

## **Department of Orthopaedics and Rehabilitation Residency Policy on Supervision, Assignment and Duty Hours**

### **Policy on Supervision and Assignment**

All residents in the Department of Orthopaedics and Rehabilitation at the University of Iowa Hospitals and Clinics are supervised by faculty. Residents are assigned to clinics that are run solely by faculty. There are no resident directed or supervised clinics. Patients are seen by the residents and the work-up and care is dictated based on the resident's level in training. Residents' responsibilities are based on trying to give the resident increasing responsibility for patient care as they progress through the five years of training. Every patient seen by a resident is then also seen by a faculty physician and most of these patient's deposition is agreed upon between the resident and faculty member.

All surgical procedures are supervised by faculty both during regular OR scheduled time and on-call. No cases are done solely by residents. Occasionally a fellow associate will staff residents on on-call procedures.

Our in-patient consultation service is run by Department of Orthopaedics and Rehabilitation staff and all in patient consults during working hours are staffed by the faculty members. Weekend and on-call consultations are staffed within 24 hours by the faculty on call.

The residents are given these guidelines for supervision and are directed to discuss this with the program director at any time there are needs to deviate from these policies. The program director has a monthly meeting with the residents that provides adequate opportunity to address problems with supervision.

### **RESIDENT WORK HOUR GUIDELINES AND POLICY**

The Orthopaedic Department will be in full compliance with the ACGME work hours guidelines. On average over four weeks, residents will work no more than 80 hours per week. Trauma team is approved for 88 hours per week. Residents will have 10 hours off between shifts. Residents will be on call no more than every third night. Residents will have one day in seven free of clinical activities. As part of their call system, residents will work no more than 24 continuous hours. They will be allowed to stay an additional 6 hours for finishing rounds on injured patients or participating in clinics. These guidelines will be achieved through the following mechanisms:

#### **ON CALL**

1. There will be a first call junior resident who will be relieved from clinical responsibilities the following day. He/she will go home by 12:00 noon. During this time, the resident will only be assisting in clinic and will always be supervised and will not be admitting new patients.
2. The third on-call resident will be a senior resident at home on back up call. This resident will serve as a primary resource to the call system only until 11:00 PM, there after; he/she will provide support only for surgical cases and phone consultation. This resident will only be on call 1 in every 10<sup>th</sup> night. If this resident is called in for surgery, the faculty on the team will monitor post call fatigue and if necessary, the resident will be sent home.

3. The department of orthopaedics to the extent possible will avoid surgery after 11:00 PM by having a trauma team available for emergent cases the next day in the Trauma 2 operating room.
4. It is the on-call teams' responsibility to provide evening operating room and emergency room support to allow other residents allowing them to complete their workdays to meet guidelines.
5. The junior resident is on only once/week always on the same day allowing team schedules to be adjusted, so going home the next day is a reality.

### **NON ON-CALL TEAM ORIENTED WORK HOUR GUIDELINES RULES**

1. Teams must be prepared to pass on emergency cases and surgical cases to achieve work hour compliance. This should begin at 5:00 PM. Patient care is a priority so passing on of clinical cases must be done with excellent sign out such that there is clinical continuity. Morning pass ons to other teams occur between 6:00 and 7:00 AM depending on the day of the week.
2. Our on call system achieves 80 hours per week if residents are compliant with 10 hours off between shifts. Residents are required to have 10 hours off between shifts.
3. Residents go home by 7:30 PM on weeknights. Operating room or emergency room cases that would keep them later must be passed on. Responsibilities in the clinic, dictating or doing ward rounds must not keep residents later than 7:30 PM. This requirement must be monitored and clinical responsibilities adjusted by the faculty on the team.
4. To prevent late clinic responsibilities faculty should either:
  - a. Share dictation with residents
  - b. Allow residents to dictate directly after seeing patients
  - c. Residents should stop seeing patients at 5:30 PM to complete their dictation
5. Team resident members should divide rounds on the weekends to achieve one day off per week and on weeknights to leave at the required time.

### **MONITORING COMPLIANCE**

1. Residents' duty hours are monitored twice a year for a two month period through the e-value system. The Program Director and Program Coordinator review the results semi-annually with the residents and the faculty.
2. Team faculty is responsible for residents on their team and must monitor fatigue and the home by 7:30 PM policy.

### **CALL COVERAGE AT THE VA MEDICAL CENTER IN IOWA CITY**

Call coverage at the VA Medical Center in Iowa City is covered by the UIHC call schedule.