

## Call Guidelines for Residents in Otolaryngology – Head and Neck Surgery

1. All residents rotating through Otolaryngology-Head and Neck Surgery at Hamilton Health Sciences or at St. Joseph's Healthcare Hamilton will provide on call service. The weeknights and the weekend call are home calls and follow the PARO guidelines. <http://www.myparo.ca/top-contract-questions/>
2. Call coverage must be pedagogically sound, relevant to the educational program and maintain service to education principles.
3. Please note that call during weekdays is from 07:00 hrs. to 07:00 hrs. the following day (with evening call beginning at 17:00) and the weekend is from Friday 17:00 to Monday 07:00 hrs. unless notified differently.
4. The chief resident is responsible for call scheduling. A call list schedule will be distributed to each site. You must contact the chief resident for any special requests.
5. Call requests and/or vacation requests from residents for the block are due on the first day of the previous block. These requests are based on a first-come first-serve basis except during Christmas Holidays where the requests are prioritized based on seniority of residency at McMaster University.
6. Residents are allowed to ask for a maximum of 2/4 weekends off call (Friday-Sunday) and 5 additional weekdays off call per one-block rotation.
7. The call schedule must be distributed no later than 2 weeks before the start date.
8. Changes to the call schedule after the schedule is published, should be arranged by the residents involved in the switch. The change needs to be approved by the chief resident. The paging service of the hospital must be advised of the change.
9. First year surgical residents must attend the Surgical Foundations program boot camp during the first two weeks in July. They are allowed to do call on the Friday night and Saturday during the first weekend in July. But they are not allowed to do any calls on weekdays during boot camp.
10. The first and second year Otolaryngology-Head and Neck Surgery and off-service residents are always teamed with a more senior resident. All junior residents must discuss all cases with the senior resident. All admitted patients must be reviewed with the senior resident doing 2<sup>nd</sup> call and discussed for approval with the staff.

All patients that need to go to the operating room must be seen also by the senior resident doing 2<sup>nd</sup> call.

11. The first and second Otolaryngology-Head and Neck Surgery residents can only be assigned for call at St. Joseph's Healthcare Hamilton if they have/are completing a rotation on-site and after they have received an orientation session provided by a senior or chief resident. (Residents on Transition to Discipline stage are excluded).
12. The third and fourth year off-service residents take first call.
13. The Otolaryngology-Head and Neck Surgery senior resident who is on call either at St. Joseph Healthcare Hamilton or at Hamilton Health Sciences is available to review cases and to come in to assist the third or fourth year off-service resident who is on call.
14. City wide call can only be assigned to Otolaryngology-Head and Neck Surgery residents that are in their second year of residency and beyond. The second year resident doing first call for city wide must always be teamed with a senior resident doing 2<sup>nd</sup> call.
15. When a city wide call is covered by one resident, he/she cannot do two consecutive 24 hour call shifts (i.e. Saturday and Sunday).
16. Fifth year residents are exempt from call during pathology/radiology rotations and during their three weeks of study time before the Royal College exam. Exceptions include: taking first call during the annual CSOHNS meeting if necessary. Fifth year residents must resume taking 2<sup>nd</sup> call after the Royal College exam.
17. Residents may need to do cross coverage over the two sites, Hamilton Health Sciences and St. Joseph Healthcare Hamilton due to service requirements or for urgent/emergent reasons (e.g. resident illness). Cross-coverage is defined as taking "call" for a service outside of the resident's current assigned/designated educational rotation.
18. The amount of calls should be equally distributed amongst all residents, balanced over the course of the year.
19. Residents must report to the staff all patients seen during call.
20. Residents are only responsible for in-house calls. Residents must not respond to a call coming from outside the hospitals they work at, it should be directed to the staff on call.
21. Residents must answer their pager within 10 minutes of receiving a call and must reside within 30 minutes from the hospital.