

Guidance for Academic Continuity

INCLUDING CLINICAL EDUCATION

The following is guidance from our state approval and accrediting agencies regarding the following:

- *Guidance on substitutes for required clinical hours in rotations.*
- *Guidance on flexibility to postpone rotations or experiences required in a program.*
- *Guidance on changes in academic term length or academic year.*
- *Required notifications to accrediting bodies.*

This information is organized by academic unit.

All Academic Units

The Higher Learning Commission

HLC will be as flexible as possible within the U.S. Department of Education's expectations.

The Higher Learning Commission requires notification and expedited approval of programs that are moving to correspondence education. This is defined as follows:

Education provided through one or more courses by an institution under which the institution provides instructional materials by mail or electronic transmission, including examinations on the materials, to students who are separated from the instructor.

Interaction between the instructor and the student is limited, is not regular and substantive, and is primarily initiated by the student. Correspondence courses are typically self-paced. Correspondence education is not distance education.

RFUMS does not authorize any program to institute remote education that meets the definition of correspondence education. All courses offered through distance education must include **significant faculty engagement**.

IBHE

For degree-granting institutions approved by the Illinois Board of Higher Education, all academic programs are authorized regardless of modality, and the relevant Illinois Administrative Codes (Ill. Admin. Code tit. 23, § 1030, 2017 and Ill. Admin. Code tit. 23, § 1050, 2017) do not require approval from IBHE to change mode of delivery. However, institutions must adhere to the Requirements for Technologically Mediated Instruction Offered at a Distance as described below:

- Private independent and out-of-state institutions (Ill. Admin. Code tit. 23, § 1030.30 (a)(3)(H), 2017)
- Public four-year institutions (Ill. Admin. Code tit. 23, § 1050.30 (b)(1)(j), 2017).

Institutions must make reasonable and necessary accommodations for students not able to access online resources or coursework and communicate all institutional response plans in a timely manner to their campus community.

College of Health Professions

Nurse Anesthesia Students

Council on Accreditation for Certified Registered Nurse Anesthetists (COA-CRNA)

- **Can SRNAs continue clinical rotations?** The COA is aware that the majority of programs have experienced SRNAs being removed from clinical sites. Decisions regarding the continuation of clinical rotations fall under the purview of programs, their conducting institutions, and clinical sites. Programs must follow their institution and program policies and procedures in addressing changes in SRNAs' access to clinical experiences due to this national pandemic.
- **What factors should be considered in determining whether SRNAs should be assigned to clinical?** Programs and their conducting institutions should make the decision based on their policies and procedures. The actions taken by the program must support the health and safety of the SRNAs, faculty, patients, and other stakeholders. The actions taken by the program must support the health and safety of the SRNAs, faculty, patients, and other stakeholders.
- **Must the clinical supervision requirements detailed in the Standards be followed for SRNAs who are able to continue clinical rotations during this pandemic?** Yes. No changes have been made to the accreditation requirements regarding clinical supervision. Please refer to Standard V, Criteria E10, E11, and E13 in the 2004 *Standards for Accreditation of Nurse Anesthesia Educational Programs*, Standard F.5, F.7, and F.8 in the *Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate*, and the Glossary definition of "Clinical supervision" in both manuals for additional details."
- **If senior SRNAs cannot continue clinical rotations but *have met* the COA's minimum required clinical hours and experiences, can they graduate on schedule?** Programs are required to ensure that graduates demonstrate the ability to meet all of the required Graduate Standards and have met the required minimum clinical hours and experiences as defined in the Standards. If a program's required number of clinical hours and experiences is **greater than** the COA's minimum requirement the program has the discretion to decrease or alter its requirements. However, a program's required number of clinical hours and experiences *cannot* be less than the COA's

minimum requirements. The decision on whether or not SRNAs continue in their clinical education beyond their scheduled graduation date should be made by the program and conducting institution based on their policies and procedures. The actions taken by the program must support the health and safety of the SRNAs, faculty, patients, and other stakeholders. SRNAs must complete the program's stated length. Programs are required to have continuous didactic curriculum in the event that clinical is suspended. Curricular modifications intended to keep SRNAs actively engaged in learning during the suspension of clinical rotations and designed to fulfill the length of the program may be made. These modifications must be based upon and consistent with program and institutional policies. Examples of learning activities include (but are not limited to) virtual simulation, journal clubs, case presentations, scholarly work, and review in preparation for the National Certification Examination.

- **What are the COA's expectations if senior SRNAs cannot continue clinical rotations and have not met the COA's minimum required clinical hours and experiences?** At this time, the COA has not made changes to its accreditation Standards. Programs are required to ensure that graduates demonstrate the ability to meet all of the required Graduate Standards and have met the required minimum clinical hours and experiences as defined in the COA Standards. This may require SRNAs remain in the program beyond their expected graduation date.
- **Many clinical facilities have an urgent need for additional staff at this time. Can SRNAs work as critical care RNs in clinical sites?** The AANA has issued a [position statement](#) for CRNAs assuming critical care responsibilities during the COVID-19 pandemic. **This statement is for CRNAs only – NOT SRNAs.** Clinical hours completed as part of the nurse anesthesia program should be **directly** related to nurse anesthesia education. SRNAs may work as critical care RNs **on their own time** provided this is not prohibited by the program's policies. If an SRNA chooses to work as an RN during this time, the SRNA must **work solely** as an RN, and it must be clear the SRNA is not employed as a CRNA or SRNA by title or function. Further, the time and activities working as an RN **do not count** as clinical anesthesia hours and/or clinical experiences required for the nurse anesthesia educational programs.

Physician Assistant Students

Accreditation Review Commission for Education of the Physician Assistant (ARC-PA) & Physician Assistant Education Association (PAEA)

- **Supervised Clinical Practice Experiences (SCPEs):** During the clinical year, those students who are already engaged in SCPEs should follow the guidelines, from the clinical site or members of the assigned health care team, for care of patients with communicable diseases of all kinds. As stated in the AAMC letter dated March 5, 2020, entitled Medical Students and Patients with COVID-19: Education

and Safety Considerations, “For COVID-19, we do not have these critical data about transmissibility, morbidity, and mortality, even as we need to make important decisions. **Therefore, it may be advisable, in the interest of student safety, to limit student direct care of known or suspected cases of COVID-19 infection until better epidemiologic data are available. We suggest that, other than limiting direct care of COVID-19 patients, clinical students continue their roles as part of the care team.**” The ARC-PA agrees with this recommendation. **Please note that Waiving SCPE hours is not acceptable and if necessary, graduation time may need to be extended.**

- We understand that there is much that currently remains unknown about COVID-19, as the situation is rather unique. Therefore, ARC-PA and PAEA encourage programs to contact the ARC-PA if their institutions anticipate significant changes in the program that may impact the structure, timing, duration, or location of the program. PAEA will also be monitoring the situation closely and providing resources as appropriate. We encourage programs to work closely with their medical and community leaders to find effective ways to manage the education of students while maintaining compliance with the ARC-PA Standards.

Physical Therapy Students

Commission on Accreditation in Physical Therapy Education (CAPTE)

- **Clinical Experiences** - CAPTE expects programs to maintain compliance with the “Standards and Required Elements.” Elements 6K (PT) and 6J (PTA) delineate CAPTE’s expectations for clinical education experiences. In addition, Element 1C4 delineates expectations that all students reach entry-level by their final clinical education experience. Programs are expected to follow their own policies regarding the types and number of required clinical experiences, the number of hours/weeks required (except as noted in the next paragraph for the **last terminal** clinical education experience), making up missed clinical education time, etc. This includes completing clinical education hours/weeks beyond what is required in the “Standards and Required Elements,” if this is a program requirement. Should clinical education experiences be unavailable or discontinued, programs will need to find ways for making up the clinical hours/weeks, which might involve delaying graduation. If curricular changes to clinical education courses are being made, CAPTE policy regarding the levels of change that would require reporting are delineated in 9.4(d)(2).
(www.capteonline.org/AccreditationHandbook)
 - For students who have demonstrated entry-level competency and meet other program requirements related to clinical education, CAPTE will allow a maximum of two weeks or 80 hours to be waived from the

students' **last terminal** clinical experience regardless of the length of the terminal experience. Program policies related to establishing entry-level performance are expected to be followed. Programs must continue to ensure that students demonstrate entry-level performance prior to graduation as cited in 1C4 of the "Standards and Required Elements." Because students might reach entry-level at different points, this could result in variations in the number of hours/weeks for the **last terminal** clinical education experience.

- **Alternate learning experiences; for example, simulations or written assignments, are not acceptable substitutions for clinical education.**

Pathologists' Assistant Students

National Accrediting Agency for Clinical Laboratory Sciences (NAACLS)

NAACLS is following CDC Guidelines and monitoring the situation. Please see the following Guidance for Administrators of US Institutions of Higher Education [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/COMMUNITY/GUIDANCE-IHE-RESPONSE.HTML](https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-ihe-response.html) .

CURRENT PROGRAMS/STUDENTS:

If the program can continue to meet NAACLS' Standards, it is within the purview of the sponsoring institution and clinical sites to choose the course of action based on their established protocols.

NAACLS requires programs to develop a plan of action for remedy in the event of program closure or other situation whereby students' completion of the program is delayed or impossible.

College of Pharmacy

Pharmacy Students

Accreditation Council for Pharmacy Education (ACPE)

- Earlier this week, the US Department of Education issued a communication that they will waive the customary approval for distance education during this time of virus panic. Thus, ACPE is more comfortable allowing any didactic part of your curriculum be delivered via distance learning as a temporary response to the virus concerns. We would just ask that the technology that is used is reliable

and accessible to all students so nobody is disadvantaged. However, skills or hands-on labs and IPPE/APPE hours may not be delivered via distance education but they could be made up at a later date.

- The required experiential components of the 300 IPPE and 1440 APPE hours cannot be waived as these have licensing implications. As Dean you must attest to the State Board that graduates have these hours. Placements to other sites for students impacted is certainly fine, but waiving hours is not. And all four core experiences are required. To accomplish this, time to graduation may have to be extended. If your program has more than 1440 hours in its APPE program, you'll have more flexibility if students are having issues completing their rotation due to coronavirus concerns. If you only require 1440 hours in your APPE curriculum, your flexibility is limited.

Chicago Medical School

Medical Students

Association of American Medical Colleges (AAMC)

- **Clinical rotations and interactions:** Students in their clinical years (on their core clinical clerkships and clinical electives) are members of the health care team and can provide meaningful care. These students, after receiving appropriate training, are regularly involved in the care of patients with communicable diseases like influenza, measles, TB, and HIV. In these situations, student level of involvement is determined by school policies that consider well-established transmissibility data and morbidity/mortality data. How can we apply these principles to the current situation? For COVID-19, we do not have these critical data about transmissibility, morbidity, and mortality, even as we need to make important decisions. Therefore, it may be advisable, in the interest of student safety, to limit student direct care of known or suspected cases of COVID-19 infection until better epidemiologic data are available. We suggest that, other than limiting direct care of COVID-19 patients, clinical students continue their roles as part of the care team.
- We recognize that a large volume of COVID-19 patients would significantly alter the clinical mix of patients and the students' clinical learning. We encourage educators to communicate clearly with students and their clinical supervisors to emphasize the uniqueness of this situation, the importance of their role on a health care team in a crisis, the professional obligation of learners to help — as appropriate — with all aspects of patient care, and to set clear expectations for how clerkships and other learning experiences might change. ***The LCME encourages you to contact the LCME Secretariat if you anticipate significant***

changes in the structure, timing, duration, and/or location of the medical education program.

- **Should you need to interrupt or postpone clerkships or other required clinical experiences because of the real and important pressures and stresses of the clinical environment, these elective weeks are available to adjust your students' clinical training schedules without having to delay completion of these required experiences before graduation.** In other words, in looking at your own graduation requirements, you can and should be flexible with the elective weeks built into your curriculum; the LCME understands the need to repurpose elective time to achieve the required clinical experiences. The LCME also recommends that all changes in the required clerkships pass through the school's curriculum governance committee (e.g., Curriculum Committee) prior to implementation.
- If you are contemplating **significant changes in the structure** (e.g., major shift in clinical training sites from the inpatient to outpatient setting); **timing** (e.g., delay in student progression to graduation); **duration** (e.g., below the 130-week expectation); or **location** (e.g., due to local variation in the spread of COVID-19), please email the Secretariat (lcme@aamc.org), and we will speak with and work with you to think through your particular situation and approach before you notify the LCME of the major curriculum changes you are anticipating/making. Remember that any and all conversations you have with the Secretariat are completely confidential and are never shared with the LCME.

Dr. William M. Scholl College of Podiatric Medicine

Podiatry Students

Council on Podiatric Medical Education (CPME)

- **Clinical Rotations:** Given the rapidly changing public health impact the virus is having across the U.S., CPME acknowledges that flexibility with clinical rotations may be necessary to ensure the safety of students. This may include the need to temporarily suspend clinical rotations. College deans should make decisions concerning the continuation of clinical rotations, as appropriate, given the context of the local, state, and federal regulations and the recommendations provided by local public health agencies. CPME advises that in the interest of student safety, student direct contact of known or suspected cases of COVID-19 infection be avoided until better epidemiologic data are available. If the number of COVID-19 patients is very high for an extended period, **it will be helpful to review the school's required clinical encounters and develop alternate ways for**

students to continue to meet these requirements (e.g., paper cases, simulations, independent study).

- CPME encourages you to contact us if you anticipate significant changes in the structure, timing, duration, and/or location of the podiatric medical education program. We will be designing a reporting mechanism for the next meeting of the Accreditation Committee and Council to understand the measures colleges took in the face of the virus. Ultimately, we anticipate that modifications to clinical education will be necessary for a short period of time, and that colleges can return to a “normal” status once the virus is no longer causing disruption. If modifications to the clinical rotations continue after the pandemic, a substantive change request must be submitted and approved. We encourage everyone to receive and review required training and refreshers on proactive measures, like hygiene practices and appropriate use of personal protective equipment, to ensure that everyone has accurate, current information on COVID-19 epidemiology.