

Call Guidelines

For call, we cover Team 1, Team 2 and Team 3 Junior call at McMaster, Heme/ Onc, St. Joseph's call, senior pediatric resident, and PCCU.

Off service residents are expected to cover call when on their pediatric rotations at the site they are rotating through. They will not be expected to cover Team 3 call at McMaster unless they have already rotated through a level 2 nursery.

Pediatric junior residents are expected to cover general pediatrics call all year. Rotations where junior residents will be excused from general pediatrics call include:

- Community
- NICU

- Surgery
- ER
- Elective
- PICU (in second year)
- Anesthesia

Senior pediatric residents are given between 2 and 4 two week blocks of night float each year, covering PCCU or SPR. On months when senior residents are not on float, they will be expected to help cover St. Joseph's call or SPR/ PCCU weekend days.

Senior residents are excused from call when on:

- Community
- ER
- And have two months that they can make call free - the

resident must make the chief residents aware in advance which months they want as their call free months.

If a resident is feeling overwhelmed, or under-supported while SPR, their available resources are as follows, depending on the situation:

- General Pediatrics Staff
- Pediatric Junior residents
- PCCU resident +/- PACE (Gen Peds staff should be aware if activating PACE)

- Heme/Onc Fellow
- GI Fellow
- Heme/Onc Staff

Acutely overnight, the SPR can ask for support from the gen peds staff first, then Peds ER or PICU fellow depending on the situation. Remember, your gen peds staff is around in order to back you up if you need support.

Call is on a graded scale as follows:

- PGY1 - Max 7-8 calls/ month
- PGY2 - Max 6-7 calls/ month
- PGY3 - Max 5-6 calls/ month
- PGY4 - Max 4-5 calls/ month

The chief residents ask for off call requests at the start of the previous month, which must be submitted before the 10th of the prior month to be considered. Off call requests are not guaranteed, and will not be considered if they are submitted after the 10th of the previous month.

Residents have 5 days to check their call schedule and ensure they are not on call over a vacation, or put on call 1 in 1. The final call schedule will be emailed out by the 15th of the month before. At this point in time the schedule is final and it is up to the resident to make a call switch if needed, and inform the chief residents of the switch. As long as this does not put the resident on call 1 in 1 it will be approved.

Chief residents will make changes to any errors in the call schedule putting a resident on call or post call for a vacation, over their PAIRO maximum, or on 1 in 1 call.

We have changed the system for back-up. This back-up system is ONLY to be used in emergency situations (death or serious illness in the family or a personal hospital visit/admission). If the resident has

been sick and they know in advance they might not be able to complete a shift, they will be expected to switch their call with another resident before the call date. The back-up schedule lists a single pediatric resident each week that will assist the resident on call in an emergency situation. Their job is NOT to come in and cover the call, but they will help the resident to go through the contact list and reach other residents to see if someone can cover the shift. This list of pediatric residents is not distributed to off-service residents. If an off-service resident is unable to complete their call, they should contact the chief residents directly who will determine whether it is appropriate to activate the back-up call system or not.