



August 11, 2020

Statement from ARC-PA regarding COVID-19

As the COVID-19 pandemic situation expands, the ARC-PA continues to have email exchanges with many institutions and faculty members. The ARC-PA understands that PA programs are working to find ways to continue the education of their students during this difficult time. There have been some stellar education plans from programs submitted to the ARC-PA with innovative measures to progress students through the program, while assuring that program-defined competencies are met. Bravo! Faculty are making great strides in overcoming obstacles in this unprecedented time, and are displaying the creativity that drives educational innovation. The ARC-PA and PAEA will work collaboratively to continue to find alternative pathways to assure excellence in education while maintaining compliance with the standards.

Over the past weeks, there have been some frequently asked questions that we would like to address. Some of the questions are repeated from previous ARC-PA statements because we continue to receive those questions and feel that repetition is warranted.

Some General Information about COVID-19 form Submissions

Q: What should we do if there are changes to the original plans we submitted to the ARC-PA on the original COVID-19 change forms?

It has come to the attention of the ARC-PA that some programs have concerns following the submission of COVID-19 forms. Programs have experienced the need for change in their submitted plans in light of evolving situations and decisions made on home campuses. The ARC-PA expects the submission of a new COVID-19 form for programs that have changes or new details to report to ARC-PA. Soon, a follow-up report will be required for programs to complete. That new form will be provided to you via the ARC-PA website in a few weeks.

Again, the Commission is pleased to report that COVID-19 form submissions, thus far, have demonstrated that programs are making responsible decisions that indicate understanding of the standards and a focus on quality education that lends to student learning and subsequent success. Kudos to those programs who are maintaining quality education standards at this difficult and unsure time.

It has also come to the attention of the Commission that some programs may be unsure of whether they should or should not submit a COVID-19 report. The first question in the grouping below provides clarification about that concern.

Reporting to the ARC-PA

Q: Are all programs required to complete the COVID-19 change forms? What if we had no changes?

The Commission requires submission of plans from programs with substantial changes to the curriculum, teaching modalities, or graduation requirements. If your program has any of these types of changes, please submit the COVID-19 change form, which may be found at:

<http://www.arc-pa.org/accreditation/resources/program-change-forms/> as soon as the program knows of those changes. Also, please be reminded that it is important for programs to continue submission of changes as outlined in the E-section of the ARC-PA Standards as they occur.

Q: What program changes need to be reported?

COVID-19 reports should be made if the program made any changes to:

- a. length of program (longer or shorter)
- b. curriculum for any cohort that may change graduation dates
- c. matriculation dates of any cohort
- d. graduation dates
- e. changes to cohorts start or end dates in SCPEs
- f. teaching modalities for any cohort (for example, moving to online teaching use of virtual rotations, etc.)

These changes are typically reviewed within 1-2 weeks of receipt. If the Commission has any concern about the program's plan in relation to the Standards, the program will be asked to provide additional information.

Student Screenings related to COVID-19

Q: What should programs do regarding screening of students related to COVID-19?

Several questions have come to ARC-PA concerning screenings that may be required of students to progress in the program and the faculty role in these screenings. **Standard A3.09** (4th and 5th editions) states:

The program *must* define, publish, make *readily available* and consistently apply policies that preclude *principal* faculty, the program director and the *medical director* from participating as health care providers for students in the program, except in an emergency situation.

Some programs have reported that they are asked to be involved in taking temperatures of students to allow the students' entrance into classrooms or onto campus. While the ARC-PA agrees that PA faculty members taking temperatures of students during a pandemic is a public

health service and is not providing care, the Commission also agrees that it is the institution's responsibility to make the decision whether a student can participate in educational activities rather than that of faculty members or administrative staff. If the institution has a policy that eliminates any decision by the faculty member to determine a course of action based on a temperature reading or other data, (for example, if the institution's policy states that a student or faculty member with a temperature reading above 99.9°F must go home), that is not considered "providing care" and is acceptable to the ARC-PA.

As for COVID-19 testing results, programs may receive information from student health centers or other entities about the student being 'cleared' or 'not cleared' based upon those screens. For those programs that do not have student health services, the information may be filtered from any other vendor (including the student's primary care provider) that reviews the student's health information. Any test result for the presence of COVID-19 is considered confidential health information that should not be made available to faculty under

Standard A3.19 (4th and 5th ed.):

Student health records are confidential and must not be accessible to or reviewed by program, principal or instructional faculty or staff except for immunization and screening results, which may be maintained and released with written permission from the student.

Also, in alignment with Standard A3.19, contact tracing following a positive COVID-19 result should be the responsibility of the institution or public health departments and not that of PA faculty or administrative staff.

Supervised Clinical Practice Experiences (SCPEs) and Student Progression

While most programs have provided acceptable plans for SCPEs during the pandemic, some are still reportedly missing the expectation of the ARC-PA for SCPEs. We've addressed the question below in previous guidance statements, but this bears repeating. There still seems to be questions about the use of virtual SCPEs as substitutions for the direct patient care. Please note that such action will place the program out of compliance with multiple standards related to SCPEs. Please review the following points for clarification of the ARC-PA:

Q: How much can be done virtually, with simulation or other technology in this time of COVID-19? Can we use online or virtual rotations to meet SCPE requirements instead of direct patient care? What about telemedicine?

- The ARC-PA defines supervised clinical practice experiences (SCPEs) as: Supervised student encounters with patients that include comprehensive patient assessment and involvement in patient care decision making and which result in a detailed plan for patient management. Programs may use virtual experiences, simulation or other technology to meet some of the program defined learning outcomes for SCPEs, but the **intention remains that SCPEs will include some direct patient care, meet the program defined learning outcomes, and be of**

sufficient breadth and depth to prepare students for the clinical practice of medicine.

- Telemedicine may be used to meet SCPE learning outcomes in some cases but has its limits. For example, a program may be able to use telemedicine to meet SCPE requirements for standards related to patients seeking pre-operative and post-operative care but may not be effective for meeting requirements related to patients seeking intra-operative care.

ARC-PA's response

Q: What is the ARC-PA doing to help programs during the pandemic?

The ARC-PA has been monitoring the COVID-19 situation and is in constant communication with our cross-organization leadership colleagues (AAPA, NCCPA, and PAEA). We will continue to collaborate with PAEA to address issues related to PA education and COVID-19. We will continue to meet to determine potential solutions for assisting programs in understanding the accreditation standards and what flexibility the program may have in delivery of its educational components. As always, we will continue to respond to individual emails from programs who would like additional clarification in any matter related to the interpretation of the *Standards*.

Since March, the ARC-PA has received, reviewed, and processed 266 COVID-19 Change forms, and responded to over 110 emails regarding COVID-19 questions and clarifications. We are aware of and care about the difficulty the pandemic has caused each program, the uncertainty faculty teams face, and the associated anxiety subsequent to evolving situations on campuses and in clinical sites. If you have questions, please feel free to reach out to Accreditation Services and we will respond as quickly as possible.

Q: What is the ARC-PA plans for programs that have a scheduled site visit between now and January?

The ARC-PA began conducting virtual site visits in May 2020. Overall, the virtual site visits have been well-received by both programs and site visitors. Programs with upcoming site visits during the remainder of 2020 will be contacted regarding the virtual site visits process for keeping programs on their scheduled agenda placement.

As always, the ARC-PA appreciates the dedication of programs to provide quality PA education. We extend our hope for your safety and wellness during the COVID-19 pandemic.

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