Resident Backup Coverage
Policies & Procedures

Background: The Accreditation Council for Graduate Medical Education (ACGME) requires all programs to have policies and procedures to ensure coverage of patient care when residents are unable to work (ACGME Common Program Requirements (CPR) VI.C.2-VI.C.2.a)).

Principles: The following are general guidelines and may be modified to fit the circumstances. Whenever possible, coverage assignments will minimize impact on scheduled continuity clinics.

Definitions: 
- **Risk**: Pool of residents available to provide back-up coverage
- **Short-Term Coverage**: Coverage expected to last <48 hours
- **Long-Term Coverage**: Coverage expected to last >48 hours
- **Full-Time Coverage**: Coverage for one or more rotation block(s)
- **Extra**: When more than the minimum number of trainees are assigned to a rotation
- **Anticipated Absence**: Planned life events: vacation, interviews, conferences, etc.
- **Unanticipated Absence**: Illness, family emergencies, or fatigue

Policies: **Risk** provides back-up coverage for Internal Medicine, Emergency Medicine-Madigan, Psychiatry, and Physical Medicine & Rehabilitation residents. Anesthesia, Emergency Medicine-UW, and Family Medicine programs have their own back-up coverage and those resources should be used to cover their own residents’ absences. If a program has exhausted its available back-up, then **Risk** may be utilized.

Residents on **Risk**, must respond to calls/pages within five minutes and report to the appropriate facility within two hours of being pulled.

The Internal Medicine Residency Program (IMRP) does not require, encourage, nor permit residents to “pay-back” colleagues pulled from **Risk**. Residents who are sick or in crisis must be feel free to ask for coverage “without fear of negative consequences” (ACGME CPR VI.C.2.b)).

To preserve equity, back-up coverage assignments will consider the covering resident's past pulls, both **Risk** and program event coverage. Internal Medicine residents will not provide back-up coverage for anticipated nor unanticipated absences of Fellows, Advanced Practice Providers, Faculty, Nurses, or other hospital staff, unless pre-approved by the IM program director or designee. Internal Medicine residents will not be deployed to services that exceed established patient caps, except in a time of disaster or extreme crisis. Back-up coverage is not provided for consult services. **Risk** is not available for residents’ personal use including but not limited to weddings, vacations, and family festivities.

Residents on admitting rotations invited to present at a conference or to interview for fellowship/residency are expected to arrange coverage for their absence(s). If after a reasonable effort, a resident is unable to arrange coverage, a Chief Resident may provide coverage from the **Risk** pool; three (3) days maximum per occurrence (time to travel to the destination, present/interview, and return to Seattle). If the destination is less than 200 miles from UW Medical Center, one day of coverage may be provided.

In the event the **Risk** pool is depleted, residents on non-admitting rotations will be notified they are being deployed and must be available for back-up coverage in case of an unexpected absence.
**Backup coverage may be provided for one or more days/shifts on the following services:**
- Inpatient general medicine (including Day/Night Medicine) at HMC/UWMC/VA
- Cardiology at HMC/UW/VA
- ER at HMC/UWMC
- Geriatrics at HMC
- Heme/Onc at UWMC
- MICU at HMC/UW/VA
- Neuro at HMC

**Short-Term Backup Coverage in Priority Order**
- Residents on Risk
- Subspecialty consult residents (preferentially, assigned to the same facility)
- Research residents
- Ambulatory residents

**Long-Term Backup Coverage in Priority Order**
- Residents on Risk
- Subspecialty consult residents (preferentially, assigned to the same facility)*
- Research rotation residents*
- Ambulatory rotation residents*

**Full-Time Coverage Backup in Priority Order**
- Reassign any resident with fewer admitting rotations than their peers
- Reassign any "extra" resident
- Residents on Risk
- Subspecialty consult residents (preferentially, assigned to the same facility)
- Research rotation residents*
- Ambulatory rotation residents*
- Recruit an additional resident (>8 rotations)

**Procedures:**
The IRMP will assign residents to a backup coverage pool, to be known as Risk, and incorporate Risk into residents’ annual rotation schedules. Risk will be managed by IM Chief Medical Residents, maintained by the IMRP, and published on www.amion.com.

**Short-Term Coverage** is arranged by Chief Residents utilizing Risk. When coverage is required for an unusual circumstance, Chief Residents will discuss plans with the IMRP before proceeding.
1. Chief Resident pulls from Risk, and
2. Notifies the appropriate hospital operators, and
3. Updates the Pull Log, and
4. Sends e-mail to medchiefs@uw.edu detailing absence and pull
5. IMPR staff update www.amion.com and make a note on the Risk schedule

**Long-Term Coverage** is developed by Chief Residents in consultation with the IMRP office.
1. Chief Resident consults with the IRMP
2. Pulled resident will be notified by either the Chief Resident or the Program Director
3. Program Director will contact the impacted service, if a pulled resident is not on Risk
4. Steps 2-5 above

**Full-Time Coverage** is developed by the IRMP in consultation with the Chief Residents and service.
1. IMRP staff and Program Director will develop a plan
2. Program Director will communicate with impacted residents, and services
3. Chief Residents and IRMP staff steps 2-5 from Short-Term Coverage

* If on a 4-week rotation, coverage will typically be one-week. If on an 8-week rotation coverage will typically be no more than two weeks.