

EXPECTATIONS FOR JEOPARDY

Jeopardy assignment is considered part of your working duties as a resident. Jeopardy coverage is necessary to avoid situations in which patient care will be adversely affected by resident physician absence. When you are called in for jeopardy coverage there is no obligation on the part of the program for 'pay back', that is, repayment for time lost or inconveniences in scheduling because of jeopardy coverage. If, due to programmatic needs, you are asked to switch rotations outside of jeopardy coverage, the program will attempt to account for any potential loss of educational experience or addition of weekend or holiday work within reason and adhering to the ACGME resident work hour guidelines. If a schedule change is originated at the request of you or a fellow resident and is agreed upon by all parties involved, including the approval of the program, but that change incurs additional work for any of the parties involved, the additional work is considered elective and is not the duty of the program to obviate that additional work.

Jeopardy Accountability:

Please note that when you are jeopardized onto a service that requires you to be overnight (ie night hospitalist, night float, long call resident), you will be responsible for completing that shift in its entirety

Per resident feedback from prior years, a point system is implemented to keep track of jeopardy use (both requesting and covering). For the resident who cannot fulfill his/her clinical obligations and requires jeopardy use, points will be deducted on a weighted basis, depending on the clinical scenario and on a per day basis. For the resident called for jeopardy coverage, points will be added on a weighted basis, depending on the clinical scenario and on a per day basis. See table below for per day values of jeopardy coverage.

Jeopardy Point System:

5 points	10 points	15 points	20 points	25 points
Jeopardizing to: - Half-day Clinic - Consults(weekday)	Jeopardizing to: - Full day clinic - Wards/ICU non-call (weekday) - VA Geri non-call (weekday) - SM Geri non-call (weekday)	Jeopardizing to: - Short Call (weekday) - ED day shift (weekday) - VA Geri shift (weekday) - SM Geri short call (weekday) - Night float - Weekend (non-call)	Jeopardizing to: - ED night shift - Weekend (On-call) - Medium Call - Night hospitalist - Holidays - Flexed short call	Jeopardizing to: - SM Geri long call - VA Geri tele call - ICU/MICU Call - CCU Call - Long Call

**Assignment of jeopardy points may be adjusted at the discretion of the chief residents.

These points will be tracked throughout the year and will determine priority of 1st, 2nd, and 3rd jeopardy (aka "jeopardy priority") during a given jeopardy back up block (i.e the higher the points,

the lower the jeopardy). **The order of jeopardy residents listed on Amion does not reflect the jeopardy priority and should not be interpreted as such.** For any resident on jeopardy back up, and regardless of jeopardy priority, **the resident must be within 45 minute driving distance of the hospital and be able to assume their clinical duties within 90 minutes of being called in.**

Due to increased needs for jeopardy coverage in the setting of the Coronavirus pandemic, residents are also assigned to “Backup Jeopardy” weeks. While on backup jeopardy, residents may be jeopardized to services once “Full Jeopardy” residents are exhausted. Points for jeopardy coverage will be added on a weighted basis as noted above. While on backup jeopardy, **the resident must be within 45 minute driving distance of the hospital and be able to assume their clinical duties within 90 minutes of being called in.**

In the event that jeopardy is used excessively, in an inappropriate manner or in such a way that it affects your overall training, you may be asked to meet with Dr. Suthar or an associate program director to discuss concerns of professionalism, and with an end result of a letter of unprofessional behavior being placed in your file.

Residents should be available by pager at ALL times while on Jeopardy or Backup Jeopardy.

Residents are expected to respond to jeopardy requests within 15 minutes.

Didactics Attendance:

Each month, we will review attendance to noon didactics. All residents are expected to attend mandatory noon conferences unless you are post-long call, on a night rotation (Night Float, Night Hospitalist, ED, ICU nights, etc.), on your ophthalmology rotation, or on an away rotation. We understand that sometimes, clinical duties or unforeseen circumstances will prevent you from attending noon conference. Thus, if your attendance is less than 70% you will be penalized 10 jeopardy points, and if your attendance is less than 50% you will be penalized 20 jeopardy points. If you are unable to join noon conference, please let the chief residents know.

Administrative Time:

The purpose of administrative time is to facilitate non face to face care for our patients. **People on administrative time during their ambulatory block are the jeopardy back up for clinic on that day.** For any personal medical appointments that are needed, you must obtain approval from your Chief Residents at least one week in advance to accommodate any schedule conflicts that may arise. In the event of an emergency, you must contact the Chief Residents as soon as you are able. This type of approved or emergency absence for personal medical appointments on administrative time will not be included in the jeopardy point system. Please remember that we ask you to try to make these appointments at times that least affect your work schedule.

You are expected to be in the hospital by 9:00 AM if you have scheduled admin time in the morning, and stay until 3:30 PM if your admin time is in the afternoon. You MUST have your pager on you at all times. People on administrative time will be first call for clinic jeopardy. Primary

Care Continuity clinics will be coverage priority, however you may also be called for Subspecialty clinic coverage. If you do not answer your pages during admin time or are not reachable when needed, you will lose your administrative time in the future.

Step 3 Scheduling:

For our incoming interns who will be scheduling/taking Step 3 this year, the 2-day test must be scheduled on 1 weekend day and 1 weekday. The weekday test day should preferably be scheduled during a consult rotation. If this is not possible, then the only other time would be during their ambulatory block, during which coverage would need to be assigned. **It is incumbent on the intern to schedule their test early and in a timely manner so that necessary schedule adjustments for coverage can be made.** The intern is exempt from jeopardy rules for the day of their test date as noted above to facilitate ease of scheduling on your part. Please consult your Chief Residents when scheduling your Step 3 exam to help avoid scheduling conflicts and ensure sufficient preparation time.

Extended Illness or Time off:

By ACGME guidelines you are allowed only 35 days off from clinical training per year. In typical circumstances this is mostly accounted for with 4 weeks of vacation. Extended time away from clinical duties that exceeds this allotment may result in delay of graduation or extension of clinical duties beyond graduation, unless an alternative plan to make up missed days is discussed with the program administration and chief residents. In addition, in the event of extended time off it is expected that, within reason, there be attempt at payback of colleagues who provided coverage in your absence, which should also be discussed with the program administration.

As a final note, the program will perform quarterly reviews of the jeopardy system to identify high utilizers. These residents will be referred to Dr. Suthar for further review which may result in additional clinical responsibilities. It is at the discretion of program administration to change the jeopardy system as it sees fit to ensure safety and security of patient care and equity in residency education.