

General Guidelines for Resident On-Call Responsibilities

Resident Emergency Call Schedule

The residents' emergency call schedule involves coverage of 2 hospitals at 3 different sites. Subsequently there must be a first and second resident on call at all times. The schedule is made by a senior resident who is responsible for showing adequate coverage while remaining within the guidelines of the PARO Agreement. PGY3 residents will cover junior call up to and including the month of April, and in May will be phased into senior call. PGY5 residents will cover senior call until they take their study leave. The Program Director must approve each schedule.

Resident Call Rooms

The Department's "Resident Room" at Victoria Hospital (B3-434) provides the residents with a futon for overnight stays. The room is fully dedicated to the exclusive use by our residents. The room is safe and secure, accessible with a security code that is only known to the residents and the admin. staff. There are also resident call rooms (swing rooms) available in the ICU at LHSC.

1. Junior Residents (PGY2 and first ten months of PGY3)

- a. Will be responsible for first call
- b. Review all cases with attending surgeon
- c. Primarily manage basic ENT issues such as epistaxis, PTA's, digestive tract foreign bodies, etc.
- d. Discuss with senior resident if unsure of or uncomfortable with diagnosis or management
- e. Discuss all potential airway cases with senior resident
- f. Discuss all patients going to the OR, or being admitted to ICU with the senior resident
- g. Must respond within 30 minutes in terms of telephone management. If unable to attend in a timely manner, notify senior resident

2. Senior Residents (last two months of PGY3 to PGY5)

- a. Be available when on 2nd call
- b. See all airway consults in person
- c. Attend operative procedures as needed based on patient care or educational factors
- d. Assess patients if attending surgeon or junior resident feels there is a need for senior resident evaluation

3. Off Service Residents

- a. May perform initial assessment of consult after discussion with senior resident on call
- b. All consults to be seen by senior resident on call
- c. All outside calls to be directed to the senior resident on call.

Revised: April 2016