



PARO'S CALL SCHEDULING GUIDE  
FOR CHIEF AND SENIOR RESIDENTS



Congratulations on your success in transitioning into the role of Chief or Senior Resident. Being a Chief or Senior Resident is a great opportunity to develop your leadership skills in a challenging and very satisfying position. PARO is here to help support you in your role with helpful tips and practical advice for call scheduling, one of your likely many new duties.

In order to succeed in your role, it is helpful to remember that successful Chief or Senior Residents are:

- Enthusiastic about their work
- Confident and trustworthy
- Able to treat others the way they want to be treated
- Committed to excellence in their program and in other residents
- Not silent bystanders, and willing to step in for others in time of need
- Aware that others look to them during times of uncertainty and unfamiliarity for reassurance and security.

A Chief or Senior Resident has a huge impact on the culture within their program. This represents a big responsibility as well as a huge opportunity to foster a positive environment for you and all your colleagues.

In order to support and facilitate the work of Chiefs and Seniors as an important group of PARO members, language has been negotiated into the PARO-CAHO Collective Agreement so that programs, in consultation with their residents, create and provide a detailed job description/terms of reference for the Chief and Senior Resident position(s) that outlines the following:

- Detailed list of expected duties (e.g. Clinical, teaching, administrative and program responsibilities)
- Estimated time required to complete expected duties
- Number of learners under their responsibility
- The degree of administrative support provided by the program, if any.

The PARO-CAHO Collective Agreement also recommends that programs provide release time from clinical duties, commensurate with the estimated time required to fulfill the duties outlined in the job description.

If your program has not already done so, we would encourage you to initiate the process of creating job descriptions for your Chief and Senior positions. Often the individuals with the best understanding of what it means to be a Chief or Senior Resident are the Chiefs and Seniors themselves and we know that future residents in this role will benefit from your expertise.

Often, being a call scheduler is part of your role, so PARO has produced this helpful guide that will assist you with scheduling and hopefully make your job easier. We recognize that a big part of your role will be to problem-solve and employ conflict resolution skills to resolve challenging situations, including those that may arise when scheduling. PARO is always here to help you when those occasions arise.

## Call Scheduling

- All call schedules need to be supplied to residents at least two weeks prior to the effective date of the call schedule
  - **Clinical Pearl:** Often, this is misinterpreted as being 2 weeks prior to a resident's first scheduled shift – however, it is actually prior to the effective date of the schedule itself
- Timely release of call schedules is important for residents to plan their lives, and changes post-distribution should be avoided whenever possible. If circumstances require that changes be made after distribution, be sure to obtain the approval of any affected residents
  - **Clinical Pearl:** We appreciate that as a Chief/Senior Resident, you work hard to accommodate and juggle requests for time off. Encourage residents on your service to submit their vacation/time off requests earlier than required in the PARO-CAHO Agreement to facilitate completion and circulation of the schedule. Often a standard e-mail request, sent 4 – 5 weeks before the beginning of a rotation, can facilitate residents getting this information to you in a timely fashion

- 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
  - **Clinical Pearl:** If residents are required to round on some weekends, they still need to have 2 complete weekends off per month, where they do not come in either on call or 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. This provision applies to both in-house and home call
  - **Clinical Pearl:** On light/non-intensive home call services, such as pathology or dermatology, it is often common for residents to be scheduled for consecutive home call. If residents and the program are comfortable that this system works best, this type of scheduling is permissible with the understanding that individual residents are entitled, under the PARO-CAHO Agreement, to require that they not to be scheduled for consecutive days if they so wish
- 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)
  - **Clinical Pearl:** If a resident takes a week of vacation (5 weekdays + 2 weekend days) while on a 28-day rotation, their total number of days on service should be counted as 21 days
- Maximum **in-house** call frequency is 1 in 4

Number of Days	Maximum Number of In-House Calls
19-22	5
23-26	6
27-29	7
30-34	8
35-38	9

- If the rotation is >1 month, in-house call maximums can be averaged over the length of the rotation (maximum averaging length is 3 months) with a maximum of 9 calls in any given month
- Maximum **home call** frequency is 1 in 3

Number of Days	Maximum Number of In-House Calls
17-19	6
20-22	7
23-25	8
26-28	9
29-30	10

- Home call cannot be averaged over multiple months
- While on some services, residents do a blend of in-house call (ie, CTU “fly-in” call) and home call (ie, 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
  - eg. a resident on rheumatology does 2 “fly-in” CTU call and 5 home call for the service in a 28-day block – this would be calculated as follows: 5X3 + 2X4 = 23 which is < 30, so this call load would be permitted.

## Vacation

- Vacation requests must be submitted at least 4 weeks before the proposed start of the vacation
- All vacation requests must be confirmed or an alternate time agreed to within two weeks of the request being made
- If the request is denied, a reason must be provided, in writing
- A resident cannot be post-call the first day of a vacation
- There cannot be any blanket policies restricting the amount of vacation time a resident can take on any one rotation - each request should be individually assessed
  - **Clinical Pearl:** Policies that state that residents must complete 75% of the rotation are blanket policies and thus are not allowable under the agreement
- Vacation is a minimum of 1 week (5 weekdays + 2 weekend days)
- There is no mechanism in the PARO-CAHO Agreement for revoking approved vacation time.

## Professional Leave

- In addition to vacation, residents are entitled to 7 days per year of professional leave to use at their discretion
- Residents are **not** required to provide proof of educational use of these days.

## Exam Leave

- In addition to vacation and other leave, all residents are allowed time away from clinical duties in order to take any Canadian or American certification examination, including reasonable travel time to and from the exam
- This is a separate entitlement and is **not** subtracted from their vacation or professional leave time.

## Holidays and Lieu Days

- Over the 12-day period encompassing Christmas and New Year's Day, each resident will receive 5 consecutive days off
- Each resident will have either Christmas or New Year's Day off
- There are no lieu days accrued for working Christmas, Boxing Day or New Year's Day
- Residents are granted a lieu day (to be taken within 90 days of the holiday worked) if they work any part of the other statutory holidays provided in the Agreement:
  - Family Day - February 16, 2015
  - Easter Friday - April 3, 2015
  - Victoria Day - May 18, 2015
  - Canada Day - July 1, 2015
  - August Civic Holiday - August 3, 2015
  - Labour Day - September 7, 2015
  - Thanksgiving Day - October 12, 2015
- Residents receive a lieu day if they are scheduled to work any part of the above statutory holidays – even if they were on home call and were not called into the hospital
  - **Clinical Pearl:** Residents are not required to take their lieu day on the same service as where they worked the statutory holiday. They may take it on any service, as long as it is within the 90 day window
- In addition to the above holidays, residents have one Floating Holiday which can be taken at a time mutually convenient to the resident and the service
- Religious holidays are to be accommodated unless there is undue hardship (ex. patient safety, service requirements, resident's educational/training requirements).

## Shift Work

- This applies to ER rotations, some ICU rotations, and other shift-based rotations
- A resident can be scheduled for a maximum of 60 hours per week, which includes all program responsibilities (for example, scheduled work shifts, academic half-days, OSCEs or exams, SIM labs, etc)
- A resident must have a minimum of 12 hours free of all scheduled clinical activities between shifts.

## Emergency Situations

- Residents may be required to work up to three additional call periods over a six month period, but only if needed to replace a resident who is forced to miss scheduled call days due to:
  - short-term illness
  - vacation for  $\geq 2$  consecutive weeks
  - an absence in other circumstances beyond their control or in an emergency situation
- It should be noted that this is an emergency clause, and should not be relied upon in normal call scheduling
- Volunteers should first be sought
- If no volunteers are found, residents may be required to provide coverage if:
  - there is no breach of other call provisions
  - the resident is not subject to exceptional personal or family hardship
- PARO and the resident's Program Director must be informed within two weeks of this occurring.

## Alternative Models of Call:

- If you are a Chief Resident scheduling residents on an alternate model of call such as a night float system, your model of call should provide additional guidance as to how to schedule residents. We recommend that you refer to your model for further assistance in call scheduling, or contact the PARO office for additional support. PARO keeps records of all approved alternate call models and is happy to assist in troubleshooting your call scheduling.
- Alternative models of scheduling must be agreed to by PARO and CAHO (Council of Academic Hospitals of Ontario). Through the process of formalizing the model, we can ensure that there is an agreed upon process for revising the model and for ironing out issues such as call stipends and other provisions that may require further attention in an alternate model.

## PGY-1 Call Scheduling Recommendations:

- The 2013-2016 PARO-CAHO Collective Agreement includes recommendations designed to improve the transition of our incoming PGY-1 members into taking solo overnight call during the first 4 weeks of their residency.
- As a best practice, many programs incorporate many of these recommendations to support PGY-1's during the first few weeks of residency, and, by extension, to optimize their PGY-1's transition into residency. This allows new residents to build their confidence and this, in turn, builds the confidence of the team.
- The recommendations were created through a collaborative process between PARO, CAHO, and representatives from COFM (Council of Ontario Faculties of Medicine) and subsequently negotiated into the PARO-CAHO Collective Agreement. The implementation of these recommendations must still comply with the maximum duty hours stipulated in the PARO-CAHO Agreement for all of our members, including for Chief and Senior residents.
  - **Clinical Pearl:** You should not be exceeding call maximums yourself, as a Chief or Senior Resident, in order to provide extra support to transitioning PGY-1s
- *What do these recommendations mean for you?* As a Chief or Senior who is responsible for call scheduling, you can work with your program to champion these recommendations for incoming PGY-1's. This work will help support them in their on-call duties during the first 4 weeks as they transition into their new role as residents. Every residency program may implement these recommendations differently, in order to support optimal transitions into

the different clinical environments in which we work and take on-call duties.

- As a first step, you might work with your program to define what an optimal level of support might be during the first 4 weeks of PGY-1. This can range from having extra senior support available in-house, to having staff increase their on-call support, to having PGY-1's take on-call periods only until 11pm.
- **Clinical Pearl:** At the end of the 4-week transition period, it will be helpful for PGY-1's to meet with an education lead in their program to ensure they are confident and competent to take solo call. As a chief resident, you may be optimally placed to help assess the PGY-1's competence and instill confidence in your juniors at the end of this 4-week period.
- As this is a new facet of the contract which will be implemented this coming July, PARO is here to support you with the new recommendations. We are eager to work with you on these changes and optimize the transition into residency for all of our PGY-1's.

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