

## DIVISION OF UROLOGY - ON-CALL SCHEDULE POLICY

### 1. Overview

The resident on-call schedule is managed by the Chief Resident, who is responsible for the following:

- Approving all vacation and educational/professional leave requests in collaboration with the Program Administrator, adhering to PARO guidelines.
- Ensuring equitable distribution of call duties, including weekend and holiday coverage.

### 2. Schedule Creation and Approval

- *Quarterly Planning:* The Chief Resident is responsible for drafting weekend and holiday call schedules quarterly, ensuring equitable distribution across the year.
- *Monthly Planning:* Monthly on-call schedules must be finalized well before each month (e.g., the June schedule by May 1). The schedules should aim for fairness and equity, with adjustments made annually to balance any disparities.
- *Final Approval:* Once the schedule is finalized, no changes can be made without the approval of the Chief Resident. In case of disputes, the Chief Resident will review and resolve them. If a resolution is not reached, the Program Director or Assistant Program Director will make the final decision.

### 3. Ensuring Adequate Coverage (I.e. for Annual Urology Meetings, etc...)

- *Responsibility:* The Chief Resident must ensure adequate daytime and on-call coverage during the resident examinations, educational courses, the American Urological Association and Canadian Urological Association meetings, adhering to PARO guidelines.
- *Approval Process:* The Chief Resident reviews requests for educational leave or vacation during these meetings, considering the presentations and roles of residents, and then approves or denies these requests.
- Approvals or denials must be communicated to the Program Administrator for documentation.
- *Documentation:* The Program Administrator maintains up-to-date records of vacation days, education days, lieu, and float days, and on-call days, and provides this information regularly to the Chief Residents.

### 4. Criti-Call Protocol

- *Process:*
  - The senior resident is contacted by Criti-Call to discuss patient admission and transfer appropriateness.
  - If appropriate, the senior resident checks bed availability and coordinates with the Criti-Call assigned faculty.
  - If no bed is available, the senior resident contacts the on-call faculty at other sites.

## 5. On-Call/Night Float

### 5.1 On-Call Limits

- *PARO Compliance:* Call duties must not exceed the limits set by the PARO agreement.
- *Home Call Limits:* The maximum home call is 1 in 3. Specific limits are as follows:

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

- *Restrictions:* Residents cannot be on home call for two consecutive weekends. Home call duties cannot be averaged over multiple months.
- *Blended Call:* For services requiring both in-house and home call, use the following formula to calculate the maximum number of calls over a 28-day period:

$$(\text{Number of Home Call Assignments}) \times 3 + (\text{Number of In-House Assignments}) \times 4 = \text{Maximum of 30}$$

### 5.2 Night Float Call

- *Scheduling:* Night float call is scheduled as home call, typically covered by PGY1-3 residents, with backup from more senior residents (PGY3-5).
- *Format:*
  - Days: Monday (work during the day) to Thursday
    - Residents cover night float from 17:00 – 08:00.
  - Post-Call: Residents must leave the hospital by 08:00 and may round with their teams but cannot be assigned tasks that delay departure.
- *Exemptions:* Residents on night float are not expected to cover flanking weekend call.
- *Participation:* Residents on research blocks or other non-clinical rotations are still expected to provide backup home call coverage in a reduced capacity.

## 6. On-Call Conversions and Post-Call Days

- *Conversion Criteria: Calls can be converted if:*
  - The resident is called into the hospital between midnight and 06:00.
  - The resident is called in for at least four consecutive hours, with at least one hour extending past midnight.
- *Post-Call Protocol:*
  - Junior Residents: Excused from all duties the following day if call is converted.
  - Senior Residents: May opt out of clinical duties the following day if the call is converted. The Chief Resident must ensure clinical coverage and notify relevant staff of the absence.
- *Handover:*
  - Residents must ensure proper handover and sign out of patients before leaving post-call.
- *Communication:*
  - Residents are expected to respond to pages promptly and notify the Chief Resident, staff person, and Program Administrator if unable to report for duties.

- *Rounding Stipend*

- Residents who have been approved for senior call may **volunteer** to assist the on-call team by rounding at their current assigned site on the weekend. If this occurs, the rounding resident is responsible for rounding on the patients at their site, communicating with the appropriate staff, and ensuring complete handover to the on-call team for any patient issues. The rounding resident should not see any new consults. Residents are entitled to receive an additional rounding stipend two times per month.

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