



DEPUTY COMMISSIONER
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Date: July 31, 2020
To: Chief Executive Officers of Institutions, BOCES, and Entities Offering Licensure-Qualifying Programs in New York State
From: Sarah S. Benson, Deputy Commissioner, Office of the Professions
Subject: Guidelines for Licensure-Qualifying Programs: Options for Fall 2020 Clinical Courses

Thank you for your commitment to student safety and program quality during this challenging time.

Purpose of the Memo:

As indicated in the New York State Education Department (the Department) Coronavirus Guidance for Institutions of Higher Education (<http://www.nysed.gov/common/nysed/files/nysed-distance-education-flexibility-fall-2020.pdf>), clinical experience in licensure-qualifying programs must meet statutory and/or regulatory requirements. For some professions, the programs must also meet accreditation standards/guidelines. The Department recognizes that New York's professional education programs face uncertainty regarding clinical placements for the upcoming fall. To help mitigate these challenges, this memorandum describes options for professional education programs that may need additional flexibility if their clinical partners limit or terminate on-site clinical education opportunities due to the COVID-19 epidemic.

Clinical Flexibility Options:

After exhausting all the avenues for students to complete on-site clinical experience, the program could consider the following options.

- Suspending clinical placements and offering an extension for students to complete the clinical courses.
- Reducing clinical hours (for programs exceeding the minimum number of clinical hours required by Education Law, Commissioner's Regulations, and/or national standards).
- Using acceptable alternative methods appropriate to the profession to substitute clinical hours. Depending on the profession, if permissible by applicable accrediting agencies, the following alternative methods could be used:
 - a) tele-practice and tele-supervision to the extent authorized by law, regulations, and current Executive Orders;

- b) standardized simulation-based experiences in a lab setting that may include the use of standardized patients, high-and medium-fidelity simulation equipment, and/or simulation software designed by content experts;
- c) deliberately designed virtual simulation that allows students to observe, assess, diagnose, and provide interventions for virtual patients; or
- d) other acceptable methods, such as case studies, applied research, virtual demonstrations, role-playing, etc. that is appropriate to the profession.

If the program plans to suspend clinical courses or use tele-practice and tele-supervision, please notify opprogs@nysed.gov and program.review@suny.edu. Using the other options requires prior approval. See the application form in Attachment A.

Clinical Competencies:

To protect the public and patients, the program shall ensure that 1) each student engages in appropriate hours and types of clinical experiences; and 2) through the combined experiences (on-site and alternative methods), achieves identified clinical competencies (in each specialty area, when applicable) and that each student meets all licensure requirements.

In addition, the program shall attest that:

- Each modified clinical course meets course outcomes, clinical competencies (in each specialty area, if applicable), and licensure requirements;
- The offering of the modified clinical courses meets program registration standards;
- The proposed modification is consistent with current standards/guidelines of the accreditation agency, if applicable;
- The amount of time on learning activities meets the credit hour requirement and the clinical hour requirement; and
- The modified course syllabus sets clear expectations for students, including the grading policy. The syllabus shall be made available upon request.

Website and Contact Information:

We are closely monitoring the situation and we may issue updated guidelines if necessary. Please visit the following website for updated information regarding COVID-19 and topics related to the professions: <http://www.op.nysed.gov/COVID-19.html>. Please contact opprogs@nysed.gov for any questions regarding fall 2020 clinical courses.



Attachment A: Application Form

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

Request for Time-Limited Approval to Modify Clinical Courses in Fall 2020 - SUNY

- Clinical experience in licensure-qualifying programs must meet statutory and/or regulatory requirements.
- If the program plans to suspend clinical placements and offer an extension for students to complete fall 2020 clinical courses, please notify opprogs@nysed.gov and program.review@suny.edu.
- If the program plans to modify fall 2020 clinical courses, please use this form to seek prior approval.
- **Complete one form for each program.** Submit completed form electronically to opprogs@nysed.gov and program.review@suny.edu.
- If you have any questions, please contact opprogs@nysed.gov.

Section I: General Information

Institution name	
Identify the program you wish to modify	Program Title: <u>Award</u> (e.g., B.A., M.S.): <u>Program Code(s)</u> :
Provide a rationale for the proposed modification*	Rationale:
Approval of programmatic accreditation agency	If applicable, attach documentation of approval by the Accreditation Agency.
Contact person for this proposal	Name and title: Telephone Number: E-mail:

* The rationale must demonstrate that the proposed modification is the only means to meet the clinical experience requirements. All other avenues have been exhausted.

Section II: Identify the clinical courses and the proposed modification.

1. Indicate total number of clinical hours required for program completion:
2. Indicate whether the proposed modification was approved in spring and summer 2020:
 - a. Was the program approved to reduce clinical hours?

___ Yes. Indicate number of clinical hours reduced:

___ No.
 - b. Was the program approved to use alternative methods to meet clinical experience requirements?

___ Yes. Indicate number of clinical hours fulfilled through alternative methods:

___ No.
3. Use the table below to identify the clinical courses that will be modified in fall 2020.

Course Number	Course Title	Total Number of Clinical Hours	Number of Clinical Hours to be Reduced (only if the program exceeds the required clinical hours)	Number of Clinical Hours to Be Fulfilled through Alternative Methods

- c. Indicate alternative methods to substitute clinical experience:
 - a. Identify the alternative methods that will be used to meet clinical requirements:
 - b. If using standardized simulation-based experiences in a lab setting, please provide the following information:
 - i. a brief description of the simulation setting (e.g., 16,000 sq. foot lab with 8 acute care stations):

- ii. a list of key simulation personnel, their title (director, technician, etc.) and simulation certification or experience with simulation (i.e., internal training, vendor training):

- iii. attach a list of the simulation equipment.

Section III: Attestation

On behalf of the institution, I hereby attest to the following statements:

- The above information is complete and accurate;
- The program is seeking time-limited approval to modify clinical courses;
- Alternative methods for clinical courses will only be used when all other avenues for students to complete on-site clinical experience have been exhausted;
- Each modified clinical course meets course outcomes, clinical competencies (in each specialty area, if applicable), and licensure requirements;
- The offering of the modified clinical courses meets program registration standards;
- The proposed modification is consistent with current standards/guidelines of the accreditation agency, if applicable;
- The amount of time on learning activities meets the credit hour requirement and the clinical hour requirement; and
- The modified course syllabus sets clear expectations for students, including the grading policy. The syllabus shall be made available upon request.

Section IV: Signature of the Dean:

Name and title:

Telephone Number:

Email:

Signature and Date: