

From: Aagaard, Eva <aagaarde@wustl.edu>
Sent: Thursday, March 19, 2020 10:56 AM
To: Program Directors
Subject: Clarification- Hopefully on Recent Directives

Dear Program Directors:

It is clear that several of the recent directives have caused understandable confusion. I also recognize that having a black and white answer is often desirable or necessary, particularly in the residency/ fellowship business. Unfortunately, these uncertain times make that quite challenging and it is likely that you will need to make rapid and environment specific decisions urgently, that we will not be able to/ not want to dictate. I hope that by sharing the principles that underlie these decisions, it will help you effectively navigate these challenging circumstances.

I believe everyone understands that social distancing is meant to “flatten the peak of the epidemic curve”, to help hospitals be able to continue to care for patients and not overwhelm ICU and ventilator capacity. Flattening the curve will decrease the impact on the healthcare system and hopefully save lives. The decisions that have been made in the last several days are about preparing for the potential surge of COVID patients into hospitals. Community transmission has occurred in the St Louis region and now cases will increase rapidly and have the potential to overwhelm our healthcare system. Making proactive choices helps us to be ready when this occurs. These are tough decisions that are closely informed by our ID experts and based on national guidance from the CDC and others. Here’s an explanation for some of the recent decisions:

- 1) Postponing preventive and routine chronic care visits, or moving them to telehealth reduces community transmission, reduces the risk of healthcare associated transmission and frees up the outpatient clinics and clinic workforce to manage non-severe disease when the surge occurs
- 2) Postponing elective procedures frees up equipment (ventilators and PPE) and workforce to care for patients during the surge- both nurses and physicians
- 3) Limiting resident/ fellow exposure to COVID-19 patients and persons under investigation for COVID-19 (PUI) while there are still few cases in the region helps reduce the number of HCW exposures, maintain additional cohorts of less exposed HCWs and helps maximize the numbers of healthy clinicians in the event of nosocomial spread. Limiting residents /fellows from direct COVID-19 care early in the epidemic also preserves PPE for when we need it most.
- 4) Decisions regarding maintaining the workforce force close to home, cancelling travel, limiting vacations, and putting into place an option for urgently recalling essential clinical personnel is essential and allows us to react quickly to the COVID-19 surge when it occurs. These measures will also protect our trainees from exposure during travel- a significant issue currently.

We need you to balance these principles with the educational and patient care priorities you must make for your program. You will need to make decisions about when it is time to allow residents and fellows to participate in the care of COVID-19 patients either because patient care dictates it (urgent/ emergent situations that places the patient at risk), or because the situation has shifted in your specific clinical environment. This will happen at different times for different services and we will need your expertise to help lead the way. When the surge of COVID-19 occurs it is highly likely that most if not all residents and fellows will be needed to help care for patients in some capacity. The decision to deploy the residents and fellows broadly across programs in the care of COVID-19 patients will need to be made in a consistent manner after discussion with ID, the BJH incident command center, and Wash U leadership.

Thank you for all you do to care for our patients and our learners. Your leadership is invaluable now more than ever. We are working to develop ways to more efficiently and effectively answer your questions as this all unfolds.

Sincerely,

Eva, on behalf of Katie and the ID team

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