

Operating Policy	
<b>TITLE:</b> Housestaff Retreat	
<b>ISSUING DEPARTMENT:</b> Graduate Medical Education Office, Creighton University School of Medicine-Phoenix	<b>ORIGINALLY ISSUED:</b> 05/03/24
<b>DOCUMENT CATEGORY:</b> Institutional	<b>LAST REVIEWED:</b>

## PURPOSE

To provide guidance on residency and fellowship retreats that provide educational and/or team building activities, planned at a program level.

## SCOPE

The policy applies to all Creighton University School of Medicine - Phoenix (CUSOM-PHX) HSP and their respective training programs, that are ACGME accredited or meet the criteria in the Non-ACGME Accredited Program Policy.

## DEFINITIONS

**Retreat:** Formal educational and team building events that take place outside of the typical resident/fellow workplace or duties. Informal social activities planned for hours before or after the formal retreat are not covered by these guidelines.

**Proposal:** Form requesting approval for retreats and/or retreat funding. Form is provided by GME office that maps out purpose and financial obligation of event.

**Creighton University Arizona Health Education Alliance:** a framework for collaboration between Creighton, Dignity Health St. Joseph’s Hospital, District Medical Group, and Valleywise Health. AKA Creighton Alliance.

## POLICY

- All CUSOM-PHX GME retreats must have prior approval by the GME office.
- A House staff physician (HSP) retreat must include one of the following:
  - a. Valuable educational components. This may include, but isn’t limited to; ways to improve the program, having guest speakers on topics of interest, discussions about resident/fellow wellbeing, stress management, relationship skills, sleep deprivation, leadership skills, career planning, financial wellness, etc.
  - b. Teambuilding, networking, and other activities to promote wellbeing and social connection are allowed as part of a retreat.

## GUIDING PRINCIPLES

### Safety

- It is expected that activities will be “safe for all”. Content or activities should not be objectionable to any individuals in attendance, and there should be no pressure for any individual to participate if they are not comfortable doing so.

### Individual Responsibility

- Individuals will take responsibility for their actions or inactions during the retreat and once the retreat is over.
- The [social media policy](#) must be followed.

### Alignment

- Content for activities should align with Creighton University School of Medicine – Phoenix GME policies and Creighton University mission and values. Within these parameters, both

on-campus and off-campus venues are allowable.

- All HSP and faculty must comply with [Creighton's Standards of Ethical Conduct](#)

### **Alcohol**

- With respect to the learning environment of the retreat, alcohol will not be allowed during formal retreat hours. Alcohol must always follow the Creighton University Human Resources Policy on Alcohol, found here: [2.2.18. Alcohol - issued 2-17-98.pdf \(creighton.edu\)](#). Any alcohol approved to be funded by Creighton should be limited to a maximum of 2 drinks/day.

### **PROCEDURES**

- A completed proposal form will be submitted through the respective program coordinator, [via this Qualtrics link](#), no less than 60 days prior to the scheduled event.
- The GME manager will review the proposal within 7 calendar days.
- Programs and attendees are responsible for following [Travel: Domestic and International policy](#). Participants must be granted options for accommodations they are comfortable with (ability to drive home, stay in private locking quarters, etc.).
- While residents/fellows/chiefs may lead the planning and implementation of the retreat, the retreat should formally be under the direction and guidance of the Program Director or an assigned faculty member respective of the program. This person must sign a Commitment of Oversight for the retreat and upload a signed copy to the retreat proposal (Qualtrics). If there is an overnight component, the retreat must be approved and overseen by the Program Director or assigned faculty member.
- If the retreat has an overnight component or being held outside of a Creighton Alliance member site, all retreat participants (HSP, faculty, staff) must complete and submit a Waiver of Liability, Assumption of Risk and Indemnity Agreement before the retreat. Program Director and/or Coordinator are responsible for collecting and retaining these waivers.
- Seven calendar days prior to retreat, a finalized itinerary must be submitted to [alliance@creighton.edu](mailto:alliance@creighton.edu). This itinerary must confirm if, when and where alcohol will be served.

### **REFERENCES**

Creighton University School of Medicine-Phoenix Clinical Education and Work Hours Procedure

### **ADDENDUMS**

Waiver of Liability, Assumption of Risk and Indemnity  
Agreement Commitment of Oversight

### **ADMINISTRATION AND INTERPRETATIONS**

The Graduate Medical Education Office – Creighton University School of Medicine-Phoenix is responsible for the administration of this policy and may interpret its provisions as needed.

### **AMENDMENTS OR TERMINATION OF POLICY**

This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME institutional policy shall govern. The University reserves the right to modify, amend or terminate this policy at any time.

## Waiver of Liability, Assumption of Risk and Indemnity Agreement For:

---

Participant's Name

1. In consideration of being permitted by Creighton University to participate in any way in the following activities:

Date(s) of Event	Activity
3/15/24	(Program) Retreat

(hereinafter referred to as "Activity"), I, for myself (and/or on behalf of the participant named below), my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue Creighton University, its officers, trustees, employees and agents from liability from any and all claims resulting in personal injury, accidents or illnesses (including death), and property loss arising from but not limited to, participation in the Activity. I also agree to indemnify and hold harmless Creighton University from all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorneys' fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

2. I am fully aware of the risks involved and hazards connected to this activity, including but not limited to travel risks. I hereby elect to voluntarily participate in said activity with full knowledge that said activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such an activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

3. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

4. I understand that Creighton University does not maintain any auto insurance policies that cover my travel to/from this event or any activity. As such, I am aware that I should review my personal insurance portfolio, especially auto liability coverages.

5. It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless agreement shall be construed in accordance with the laws of the State of Nebraska and Arizona.

6. IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign voluntarily as my own free act and deed.

## Commitment of Oversight

---

Program Director/Faculty Member

1. In consideration of being permitted by Creighton University to participate in any way in the following activities:

Date(s) of Event	Activity
3/15/24	Travel to/from Creighton Campus to Lincoln, NE for Capital visit/lunch.

I understand that while residents/fellows/chiefs may lead the planning and implementation of the retreat, the retreat is under the formal direction and guidance of the person named above.

I have read and will adhere to the Housestaff Retreat Policy.

---

PRINTED NAME OF PERSON NAMED ABOVE

---

Signature

---

Date of Signature