Policy for Coverage of Absences from Call

This policy reflects two major priorities for the operation and coverage of our CTUs at night: patient safety and fairness to residents. Our goal is to provide excellent care to patients in the face of clinical work challenges such as unforeseen resident absence (e.g., illness) and a high volume of consultations to medicine. Further, this policy is meant to achieve the priorities in a way that is fair and equitable to all residents in the program, including our off-service residents.

Scope of the policy

Address procedure for absent residents assigned to coverage at night including:

- PGY-1s assigned to "take"
- PGY-1s assigned to "non-take" and "subspecialty"call
- D4ICU resident on-call

CSU resident on-call

Senior Medicine Resident in the Emergency Room

Night float resident

Address procedure for addressing high volume of consultations and admissions to medicine

Absences from any Call

Notification of absence

It is essential that the program is notified of absences at the earliest possible time. This must include notification of the chief medical resident, the resident program administrator, the attending on the

relevant CTU team, and the senior residents on the relevant CTU team. It is expected that residents will ensure verbal communication (email notification alone is not sufficient).

Coverage by Role

1. Absent PGY-1 assigned to "take" call, either primary or secondary

- Coverage is to be absorbed by the other trainees assigned to "take"

- The initial back-up for absences from PGY-1 "Take" call, either primary or secondary, is the D4ICU resident. The D4ICU resident goes to section A of the emergency department to directly connect with the senior on ER take. They should expect to be assigned consult(s) to see at that time. This resident is expected to further check-in (physically present) to section A of the ER frequently throughout the night. In cases where the D4ICU resident is busy managing acutely ill patients in the D4ICU or the inpatient internal medicine wards or completing in house internal medicine consults, the second back-up (Jeopardy call resident) should be activated.

- The second backup for absences from the PGY-1 "Take" call, either primary or secondary, is to activate the resident on Jeopardy call. If the D4ICU resident is unavailable to go to the ER due to critical illness in D4ICU, that resident must contact the Senior Medicine Resident (SMR) triaging consults in the ER. The SMR then contacts the chief resident on call to activate jeopardy to provide coverage for the emergency room consults.

    i. In this situation, the jeopardy resident should come in and will stay, at a minimum, until 10pm to help see new consults

    ii. The jeopardy resident's role is not to review cases seen by juniors

- The non-take and subspecialty PGY-1 are not to be taken off the wards to help with new consults (either in the ER or for direct admissions to the ward).

 As PGY-1s are not able to "payback" senior residents for coverage, this coverage by jeopardy is not subject to "payback".

2. Absent PGY-1 assigned to "non-take"

- Jeopardy must provide coverage

- As PGY-1s are not able to "payback" senior residents for coverage, this coverage by jeopardy is not subject to "payback".

3. Absent PGY-1 assigned to "subspecialty"

- Jeopardy must provide coverage

- As PGY-1s are not able to "payback" senior residents for coverage, this coverage by jeopardy is not subject to "payback".

4. Absent D4ICU resident

- Jeopardy must provide coverage

- Jeopardy call activation to cover a D4ICU call shift is subject to "payback". Please attempt to arrange payback within the block. These should be submitted by the residents involved and be directed to both the chief residents and the program administration. This is a professionalism expectation of the resident for whom coverage was provided.

- In the event a simple switch is not possible to coordinate, the residents involved must notify the chief residents and the program administration. In this situation, the covered resident

will be assigned an extra call equivalent on a future rotation, and the covering resident will be relieved of call equivalent.

4. Absent CSU Resident

- Jeopardy must provide coverage
- Absent resident should verbally inform the on-call CSU fellow ASAP
- Absent resident should also verbally inform the chief internal medicine resident who will activate the jeopardy resident

5. Absent Senior Medicine Resident (SMR)

If the SMR scheduled for ER coverage until 10pm is unable to fulfill their shift, the following process should be undertaken:

- The resident unable to fulfill their shift should contact the co-SMR on their CTU and attempt a call shift switch with this resident
- If a switch is not possible, the internal medicine chief resident should be informed. A switch should then be attempted with one of the SMRs from the "sister" CTU team
- If a switch with a sister CTU SMR is not possible, then the internal medicine chief resident should activate the jeopardy resident to provide ER coverage.

If the SMR scheduled to provide ER coverage until 8pm is unable to fulfill their shift, the D4ICU resident should attempt to provide additional ER coverage as required to review consults. No further back up for this shift should be attempted.

6. Absent Night Float Resident

- Absent resident should verbally inform the chief internal medicine resident who will activate the jeopardy resident

7. Multiple Simultaneous Call Absences

In the rare case where the jeopardy resident has already been activated and a second on-call resident requires coverage, the on-call chief in charge should provide coverage for the call shift

8. Credit for activation of jeopardy

In all cases where simple payback is not possible, jeopardy activation will be recorded and tracked. Jeopardized residents will receive call credit that the program will apply to future call schedules, as is possible.

Exceptions

Residents who miss multiple calls (more than three) for clear unavoidable circumstances (e.g., severe medical illness, major family issue) may not be required to provide payback beyond three calls. In this event, the program will still attempt to relieve the covering residents of future calls equivalent to the coverage provided.

It should be noted that this is the unwritten practice of all physicians practicing within call groups. This is the professional norm and the behaviour we both desire and expect. It should also be affirmed that this collegial approach is also the common practice amongst our residents, a strongly positive reflection of the collegial and professional attitudes within our program.

When the jeopardy resident is activated, they are required to cover the call shift on which the absence has occurred.

High Volume of Admissions and Consults to Medicine

It is expected that every night, the D4ICU resident goes to section A of the emergency department at 8pm. The resident should expect to be asked to see one or more consults. If the D4ICU resident is unable to go to the ER due to patient care needs related to critical illness in D4ICU, they must contact the admitting senior resident. If there are a high volume of consults (for example, total consults to medicine at that time has exceeded twelve and there are six or more referrals that have not been seen) or a high acuity of illness, then the SMR receiving consults in the ER should use their judgment and contact the chief in charge to discuss the appropriateness of activating jeopardy to assist with seeing consults.

On-call Handover

Handover to the residents on call (D4ICU and non-take medicine) happens at 5pm. It is not to occur prior to this. Residents have clinical responsibilities during the day they are not to be taken away from to receive handover.