UVA Orthopaedic Surgery Residency Program

Resident Handbook

Updated June 2018

Outline

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WORK HOUR POLICY

UVA Orthopaedic Surgery Policy

- The Orthopaedic Surgery residency program abides by all work hour policies as directed by the ACGME and the UVA GME office.
- There is no scenario in which a violation of the above work hour policies should occur within the Orthopaedic Surgery residency program.
- If a resident has concerns about rotations or call situations that may potentially violate work hours policy, he/she should raise these concerns to the program director immediately. The program director will work with the resident on a suitable plan to avoid violation.
- Every resident is required to monitor their own work hours for each week and anticipate when violations may occur based on their services' upcoming clinical duties and their own upcoming call schedule.
- If violations are anticipated, they must be reported in a timely fashion so that adequate intervention can occur. Junior residents on each service are to report problems to their Chief Resident. Residents on services with no other residents are to report anticipated work hour violations to the Administrative Chief Residents.
- If an adequate resolution cannot be achieved to avoid work hour violations, the issue must be immediately referred to the Administrative Chief Residents.
- **If a resident feels any pressure whatsoever to violate a work hour policy for any reason, the program directors must be notified immediately. Anonymous reporting is available at www.uvaortho.com/resident.**
- Work hours must be logged accurately and in a timely fashion. Delays in work hour logging may result in unanticipated violations.
- The UVA Graduate Medical Education Work Hours Policies are listed below
    - *NOTE: Moonlighting is prohibited for UVA Orthopaedic Surgery residents due to work-hour restrictions.*

UVA Graduate Medical Education Policy

from: https://med.virginia.edu/gme/wp-content/uploads/sites/255/2018/05/Policy10-Learning-Working-Environment-May2018.pdf

Programs, in partnership with their Sponsoring Institutions, must design an effective program structure that is configured to provide GME Trainees with educational and clinical experience opportunities, as well as reasonable opportunities for rest and personal activities.

a) Maximum hours of clinical and educational work per week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all inhouse clinical and required educational activities, clinical work done from home, and all moonlighting.

b) Mandatory time free of clinical work and education

The program must design an effective program structure that is configured to provide GME Trainees with educational opportunities, as well as reasonable opportunities for rest and personal well-being.

- GME Trainees should have eight hours off between scheduled work hours. There may be circumstances when GME Trainees choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80- hour and the one-day-off-in seven requirements
- GME Trainees must have at least 14 hours free of clinical work and/or required educational activities after 24 hours of inhouse call.
- GME Trainees must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days.

c) Maximum clinical work and education period length

Clinical and educational work periods for GME Trainees must not exceed 24 hours of continuous scheduled clinical assignments.

- Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or GME Trainee education.
- Additional patient care responsibilities must not be assigned to a GME Trainee during this time.

d) Clinical and educational work hour exceptions

- In rare circumstances, after handing off all other responsibilities, a GME Trainee may elect to remain or return to the clinical site, on their own initiative, in the following circumstances: 1) to continue to provide care to a single severely ill or unstable patient; 2) humanistic attention to the needs of a patient or family; or 3) to attend unique educational events.
- These additional hours of care or education will be counted toward the 80-hour weekly limit.
- UVAMC GMEC does not grant any exceptions beyond 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and required educational activities, clinical work done from home, and all moonlighting.

e) Moonlighting

- Moonlighting must not interfere with the ability of the GME Trainee or other Trainees in the program to achieve the goals and objectives of the educational program and must not interfere with the GME Trainee's fitness for duty nor compromise patient safety.

- Time spent by GME Trainees in internal and external moonlighting must be counted toward the 80-hour maximum weekly limit.
- All ACGME-accredited GME Trainees in PGY-1 year are not permitted to moonlight.
- A GME Trainee who wishes to moonlight must follow the Moonlighting protocols outlined in Appendix B which is incorporated into this Policy.
- *NOTE: Moonlighting is prohibited for UVA Orthopaedic Surgery residents due to work-hour restrictions.*

f) In-house night float
   - Night float must occur within the context of the 80-hour and one-day-off in-seven requirements.

g) Maximum inhouse on-call frequency
   - GME Trainees must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period).

h) At-home call
   - Time spent on patient care activities by GME Trainees on at-home call must count toward the 80-hour maximum weekly limit. The frequency of at-home call is not subject to the every-third-night limitation but must satisfy the requirement for one day in seven free of clinical work and education, when averaged over four weeks.
   - GME Trainees are permitted to return to the hospital while on at-home call to provide direct care for new or established patients. These hours of inpatient patient care must be included in the 80-hour maximum weekly limit.

ORTHOPAEDIC CALL

UVA Orthopaedic Surgery Policy

- **General call information**
  - The resident call schedule is formulated by representatives from each class with input from all residents. The administrative chief residents are responsible for ensuring appropriate call distribution and mitigating potential work hour violations
  - Call changes and switches must be communicated to the call schedule coordinator in a timely fashion so that the schedule may be updated. In the event of a late call switch after the call schedule has been distributed, the UVA Hospital call sheet operator must be contacted to make the appropriate pager changes. Additionally, the entire call team including the attending on-call must be notified.
  - Residents may not take in-house call more frequently than every third night (averaged over a 4-week period).
  - Residents taking in-house call are excused from all clinical duties by 12:00 noon (at the latest) the following day. They must have at least 14 hours free of clinical work after any 24-hour in-house call.
  - Weekend ED consult residents and Chief residents take home-call and are not subject to the rule that they are excused by noon the following day. However, if the ED consult or Chief resident remains in house for patient care responsibilities for more than 24 hours, they are subject to in-house work hour rules and must obtain coverage by another resident.
  - When residents taking home-call are called into the hospital from home, the hours the resident spends in-house are counted toward the 80-hour limit (but not the 10-hour rest period)
  - Residents not on weekend call will be off pager call and clinical duty from Friday afternoon until Monday morning 6AM. This will provide, at minimum 48 hours free from clinical duty. As residents on average take call at most every 2 weekends over a 4-week period this will policy will provide each resident, at minimum and on average 1 day off in 7 and be in compliance with the ACGME 1:7 duty hour regulation.
  - <u>Night float</u>
    - Night float residents (PGY-2 and PGY-4) rotate on in-house call from 6PM to 6AM Sunday through Thursday and can operate until noon on Fridays ONLY.

        - Conference attendance is required for all residents on the night float rotation. Night float residents will be expected to join the Trauma service for Thursday morning service specific conference.
    - Weekend call allocation
        - Two junior residents allocated per weekend
            - One resident takes Friday and Sunday call
            - One resident takes Saturday call
        - Two mid-level residents allocated per weekend
            - One resident takes Friday and Sunday call
            - One resident takes Saturday call
        - One chief resident allocated per weekend
        - One intern to assist with floor work and consults per weekend

    - General call consults are staffed with the general attending on call
    - Subspecialty Call
        - Certain consults are handled by faculty with specific expertise. Orthopaedic Subspecialty Call includes Hand, Spine, Pediatrics, and Arthroplasty. The call schedule varies depending on subspecialty and primary call may be managed by a non-Orthopaedic service depending on the schedule. However, there is always an attending listed on-call for each subspecialty situation on the call schedule.
            - **Hand call (PIC 1374):** Orthopaedics alternates primary hand call with Plastic Surgery service on a weekly basis. However, some upper extremity consults such as fractures are handled by the Orthopaedic Surgery service regardless of week. The Hand Fellow is involved in hand call as well.
            - **Spine call (PIC 1421):** Orthopaedics alternative primary spine call with Neurosurgery on a monthly basis. In general, Orthopaedics covers the even numbered months (Feb, Apr, Jun).
            - **Pediatrics call:** Pediatric Orthopaedic attendings manage consults related to pediatric patients.
            - **Arthroplasty call:** Adult Reconstruction attending manage consults relating to arthroplasty (i.e. septic total joint) and potential arthroplasty patients (i.e. hip fracture requiring THA)

- **Specific call information**
    - **Pager #1206** (Ortho In-House Junior Resident on call)
        - Personnel
            - Five PGY-2 residents
            - Weekend call on average every 2 weekends

        - excluding Night Float PGY-2
    - Responsibilities
        - General Orthopaedic service needs and issues
        - Floor calls and outside patient calls
        - First call for floor (non-ED) consults
        - Assist chief / upper level resident in trauma room
        - Assist ER resident with ER consults
    - Expectations
        - The 1206 pager is the front line for the Orthopaedic service. Pages and phone calls must be answered in a timely fashion. If the resident carrying the 1206 pager is busy with a task or in the OR, he/she must make arrangements for someone (i.e. nurse or medical student) to respond to pages on his/her behalf.
        - Junior resident expected review all consults and admissions with Chief resident.
        - Junior resident expected to review all significant patient care decisions with Chief resident.
        - Junior resident is required to review all consults and patient care issues with Chief resident prior to contacting Attending.
    - Schedule
        - Monday – Thursday days (6AM to 6PM) and Friday (6AM to 4PM) – Day Call Junior
            - Monday: Intern on Adult Reconstruction or Spine
            - Tuesday: PGY-2 on Pediatrics
            - Wednesday: PGY-2 on Adult Reconstruction
            - Thursday: PGY-2 on Sports
            - Friday: PGY-2 on Spine
        - Sunday – Thursday nights (6PM to 6AM) – Night Float Junior
        - Friday 4PM to Sunday 6PM – Junior resident on call (per call schedule)
        - Two junior residents allocated per weekend
            - one resident covers Friday night (Fri 4PM to Sat 6AM) and Sunday day call (6AM to 6PM)
            - one resident covers Saturday 24hour call (Sat 6AM to Sun 6AM)
- **Pager #1251** (Ortho ER Resident on call)
    - Personnel
        - Three PGY-3 and two PGY-4 residents at UVA
        - Weekend call on average every 2.5 weekends
            - Night float chief (PGY-4) excluded

        - Roanoke residents excluded
    - Responsibilities
        - First call for all ED and trauma consults
        - Assist Chief resident in trauma room
        - Assist Junior resident on call if needed
    - Expectations
        - The 1251 resident does not need to be in-house unless he/she is also carrying the 1206 pager.
        - Pages with new consults are answered immediately (within 30 minutes).
        - ED and trauma consults are seen as soon as possible.
        - Consults are appropriately triaged for urgency and manpower is allocated as indicated. If there is an urgent or emergent consult called and the 1251 resident is not in house and not immediately available, the 1206 resident can be contacted to initiate Orthopaedic care. However, the 1251 resident must immediately report onsite and is responsible for completing all consults.
        - The ED consult resident must be available after 11PM to assist in operative cases and to assist the in-house junior resident if necessary.
    - Schedule
        - Sunday 6PM to Friday 4PM – Junior Resident per the above schedule
        - Friday 4PM to Sunday 6PM – Mid-level resident on call (per call schedule)
            - *EXCEPT Friday and Saturday night 11PM to 6AM – Junior resident on call (per call schedule)*
        - Two mid-level residents allocated per weekend
            - one resident covers Friday night (Fri 4PM to 11PM) and Sunday day call (6AM to 6PM)
            - one resident covers Saturday call (Sat 6AM to Sat 11PM)
- **Pager #1218** (Ortho Chief Resident on call)
    - Personnel
        - Five PGY-5 residents
        - Night float chief (PGY-4)
        - Weekend call on average every 5 weekends
    - Responsibilities
        - Review all consults, admissions, and significant patient care issues with junior / ED resident and establish initial management plan

- Communicate directly with attending on call
- Review outside transfer requests
- Organize trauma room cases
- Be involved in all on-call case posting

▪ Expectations

- The Chief resident on call is responsible for all consults, admissions, and significant patient care issues that occur while on call
- The Chief resident is in direct communication with the junior/ED resident as well as the attending on call.
- The Chief resident is required to see all admissions, operative cases, and patients with a change in status (transfer to unit).
- Chief call may be taken off-site, but the chief resident must be immediately available for all patient care needs.
- Night float chief takes in-house call and is not to be included on the weekend call schedule.

▪ Schedule

- Monday – Thursday days (6AM to 6PM) and Friday (6AM to 4PM) – Trauma service chief resident
- Sunday – Thursday nights (6PM to 6AM) – Night float chief resident
- Friday 4PM to Sunday 6PM – Chief resident on call (per call schedule)
- One resident allocated per weekend
    - Chief resident covers from Friday at 4PM to Sunday at 6PM

o **Roanoke Call**

▪ Residents complete four rotations in Roanoke during PGY-3 and PGY-4 years. Therefore, there are always four UVA Orthopaedic Surgery residents in Roanoke every block.
▪ Residents take first call from home on average every four nights while in Roanoke.
▪ Even though the residents take no in-house call in Roanoke, the call workload is such that the program directors require that the residents be free of all clinical responsibilities after 12:00PM on their post call days.
▪ Only two of the four residents that are rotating in Roanoke remain to cover weekends, consequently residents have every other weekend free from all clinical responsibilities.

        - In the event of vacation, holidays, or missed time for interviews, residents are not permitted to take call more frequently than every third night (averaged over a 4-week period).
        - The appointed Roanoke chief resident is responsible for ensuring that the call schedule does not pose any potential work hour violation risks.

- **Weekend Rounding**
    - Weekend call team will round on all Orthopaedic in-house patients over the weekend so that residents who are not on call will have time free from clinical responsibilities.
    - Administrative chief residents responsible for organizing weekend rounding for each service. Attendings will be notified of the resident designated to round on their patients.
    - Rounding must be completed by 7AM on weekends so that operative cases may start on time.
    - Attendings who wish to round with their respective resident must do so by 7AM so clinical care and operative cases are not disrupted.
    - Attendings who round later in the day on the weekend should not expect to have a resident round with them as the housestaff will be busy with OR cases or managing consults.
    - The Chief resident on call is expected to coordinate operative cases with input from the attending on call.

- **<u>Call Coverage during Special Events</u>**
    - **Holiday Call**
        - Clinics and Elective OR are closed on the following holidays:
            - Memorial Day
            - July 4th
            - Labor Day
            - Thanksgiving (Thursday and Friday)
            - Christmas Eve (PM only)
            - Christmas Day
            - New Year's Day
        - Christmas and New Year's Day fall within the special holiday call schedule which is outlined later in the handbook. The administrative chief residents will construct a call schedule during those two weeks.
        - Call on other holidays will be covered by a chief resident with an ER and In-house resident as typical for a weekend call. For Monday holidays, the Sunday call team will be expected to take overnight call leading into that

Monday. The Saturday call team will cover Monday during the day. Night float will resume Monday evening at 6PM.
    - Night float covers any night that precedes a standard work day.
- **OITE Examination** (Second weekend in November)
    - All residents are off call from Friday 8PM through Saturday 4PM to take the OITE
    - Two fellows will cover floor and ER call
        - Adult Reconstruction responsible for OITE
    - All residents will round on their respective service prior to the start of the examination
    - Orthopaedic Nurse Practitioner will be asked to assist during the day on Saturday with floor matters
- **ORS / AAOS Meeting** (March)
    - Chief resident class invited to attend the Annual AAOS meeting from Tuesday to Sunday
    - PGY-4 class will assume the role of Chief resident on call
        - Friday 4PM to Sunday 6PM
            - 1218: PGY-4 resident (per call schedule)
            - 1251/1206: ED resident / junior resident (per call schedule)
    - Night float will resume Sunday 6PM
- **Graduation Visiting Professor Lectureship** (June)
    - Unless otherwise specified, the educational program will take place Friday afternoon with the Chief resident dinner on Friday evening and the graduation banquet on Saturday evening
    - Chief resident on-call will officially turn over at noon on Friday prior to graduation
        - In the event of an ongoing case, the Chief resident should complete the case unless otherwise directed by the attending
    - Rising PGY-5 residents will take over new Chief resident role on Sunday at 6AM
    - Junior resident on-call will officially turn over at 6AM on Sunday with rising PGY-2 class taking over the 1206 pager
    - Orthopaedic fellows will handle Chief resident call (1218) from Friday at noon until Sunday at 6AM to allow residents to celebrate graduation
        - Sports Medicine fellows responsible for graduation call
    - Junior resident (1206) and ED resident (1251) call by residents per the call schedule
    - <u>Roanoke residents</u>

- All residents will work through Thursday, with the on-call resident being released Thursday evening at 10pm so they can return to Charlottesville for Friday's educational session
- All Roanoke residents are free of clinical duties on Friday and Saturday.
- The Sunday on-call Roanoke resident is to return for call by 6AM Sunday morning.

ORTHOPAEDIC CONSULTATIONS

UVA Orthopaedic Surgery Policy

All requests for Orthopaedic consultation from the Adult and Pediatric Emergency Room must be seen in a timely fashion. Please be courteous in your interactions with the residents and faculty in the Emergency Room. The Emergency Room on-call resident will cover emergency room consultations throughout the day and will report to the chief resident and attending covering consultations for that day. After 6pm during the work week, the Emergency Room will be covered by the night float on-call residents with consultations going to the attending physician on call.

Please keep in mind that the Emergency Room relies on Orthopaedic residents to provide courteous and effective guidance for consultations.

Notes about consultations:

- **All consults are formal consults. There are no "curbside" consults.** If the ED or another service asks a specific clinical question about a patient, clarify if a formal consult is requested. Be careful providing information outside the context of a formal consult because it may be documented in the chart without your knowledge.
- Complete an Epic note for all consultations immediately after evaluating the patient and formulating a management plan with the chief resident/attending. If the entire note cannot be written due to time constraints, communicate the diagnosis and preliminary plan to the ED or primary team and leave a brief note in Epic.
- Consult notes should establish the consulting team and the clinical question asked or management requested. For example, the consult note should state "Ortho was consulted by ED physician Dr. X for evaluation and treatment of a suspected ankle fracture dislocation."
- Identify the Orthopaedic attending on-call who will be staffing the consult. If another attending or service will be taking over care, document the transfer of care plan in the consult note. For example, "the consult was staffed with the Orthopaedic attending on-call, Dr. Bobby Chhabra. The patient's care will be transitioned to Dr. David Weiss in the morning for definitive management."
- Complete a focused history and physical examination pertaining to the consult request. Note that many Orthopaedic patients may have additional injuries or conditions that are relevant but were not included in the consult request. As the Orthopaedic consultant, you are responsible for all musculoskeletal issues that will affect treatment. For example, if a patient sustained a hip fracture, but also has an exposed fibula plate, that is important and should be identified and addressed.
- When using templated notes, be careful to verify the accuracy of the information documented. Do not document on body parts that were not examined.

- Discuss the patient with the chief resident prior to finalizing the diagnosis and plan. Document that resident's level of participation (if they examined the patient with you or helped with a reduction).
- At the end of the consult note, document your discussion with the chief resident and/or attending.
- Communicate the impression and plan with the physician or service who requested the consult.
- Utilize the "Board" email listserv to communicate the consult to the team.

MEDICAL DOCUMENTATION

UVA Orthopaedic Surgery Policy

The University of Virginia Health System utilizes Epic as the Electronic Medical Record system. Residents are required to undergo Epic training prior to providing patient care and maintain proficiency in the utilization of Epic during their time at UVA.

The patient chart is the permanent record of the patient's condition, plan of care, and response to treatment. Efficient continuity of care relies on timely documentation in the medical chart, and patient safety depends on accurate documentation.

Notes about medical documentation:

- Residents are expected to document in the chart any interaction or intervention with a patient that impacts care.
- Sign every note with your name and PIC number so that other members of the team can communicate with you.
- Any time a resident logs into a patient chart, Epic creates a time stamp record. Entering the chart of a patient for whom you are not providing care is illegal and will result in disciplinary action or even termination.
- Any resident documenting in the medical record is responsible for the entire content of his/her documentation, whether the content is original, copied, pasted, imported or reused. Those who document are responsible for the accuracy, medical necessity, and documentation requirements of each of their notes.
- When working with a scribe, the resident is responsible for the content of the note and must document attestation of the documentation after reviewing and editing the note as necessary.
- Templated notes or smartphrases should be used judiciously and carefully reviewed before finalizing a note. Documenting a physical examination that was not performed is medical fraud. Additionally, using smartphrases may result in erroneous documentation such as reporting pulses on a patient with an amputation.
- Be careful pasting information from prior notes. While the "Copy Forward" or "Cut and Paste" tool in Epic is helpful to include information that is consistent through multiple notes such as "Procedure Performed" or "Date of Surgery", most information in the note requires daily updating.
- A complete history and physical must be completed on all patients going to the operating room. An H&P update may be performed if the original H&P is within 30 days.
- Operative notes may be dictated or typed into Epic. The resident is responsible for the accuracy of the note prior to submitting it for attending signature. Operative notes must be completed within 24 hours of surgery.

ESCALATION OF CARE

UVA Orthopaedic Surgery Policy

The faculty entrusts the care of our patients to the housestaff and has the utmost confidence in our residents' clinical decision-making ability. The majority of patient care issues may be managed on the floor by the resident and nursing team. Certain patient care situations require the notification and/or involvement of the chief resident and/or attending. If the attending for that patient cannot be reached and a serious patient care situation must be addressed urgently, contact the chair.

Alert chief resident and/or attending for:

1. All new admissions and consultations
2. Sudden decline in mental status
3. Sudden worsening of neurologic function or vascular status in extremity
4. Concern for post-op wound infection / increased wound drainage, redness, etc.
5. Pain out of proportion to expected level based on procedure/injury; not controlled by narcotics; worrisome for compartment syndrome
6. Sudden drop in SaO_2 >8% from baseline
7. Worsening of medical condition requiring urgent consultation to another service (Medicine, Cardiology, Respiratory, Neurology, etc.) or transfer to a higher-level unit of care
8. MET code or Code 12 called for a patient
9. Death of a patient
10. A family or patient is requesting patient representative to make a formal complaint

VACATION / LEAVE POLICY

UVA Orthopaedic Surgery Policy

The chair and program directors recognize the importance of vacation/leave for our residents. Residents are fully supported and encouraged to take all allotted personal time off as well as leave for conferences and professional time as necessary on condition that the below policies are followed. Please note that the most important factor in scheduling vacation that allows adequate coverage is advanced notice. Residents are asked to plan well ahead of any potential vacation and inform the affected service as soon as possible so that coverage can be arranged. **At no time should a resident be penalized or criticized about taking vacation.** Please notify the program directors if faculty or staff present obstacles or unnecessary difficulties to scheduling vacation. All leaves of absence must be reported in New Innovations within 30 days of the planned absence.

Detailed policy

- Resident Vacation / Leave
    - Orthopaedic Surgery residents (PGY-2 through PGY-5) have the following vacation allowance during an academic year (July 1 – June 30)
        - **2 weeks** of personal time off (10 business days)
        - **1 week** of personal time off during holiday season (Dec/Jan)
            - See Holiday Vacation
        - **1 week** of conference time (5 business days)
            - conference must be preapproved by resident directors
            - junior resident fracture course and chief resident AAOS annual meeting counts toward conference time
            - additional conference time (over allotted 5 business days) will count toward personal time off
        - **1 week** of professional time (5 business days)
            - includes meeting presentations, fellowship interviews, job interviews
            - Chief resident ABOS review course counts toward professional time
            - Additional professional time (over the allotted 5 business days) will count toward personal time off
- Intern Vacation / Leave
    - Orthopaedic surgery interns have three weeks of personal vacation time during the academic year. These will take place on specific rotations. Personal time-off during other rotations must be approved by the program directors.

        - **1 week** during Musculoskeletal Radiology (MSK)
        - **1 week** on the Emergency Service (ER)
        - **1 week** on Anesthesiology (Anes)
    - Orthopaedic surgery interns may not take personal time off while rotating on Orthopaedic surgery
    - Orthopaedic surgery interns are not part of the Holiday Vacation schedule. However, interns on the Orthopaedic service during the holiday weeks will be given time off during the holidays at the discretion of the administrative chief residents and program directors.
    - Interns will take professional time off for a mandatory OTA course. This does not impact personal time off.

- Holiday Vacation
    - Residents are granted personal vacation during one of the two weeks around Christmas and New Year's Day.
    - Scheduling of holiday vacation and arrangement of coverage will be managed by the administrative chief residents.
    - Residents will be given the opportunity to request which week they have off.
        - Priority is given to higher level resident when determining which week.
    - Night float will be suspended during the holiday two weeks and the administrative chief residents will coordinate call.
    - The five PGY-5 residents will divide call weeks so that three take chief call one week and two the other week. A PGY-4 resident will take the other chief call during the week with two PGY-5 residents.
    - Holiday call week will consist of 5 business days and 2 weekend days
    - Holiday call week schedule is based upon day of week on which Christmas/New Year's Day falls
        - If Christmas and New Year's Day fall on a **Monday**
            - Christmas team starts working Thursday prior to Christmas and works through Wednesday
            - New Year's team starts working Thursday after Christmas and works through Wednesday
        - **Tuesday:** Friday through Thursday
        - **Wednesday**: Monday through Sunday
        - **Thursday:** Monday through Sunday
        - **Friday**: Monday through Sunday
        - **Saturday:** Tuesday through Monday
        - **Sunday**: Wednesday through Tuesday

- Vacation / Leave during Roanoke Rotations

- The senior residents may take only 10 business days off for vacation and fellowship interviews total during their two Roanoke rotations. No personal time may be taken during a block if the resident has already scheduled professional time off for interviews.
- The holiday call schedule in Roanoke will be based on the Carilion General Surgery call schedule and will either be 5 or 6 days to remain compliant with ACGME duty hours.
- Residents providing coverage in Roanoke may not violate work hour policies.

- Special Leave Scenarios
  - **ORS/AAOS Annual Meeting Leave**
    - The following residents who meet the below criteria are eligible to attend the AAOS Annual Meeting
      - Chief residents
      - Podium presenters
      - Members of AAOS resident committees
    - No PGY-1 and PGY-2 residents may attend unless they are primary podium presenters or have special approval from the program director.
    - Residents on night float may not attend
    - A resident may attend the ORS or the AAOS but not both.
    - At least two PGY-3 and two PGY-4 residents must be available at UVA during this week.
    - Note that leave for the AAOS meeting is applied toward the 5 days of conference leave.
    - Any PGY-1 through PGY-4 resident who attends the meeting (presenting a paper) must provide a detailed report of their educational experience during their time at the AAOS or ORS. This will include a daily description of all seminars and ICLs attended. This report will be due one week after the AAOS. If a resident attends the ORS or the AAOS and does not dedicate time to the educational experience or their report is inadequate; they will lose future conference time.
    - Criteria to attend the ORS/AAOS Annual Meeting
      - Resident is in good standing with the program and is not actively under probation or remediation.
      - Duty hours up-to-date and no violations
      - Case logs are up-to-date
      - Mandatory resident research requirements have been completed
      - Resident has not used allotted conference time and has otherwise abided by the leave policy as outlined
      - Chief-specific criteria

        - Resident must be on track to graduate at year-end.
        - ACGME minimum case requirements are met or the resident is clearly on track to meet requirements to graduate
    - **PGY-5 ABOS Review Course**
        - PGY-5 residents will have the option to attend the AAOS Review Course or the Miller Review Course.
        - Three PGY-5 residents will choose one course while two will choose the other.
        - If the residents cannot decide which course to attend, then this will be done randomly by the program director.
        - Residents are not required to attend a review course. However, the money allocated for an ABOS review course ($2000) cannot be used for other activities.
    - **Fellowship interviews during PGY-4**
        - As most residents pursue fellowship training, we recognize the need to schedule multiple fellowship interviews. This obviously puts a strain on the residency as many members of the PGY-4 class take leave in a condensed amount of time.
        - PGY-4 residents interviewing for fellowships should be judicious when scheduling vacation during the second half of the year. Professional leave exceeding five days will count against personal time off.

- <u>Notes about Vacation / Leave</u>
    - Residents should take one week off in the first half of the academic year and one week off in the second half of the academic year.
    - All vacation/leave requests must be submitted via the web form on www.uvaortho.com. Holiday vacation weeks do not need to be submitted by this form.
    - **All leaves of absence must be reported in New Innovations within 30 days of the planned absence.**
    - Vacation duration may not be longer than seven days (5 business days and one weekend), without approval from the program director.
    - The two weeks dedicated to conference and professional time may NOT be used as personal vacation time.
    - Unused vacation and conference time do not carry over to the next year.
    - Residents are required to provide at least **<u>3 months'</u>** notice prior to any scheduled vacation.
    - Multiple residents on the same service cannot take vacation at the same time without approval from the program director. When a resident is planning vacation, he/she should discuss with the other resident(s) on the affected service

to ensure there are no conflicts. Priority for vacation time will be given to the higher-level resident.
  - Multiple residents from the same class / call pool should not take vacation at the same time except in special circumstances (i.e. AAOS annual meeting, fracture course, review course, etc.).
  - Once vacation/leave is scheduled, the resident must notify the scheduling coordinator and/or faculty for the affected service so that coverage plans can be made.
  - Residents may take vacation during any rotation. However, night float presents unique challenges in call coverage, and residents should not take vacation while on night float without special approval from the program director.
  - The residency coordinator will monitor vacation/leave time. However, the resident is responsible for being compliant with the vacation policy.
  - If the vacation/leave policy is violated, that resident will lose the remainder of his/her vacation time for the year and be subject to probation.

- Vacation / Leave Coverage
  - Providing advanced notice of planned vacation/leave allows the affected service to arrange coverage. The affected service should be notified **as soon as leave as scheduled**, but no less than **3 months** ahead of the planned leave of absence.
  - Weekend call coverage during vacation should be arranged within the call schedule. The resident is responsible for ensuring that he/she is not scheduled to be on call during a planned leave.
  - PGY-2 weekday 1206 call will be covered by the intern on Orthopaedic surgery.
  - Residents should review the conference schedule to ensure they do not have an assigned conference during potential vacation/leave.
  - Leave coverage cannot result in ACGME work-hour violations by cross-covering resident(s).

- Special Leave
  - **Sick Leave**
    - Trainees are provided up to fourteen calendar days per academic year of paid sick leave, inclusive of time needed for mental health. Beyond this, exceptional cases will be considered on an individual basis. In this regard, up to twenty-eight calendar days of additional paid leave time may be granted in cases of unusual illness or disability. Such additional leave would be granted through the Office of Graduate Medical Education only when the Program Director, DIO, or GME Office deem it acceptable.
    - Paid sick leave does not carry forward.
  - **Maternity Leave**

- Resident may take up to 6 weeks of maternity leave without extending her residency training period
    - 4 weeks would be paid as “medical leave” with the addition of up to 2 weeks allowed as vacation leave
- Additional time taken away from the program due to medical necessity will need to be made up at the end of the resident’s residency in order to fulfill all requirements for sitting for the boards.
    - May use remaining sick leave (14 calendar days)
    - It will be the program’s responsibility to create an appropriate makeup program for the additional time.
- The resident’s obstetrician will determine the date of return to duty.
- It is recommended that the resident try to schedule less demanding rotations during her third trimester and for the first month post-partum.
- Decisions about call during the third trimester and the first month post-partum will be made in conjunction with the resident’s obstetrician.
- Residents will not be expected to “make up” call nights missed while away on maternity leave.
- Loss of time from training for maternity leave will not be reason for termination from the residency.
- The resident must comply with all OSHA and safety regulations as they apply. The resident will make every attempt to schedule elective tests and appointments outside of working hours.
- In no case will a resident be not allowed to attend or be forced to reschedule her appointments or tests simply because they occur within the normal working day.
- The resident may take full benefit of the Family Medical Leave Act of 1993, which states that an employee has up to 12 weeks of job-protected unpaid leave during any 12-month period, if the resident is eligible to do so.

- **Paternity Leave**
    - One-week paid vacation around the time of birth, in addition to other vacation time is allowed by the department.

PROGRAM EXPECTATIONS

For the program to function efficiently and effectively, the residents are expected to meet certain documentation, performance, and academic standards. Failure to comply with these standards puts the program at risk for ACGME violations and probation. Funding for travel is considered a privilege and the program reserves the right to withhold funding if program expectations are not met. Residents will automatically receive citations if they do not meet certain expectations. A citation may also be given at the discretion of the program director for other resident performance issues not listed below. The program coordinator will notify residents when they receive citations and a keep record which they will review with the program director.

Prior to travel requests, an expectation checklist must be completed with the program director. Residents who do not meet program expectations will not be permitted to travel. **Residents who accumulate more than 3 citations in an academic year will forfeit travel funding for that year.**

- Work hours
    - Residents are required to log their time into New Innovations on a weekly basis. This is an ACGME requirement and lack of compliance puts the program at risk for a violation. Furthermore, it is not possible to prevent potential work hour violations if work hours are not recorded in a timely fashion.
    - The residency coordinator will send a work hour report to all residents and the program directors on the first of every month.
    - **Vacations and conference time off must be accurately logged in New Innovations.**
    - Any resident who falls behind by more than two weeks does not meet program expectations.
    - **Any resident who falls behind by more than four weeks will receive a citation. Any resident who fails to accurately log vacation and/or conference time will receive a citation.**
- Case logs
    - Resident are required to log every operative case into the ACGME Case Log. This is an ACGME requirement.
    - The residency coordinator will send a case log report to all residents and the program directors on the first of every month.
    - Any resident who falls behind by more than two weeks does not meet program expectations.
    - **Any resident who falls behind by more than four weeks will receive a citation**
- Evaluations
    - Residents are expected to complete faculty and medical student evaluations on New Innovations or OASIS.

  - Failure to complete evaluations within 2 weeks of notification does not meet program expectations

- Conference attendance
  - Residents are required to attend all mandatory conferences including morning conference, journal club, and anatomy labs.
  - The resident must notify the residency coordinator and program directors by email if he/she will miss a mandatory conference.
  - Attendings may not pull residents out of conference to round.
  - Unexcused absence from a mandatory conference does not meet program expectations
  - **Any resident who accumulates 3 unexcused absences will receive a citation**
- Be Safe reports
  - We recognize that Be Safe reports may be unavoidable in certain scenarios. However, residents should avoid situations that may result in a Be Safe report
  - **Any resident who accumulates more than 3 Be Safe reports in one academic year will receive a citation.**
- USMLE Part 3 Examination
  - Residents are expected to pass USMLE Part 3 prior to the end of PGY-1
- OITE performance (percentile by PGY class)
  - Residents are expected to achieve at least a 40th percentile by class on the OITE
  - OITE score less than 40th percentile, but greater than or equal the 20th percentile, is eligible for 50% of funding for that calendar year.
  - OITE score less than 20th percentile does not meet program expectations and results in forfeiture of funding for that calendar year.
  - Interns are excluded from this policy

RESIDENT FUNDING AND TRAVEL POLICY

UVA Orthopaedic Surgery Policy

The University of Virginia Orthopaedic Surgery Residency Program recognizes the costs that a resident incurs during the course of training. The program will provide funding to support resident educational and professional endeavors. The resident must meet program expectations to be eligible for funding.

Resident Funding

Residents will be eligible for up the following funding if program expectations are met. Please review notes about funding.

- Conference / travel funding
  - PGY1/2 - $2000
    - AO/OTA basic trauma / fracture course
  - PGY3/4 - $2000
    - Subspecialty conference or course
  - PGY5 - $4000
    - AAOS Annual course
    - Board review course (ABOS or Miller Review)
- Podium presentation funding (see below criteria)
  - $1000
- Book fund
  - $1000
    - Discretionary funding for loupes, books, SAEs, or other approved items.
- Personalized lead ($700)
- AAOS Comprehensive Orthopaedic Review textbook ($200)
  - Provided to interns during orientation

Notes about funding:

- Residents **MUST** meet program expectations to be eligible for funding.
  - Prior to submitting a travel funding request, the Expectation Checklist will be submitted to the program coordinators and directors for review.
  - More than 3 citations in an academic year will result in forfeiture of funding for that year.
  - Residents who forfeit funding may be eligible for restitution.
- Violations or abuses of the travel policy may result in forfeiture of all departmental-sponsored funding for that resident.

- In the course of the five-year residency training program, each resident should try to attend 3 conferences / courses (including a Basic Trauma Course and ABOS Review Course).
- Conferences and courses must be approved by the program director. Examples of approved conference/courses include: annual meeting for subspecialty society (AAHKS, OTA, AOFAS, AOSSM, ASSH, POSNA, NASS); regional conferences (SOA, EOA, VOS), resident courses at Orthopaedic Learning Center; resident trauma or arthroscopy courses.
- Residents may attend unapproved conferences and courses, but these courses will not be funded by the department and will count toward personal time-off.
- Residents are encouraged to seek scholarships to apply toward attendance at conferences and courses. Scholarship funding will NOT count against resident departmental funding, and residents may use their remaining money for other approved educational endeavors.
- The program coordinator will maintain a funding balance for each resident and it will be provided to the program director during the year-end resident review.
- Allotted funding not used during the correlating year may be used for other approved educational endeavors within that year at the discretion of the program director.
- Allotted funding not used during the correlating year does not carry over to the following year (i.e. if a resident does not attend a subspecialty course during PGY3/4 year, he/she may not use that money for a course during PGY5 year)
- <u>Podium presentation funding</u>
    - Residents presenting their primary research at the podium at a **major national conference** will be supported up to $1000 per presentation. Additional expenses will be covered by the resident or the faculty principal investigator.
        - Residents should verify the availability of funding prior to submitting the abstract.
    - Residents are reminded that the goal of a podium presentation is a published manuscript. Residents who fail to submit a manuscript for publication associated with a podium presentation may lose funding for subsequent presentations.
    - No travel outside the continental United States is supported.
        - Exceptions may be made in the case of research presentations at a major international conference where the resident is the primary podium presenter.
        - Prior to submitting an abstract to an international conference, however, the resident must receive approval from the chair and a tentative funding plan that includes the faculty investigator must be established.
- <u>Book fund</u>
    - Discretionary money will be provided to the resident for loupes, books, SAEs, or other approved items.

- Requested travel funding that exceeds the allotted funding for each PGY toward conferences and courses will be taken from that resident's book fund.
- Money remaining after residency will not be distributed to the resident
- **Loupes:** The Department will reimburse each resident a maximum of $500 towards the purchase of one pair of optical loupes. The resident should order the loupes personally from the vendor in order to obtain the resident discount. The resident is responsible for paying for the loupes up front, and needs to supply the Residency Coordinator with an original invoice and a copy of his cancelled check or credit card bill during the same fiscal year. Reimbursement is processed through the Health Sciences Foundation and the resident should receive reimbursement within two weeks.

Travel policy

- Residents traveling to conference on educational funds must follow pre-approval submission guidelines.
- Residents will complete pre-travel authorization workbook that includes flight, mileage, hotel, registration fees, parking, and per diem for the destination location.
- Residents are responsible for keeping all travel receipts and should submit a signed and completed travel workbook within seven (7) days of return.
    - Receipts include credit card statements showing charges for registration, air fare, and hotel.
    - Receipts for parking, taxis/shuttles, luggage fees, and boarding passes must be submitted.
    - An itemized, zero-balance receipt must be obtained from the hotel, and all non-reimbursable items must be deducted.
    - Items not reimbursed include entertainment, some room service, and bar/courtesy charges.
    - Failure to keep boarding passes or other required receipts may result in the resident's travel reimbursement being reduced or rejected.

Restitution Clause

If a resident forfeits funding for a calendar year due to the accumulation of 3 citations or insufficient OITE score, he/she is eligible for restitution to earn back funding. A resident with more than 5 citations over the course of residency is not eligible for restitution. A resident who violates or abuses the travel policy is not eligible for restitution.

The resident will formulate a restitution plan and submit a proposal to the program director for approval. Restitution projects should have an educational or service purpose. A resident who successfully completes restitution to the satisfaction of the program director will have funding reinstated.

Expectation Checklist

Must be completed prior to funding approval

Resident expectation	Met	Not met	Note
Work hours and cases logged (within 2 weeks)			
Vacation/Conference time-off logged in New Innovations			
Evaluations (within 2 weeks)			
Conference attendance (<3 unexcused absences)			
Be safe reports (<3 year)			
USMLE Part 3 completed			
OITE (>40%)			

RESIDENT RESEARCH

The ACGME mandates that resident education must include scholarly activity and a resident must demonstrate scholarship by participation in sponsored research and/or preparation of an article for a peer-reviewed publication.

We expect residents to be active in clinical research, basic science research, and/or the writing of original articles and chapters. Ongoing research projects and research ideas are discussed at service-specific monthly research meetings and residents are encouraged to involve themselves and initiate projects. The Orthopaedic Department has ready access to the anatomy laboratories at the University of Virginia Medical School. This laboratory is used for the monthly anatomy prosections.

The Orthopaedic research laboratories at Cobb Hall are available for biomechanics, cell level research, and microvascular research. Additionally, an outstanding gait analysis laboratory is available for projects. The ongoing cellular, cartilage, gait lab, and growth factor research laboratories are staffed by experienced technicians.

Clinical research and outcome studies are administered through the Fontaine Offices.

Resident Research Day

Resident research day will be held during grand rounds and visiting professor conference the week prior to graduation. All residents are expected to present a research project to the faculty and other residents and fellows. An abstract should be submitted by June 1. The research presentations will be judged and an award given at graduation.