Jeopardy Resident Rotation Policy

Objectives

1) The purpose of this rotation is to decrease having to pull off-service or non-call residents for coverage, decrease the unpredictable nature of resident schedules, decrease the call coverage burden that falls on the Chief Residents, and increase resident wellness and satisfaction.

   This is to be achieved through the maintenance of a system for backup in which a resident is available to cover **necessary** resident shifts in cases where the scheduled resident needs to be out for an emergency, illness, etc. This includes call shifts, ICU shifts, liver backup **when no extra resident is available,** and in rare cases OR day shifts when a resident has called out last-minute and there is no alternative resident/attending coverage available.

2) **When not activated for coverage**, the rotation offers an opportunity for senior residents to gain experience supervising junior colleagues. However, supervision is not the primary objective of this rotation, and it should be the expectation of rotating residents that covering a sick callout takes priority over supervision opportunities.

Eligibility

CA3 residents or June CA2 residents. Eligible residents will be assigned two to three weeks of jeopardy before the CA3 lottery.

Schedule

Jeopardy weeks will start on Monday 8 AM and end the following Monday 8 AM to ensure full jeopardy coverage throughout the week.

Education Day will be protected as much as possible, but the Jeopardy resident is still eligible to be activated on education day in cases of dire need.

Role Expectations

- Only Chief Residents are able to activate the jeopardy resident. Rotation schedulers should not activate Jeopardy directly without first discussing with the chiefs, as the jeopardy resident serves as backup to various sites and services.

- The chiefs, in collaboration with rotation scheduler(s), will always attempt first to find coverage solutions within the already scheduled pool of clinical residents. Only when additional coverage is needed will the jeopardy resident be activated.

- If the jeopardy resident is activated to cover a call or shift, they will be immediately relieved from any supervisory experience (see below).

- The jeopardy resident is never to be requested or utilized to cover for non-anesthesia residents (i.e. internal medicine residents on ICU, etc). They should not be utilized to cover for attending or CRNA sick call outs.

- If the call or shift is overnight, the jeopardy resident will not be called back for a jeopardy shift until at least 10 hours have passed (or 14 hours if in-house for 24 hours).

- The jeopardy resident can provide coverage for no more than 24 consecutive hours at a time and must meet ACGME duty hour requirements.

- If pulled, the jeopardy resident will be prioritized for relief and is expected to be relieved as soon as staffing availability permits; to facilitate prioritized relief, add-on cases should NOT be assigned to the jeopardy resident's room.

- **Non-call residents are eligible to relieve the jeopardy resident during non-call hours, and should be utilized to do so—**as an example, this means if a non-call resident finishes their cases at 3pm and the jeopardy resident is still covering an OR, the non-call resident will not go home, but instead be sent to relieve the jeopardy resident from their room (assuming it is safe for patient care to do so).

- The jeopardy resident will never be assigned as the primary resident of a case while acting in their supervisory capacity.

Resident Expectations

- The *priority* of this rotation is serving as coverage backup to the various sites and rotations that anesthesia residents work clinically. The supervisory experience in this rotation is a secondary objective.

- **It is an expectation that jeopardy residents be available for activation at all times during their rotation.** The jeopardy resident must avoid making plans that would interfere with their ability to be called in for coverage. If an important event takes place during a resident's jeopardy rotation, it is expected that the jeopardy resident will find alternate coverage for their shift in advance of the rotation.

- The jeopardy resident should be within 30 minutes of the hospital at all times in case of last minute call-outs necessitating their activation.

- The jeopardy resident will act as Liver 2 Call on weekdays. This will only be the case if the jeopardy resident is not already covering for a different service. If the jeopardy resident is pulled to cover a liver as Liver 2, they will not cover non-liver transplant MSD cases once the liver is complete.

- Supervision & pre-attending are **mandatory** and expected during Week 1 of the Jeopardy rotation. They are **optional but encouraged** during Week 2 of the Jeopardy rotation. See below for supervision & pre-attending workflow.

- <u>Supervising & Pre-Attending Experience</u>
    - The logistics and guidelines for this experience can be found here.

- Following the first case start, if educational cases arise, the jeopardy resident may help with challenging situations including a solo attending with a sick patient, attending double-covering with two sick patients, out of OR airways/emergencies, additional supervisory opportunities.
- When supervising or pre-attending, jeopardy resident responsibilities end at 12 PM, at which point they are relieved for academic time in the afternoon, unless performing jeopardy duties.