The 411 on Risk

What is Risk and what is it used for?
- Risk is a coverage system for admitting blocks only - we do not cover clinics (including continuity) or electives

When do we provide risk coverage?
- Illness, family emergency or family member illness, bereavement, fatigue mitigation, patient safety
- Fellowship interviews and conferences (limited # of days; after two attempts to find your own coverage from other available residents)

What do we not provide coverage for?
- Care of a sick pet, personal event, weddings, etc.

How sick is "sick?"
- No respiratory symptoms allowed on UWMC Heme/Onc
- Use your own judgment as to whether you are well enough to care for patients
- No flu symptoms on any service until afebrile x 24 hours (true of any febrile illness)
- On wards: if URI but not flu, you can work with a mask
- Note: Employee services will do free rapid flu tests to r/o influenza

Who do I call if I need risk coverage?
- Your chiefs!
  - On weekdays (Monday 8am-Friday 5pm), you should contact the on-service chief for the hospital where you're working (e.g. if you're on a service at UW, you'd contact me)
  - On weekends (Friday 5pm - Monday 8am), you will contact the weekend chief on-call (refer to those handy emails we send out every Friday afternoon, since the coverage changes week to week)

Which residents can get pulled as a part of risk coverage?
- It varies by month, but most of the time there are a few R1s, R2s, and R3s on Risk, rotating every 2 weeks
- You can find out who is on risk and who has been pulled via amion by clicking on the “Risk” heading (updated on weekends only)
- When all available residents assigned to “Risk” have been pulled, or the “risk pool” for a given class is low, residents on consult, elective, or other non-admitting blocks (e.g. research) will be notified that they are now “at risk” to fill in
- Logistically, anyone who is “at risk” needs to be within 2 hours of the hospitals (such that from the time they receive the call to come in they can be in-house within 2 hours)
I feel like I'm getting pulled a lot, what gives...

- The chiefs keep track of cumulative pulls for all residents over all 3-years of residency (including pulls while on “Risk” as well as coverage for holidays/residency events)
- Whenever possible, we try to pull individuals for coverage who have lower cumulative risk pulls
- Sometimes it’s just luck (e.g. if you’re an R2/R3, we need coverage for a senior resident shift and other people have already been pulled to cover during that same time frame, you may be asked to cover even with a high risk pull count)

What if I'm sick or need to take leave from a non-admitting block?

- If you are on a consult, elective, or other ambulatory rotation, you should contact someone from the team or clinic you would be working with (e.g. fellow, clinic administrator, team attending, etc.)
- Submit an unexcused absence form (link found on the UW IM residency website)
- If you're concerned about needing to take more time off, contacting the residency office (schedim@uw.edu) is a good place to start

Other Risk logistics:

- My amion schedule says I’m on V Risk, does that mean I will only be pulled to VA rotations?
  - No, the “V Risk” vs “H Risk” vs “U Risk” designation only refers to who is paying you to work, not where you work. So, if you’re on your risk rotation, you may be pulled to cover rotations at any of the three hospitals.
- Just like any other admitting block, residents must arrange their own risk coverage if they do not want to be “at risk” for any period of time during their assigned block - even if just for a few hours
- We cannot accommodate requests to preferentially pull others first to allow residents “at risk” to attend events; we recommend finding coverage for any important events if you want to ensure you are not pulled