



PARO'S 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, likely one of your 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 huge opportunity to foster a positive environment for you and all of 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 or Senior positions. Often the individuals with the best understanding of what it means to be a Chief or Senior Resident are you, the Chiefs and Seniors, and we know that future residents in this role will benefit from your expertise.

Call Schedules

When it comes to scheduling, PARO recognizes that a big part of your role will be to problem-solve and employ conflict resolution skills to resolve challenging situations. PARO is here to help you when those occasions arise.

Important points to remember:

- All call schedules need to be supplied to residents and to the PARO office at least two weeks prior to the effective date of the call schedule.
 - **PARO Pearl:** Often, this is misinterpreted as being 2 weeks prior to a resident's first scheduled call – however, it is actually 2 weeks 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.
 - **PARO 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 an 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.
 - **PARO 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.
 - **PARO Pearl:** On very light/non-intensive home call services residents are sometimes scheduled for consecutive home call. If the residents, PARO and the program are comfortable that this system works best, this type of scheduling is permissible provided that individual residents are entitled in accordance with the PARO-CAHO Collective Agreement to not to be scheduled for consecutive days if they prefer.
- 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)
 - **PARO Pearl:** If a resident takes a week of vacation (5 days + 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 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** is 1 in 3

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

- 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.
 - For example, 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: $5 \times 3 + 2 \times 4 = 23$, so this call load would be permitted.

Home Call Conversion for Relief of Duties Post-Call:

- If a resident is scheduled for home call, they will be relieved of their duties the next day in either of the following situations:
 - The resident is called into the hospital to perform duties between the hours of midnight but before 6 am.
 - The resident is called into the hospital to perform duties for at least 4 consecutive hours with at least one hour of which extends past midnight.

Onerous Home Call:

- Where a resident has identified that their home call was sufficiently intense, onerous or heavy, the program director, or the staff supervisor as designated by the program director may provide the resident with a post call day when requested by the resident.

Home Call Taxi Reimbursement

- Residents on home call may be reimbursed up to \$70 per month for taxi charges if:
 - The resident is on home call and can respond within the hospitals Medical Advisory Committee (MAC) approved response time.
 - The resident does not have a parking pass.
 - The resident is called in for clinical duties after 6 pm and before 6 am.

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 within two weeks of the request being made. If denied, an alternative time must be agreed to within two weeks of the original vacation request submission.
- A resident cannot be post-call the first day of 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.
 - PARO Pearl: Policies that state that residents must complete 75% of the rotation are blanket policies and thus are not allowable under the PARO-CAHO Collective Agreement.
- Vacation may be granted in a minimum of 1 week (5 weekdays + 2 weekend days), or taken in shorter periods.
- Once vacation is approved it cannot be revoked.

Professional Leave

- In addition to vacation, residents are entitled to 7 working days per year of professional leave to use at their discretion.
- Residents are not required to provide proof of educational use of these days.
- Subject to operational requirements, residents can request not to be placed on call for 14 days prior to the CFPC or RCPSC certification exams
- Also subject to operational requirements, residents can request for 7 consecutive days off during one of the four weeks preceding a CFPC or RCPSC certification exam. These 7 days are in addition to the 7 working days of professional leave.

- **PARO pearl:** A resident may choose to split the 7 days off between the oral and written components of the certification exam.

Exam Leave

- In addition to vacation and other leave, all Residents are allowed time away for taking any Canadian or American certification examination, including reasonable travel time to and from the exam. Reasonable travel time is to be determined on a case-by-case basis, and should take into consideration factors such as the location the resident is writing and transportation options.
- This is a separate entitlement and is not subtracted from vacation or professional leave time.

PARO Business

- It is outlined in the PARO-CAHO Collective Agreement that time used for PARO obligations is protected, and programs are required to allow residents to attend meetings as long as patient care is not compromised.
- Residents who are PARO representatives do not need to use vacation or professional leave time to attend to PARO business.
- PARO-related activities must be considered as days on rotation as they are part of a resident's educational experience.

Sick Time

- Residents who are off work due to illness are not required to make up missed calls or shifts. If a resident is away from a rotation for an extended period of time due to illness or other extenuating circumstances, the Program Director should address this on a case-by-case basis in terms of meeting educational objectives of the rotation.

Holidays and Lieu Days

- Over the 12-day period encompassing Christmas and New Year's Day, each resident will receive 5 consecutive days off. A post-call day cannot be counted as one of the days.
- Each resident will have either Christmas or New Year's Day off.
- Programs determine for each resident when the 5 consecutive days for the holiday period will take place.
- There are no additional lieu days accrued for working Christmas Day, Boxing Day or New Year's Day.
 - **PARO Pearl:** Call is to be prorated during the holiday block to reflect the three statutory holidays (Christmas Day, Boxing Day and New Year's Day).
- Residents are granted a lieu day (to be taken within 90 days of the holiday worked) if they have worked any part of the other statutory holidays provided in the Agreement:
 - August Civic Holiday - August 7, 2017
 - Labour Day - September 4, 2017
 - Thanksgiving Day - October 9, 2017
 - Boxing Day - December 26, 2017
 - Family Day - February 19, 2018
 - Easter Friday - March 30, 2018
 - Victoria Day - May 21, 2018
 - Canada Day – July 1, 2018
- Residents receive a lieu day if they are scheduled to work any part of the above statutory holidays – including if they were post-call, or on home call and were not called into the hospital.

- **PARO Pearl:** For July 1, 2018, the hospital will determine the day the statutory holiday will be recognized. Should the hospital recognize Sunday, July 1, as the statutory holiday a resident working any part of that day will be entitled to a lieu day. Should the hospital recognize Monday, July 2nd as the statutory holiday, a resident working any part of that date will be entitled to a lieu day.
- **PARO Pearl:** Residents are not required to take their lieu day on the same service in which they worked the statutory holiday. They may take it on any service, as long as it is within the 90 days.
- In addition to the above holidays, residents have one floating holiday to be taken at a time chosen by the resident.

Religious Holidays/Accommodations

- Under the *Ontario Human Rights Code* employers have the duty to try and accommodate religious leave requests, to the point of undue hardship.
- The service should make every reasonable effort to not put the resident on call during any requested religious observance.
- Generally, leave requests for religious holidays are negotiated on a case-by-case basis between the resident and the service. Residents are encouraged to request religious leave with as much notice as possible.
- Generally, solutions **do not** require residents to use vacation or professional leave time to have the requested religious leave granted.

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.
- When a resident is on a shift-based rotation (i.e. Emergency Medicine), and also has other clinical responsibilities (i.e. family medicine clinics) during the same week, the following call stipend rules are applicable:
 - Home call stipend if the shift does not extend beyond 11 pm
 - In-hospital call stipend if the shift extends beyond 11 pm

Example: A Family Medicine resident working a normal work week (Mon-Fri) is also engaged in clinical duties related to the Family Medicine rotation. The resident is scheduled for an Emerg shift on Saturday from 10 am-6 pm. As this Emerg shift is over and above the normal weekly clinical duties, the resident is entitled to a home call stipend, as the shift does not extend beyond 11 pm. If the Emerg shift was from 4 pm - midnight, the resident would be entitled to the in-hospital call stipend as the shift extends beyond 11 pm.

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 ≥ 2 consecutive weeks;
 - absent in other circumstances beyond their control or in an emergency situation;
- Volunteers must 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.

Alternate Models of Call

- If you are a Chief or Senior Resident scheduling under 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 (the teaching hospitals). Through the process of formalizing the model we can ensure that there is an agreed to 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 Recommendations

- The PARO-CAHO Collective Agreement includes recommendations designed to improve the transition of our incoming PGY1 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 PGY1s during the first few weeks of residency, and, by extension, to optimize their PGY1'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

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 PGY1s. 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 residents 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 PGY1. This can range from having extra senior support available in-house, to having staff increase their on-call support, to having PGY1s take on-call periods only until 11 pm.
 - **PARO Pearl:** At the end of the 4-week transition period, it will be helpful for PGY1s to meet with an education lead in their program to ensure they are confident and comfortable to take solo call. As a Chief or Senior, 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 always, PARO is here to support you with these recommendations. We are eager to work with you on these important initiatives and optimize the transition into residency for all of our PGY1s.