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ACGME

NOTE: *This information is accurate as of* ***March 20, 2020****. The ACGME continues to evaluate the COVID-19 pandemic situation on an ongoing basis, and updates will be issued as the situation changes and more information emerges. Please review the latest updates on the ACGME website at www.acgme.org and www.acgme.org/COVID-19.*

Addressed in this Guidance Document:

- **Direct Patient Care**
- **Disrupted Non-Clinical Resident Activities**
- **Documentation Requirements**

Review Committee for Preventive Medicine Guidance to Residency Programs in Response to the COVID-19 Pandemic

The Review Committee cannot modify the Common Program Requirements, and defers to the ACGME's overall guidance. The ACGME recognizes that all graduate medical education (GME) programs may be impacted, especially in clinical volume, by the COVID-19 pandemic, and has made announcements related to this with guidance and responses to questions from the community. Please refer to the ACGME's new COVID-19 section to stay up to date.

The Program Requirements for Preventive Medicine regarding direct patient care experiences in each year of the program and experience at a governmental public health agency (IC.V.8.a)-IV.C.10.d)) may be impacted by your residents not being able to attend planned clinical sites for the time required. There also may be required rotation sites that residents are now not able to access due to closures, even in non-clinical settings.

The Review Committee is allowing flexibility in what may be counted as "direct patient care" experiences, to support residents' ability to complete the program despite clinical requirement "road blocks." The Review Committee is **not** allowing flexibility in the requirement for completion of a Master's in Public Health or other equivalent degree (IV.C.5.), or the completion of required graduate-level courses in particular topics (IV.C.5.a)), as these are essential elements of a resident's trajectory toward autonomous practice.

Direct Patient Care
The following types of work will count as direct patient care:

1. Managing phone calls or other contact related to COVID-19 response, including counseling patients or the concerned "worried well" community member or employee, providing advice to clinicians, completing risk evaluation with those who traveled or had a potential exposure to COVID-19, completing return to work assessments
    - Where could this happen?
      This could be in your medical system, occupational health program, a public health agency, community centers, or other sites used by your residency program for resident education.
    - Does this need to be during one-on-one conversations?
      Both one-on-one conversations and group education settings (with social distancing in place or by electronic means) would count.

2. Managing phone calls or other contact that arise from the need to fill in for others who are responding to the COVID-19 response
    - For example, if your Department of Health is responding to all questions coming in from the public and health care providers related to COVID-19, a resident could take on the usual DOH phone calls and group education activities in place, such as for STI or TB questions, or environmental health questions.

3. Providing decision support by creating pandemic-related algorithms, procedures, or flow processes for patient/public education and/or risk evaluation to be used in a clinical or a public health setting or for return-to-work assessments to be used by clinics/medical systems
    - How would the resident count this time?
      The resident could use all of the administrative duties associated with creating of such tools, including review of literature and WHO, state-specific, and CDC guidelines to define the current guidance for handling the pandemic factors, discussion of the tool content with mentors, emergency and other key organizational personnel toward clinical time.

4. Providing decision support for patient care in other unique circumstances, such as via information systems by creation of a symptom survey with REDCAP for those exposed or who traveled, reviewing the results of such surveys for disposition purposes, or providing the algorithm content used by the information system

5. Clinical-based research activities that impact patients or patient populations, such as creation of patient surveys or interviewing subjects

Disrupted Non-Clinical Resident Activities
Regarding non-clinical resident activities that may be impacted due to closures of required rotation sites, consider the following options:
1. Defer the rotations until the next academic year
2. Provide residents with other activities to complete within that topic area that otherwise meet the goals and objectives of that rotation site
    - For example, if the rotation was in a lifestyle management organization, a resident could be assigned online education in nutrition, physical activities, and other lifestyle management topics.
    - For public health/general preventive medicine residency programs that may have disruption of experiences at a governmental public health agency,

programs could provide the residents with other activities to complete within that topic area that otherwise meet the goals and objectives of that rotation site, preferably at a different governmental public health agency

Documentation Requirements
Residents should maintain their clinic log as they currently do.

For *any* changes a program implements or situations that might impact compliance with a program requirement, the program must explain in the Major Changes and Other Updates section of the ADS Annual Update how the pandemic impacted the ability of the program to meet the requirement and what the program did to provide the residents with the required knowledge, skills, and competencies in that area.

Overall Guidance
Programs must ensure that residents are able to successfully graduate and move into autonomous practice. Substituted activities will still allow residents to achieve the required competencies. The required annual summative evaluation of each resident (PR V.A.1.a)) will be particularly important this year if a program needs to modify the educational content for a resident during the pandemic. Residency programs should record within their own program folders what was used to replace planned clinical and rotation activities. These records may be important for subsequent letters for graduates for job or fellowship applications that require summative evaluation information from the residency program (II.A.4.a).(14) and II.A.4.a).(15)).

Applicable ACGME Definitions
(Glossary of Terms (updated February 14, 2020), available online)

Clinical: The practice of medicine in which physicians assess patients (in person or virtually) or populations in order to diagnose, treat, and/or prevent disease using their expert judgment. It also refers to physicians who contribute to the care of patients by providing decision support and information systems, laboratory, imaging, or related studies.

Clinical and educational work hours: All clinical and academic activities related to the program: patient care (inpatient and outpatient); administrative duties relative to patient care; the provision for transfer of patient care; time spent on in-house call; time spent on clinical work done from home; and other scheduled activities, such as conferences. These hours do *not* include reading, studying, research done from home, and preparation for future cases.