



American Academy of Anesthesiologist Assistants | American Society of Anesthesiologists
In collaboration with Commission on Accreditation of Allied Health Education Programs



ARC-AA and AAAEP Updated Joint Statement | COVID-19

March 24, 2020

The Accreditation Review Committee for the Anesthesiologist Assistant (ARC-AA) and the Association of Anesthesiologist Assistant Education Programs (AAAEP) have been closely monitoring the impact of the coronavirus (COVID-19) on Anesthesiologist Assistant programs and their institutions. It is recognized that institutions are preparing or enacting action plans to keep students, faculty, and staff safe; that programs are considering alternative methods for delivery of didactic courses; and that clinical sites are enacting plans and processes that might impact clinical education. The ARC-AA and AAAEP recognize that programs may need to employ different approaches and strategies that may be influenced by individual institutional policies and procedures, local, state, and federal regulations, and possible variations in the spread of COVID-19. The ARC-AA is providing the following guidance to programs in order to remain compliant with the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs for the Anesthesiologist Assistant* during this difficult time, and the AAAEP is extending its support of this guidance. We fully recognize that this is an evolving situation so additional guidelines will be provided, as deemed appropriate.

Didactic Courses – Temporary Changes to Mode of Instruction

If disruption in didactic courses occurs, the ARC-AA appreciates that programs need the flexibility to quickly respond. Therefore, the ARC-AA is providing broad approval to programs to use remote technologies to accommodate students on a temporary basis, without going through the standard ARC-AA substantive change process. This temporary approval will sunset when the ARC-AA determines it is reasonable and appropriate to do so in light of the COVID-19 crisis. At that time, programs will be notified of the requirement to follow the ARC-AA's policy and resume formal notifications to the ARC-AA of any substantive changes. **No information is required at this time.**

Clinical Education

The ARC-AA expects programs to maintain compliance with the CAAHEP *Standards*. In particular, Standard III.C.2. Curriculum delineates CAAHEP's expectations for the program: "For first-year students, the program must set and require minimum number of clinical hours." And it continues, "For second- and third-year students, the program must set and require minimum number of cases by patient population (including pediatrics, adults, geriatrics, acuity, and subspecialties cases - neuro, obstetrics, cardiac, trauma, out-patient). All programs are expected to follow their own policies regarding the number of required hours and clinical cases.

Should clinical education be unavailable or discontinued, programs will need to find ways to make up that time, which might involve a delay of graduation. If there are changes required to the minimum numbers of cases by patient population, then documentation is required to demonstrate how the numbers were changed. Additionally, programs that are unable to ensure that all students meet entry-level competency due to the temporary suspension of clinical education may need to delay the date of program completion until students can achieve the competencies.

Due to safety reports that indicate a lack of proper personal protection equipment (PPE) for healthcare providers, including Anesthesiologist Assistant students, the ARC-AA and AAAEP strongly support programs removing students from clinical sites until the national public health crisis has passed.

For students who have demonstrated entry-level competency but have **not** achieved the minimum number of cases by patient population previously set by the program, the program director, in consultation with the medical director, **may** consider the student complete and graduate the student. Since students might reach entry-level competency at different points, this could result in variations in the number of cases during the clinical education phase.

Please be reminded that the ARC-AA does not dictate the length of clinical education. Each program determines the minimum number of cases by patient population needed for students to achieve the program's expected learning outcomes. Some programs are adjusting the length of their clinical education while still ensuring students meet expected learning outcomes in an expedited manner.

Alternate learning experiences may include, but are not limited to, simulations or written assignments. Simulation can be used as a tool when supplementing clinical skill sets, but not hours. **Simulation is not an acceptable substitution to meet the minimum number of clinical hours for first-year students. Simulation may be used to meet the minimum number of cases by patient population.** If there are changes required to the minimum numbers of cases by patient population, then documentation is required to demonstrate how the numbers were changed. Waiving program requirements for students to meet the achievement of the competencies and learning domains is not an option.

The CAAHEP *Standards* do not identify a specific number of clinical hours or cases. Program policies related to establishing entry-level competency are expected to be followed. Each program has previously determined its minimum number of required hours for first-year students and number of cases for second- and third-year students. If the program requires a specific number of procedures before the student is evaluated it **may** be reasonable to defer the specific number during this public health crisis and to determine whether the student is ready for a competency evaluation based on the skills the student has developed. The program's clinical education instructors may be best prepared to determine this since they work with the students in the clinical education phase on a regular basis. Programs **must** continue to ensure that students demonstrate entry-level competency in all three learning domains prior to graduation.

Documentation of Action Plans and Changes

This extraordinary situation will likely require an individualized approach for each Anesthesiologist Assistant program and student. The ARC-AA continues to believe in the value of completing all of the clinical education phases, and, while we understand that most clinical education cannot continue as originally planned, at this time, there is **no** waiver of the expectations related to this requirement to meet the CAAHEP *Standards*. During this national emergency, programs are required to document their action plans and the specific changes being made. In 2020, when the program is required to submit its annual report to the ARC-AA, it will be asked to submit with it the following evidence:

- **Program's Action Plan to Determine Student Competency.** The program's action plan on **how** it will determine a student is entry-level competent even though the student had not achieved the program's established minimum number of cases by patient population.
- **Student's Action Plan.** When a student is deemed entry-level competent prior to achieving the program's minimum number of cases, documentation of the student's learning progress and achievements, including any final evaluations.
- **Modifications to minimum number of cases by patient population.** If modifications are made to the program's overall established minimum number of cases requirement, documentation demonstrating (1) who was involved with the decision (2) documentation of the change to the numbers, and (3) evidence of approval of the medical director.

Conclusion

Although the situation regarding the COVID-19 is unpredictable and unprecedented, the only constant is that we want to do the right thing by the patients, our programs, our students, and our volunteers. The need to protect our community is essential, especially at this critical time to prevent further spread of the COVID-19 virus.

If a program finds itself pausing a student's education so the individual can work in healthcare, the program is strongly encouraged to require the student to return to complete their formal education after the national emergency has passed.

We are all in this together and recognize that the health of our nation depends on how we all respond---together. To that end, the ARC-AA and the AAAEP are committed to continually working with programs to ensure that students receive the required education according to their Anesthesiologist Assistant curricula and the CAAHEP *Standards*.

We would like to formally acknowledge and extend our deepest respect for the community of CAAHEP-accredited Anesthesiologist Assistant programs and the challenges you are facing. This is an unprecedented time in which all of us have had to adjust to new realities daily, even hourly, and you have done so gracefully and thoughtfully, demonstrating the best of our profession. Please stay safe out there – we need you!

ARC-AA

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