be fielded to your preceptor, or another preceptor working remotely, in relation to order entry or clinical reviews. Utilize (*insert organization specific communication system here*) to relay your questions.
4. Presentations, including topic discussions, patient cases, and journal clubs, will be done through (*insert organization specific communication system here*). Coordinate this with your preceptor(s).
5. Weekend and assigned evening workflow will remain the same.
6. Other rotation related projects such as MUEs, protocols, monographs, drug information questions, policies, research projects, and any other assigned core, elective, or rotational tasks, are to be worked on should there be down time between rotational duties.
7. Chief Residents will still need to complete tasks as required.
8. Residents will not be able to attend codes while on site. You still may request an overview of the codes your learning experience preceptor attends. It's not like attending but discussing the code can add to your situational knowledge.
9. Please set up check-ins with your preceptors in order to discuss your learning experience progression. These check-ins can be done through Google Hangouts. Please schedule these with your preceptors. Preceptors and residents should document these conversations in PharmAcademic™ via the feedback function.
10. Residents will also serve as a drug information resource related to drug shortages and other clinical questions.
11. **Bottom line:** The resident will work from home to fulfill their clinical responsibilities. Resident staffing responsibilities will be fulfilled by residents working at the hospital for scheduled evenings and weekends, plus any other staffing needs as directed by pharmacy administration or the RPD. Residents are to remain on STANDBY for any needs at the hospital, which includes coming into the hospital to assist with any departmental duties, including pharmacy technician roles.

2021-2022 Recruiting

Q: What is ASHP’s stance on all virtual residency interviews and visits that we have traditionally only conducted in person for Phase I of the Match?

A: ASHP and Accreditation Services strongly encourages programs to conduct ALL residency interviews virtually this year. Restated: **ASHP and Accreditation Services strongly discourages in person interviews while recruiting for this year’s Match (2021-2022).** The CDC currently recommends that all non-essential travel be avoided and has reemphasized that transmission of the virus through travel has led to—and continues to lead to—interstate and international spread of the virus. Non-essential travel increases the risk of exposure to, and infection with, the coronavirus. Postponing travel and staying home is the best way to protect individuals and others from COVID-19.

State, local, and territorial governments may have travel restrictions in place, including testing requirements, stay-at-home orders, and [quarantine](#) requirements upon arrival. For example, in Maryland, if someone travels to the state, they are required to either provide a negative COVID test or quarantine for 14 days – and there is no exception cited for those who have received the COVID vaccination. That quarantine requirement would make it very difficult to schedule in person interviews. The CDC’s post-travel recommendations include COVID testing, reduced non-essential activities for seven days, and isolation if testing positive. Conducting in person interviews places an unnecessary burden on the potential resident and puts their health and safety at unnecessary risk.

In the interest of potential resident and public safety, and in adherence to CDC’s travel recommendations, State, local, and territorial travel restrictions we discourage in person interviews. By conducting virtual interviews you do your part to limit the spread of COVID-19 while still effectively recruiting for this year’s Match. Potential resident safety and health must be paramount in the residency selection process. Virtual interviews ensure both.

PLEASE NOTE: The Match will be conducted as in previous years. Information available from: [ASHP Resident Matching Program](#)

Note: These Q&A’s will be posted to the ASHP COVID-19 website, Residency Program Director (RPD) Connect Community and updated 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!**