

## Call Scheduling Guidelines for Hospital Sites and Chief/Senior Residents General Psychiatry Residency Program

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### Purpose

These guidelines are intended to support our hospital training sites and Chief/Senior Administrative Residents in call-schedule planning and implementation.

Please also refer to resources from PARO - <https://myparo.ca/>

The document provides guidance regarding **two key call scheduling activities**:

1. Call scheduling for shifts on weekdays and weekends employing a scheduling system in which future call schedules (beyond the upcoming month) are shared with residents.
2. Call scheduling for the Christmas and New Year's Block.

And provides information regarding a **program innovation**:

Split weekend call shifts – SHSC (as of August 2023)

### Guiding Principles

1. First and foremost, resident and patient safety.
2. Decisions are data-driven and principle-based.
3. Learner experience considerations including prioritizing consistency and stability in site assignment for core training experiences (including call) to foster community-building and minimize fragmentation.
4. Opportunity for all key stakeholders to provide their perspectives for consideration – residents via PRAT and Chief Residents at PRPC and RLC; PG Site Directors; PIC/Hs who steward clinical service delivery across training sites. SHSC Chief Residents have already been in contact with PRAT co-presidents.
5. All sites must comport with the provisions of the PARO-OTH collective agreement.
6. Any program decisions must consider the “greater good of all” and what is most equitable and sustainable for the entire program/community, acknowledging the diversity of perspectives across the program.
7. While residents occupy dual roles as learners and service providers, hospital partners are encouraged to consider the full breadth of health human resources available to meet service/patient care needs.
8. All sites must be able to fulfill patient care responsibilities when there are fluctuations in resident availability, including when there are no residents available.

## Site-based responsibilities

1. **PARO-OTH Agreement** - Call schedules must comport with the provisions of the PARO-OTH collective agreement. When there are any questions or concerns regarding the collective agreement, sites are encouraged to seek guidance from PARO:  
[paro@paroteam.ca](mailto:paro@paroteam.ca)
  - a. Please note: For the formula for call scheduling for call maximums, a blended model is used for calculation as residents do both in-house and home call (with back-up counting as home call) <https://myparo.ca/top-contract-questions/>  
  
(Number of Home Calls) x 3 + (Number of In-House Calls) x 4 = NOT MORE than 30 over a 28-day period
2. **PG Site Director support** - PG Site Directors, in collaboration with hospital/departmental clinical leadership must provide support and guidance to Chief Residents regarding call scheduling. Any issues or concerns regarding call scheduling should be escalated to the PG Site Director.
3. **Resources for call scheduling** - All sites must provide residents with the necessary resources to create and revise call schedules. These resources include but are not limited to administrative support and call scheduling software.
4. **Appropriate supervision of residents for call shifts** – All residents must receive supervision from staff psychiatrists during call shifts that comport with CPSO Professional Responsibilities in Medical Education.

Please note: *Although not directly related to this guideline, it is an abrogation of professional responsibilities to request that a resident/residents defer case review with a staff psychiatrist of patients seen overnight to the morning.*

**Concerns regarding call scheduling** that cannot be resolved at the site-level or that involve greater systems or residency program issues should be escalated to the Psychiatrist-in-Chief/Head or Chief Medical Officer (for CAMH) and the Program Director by the PG Site Director. The Program Director may also request input from the residency program's Call Subcommittee.

## Residency Program Responsibilities

The residency program is responsible for ensuring the integrity of the educational experience for residents and for supporting sites in cultivating a safe and positive workplace-based learning environments. The program achieves this through a variety of program-based structures:

<https://psychiatry.utoronto.ca/postgraduate-committees>

1. Call Subcommittee which provides guidance to the Program Director and Psychiatry Residency Program Committee regarding call-related issues.
2. Safety Subcommittee which regularly reviews hospital training sites and addresses any safety concerns.
3. Subcommittee on Resident Wellbeing which regularly reviews and supports initiatives that improve learner experience and wellbeing.

4. Assessment Subcommittee which oversees the residency program's assessment strategy in collaboration with the Curriculum Subcommittee.
5. Program Evaluation Subcommittee which oversees continuous quality improvement of the learning environment.
6. Resident Leadership Council <https://psychiatry.utoronto.ca/resident-leadership>
7. Psychiatry Residency Program Committee which is the governing body of the residency program and assists the program director in planning, organizing, evaluating and advancing the residency program.

**Chief Resident and PG Site Director job description/responsibilities** can be found on our website: <https://psychiatry.utoronto.ca/postgraduate-committees> > Job Descriptions

### **Call Scheduling – planning, implementation, and release of future call schedules**

#### General Principles

1. Call schedules must be available to residents 2 weeks prior to the effective date of the call schedule. As such, **call schedules created in advance of the 2-week period are in draft form and can be modified by the hospital site as per the provisions of the PARO collective agreement up until the 2 weeks prior to the effective date of the call schedule.** Approved vacation cannot be modified once approved.
2. Each resident is entitled to 2 complete weekends off (which includes Friday night) for each 28 day or monthly call period.
3. 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).
4. Maximum in-house call is 1 in 4 as per the PARO-OTH collective agreement.
5. Vacations requests and call scheduling
  - a. A resident cannot be post-call on the first day of vacation.
  - b. 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 2 weeks of the request being made.
  - c. 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.
  - d. Once a vacation is approved, it cannot be revoked.
6. Future call schedules and resident requests for vacations – If possible, residents should make every effort to request vacations as soon as possible once their call pool and core rotations are confirmed. Should future call schedules be released whose effective date is more than 2 weeks away, **residents may still request vacation for any future dates beyond the current effective call schedule**, as long as the request is submitted in writing at least 4 weeks before the proposed start of vacation. Sites must make every effort to accommodate the resident's request. The timing of vacation may be delayed only where necessary, having regard to the professional and patient responsibilities of the hospital department for the time the vacation is requested.

7. Accommodations – Accommodations confirmed by the Office of Learner Affairs must be implemented by sites. Due to unexpected events, the Program Director may also offer interim accommodations of up to two months to allow for residents to work with the Office of Learner Affairs.
8. Leaves of Absence (LOA) - LOA are confirmed by the residency program. Residents are excused from on-call responsibilities during LOA and residents should not be scheduled for call shifts until a return-to-work date is confirmed and the resident has returned to their training. The residency program will make every effort to communicate with sites with regards to return to work dates as soon as they are confirmed by the Office of Learner Affairs and/or resident.

## Holiday Call Scheduling

### General Principles

#### PARO

- 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.

### Hospital Sites

- PG Site Directors will work with Chief Residents to provide guidance and support with regards to holiday call scheduling, with PIC/H (or equivalent hospital clinical leadership) input as needed.
- PG Site Directors and Chief Residents will make every effort to solicit preferences for holiday coverage (Christmas or New Year's block) as early as possible. Sites will also make every effort to confirm with residents which holiday block they will be covering as early as possible. **Confirmation of holiday block coverage should occur no later than October 31<sup>st</sup>.**
- Where a resident has a **different call and core rotation site**, every effort will be made to coordinate scheduling between sites.
- Handover Day – The handover day during the holiday block straddles the Christmas and New Year's block and are available to hospital sites to ensure robust transitions in clinical care between treatment teams. Sites may schedule residents from either the Christmas or New Year's block on a handover day as per patient care needs. *As per consultation with PARO, residents may request to use vacation days to secure the handover day, and any other days they would like to request off as vacation, for that block. These vacation requests are subject to the provisions of the collective agreement relating to vacation <https://myparo.ca/your-contract/#vacation>.*

## Residency Program

- No educational events are scheduled during the holiday coverage period and as such, there is no protected time for academic half-day or any other educational activities.
- In general, residents are advised not to book psychotherapy patients during the holiday coverage period and there is no specific protected time to provide for psychotherapy supervision or patient care during the holiday coverage period. Residents, with their psychotherapy supervisors, should ensure their patients are aware of how to access urgent psychiatric care, as needed, over the holiday coverage period.
- Junior residents (Foundations of Discipline PGY1-3s) should be scheduled to cover the clinical service for which they are assigned for their core rotation. More senior residents (e.g. PGY4s and 5s) may be scheduled to cover their core rotation or a clinical service for which they have completed a core rotation, as long as appropriate orientation to the service is provided to the resident.

## Residency Program Pilot – Split Weekend Call Shifts – SHSC

- Sunnybrook pilot split resident Saturday call shifts began in August 2023
  - Not currently running every weekend, and is mandatory on the weekends when it does run
- Daytime resident: on-call from 9:00 a.m. to 11:00 p.m.
- Overnight resident: on-call from 9:00 p.m. to 9:00 a.m.
- Back-up call resident: One back-up call for both residents.
- Handover begins at 9:00pm (staff involved in handover)
  - Recommended that residents use I-PASS standardized handover framework.
- Call stipends: residents to claim "home call" stipend.
- This shift has been counted as 3 call points.

## Acronyms

CAMH -Centre for Addiction and Mental Health

PARO-OTH - Professional Association of Residents of Ontario - Ontario Teaching Hospitals

PIC/H - Psychiatrist-in-Chief/Head

PRPC - Psychiatry Residency Program Committee

SHSC - Sunnybrook Health Sciences Centre

**Created by:** Program Director and Associate Program Director with Resident Leadership Council  
2023-24

**Approved at PRPC:** Reviewed at PRPC October 16, 2023 & electronically approved October 30, 2023

**Next Review:** 2024

With special thanks to the following Chief Residents for their input: Arielle Geist and David Freedman, SHSC co-chief residents 2023