**APDEM Pandemic Emergency Category Disaster Plan**

**Definition by ACGME:** Sponsoring Institutions facing substantial and sustained disruption of GME operations resulting from the COVID-19 pandemic

**Who Declares:** DIO, with the attestation of the sponsoring institution’s clinical leadership, via submission of Emergency Categorization Request Form to the ACGME

**Duration:** 30 days. Extension beyond 30 days subject to review by the Institutional Review

Committee

**Scope:** Declaration applies at the institution level and involves all residents and fellows in all

specialty and subspecialty programs.

**Requirements:** Sponsoring institution is still expected to fully comply with and ensure

adherence to the following:

**1- Adequate resources and training** - including appropriate infection protection

**2- Adequate supervision**

**3- Adherence to work hour requirements**

**4 -Fellows may function in their core specialty** (in our case, internal medicine) if:

a- they are ABMS or AOA board-eligible or -certified;

b- they are appointed to the medical staff;

c- their time spent in their core specialty service is limited to **20 percent** of their

annual education time in any academic year.

**5 –Continued assessment by programs of fellows in all six Core Competencies, with assessments forming the basis for decisions regarding promotion of fellows**

If your sponsoring institution has requested or is considering requesting Emergency Categorization, consider drafting a disaster plan that is acceptable to everyone involved. Consider the following issues:

**1- Fellow deployment:**

* What is the minimum number of fellows needed to maintain a functional inpatient endocrine consult service? Consider discussing with DIO to allow retaining them.
* Will a faculty-only inpatient consult service be necessary? Alert faculty to this possibility.
* Will fellows’ clinics need to be canceled or scaled back?
* Create a backup schedule for coverage of fellows who are deployed.
* Can fellows graduate on time or will extension of training be needed?
* Will fellows have completed required number of procedures by graduation?

**2- Faculty deployment:**

* Will faculty be deployed?
* Working with your division chief, create a backup schedule for coverage of teaching faculty who are deployed (for inpatient consult service, precepting fellows’ clinics, didactics, etc)

**3- Didactics:**

* Should didactic activities continue or be temporarily suspended?
* Are faculty familiar with and able to use remote teaching platforms such as Zoom, Skype, Microsoft Teams, etc?

**4- Telehealth considerations:**

* Are inpatient e-consults available and permitted?
* Are outpatient televisits (phone and/or video) available and permitted?
* What platforms are available for telehealth (Doxy.me, Doximity, Amwell, etc)? Do they support precepting and/or interpreter use?
* Are faculty and fellows familiar with these platforms? Is information technology (IT) support available?
* Does everyone have the equipment they need for televisits (webcams, headsets, etc)?
* Make sure you review televisit requirements of CMS and private insurers with regard to resident encounters.

**5- Support:**

* Consider scheduling regular (at least weekly) virtual meetings with fellows to hear their concerns, keep them updated, maintain their connection to division and peers during deployment
* Consider organizing regular meetings with participation of institutional mental health providers for support of fellows (and faculty)
* Consider asking for regular meetings with other PDs and DIO
* Program Directors can contact the chair of the APDEM Pandemic Emergency Category committee, Aaron Schulman ([aas9008@med.cornell.edu](mailto:aas9008@med.cornell.edu)), with any questions