Psychiatry
UNIVERSITY OF TORONTO

**Call Guidelines**

**General Psychiatry Residency Program**

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## Background and Purpose

These guidelines are:

1. a consolidation of previous residency program documents outlining on call responsibilities, the process of allocating residents to call sites, and managing the back-up call process; and
2. informed by the On-Call Working Group that included resident and faculty input. The On-Call Guiding Principles, a document created by the On-Call Working Group, was used to develop these guidelines.

**It is strongly recommended that relevant portions of these guidelines are reviewed at all hospital site-based call orientations.**

### Definitions

PARO-OTH Collective Agreement: An agreement between the Professional Association of Residents of Ontario and the Ontario Teaching Hospitals that oversees the employment relationship between residents and hospitals.

**Junior Resident**: Junior resident generally refers to residents in the Transition to Discipline (TTD), Foundations of Discipline (FOD), and early to mid-Core of Discipline (COD) stages of training – in general PGY1-3 residents.

**Senior Resident:** Senior resident generally refers to residents in the late Core of Discipline (COD) or Transition to Practice (TTP) stages of training – in general, PGY4 and 5 residents. Note that the PARO-OTH Collective Agreement has a separate and specific definition for the purposes of administrative bonuses. If this meaning is implied, it will be noted in text.

**Call Ready Sites**: All sites which have residents participating in general psychiatry call, including the core Toronto Academic Health Sciences Network (TAHSN) sites (Centre for Addiction and Mental Health, University Health Network [Toronto Western Hospital], St. Michael's Hospital, Sunnybrook Health Sciences Center) and community partners (North York General Hospital, St. Joseph's Health Centre, Trillium Health Partners). Call ready sites must meet minimum standards at site safety reviews every two-years to remain call sites for the residency program.

**EPA**: Entrustable Professional Activity.

**PES**: Psychiatry Emergency Service.

## Call Responsibilities

### Background

After hours coverage of psychiatry services, also known as "call" or "on call" is a RCPSC (Royal College of Physicians and Surgeons of Canada) required training experience throughout Psychiatry residency training.

These guidelines delineate general principles of the on-call experience for residents in the General Psychiatry Residency Program to support robust learning and patient care experiences. The guidelines include the following:

- Resident, hospital site, and supervisor responsibilities on call
- Graded responsibility & resident teaching opportunities - junior (PGY1-3/TTD, FOD, COD)/senior resident roles (PGY4,5 late COD to TTP)
- Ensuring adequate supervision – Supervisor Roles and Responsibilities On-Call
- Missed Call

All call responsibilities must comport with:
PARO-OTH collective agreement
RCPSC Standards for Psychiatry
Relevant hospital-based policies regarding patient care (please see hospital intranet for details)

### Resident, hospital site, and supervisor responsibilities on call

Hospitals sites differ in terms of how emergency psychiatry services are delivered; as such, flexibility and collegiality are critical to effective on-call experiences. All clinical training experiences in the residency program are undergirded by the expectation of a high degree of professionalism and dedication to safe patient care.

1. Orientation - Site-specific safety considerations and resources along with call structures and expectations should be reviewed at site and call orientations and with the faculty supervisors.
2. All call ready sites must have up-to-date site safety reviews every 2 years. Please see the General Psychiatry residency program's Safety Guidelines for details.
3. Faculty supervisor responsibilities - Supervision of residents on call must comport with CPSO Professional Responsibilities in Medical Education.
4. Resident responsibilities
    a. Residents on-call are primarily responsible for Emergency/Crisis assessments.
    b. Residents may be expected to respond to Code Whites, Psychiatric Emergencies (on psychiatric and medical/surgical units), and/or medical emergencies on Psychiatric Inpatient Units to support patient care with appropriate supervision and orientation from site-based leadership to these responsibilities.
    c. Inpatient care on medical/surgical units (C-L Psychiatry) and Psychiatry units
    *Care of patients admitted to medical and surgical units and psychiatry units are the responsibility of faculty supervisors (i.e. staff psychiatrists) during on-call shifts. Residents' primary responsibility is to the emergency department, where patient care needs are unpredictable*.

As a part of graded responsibility senior residents (PGY4/5s in COD and TTP stages of training) can assist with patient care on medical/surgical and inpatient psychiatry units. The expectation in this circumstance is that residents are not otherwise occupied in the emergency department and staff are providing patient care on site with residents. Staff must also ensure adequate orientation to the units and provide appropriate supervision. Should a resident be required to attend to patient care needs in the emergency department, staff should be prepared to take over any medical/surgical or psychiatry unit patient care needs that have been assigned to the resident. Finally, staff are advised to be attentive to the well-being needs of residents on-call and openly discuss integration of workload and breaks/rest periods.

Junior residents (PGY1-3s) for their learning can, with graded supervision aligned with resident level of training and competency, assist with patient care on inpatient psychiatry and medical/surgical units, should they express an interest in doing so. Faculty supervisors are encouraged to discuss clinical learning opportunities with junior residents during on-call shifts. Should a junior (TTD/FOD) resident agree to assist with patient care in this circumstance, the expectation is that faculty are on-site and provide close supervision, including direct observation and intervention as needed if the complexity of the patient care needs exceeds the resident's competency and/or there are patient care responsibilities in the emergency department. Faculty supervisors should also be attentive to the well-being needs of junior residents on-call and openly discuss integration of workload and breaks/rest periods. Junior residents may also be less efficient with documentation, and this should also be considered in assigning any additional clinical responsibilities outside of the emergency department. Residents' primary responsibility on call remains to patients in the emergency department.

Urgent/emergent situations: Residents between PGY2-5 (FOD/COD/TTP stages) may be asked, in urgent or emergent situations, to temporarily attend to the care of patients admitted to a medical/surgical or psychiatry units (e.g. enter PRN medication for agitation with staff input/supervision) to assist a staff person who is on their way into the hospital. Site-based postgraduate education leadership must ensure that residents and staff receive appropriate orientation to these circumstances during on-call orientation sessions.

Site specific considerations

-CAMH – Residents' primary responsibility is to the emergency department. Staff psychiatrists are assigned to cover inpatient units after hours and on holidays.

-UHN – Residents' primary responsibility is to the Psychiatric Emergency Services Unit (PESU) which is located at Toronto Western. Staff on-call are responsible for the inpatient psychiatry unit at Toronto General and any medical/surgical unit patient care issues across UHN sites.

**On Call Roles for Junior and Senior Resident**

When possible, junior-senior resident on-call pairings will be preferentially implemented by Chief Residents and PG Site Directors to foster opportunities for support, teaching, and learning.

Graded responsibility on-call aligns with call learning objectives and enhances the collaboration between junior and senior residents on-call. *These expectations will also serve as a guiding document for call sites and should be pragmatically adapted to meet the specific on-call experiences offered at each site.*

Junior Resident Role (TTD-FOD-COD, PGY1-3)

In addition to rotation specific on-call learning objectives, the junior resident's role includes the following:

***1. Start of the Call Shift***

- Meet with the senior resident to discuss handover and anticipated challenges on-call.
- Share on-call contact information.
- Discuss level of training & supervision/learning needs with senior resident.
- Discuss plan for EPA completion with staff and/or senior residents on call.

***2. During the Call Shift***

- Be able to:
    - respond to pages in a timely manner
    - take an accurate history and clearly communicate this history in a concise manner to other team members and on-call supervisors
    - arrive at a diagnosis and differential diagnosis for low to medium complexity ED presentations
    - arrive at a disposition plan for low complexity ED presentations
    - complete ED appropriate documentation in a timely manner
    - manage uncomplicated admissions
- Participate in medical student teaching if appropriate.
- Supervise medical students who are not already being supervised by the senior resident.
- Review all cases with the on-call supervisor. The expected time frame for reviewing cases will be determined by the on-call supervisor at the start of the shift. *Residents should not be asked to defer reviewing cases seen overnight to the morning.*
- For junior residents who are not overnight, provide handover to senior resident or supervisor.
- Seek assistance when encountering challenging situations on call such as complex admissions (e.g. medications, investigations), complex management issues and questions regarding interpersonal team functioning.

***3. Post-Call Shift***

- Resident may choose to complete an assessment (e.g. LACT - Learner Assessment of Clinical Teacher) form for staff on-call. This is not mandatory.
- Discuss plan for EPA completion with staff and/or senior residents on call.

Senior Resident Role (late COD to TTP, PGY4/5)

In addition to rotation specific on-call learning objectives, the Senior resident's role includes the following:

***1. Start of the Call Shift***

- Identify current and anticipated patient concerns (e.g. patients awaiting transfer, bed flow challenges) related to the call shift with the PES supervisor and/or supervisor on-call and any relevant PES on-call team members (i.e. clinicians, nurses)
- Establish level of training & supervision/learning needs of junior trainees on-call (residents and medical students)
- Obtain on-call contact information for team members.
- Discuss plan for EPA completion with staff and/or senior residents on call at the start or at any other time during the call shift.

***2. During the Call Shift***

- Coordinate roles and tasks during the on-call shift with junior residents and medical students. This will include fairly distributing patient workload amongst team members and considering junior trainee educational needs.
- Discuss with supervisor on-call expectations for reviewing cases seen on-call and determine level of supervision required for admissions during shift.
- Be available as needed to discuss cases. This will assist with coordination and oversight of cases during call shift.
- Be available to review documentation in complicated cases (as determined by the senior resident) to ensure appropriate documentation of safety and disposition. Be available to discuss Mental Health Act forms completed on call during the on-call shift
- Be able to :
    - take an accurate history and clearly communicate the history in a concise manner to supervisors, trainees, ED physicians and other health care professionals, where appropriate
    - arrive at a diagnosis and differential diagnosis for medium to high complexity ED presentations
    - arrive at a disposition plan for medium to high complexity ED presentations
    - manage complicated and uncomplicated admissions with minimal supervision.

**Please note: Residents should always contact their supervisor if there are any questions about patient care or other concerns related to the on-call experience.**

- Identify interprofessional roles in collaboration with the ED Psychiatry team. When indicated, participate in interprofessional coordination.
- Be readily available, answering pages in a timely manner.
- Review all cases seen by medical students and supervise medical students who are not already receiving supervision by the junior resident.
- Teach medical students and junior residents.
- Ensure that the necessary information is communicated to the overnight resident to facilitate clear communication and handover to the daytime PES team.
- Provide coaching and guidance in challenging situations on call (e.g. complex admissions or management issues) and foster skills to overcome instances of interprofessional tension.

***3. Post-Call Shift***

- Resident may choose to complete an assessment (e.g. LACT - Learner Assessment of Clinical Teacher) form for staff on-call. This is not mandatory.
- Be open to receive post-call feedback from supervisor or inpatient staff about admissions overnight.

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**Supervisor Roles and Responsibilities On-Call**

Supervisor on-call have the following expectations in relation to on-call supervision of junior and senior trainees:

***1. Start of the Call Shift***

- Clarify case review process with senior and junior resident.
- Provide residents with contact information.
- Ensure familiarity with on-call training guidelines and discuss roles and responsibilities of staff & resident(s) on-call.
- Discuss plan for EPA completion with residents on call at the start or at any other time during the call shift.

*2.* ***During the Call Shift***

- For on-call staff who are "in house" at any point during call shift, establish clear roles for the senior resident to facilitate senior resident on-call expectations. Expectations may differ based upon site, supervisor, and resident learning needs.
- For "home call" staff/supervisors, ensure pages from residents are answered in a timely manner and aligned with any relevant hospital patient care and medical education policies.
- Provide teaching and support to residents during the on-call shift.
- Provided graded responsibility to residents in the Transition to Practice stage of training regarding patient care decisions, including supervision of junior trainees.

While greater responsibility can be delegated to a TTP resident, all clinical care decisions remain the responsibility of the staff physician/supervision and as such, all patient care provided must be reviewed by the resident with the staff.

***3. Post-Call Shift***

- Complete EPAs, as appropriate. Please note EPAs can be initiated by either residents or supervisors. Please see Teacher Resources for details - https://psychiatry.utoronto.ca/teacher-resources.

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## Call Allocation Process

**Background**

After hours coverage of psychiatry services is a required training experience in Psychiatry from the

Foundations of Discipline to Transition to Practice stages of training.

Royal College of Physicians and Surgeons of Canada (RCPSC) Psychiatry Required Training Experiences (FOD to TTP)

- *Psychiatry – Emergency, including after-hours coverage* (FOD – Foundations of Discipline, typically PGY 1 and 2)
- *After hours coverage for psychiatry and/or one of its subspecialties* (COD – Core of Discipline, typically PGY3 and 4)
- *After hours coverage for psychiatry or one of its subspecialties* (TTP – Transition to Practice, typically late PGY4 and PGY5)

Allocation of residents to hospital sites for on call training and patient care experiences exemplifies the collaborative and interdependent nature of residency training with the residency program stewarding resident allocations and hospital sites overseeing all aspects of the clinical patient care experience, aligned with hospital-specific patient care policies, educational principles, and the PARO-OTH collective agreement.

**Governance**

Call allocation is overseen by the Program Director in collaboration with Psychiatry Residency Program Committee (PRPC) and Psychiatry Residents' Association of Toronto (PRAT).

**Principles**

Call allocations is supported by the following principles:

- **Collaboration and input from key stakeholders** including PRAT, Resident Leadership Council, Curriculum coordinators and leads across the residency program and in particular the rotation coordinator for Emergency Psychiatry, PRPC, PEAC, and hospital leadership (e.g. Psychiatrists-in-Chief)
- Call experiences must comport with both the **PARO-OTH collective agreement, CPSO Professional Responsibilities in Medical Education,** and **residency program Safety Guidelines** including regular site safety reviews, and educational requirements as per the General Psychiatry Residency Program
- **Transparent and equitable distribution** of residents across the residency program's core academic sites with emergency psychiatry services (CAMH, SHSC, SMH, UHN)
- To **decrease fragmentation** across the residency program, FOD PGY1 and 2 residents will be assigned to psychiatry on call experiences at their base/home site and every effort will be made to integrate site preference with site for core rotations in COD and TTP (PGY3-5)
- **CAMH and General Hospital call requirement** - To support junior/senior resident pairings alongside a breadth of experiences on-call, all residents are required to have a junior and senior resident CAMH call experience (i.e. one 6-month block of call at CAMH in PGY2/3 and one 6-month block of call in PGY4/5). All residents are also required to have at least one 6-month block of call at a general hospital academic site between PGY2-5 and it is strongly recommended that senior residents (PGY4 and 5) consider one 6-month block of call at a general hospital site (either academic or community) in preparation for independent practice.

- Residents who participate in **Elective Time Away (ETA)** will be allocated call as per the ETA Guidelines and information about ETA must be submitted with the residency program's call survey.
- **Call accommodations** confirmed by the Office of Learner Affairs (OLA) in collaboration with the Program Director will be integrated into allocations and may limit the sites at which residents can be assigned for call experiences.
    - Please note that in urgent circumstances, the Program Director can offer interim accommodations (generally up to 2 months) as residents work with OLA
    - To minimize fragmentation in junior residency, PGY2 residents assigned to a home site for rotations and call who receive call accommodations will remain at their home site until PGY3 at which time residents will be assigned to a call site that best aligns with call accommodations (e.g. CAMH or SMH for residents with call accommodations for shifts until 11 pm)
    - **Special considerations for call allocations**
        - Residents do not need to share call accommodations (from Postgraduate Learner Affairs) or administrative arrangements (from Learner Experience Unit) as per the Office of Learner Affairs on the call site preference survey – this will be managed by the residency program.
        - Residents with **enhanced support plans** either via the Resident Assessment and Support Subcommittee or Postgraduate Board of Examiners may be pre-matched by the residency program to call sites to support their success with support plans.
        - Residents with **call accommodations or administrative arrangements** will be managed by the residency program with FCE (full-time equivalent) calculation for call pool conducted in collaboration with PRAT and guidance for the match aligned with accommodations and program requirements for CAMH and general hospital call (e.g. for PGY3-5 residents with "no overnight call" accommodations, the program will provide guidance to PRAT call officers that call site choices are CAMH, SMH or community call)
        - Residents with **ETA** will have their FCEs calculated accordingly with the choice to "make-up" call as per ETA guidelines in their current or subsequent call pool, depending on the timing of the ETA, resident preference, and call pool/site-based service needs
        - PGY4 residents **accepted to subspeciality** Child and Adolescent or Geriatric Psychiatry programs for PGY5 must still complete the CAMH and general academic hospital site requirement as previously noted

**Home or base site** is defined as the site at which the resident spends most of their rotation time during the 6-month call period.

- If time is split between 2 sites, and only 1 of the sites is a call-ready site, then the call-ready site is designated as the resident's home site.
- If time is split equally between 2 or more sites, and multiple sites are call-ready sites, then the site ranked higher in the resident's preferences for that call period is designated as the home site.
- TWH is the call site associated with any UHN home site, and CAMH is the call site associated with Mount Sinai Hospital (MSH).

**Implementation**

- Call allocation is a joint effort between PRAT Senior Call Officers and the General Psychiatry Residency Program's postgraduate administrative team.
- Call allocation will be done twice per year in the spring (April/May) and fall (October/November).
- Call site preferences survey will be distributed to all residents in advance of call allocations.
- Residents will be assigned to call pools for the July-December and January-June periods of the academic year in the spring and fall respectively.

**Call Sites**

The following sites have been approved by the residency program for call experiences:

Academic Sites

- CAMH – Centre for Addiction and Mental Health
- SHSC – Sunnybrook Health Sciences Centre
- SMH, Unity Health – St. Michael's Hospital
- UHN [TWH] – University Health Network – Toronto Western Hospital

Community Sites

- NYGH – North York General Hospital
- SJH, Unity Health – St. Joseph's Hospital
- THP – Trillium Health Partners

Maximum of 6-months of call at community sites between PGY3-5. Residents wishing to apply for additional time at a community site for call can submit a request a modification in training that will be considered at PRPC.

**Full Call Equivalent Calculations:**

The capacity, in full-call equivalents (FCEs), of academic sites is determined as follows:

$$\text{(Total FCEs to be allocated to call)} \times \frac{\text{(\# of call points per week at site)}}{\text{(\# of call points per week at all sites)}}$$

If allocation proceeds correctly, all sites should be at or near full capacity. Historically, a full call equivalent resident would complete an average of 5-8 call points per month, as defined below in this document.

The following call equivalency reductions apply, subject to operational requirements of sites in collaboration with residency program leadership:

- 0.5 call in the year a resident sits for their Royal College Psychiatry Examination.
- PRAT Co-Presidents will do 0.75 call for the duration of their term.
- Chief Residents (hospital ) and Resident Leads (Clinician Scientist/Scholar program) will do 0.75 call for the duration of their term.
- Any resident fulfilling more than 1 of the above roles (e.g. a PGY4 Chief Resident) does the lesser of the two call equivalencies; the call reductions are not combined.

**Allocation Priority**

- PGY1s are assigned to call at their home site during their psychiatry rotations. They will be scheduled for one Friday or Saturday overnight shift per block as an "add-on." The remainder of their call will be until 11 pm. PGY1s are not scheduled for back-up call.
- Chief Residents will be assigned to the call site where they are completing Chief Resident duties. A Chief Resident at multiple sites will split their block of call between these sites as per resident preference and in consultation with PG Site Directors.
- Every effort will be made to assign Senior [administrative] Residents (as per the PARO Collective Agreement) at community sites to 6-months of call at the site where they will be located.

**Allocation Process (revised by PRAT senior call officers September 10, 2024)**

The call allocation process will be conducted by the PRAT Senior Call Officers with support from the Postgraduate Administrative team.

1. In preparation for call allocation, each resident's home site for each call period is determined as above.
2. Chief Residents are assigned to their home site for the duration of their term.
3. Any residents with call accommodations, administrative arrangements, or enhanced support plans may be assigned to a call site as noted above.
4. PGY3-5 residents with a community home site (NYGH, SJH, THP) will only be allocated there if it is their preference and they have not already completed 6 months of community call.
5. PGY4 residents accepted to a subspecialty program for PGY5 and who have not completed either the general academic hospital or senior resident CAMH call requirement will be assigned accordingly.
6. PGY5 residents who did not have a CAMH call experience in PGY4 will be assigned to CAMH for one of the 6-month call periods.
7. PGY5 residents who have not had a general hospital call experience in PGY2-4 will be assigned to a general hospital in one of the 6-month call periods.
8. PGY3 residents who did not have a CAMH call experience in PGY1-2 will be assigned to CAMH for one of the 6-month call periods.

The remaining steps are performed twice - once for July - December and again for January - June:

9. PGY3 and PGY4 residents not already assigned with a call-ready home site are placed in random order. In that order, each resident is then allocated to their home site if there is capacity.
10. Residents with a community call-ready home site (NYGH, SJH, THP) will only be allocated there

if it is their preference and if they have not already exceeded their allowed community call. If a resident's home site is full, they are added to the final lottery for that call period.

11. PGY5 residents not already assigned with a call-ready home site are placed in random order. In order, each resident is then allocated to their home site if there is capacity.
12. Any resident not already allocated to a call site for that period (i.e. PGY3-5 residents at non-call-ready home sites, residents whose home sites were full, and residents rotating at community call-ready sites who do not wish to do call there) are placed in random order. In that order, each resident is allocated to a call site according to stated preferences and site capacity.
13. Any resident previously allocated to a community site (NYGH, SJHC, THP) will be allowed to take call at that site provided call service needs are met at the core academic sites and they have not already exceeded the maximum permitted for community call.
14. Residents allocated to a call site they ranked low on their list of preferences do not receive special consideration in the following call allocation cycle.

Call equity between residents and across sites is guided by call points. Call points are as follows:

a. Back-up 0 points
b. Weeknight (Mon – Thurs) until 11 pm 1 point
c. Weeknight (Mon – Thurs) overnight 2 points
d. Friday (or Thursday prior to holiday) until 11 pm 1.5 points
e. Friday (or Thursday prior to holiday) overnight 2.5 points
f. Saturday, Sunday, and holiday until 11 pm 3 points
g. Saturday overnight: 5 points
h. Sunday and holiday overnight 4 points
f. Chief Residents will endeavor to schedule full-call residents for equal call points over the 6-month call period. Chief Residents will monitor call points, and if a resident has accrued significantly more call points than their peers, this may be conveyed to the Program Director or Associate Program Director for consideration of a call reduction in the following call period.

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## Missed and Modified Call

***Preamble**:* This guideline aims to ensure clarity, accountability, and professionalism in resident on-call responsibilities when a call-shift is missed. It is supported by the PRPC, which includes resident representation. This policy should in *no way* dissuade residents from calling in back-up call for

legitimate reasons and seeks to ensure that on-call responsibilities are attended to in a thoughtful and accountable manner.

1. Residents who **miss scheduled call shifts due to unforeseen emergencies** or due to unexpected short-term illness are responsible for calling in the back-up person assigned to their call-shift. In situations where illness or emergency limits the ability to call in the back-up resident directly, residents are expected to seek assistance from their Chief Resident and Postgraduate Site Director to ensure the shift is covered and that the back-up resident is informed of the need to be on-call.
    a. In situations wherein the back-up resident has been called in, the resident requiring the back-up are expected to promptly write (via email) to both their Call Pool and Base Site Chief Residents, and their Call Pool and Base Postgraduate Site Director to advise/confirm: (i) the date of the missed shift and the back-up person who was on-call in their place and (ii) the reason for missing call OR a preference to speak with the Site Director privately regarding the rationale
    b. Chief Residents are responsible for keeping residency program leadership updated regarding significant changes to resident call points related to missed call
        - Situations in which there are *longitudinal* concerns (i.e. over different call pools) regarding frequent use of the back-up call system may be brought to the attention of the Site Director or Program Director
        - The requirements above do not apply if the Psychiatry Residency Program Committee has already allowed for modified call or has advised PRAT/Chief Residents that the policy above does not apply in a particular resident's situation

**First Resident Absent:**

a. Resident contacts the back-up resident directly to inform them of the need to be on-call. The absent resident must also inform the staff physician on call, the core and call Chief Residents, as well as the core and call Postgraduate Site Directors.
b. The back-up resident is now on call. They may alert the call pool to ask for volunteers to switch their call shift.

**Second (or subsequent) Resident Absent:**

a. The second resident must contact the staff physician on-call directly. They must also inform the core and call Chief Residents, as well as the core and call Postgraduate Site Directors.
b. If no residents are available, the staff physician is responsible for the call shift.
c. The staff physician may inform the Department Chief (or delegate, i.e. ED Clinical Lead)

**Back-up Resident Absent:**

a. The back-up resident is expected to be available for the entire duration of the back-up call shift.
b. If the back-up resident foresees that they will be unable to provide back-up, they must inform the resident on call, the staff physician on call, the core and call Chief Residents, as well as the core and call Postgraduate Site Directors.

2. Residents may, through mutual agreement, switch their scheduled call shifts with other residents.

a. Changes to the call schedule must be communicated to the Chief Resident(s), locating, emergency room and/or other individuals as per the call site's policy.
b. Switches must be reviewed by the Chief Residents to ensure they do not violate PARO-OTH rules regarding maximum duty hours.
c. Changes to the call schedule may result in a change in call points. It is the Chief Resident's responsibility to make appropriate adjustments to call points, and ensure equity of call points by the end of the call block.

3. Back-up call must follow the requirements of the existing PARO-OTH Collective Agreement. Chief Residents cannot be expected to be on permanent "second back-up" or fill unexpected gaps in the call schedule as this violates the PARO-OTH Collective Agreement. The back-up call resident must be available for emergency purposes when residents for unexpected, unforeseen circumstances due to illness or emergency. This includes being reachable by cellphone or pager or by home phone the full shift of the back-up call.

4. Should a resident believe that they should be exempt from call or that their call requirements should be modified in any way, the resident must submit this request to the Program Director who will consult with the Resident Assessment and Support Subcommittee, Psychiatry Competence Subcommittee and/or Psychiatry Residency Program Committee regarding the resident's request.

5. Additions and/or modifications to these guidelines must be approved by the Psychiatry Residency Program Committee.

<u>Monitoring call points with missed call</u>

- Chief Residents, with support from their PG Site Director, should regularly review the number of call points residents are completing in the call pool and address any significant imbalances in future call. Call points for any given resident and amongst different residents in the call pool may vary from block to block for diverse reasons; though chief residents and site directors aim to distribute call shifts equitably in general.
    - In general, the residency program does not "carry over" call points to a subsequent call pool – if a resident has completed significantly more call points (e.g. 3 or above) than their co-residents in the call pool, at the request of the resident, the PRPC can consider whether there should be any modifications in the resident's on call responsibilities, in consultation with the Chief Residents and PG Site Director for their next call pool (i.e. residents who have been required to do extra call in the month prior to a change in call pools will start the next block of call with a surplus of call points).

Please note the following:

- Faculty supervisors/staff psychiatrists at academic sites may be asked to cover call shifts should there be health human resource constraints in a call pool with no available residents.
- Should there be any resident professionalism or performance concerns (e.g., frequent missed call/activation of back-up), the PG Site Director should be informed. The PG Site Director can then seek guidance from the Associate Program Director or Program Director as needed.

**Created by:** PRAT and Call Working Group with input from the Program Director and Associate Program Director
**Approved at PRPC:** January 13, 2025 – initial major review 2023, revisions in 2024
**Next Review:** 2028-29