

## DIVISION OF UROLOGY

### ON-CALL SCHEDULE POLICY

The creation of the resident on-call schedule is the responsibility of the acting Chief Resident – the Chief Resident is expected to approve, along with the Program Administrator, all vacation and educational/professional leave in accordance with the PARO guidelines.

Once finalized, there will be NO changes to the call schedule without the input and approval of the Chief Resident. If there is dispute or conflict regarding the schedule, the Chief Resident will assess the concern and make a decision. If continued dispute, the Program Director/Assistant Program Director will intervene and make the final decision.

Draft weekend and holiday call schedules should be created by the Chief Resident quarterly and will ensure equitable distribution of weekends and holiday coverage throughout the year.

Monthly on-call schedules should be created well in advance of the start of each month (for example, the June call schedule should be finalized by May 1). It is expected that the schedules will be equitable and fair – this may not be possible on a monthly basis, but tally will be even by year end.

It is also the responsibility of the Chief resident to guarantee coverage (per PARO guidelines) for annual Urology meetings (American Urological Association and Canadian Urological Association meetings) and make decisions to ensure enough residents remain in the city for call coverage. The Chief Resident will make decisions regarding whether or not a more junior resident can be away from service in order to attend/present at meeting.

The duty of the Chief Resident is to review requests surrounding annual meetings, find out what is being presented and when, and then approve (or deny) education time or vacation for the meetings, and then report the approvals (or denials) to the Program Administrator for documentation. The Program Administrator will maintain an up to date tracking of vacation days, education days, lieu and float days, as well as number of on-call days to be distributed regularly to the Chief Residents.

### CURRENT PARO CONTRACT MAXIMUMS OF CALL COVERAGE

Each resident is entitled to 2 complete weekends off (which includes Friday night) for each 28-day time period. In addition, for home call services, residents cannot be scheduled for two weekends in a row. If residents are required to round on some weekends, they still need to have 2 complete weekends off per month, where they will not be oncall or come in to round on patients. Unless otherwise agreed to by the affected resident, PARO and the Program Director, residents should not be scheduled for consecutive periods of call.

Call maximums are based on total days ON service (vacation and other time away are deducted from total days on service before calculating maximum call).

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## MAXIMUM HOME CALL IS 1 IN 3

| Number of Days Maximum | Number of Home Calls |
|------------------------|----------------------|
| 17-19                  | 6                    |
| 20-22                  | 7                    |
| 23-25                  | 8                    |
| 26-28                  | 9                    |

A resident cannot be on home call on 2 consecutive weekends. Home call cannot be averaged over multiple months. While on some services, residents do a blend of in-house call (e.g., CTU call) and home call (e.g., for their primary service). In that case, the formula to calculate call maximums is as follows:

Blended home and in-house call formula: (Number of Home Call Assignments) x 3 + (Number of In-House Assignments) x 4 = maximum of 30 over a 28-day period.

## NIGHTLFOAT CALL

Night float call is scheduled as home call covered by PGY1-3 residents on-service and supported by backup home call with a more senior resident (PGY3-5).

*Night float format:* Day of Week: Monday (work the day) to Thursday  
Times: 17:00 – 08:00

Residents scheduled on night float will not be expected to have flanking weekend call shifts.

Residents are to leave the hospital after 08:00. They may round with their respective teams but are not to be given any tasks that will delay this.

Urology residents on research blocks, radiology or medical/radiation oncology blocks may also be expected to participate in call coverage in a reduced fashion as backup home call for more junior residents.

## ON-CALL CONVERSIONS/POST-CALL DAYS

Calls can be converted if a resident is called into the hospital to perform duties between the hours of midnight but before 6:00 am, or if the resident is called into the hospital to perform duties for at least four consecutive hours with at least one hour of which extends past midnight.

Junior Urology residents who convert call per the above PARO guidelines will be excused from all duties the following day. It is the responsibility of the Chief resident at that site to ensure that the program administrator and all faculty at that site are made aware that the junior resident is not available.

Senior Urology residents who convert call per the above PARO guidelines can opt out of clinical duties the following day. If the Senior Resident opts for a post-call day, the Chief resident at that site must ensure clinical coverage and notify the program administrator and all faculty at that site that the resident is not available.