

McMaster Pediatric Residents' Practical Guide to On call and Off call (Call, Vacation, Professional Leave, "Off Call", "Call Free" and Lieu Days)

VACATION

How much vacation do I get?

Every resident gets **20** working days vacation each year, July 1 to June 30, with no carry over (i.e. you can't save some vacation that you didn't take this year for next year).

Both PARO and McMaster postgrad stipulate that vacation can be taken as one continuous period, in one or more week-long segments (i.e. 5 working days, plus the weekend before or after- residents' choice- as call free), or broken up into individual days. While residents may request single days of vacation (e.g. adding a Friday and/or Monday to make a long weekend), if you want to guarantee a weekend off (for example to attend your friend's wedding), you'll need to take the Friday and Monday as vacation days, as a resident cannot be given call before a vacation day (effectively giving you a four day weekend guaranteed without having to use up a whole 5 day vacation block).

Additionally, for "normal" one week blocks of vacation the chief residents will make every effort to extend the courtesy of making the weekends on both ends of a vacation week call free, not just the one requested. By PARO guidelines, resident are entitled to one weekend 'off call' for every 5 working days of vacation requested.

How do I request a vacation?

There are two ways to request a vacation:

1) When the program director asks for requests for the upcoming rotation schedule (usually in April), residents may request 2 weeks of vacation as a "block". 3-4 weeks straight is possible too- talk to the program director to discuss which rotation you will be missing.

2) Request vacation time off to take place during a clinical rotation. It is important to remember that time must be spent on rotation for evaluation to take place. Therefore, here is the recommended maximum time off for rotations depending on their duration:

- 8 week rotation: 2 weeks off
- 6 week rotation: 1 and a half weeks off
- 4 week rotation: 1 week off (if rotation split into 2 two week block-1 week off in total)
- 3 week rotation: it is strongly advised not to take more than 3 days off, taking more time off could affect the evaluation of the rotation
- 2 week rotation: strongly encouraged NOT to request vacation

You must specify which weekend you want to go with the five day work week.

Process for submitting a vacation request during a rotation:

Apply for vacation through Medportal. There is a link on the Postgrad page to apply for vacation. Please ensure on the Workflow sheet that a copy will be sent to the Pediatric Chief residents, the supervising staff/ or administrative assistant, and Laura Klyne.

* You get ONE guaranteed weekend that goes with any 5 week-day vacation. Please specify which weekend you want in your vacation request. The chiefs can give you a rough indication of what the

chances are, but the other weekend is never guaranteed, so if you book a plane ticket banking on a 10 day holiday, you are taking a risk. The chiefs cannot guarantee off call requests for the “other” weekend, as some call months are tight.

Religious Observances

McMaster Pediatrics supports the expression of religious freedoms by all learners. However, the program does not (and should not) keep track of resident religious ideologies (if applicable).

For residents who wish to be off service/call in order to celebrate any occasion, it is expected that they will do so by requesting vacation time off through Medportal (see process above).

Note: all residents are entitled to 5 consecutive days off during the 12 day period encompassing Christmas Day and New Year’s Day (see below). Therefore, for those residents who may prefer to be off work on December 24/25, they can request that 5 day period off once the Holiday Block off call requests are sent out by chiefs (usually towards the end of August). Keep in mind that requests are never guaranteed, but the chiefs will try to accommodate them as best as possible.

“CALL FREE” TIME

What are “Call Free” blocks?

Call free blocks are 4 week rotations during which time the resident will not do call within our program. Usually, call free blocks = elective blocks. Each resident from PGY2-4 gets 2 call free (usually = elective) 4 week blocks each year July 1 to June 30 with no carryover. These blocks are often during electives that allow residents to do international rotations, try out other departments across the country to get some ideas for fellowship or future work, etc. You can request to do call at McMaster during an elective and have another block be designated as call free- discuss this with the program director.

Even if a resident does call at another institution during an elective, that block is still considered “call free” because the resident is not doing call within our program. Note that the “Community” block is not call free (you do call in the community, which is considered part of our program). If you have a special request with respect to call free rotations that you’re not sure about, speak with your program director and make sure the chief residents get written documentation of any special permission you obtain regarding your electives/call free time. The chiefs must know exactly when you are not available for the call schedule.

Prenatal Restrictions

As per PARO, all residents who are beyond **28 weeks** gestational age in their pregnancy shall be excused from call requirements for the remainder of their pregnancy. These “missed calls” shall not be held against the resident, nor is the resident expected to make up these calls once they are again eligible for call.

If a resident has medical concerns during their pregnancy (or otherwise) that may affect his or her call capabilities, this needs to be addressed with the program director (see below).

PROFESSIONAL LEAVE

What is professional leave?

Professional leave, quite properly described by the PARO and McMaster Postgrad website, is as follows:

In addition to vacation entitlement, residents shall be granted additional paid leave to attend educational events such as medical conferences which are approved by the appropriate program director or department

head (and chief residents). Such conference leave, up to a maximum of seven (7) working days per annum, shall be consecutive if requested by the resident, and shall not be deducted from regular vacation entitlement. Such leave may be taken by house staff at any time, provided only that professional and patient responsibilities are met to the satisfaction of the hospital department head.

Each resident shall be entitled to paid leave for the purpose of taking any Canadian or American professional certification examination, or CaRMs fellowship interviews: for example, Royal College examinations, LMCC, ECFMG, CFPC. This leave shall include the exam date(s) and reasonable travelling time to and from the site of the examination. This leave shall be in addition to other vacation or leave. (The resident should inform the service in advance of this leave and get approval.)

Additionally, residents writing the RCPSC certification exam will not be scheduled for call duties for a period of fourteen (14) days prior, and will be granted up to seven (7) consecutive days off during one of the four weeks preceding the RCPSC certification exam.

The same process applies for approval of 'professional leave' as that of vacation – see process above (i.e. Through Medportal).

LIEU DAYS

What is a lieu day?

A lieu day is a day off “instead” of a stat holiday. If you are on call on a stat holiday (this includes if you are on-call on the Sunday and work from midnight to 8am on the holiday Monday etc.), you get to take another day off in its place (of your choice with approval from your rotation supervisor). As such, being on call on a long weekend is not so bad because you have the opportunity of making your own long weekend, perhaps when the traffic is not so bad!

Again, from PARO and McMaster Postgrad website:

If a resident is scheduled to work on a recognized holiday (i.e. New Year's Day, Labour Day, Easter Friday, Thanksgiving Day, Victoria Day, Christmas Day, Dominion Day, Boxing Day, August Civic Holiday) he/she shall be entitled to a paid day off in lieu of the holiday to be taken at a time mutually convenient **within ninety days** of the holiday worked.

This applies to any resident who works ANY part of a recognized holiday (e.g. Sunday 24hr call of Labour Day long-weekend qualifies for a lieu day since the resident worked from midnight to 9am on 'Labour Day' Monday).

Your supervisor must be aware that you will be taking a lieu day during their rotation. Lieu day requests must be submitted through Medportal.

The chiefs will usually put together a Long Weekend schedule towards the beginning of each academic year so that residents know ahead of time which stat holidays they may or may not be working. However, keep in mind the Long Weekend schedule may be subject to change, and residents might be scheduled to work on stat holidays outside of the Long Weekend schedule (i.e., if they are on night float during that time).

OFF CALL REQUESTS

What is an “off call request”?

Before putting together a call schedule, the chiefs will email the residents for “off call requests”. These are preferences for days that you prefer not to be on call. They are never guaranteed, but the chiefs will try to

accommodate these requests as best as possible. If you really need time off for something or need a particular date guaranteed off-call more than two weeks in advance, request it as vacation.

To reiterate, an “off call request” weekend is never secure unless you take it as vacation; if other people take vacation over that weekend, vacation takes precedence over an off-call request, which may be ultimately denied. It is impossible for the chief residents to keep everyone with an important off call request informed of everyone else's vacation status (i.e. advising them of when they need to take vacation and not just an off call request) so please don't ask them to tell you if you should take vacation or request off call to secure a specific weekend.

For the McMaster call schedule, please only submit off call requests through the emailed request form. Requests through Medportal are not accepted

CALL

Where and when do I show up for call?

For night call at MUMC, residents on the general peds ward (teams 1, 2 and 3) meet in the room specified on the teaching schedule at 4:30 pm or 7:30 pm. For weekend days call, residents meet at 8:30 am on Saturday, Sunday and any statutory/hospital holidays.

At St. Joseph's hospital, junior residents meet in the 3 OBS conference room (across from the NICU on the 3rd floor, obstetrics ward) at 5:00pm on weekdays and 8:00 am on weekends and holidays.

What if I'm sick or have a personal emergency that arises and I can't do call?

In the case of not being able to do a call shift:

1. The resident who cannot make their shift must phone or page all the possible residents who might be able to switch a call with you. A list of all pediatric residents' home phone numbers will be circulated early in the year, and this list is posted on Medportal for residents to access at all times. Paging (extension 76443) will be able to page the family medicine and BCT residents for you. **Please do not email- this is too slow!**

2. If, after exhausting all the options for potential switches, you still cannot find a replacement, call or page the backup call resident. Off service residents are to call the senior pediatric resident on call (1645), who will activate the back up call resident on their behalf, or forward them the contact list.

The assigned backup call list resident is indicated on the call schedule distributed to residents prior to the start date of the block; the call schedule is also posted on Citrix. Pediatric residents are assigned to be the backup call resident for up to one week at a time during the academic year.

3. If you are being taken to the hospital because you are sick, are vomiting or physically cannot make phone calls, or are getting on a plane within the hour to attend to a family emergency, by all means phone or page the assigned backup call resident and they will call down the resident contact list.

4. Please also page the staff on call to let them know you are unwell and will be unable to attend call that day

6. For extreme and unforeseen reasons of missing a shift (i.e. unexpected illness), it becomes the back up call person's responsibility to either take the call or find someone else who can. If they are unsuccessful at filling the call, they are to call back the staff on call and the senior resident to make them aware that they were unable to get anyone to come in for call. The chief resident must also be called or paged. This means the back-up residents may be required to call down the list multiple times in one week (although should be in extremely rare circumstances).

7. On weekends (Friday – Sunday), pediatric residents are assigned to backup call in the circumstance that the junior or senior resident covering day or overnight weekend shifts cannot come in for call. These residents may be different from the assigned backup call resident for the week. The resident who cannot make their shift should still call down the resident contact list and/or activate the backup call resident if unable to make the phone calls. If they are unable to find a resident to take the call, it is the resident who is assigned to backup call who must take the call.

A junior and senior resident are assigned to backup call on the weekends. In cases where the junior pediatric resident has already worked a day shift and must cover a night call for a sick resident, their call will be converted to a 24 hour overnight call. A post-call day will be granted for the next day.

8. The chief residents must be informed of all backup system activations by email (macpedschiefs@gmail.com) and (ideally) phone.

9. During weekday day shifts, residents rotate through mandatory core rotations. As a result, we will be unable to find any daytime resident coverage should a resident call in sick. The service the sick resident is on will need to find additional coverage, or manage without the resident for that day.

What if I have a personal issue (e.g. chronic medical condition) that prevents me from doing the standard call requirements?

If a resident has a personal issue that may affect his or her call capabilities, this needs to be addressed with the program director. The program director may then instruct the chief residents regarding call limitations for the resident. Unless indicated by the program director, all residents are considered equal with respect to call responsibilities. Chief residents are not in an appropriate position to make judgments about special call considerations.

What if I don't think my call schedule is fair?

Don't hesitate to bring it to the chiefs' attention if you think there is an oversight in your call schedule (e.g. too many days on call, forgotten off call request). Mistakes do happen. We will be able to verify any inequities by referring to PARO guidelines and/or the call schedule tally.

PARO also receives a copy of all resident call schedules, and reviews these to ensure that they generally do not exceed the contract requirements. The chiefs are able to resolve the large majority of call scheduling issues, but your PARO representative would be happy to discuss things further if you feel that your schedule exceeds the contract requirements (i.e. Maximum 1 in 4 in-hospital call, averaged over maximum of 3 months)

What if I don't think someone else's call schedule is fair?

Please do not be concerned with others' call schedules- leave that between the other resident and the chiefs. There is a lot that goes into making the schedule, making it impossible to judge without knowing all the details. Trust us, we put a lot of time into making sure the call schedule is fair.

What are my responsibilities when I'm on junior call at MUMC?

On weekdays:

1. Take handover from the day residents at 4:30 or 7:30 pm in the handover room and follow-up on any outstanding issues for these patients overnight.
2. Take calls from RNs looking after the patients on your team, review any concerns or very sick children with the senior resident.
3. See consults from the emergency room as indicated by the Senior Pediatric Resident.
4. Update the electronic handover lists for the next team before morning handover.

On weekends:

1. Take handover from the previous residents at 8:30 am
2. Round on patients on your team and review with staff and/or the senior resident.
3. Write a daily progress note, including an updated problem list. These issues will be reviewed at rounds with your SPR or staff, but please bring any urgent issues to their attention earlier.
4. Take calls from RNs looking after your team.
5. See consults from the ER as indicated by the senior, review with senior resident or staff.
6. Update the electronic handover lists for the next team before morning handover.

Anytime:

-ER consults (whether admitted or discharged home) need a full admission note and dictated note (it's fast and easy to read from your written note) once the case is reviewed with your senior resident/staff.

-If your attending pediatrician on call asks you to consult a pediatric subspecialty (e.g. nephrology), fill out a green consult form and page the resident (or staff if no resident) on that service to inform them of the consult.

-When discharging a patient, fill out the "face sheet" in the chart and dictate a discharge summary (if an admission note was dictated- as it should be- you don't have to repeat the admission information, just course in hospital, discharge meds, follow up issues, etc.)

What if I am carrying 5304?

5304 is the heme/onc pager. You will only carry the heme/onc pager if you have already completed your heme/onc rotation.

For Weekdays (Monday-Friday):

- The day-time **ward resident** must provide a **verbal handover, patient list and physical handover of pager 5304** to the resident covering Heme-Onc nights at **17:00**.
- If there is no resident available, then the **Heme-Onc fellow, ACNP or Staff** on service will carry pager 5304 and be responsible for handover at **17:00**. It is not reasonable to take the pager before this time as it may interfere with your other responsibilities.
- The following morning, the Heme-Onc ward resident, fellow, ACNP or Staff (in that order of availability) will contact the night resident at **7:50am** to do a verbal & physical pager handover; please be timely about this as the night resident needs to go to their mandatory teaching at 8am.

*(If no one is available for handover at 8am, the night resident should page the attending heme/onc staff to give a verbal handover then attend teaching and handover directly at 9am. Obviously patient care takes priority, and thus, if there is a sick child, appropriate handover and care of the child should occur between 8 and 9am, if necessary).

Please note:

- The Heme-Onc dedicated *clinic* resident **IS NOT** to handover patients on the ward to the night-resident while they are not doing ward service due to issues with handover quality and patient safety.
- To identify the appropriate Night resident for handover, refer to the Resident On-Call schedule (there is a separate column for Heme-Onc Nights) or on Medportal.ca under the "peds downloads" section.
- If there is discrepancy about who is to take the pager at any time, the **SPR carrying 1645** is responsible to get handover. They are responsible for distributing the pager accordingly.

For Weekends (Saturday & Sunday) and STAT holidays (including the Christmas/New Year's Holiday period):

Morning Handover:

- On Saturday, Sunday & Holidays the outgoing Night resident covering Heme-Onc will provide handover to the incoming resident or fellow on for Heme-Onc weekend days + give them pager 5304.
- The outgoing Night resident is responsible for paging the On-call Heme-Onc Staff after 8:30 to inform them of any night-issues.

Daytime Coverage:

- There will be a resident or fellow on weekend days for Heme-Onc from 8:30 am to 4:30 pm.
- Handover for nighttime will occur between the Heme-Onc day person and the Junior Pediatric Resident on night float. It will be the Heme-onc day person's responsibility to page the JPR to arrange for face to face handover (typically at 17:00).

****Please note:** All ill patients should be coming through the ED, and stabilized before they arrive on the pediatric ward.

Who can I call for help with patients when on call?

Page the senior pediatric resident "SPR" (pager 1645) or your staff pediatrician with anything you are unsure about. If there is a patient deteriorating, don't hesitate to call PACE or call a code blue (it doesn't have to be an actual arrest to call a code blue, but is OK for patients looking like they may arrest at any time).

What if I want to switch a call shift with another resident?

For call switches agreed upon by both residents, notify paging (ext. 76443) and email the chief residents with the details of the switch.

Call Stipends

How do I get my call stipend?

Residents get extra pay for call, \$116 for in hospital overnight call (including night floats), \$58 for "qualifying shifts" including ER shifts and weekend day shifts. For every call you do, visit the Postgrad page on Medportal and go through the link for on-call stipends. Try to submit all your call stipends as early as possible, as the strict deadline is 30 days after the end of the month. For example, all July calls need to be submitted by August 30. Check out the FAQ link on the website for instructions. The call stipend gets added to your pay every three months.

PARO (Professional Association of Residents of Ontario) works on behalf of residents to protect your interests, rights and well-being as well as advocating for residents' roles as learners, employees and teachers in the health care system. They can assist in discussing disputes between residents and their program representatives, but encourage you to TALK TO YOUR CHIEF RESIDENTS FIRST if you have any questions or concerns about call responsibilities!

PARO Quick Facts - Top "10" Things You Should Know About the Contract

Call and Other Work Hour Rules

1. **Call Schedules** must be distributed at least 2 weeks in advance of the effective date.
2. **Call Maximums** are based on the total days ON Service (vacation and other time away are deducted from the total prior to calculating maximum call).

Residents cannot be scheduled to work two or more consecutive calls unless agreed upon by the residents, the Program Director and PARO.

Residents cannot be required to round (or perform other clinical duties) on weekends when not on call.

In House Call: The in-house maximum is 1 in 4. For a "one month" rotation these maximums are:

- 19-22 Days = 5 calls
- 23-26 Days = 6 calls
- 27-29 Days = 7 calls
- 30-34 Days = 8 calls
- 35-38 Days = 9 calls

In hospital call maximums for rotations >1 month 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. The total number of calls on a rotation longer than one month can be calculated by taking the total of number of days ON service, divided by 4 and rounded to the nearest whole number (.5 rounds up).

Each Resident must have 2 COMPLETE weekends off per 28 days. This includes Friday night/Saturday morning as well as Saturday & Sunday.

Home Call: Home Call Max is 1 in 3, or 10 per 30.

A resident cannot be on home call on 2 consecutive weekends

3. **Shift work**

- On rotations where residents are scheduled in shifts, e.g. Emergency Medicine or Intensive care: Max hours = 60 hours/week, including other scheduled responsibilities (including academic half days).
- There must be a minimum of 12 hours off between shifts
- Residents doing shift work must have 2 COMPLETE weekends off per month. A weekend starts at midnight Friday.

4. **Post Call**

- Home 1 hr after handover for all in house call
- For Home Call
 - Home by noon if called in after midnight or in hospital for 4 consecutive hours with 1 past midnight.

5. Residents not on call/scheduled to work cannot be expected or compelled to be available on pagers or to come in for any reason.

Vacation and Professional Leave

6. **Vacation**

- 4 weeks (a week is 7 days which includes 5 working days and 2 weekend days) of paid vacation per year (no carryover).
- Requests must be made in writing at least 4 weeks in advance of the requested start day of the vacation.
- All requests must be confirmed or alternate times agreed to within 2 weeks of the request.
- Denials must be in writing with the reason for denial.
- There can be no blanket policies restricting the amount of vacation in any rotation.

7. **Professional Leave**

- Maximum of 7 working days per year (Note: weekends are not considered “working days” for this purpose.)
- You DO NOT need to be attending a Seminar or Course to take them
- Can be used as reading days, you can take leave for any Canadian or American professional certification exam. This leave includes the day(s) of the exam and reasonable travel time to and from the exam site. This time is in addition to other vacation or leave.

Holidays and Lieu Days

8. All House staff are entitled to the following recognized holidays:

- New Year's Day
- Easter Friday
- Victoria Day
- Dominion Day
- August Civic Holiday
- Labor Day
- Thanksgiving Day
- Christmas Day
- Boxing Day
- Family Day
- One Floating Holidays

All house staff are entitled to 5 consecutive days off during the 12 day period encompassing Christmas Day and New Year's Day. These 5 days account for Christmas Day, New Year's Day, Boxing Day and two weekend days. Each resident must get either Christmas or New Year's Day off.

9. **Lieu Days**

- Lieu days are granted for residents who are scheduled to work on any recognized stat holiday (or any part thereof, including being on call the day before).
- Must be taken at a mutually agreeable time within 90 days of the holiday worked.
- No lieu days for Christmas Day, New Year's Day & Boxing Day (this is included in the 5 days off over the holiday period).

Problems:

10. **Questions or Problems regarding the Contract**

Call the PARO Office at 1-877 979-1183 or look for details at www.myparo.ca