Program Director Guide for COVID 19

March 18, 2020

This PD Guide will be published weekly and will be posted on gme.wustl.edu under

Program Leadership.

All policies regarding Education will appear on Office of Education website

education.med.wustl.edu

Duty Hours:

- Per ACGME, all Duty Hour requirements ARE in effect.
- PDs are responsible for knowing (on a day to day basis) what DH their House Officers (HOs) have worked so IF they are asked to send people for additional work hours, only those who are rested and who ideally would not break any requirement are selected to go. While PDs can and often do delegate to others to make and run schedules, it is the PD's responsibility to be certain this information is accurate and up to date.
- This only works if HOs proactively keep track, and honestly report their worked hours to whomever you have designated to keep central tracking of them.

Clinical Care:

- All house staff should consistently practice hand washing protocols and universal precautions.
- For KNOWN COVID positive patients requiring NON EMERGENT care, house staff should not participate in their care at this time. It is further recommended that no pregnant healthcare providers should participate in the care of COVID-19 patients. These guidelines will be reassessed as clinical demands change and needed new policies will be communicated.
- In the event that any member of our health care teams or any patient in our care is found to be COVID 19 positive, hospital Infection Prevention and Occupational Health will complete a full contact investigation. It has been requested that Program Directors of any house staff member instructed to quarantine be contacted.
- Information on appropriate use of PPE is available on the FPP website.

Didactics/Clinical Rotations:

Given the limitations on group meeting size (no more than 10) and availability of space that allows the appropriate social distancing, PDs should carefully review their previously planned didactic schedule. Select those that could be given remotely or in smaller groups, and those with highest educational yield to determine when, where and how they can be rescheduled. While it may be appropriate to initially cancel scheduled didactic sessions, significant long-term disruptions of resident/fellow formal didactic sessions (eg: more than 4 weeks) must be avoided or cleared with the DIO. We strongly suggest that

bedside teaching be used for planned didactic, service-specific teaching as these groups are already smaller and gathered for patient care. Program tracking of topics covered in these sessions is recommended to allow PDs to factor this into the overall planning for educational sessions. Service attendings should be advised of any such expected sessions in advance to allow them to plan their own work days while on service.

Significant changes to clinical rotations (that continue for more than 4 weeks) where residents/fellows must be redeployed to meet clinical needs to sites other than the medical center or current participating training sites (eg: BJWC, MoBap) must be reported to the DIO and to the appropriate RC.

Program Directors/Coordinators must continue to report all rotation changes in New Innovations to ensure the accuracy of Medicare FTE reporting on behalf of their individual training program.

For additional information on ACGME expectations related to didactics and clinical training see ACGME Newsletter at the following link https://acgme.org/Newsroom/Newsroom-Details/ArticleID/10085/ACGME-Resident-Fellow-Education-and-Training-Considerations-related-to-Coronavirus-COVID-19

Travel:

- All away rotations are cancelled
- No travel beyond 60 mile radius
- If emergency requests for travel for family emergencies come up, PDs will need to consider these on a case-by-case basis given clinical needs at the time.

Vacations/COVID Quarantine Status:

House staff with scheduled vacations should confirm with their PD that those schedules can go forward and used vacation time must continue to be reported in New Innovations. Vacations may be cancelled by PD if clinical need warrants. All time away must occur within the 60 mile radius. Residents/fellows may be asked to return for emergencies and they must be available within 1 hour should clinical care dictate a need. Return from vacation will be utilized only when clinical demands and availability of providers warrant.

A new rotation name “COVID 19 Quarantine” has been established in New Innovations for programs to utilize to track house staff time away from training due to required COVID quarantine. This information may be used by programs to negotiate ABMS Board eligibility at the conclusion of training. Programs are strongly encouraged to review ABMS specialty board websites for further information.

Visas:

If you have house staff who are supposed to return to their home country to renew their visas, please contact Terra Mouser at BJH GME.

Scheduled required rotations:

ABMS has stated they do not wish to penalize graduating HOs who become ill, are quarantined or are assigned to clinical care to meet a surge need and do not complete all requirements for board eligibility by the end of AY 2019-2020. It is recommended that PDs make the effort to schedule HOs to complete required rotations whenever feasible (before elective rotations) preferentially before the end of AY2019-2020. This would minimize the need for boards to weigh in on a case-by-case basis on how to adjust requirements vs. additional training time. https://www.abms.org/news-events/abms-statement-to-dios-regarding-coronavirus-disease-2019-covid-19/