The Accreditation Review Commission for the Anesthesiologist Assistant (ARC-AA) and the Association of Anesthesiologist Assistant Education Programs (AAAEP) are aware that many of the accredited AA programs are in the process of planning and making decisions on how best to respond to the impact of COVID-19. Our goal is to work together to support programs by providing guidance on important considerations related to accreditation requirements, and, just as importantly, decisions about the health and safety of students, faculty, staff, and patients. Since the spread of COVID-19 is continuing, please know the ARC-AA and the AAAEP support you as you work through this public health crisis.

As academic institutions are in the process of planning and deciding how best to respond we encourage you to refer to these helpful resources for the latest information on coronavirus:

- WHO
- CDC
- US Department of Education
- Federal Student Aid
- your local public health authority for your county and state

For programs in the clinical phase, decisions made may impact the students’ graduation date. Factors to consider include but are not limited to:

- increasing the use of simulation
- meeting with the Program Director and Medical Directors to discuss options for continued learning
- extending the students’ learning
- following your local public health authority
- following your program’s and institution’s protocols
- implementing the academic continuity plan for your institution
- utilizing other clinical affiliations that are accepting students
- meeting your institutional requirements for potentially extended graduation for all students

During the clinical year, those students who are already engaged in clinical should follow the guidelines from the clinical site or members of the assigned anesthesia 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-AA and AAAEP agree with this recommendation.

If clinical sites suspend clinical training and no other sites are available, then follow and document the program’s action plan for students who do not meet the program’s established minimum number of cases in each tracked patient category. If the academic institution is closed it will be important to document as such and that skills labs and simulations will not be available.
Programs are encouraged to move forward using temporary, common-sense approaches without ARC-AA guidance or approval.

If graduation dates are delayed, be prepared to provide the ARC-AA with evidence demonstrating which sites and students were directly impacted and the length of the disruption.

Once again, the ARC-AA and the AAAEP are dedicated to supporting you and your Anesthesiologist Assistant education program in the best way possible during the COVID-19 public health crisis. If you have questions, please reach out to either Jennifer Anderson Warwick (jennifer@arc-aa.org) or to Keith Orloff (aaprogramdirectors@gmail.com).

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