

**UBC Department of Medicine
Internal Medicine
Backup Call Policy**

Purpose: To clarify call expectations for residents at all levels and mechanism for back-up should residents fall ill.

Expectations:

- The back-up system may be used for reasons such as **unexpected** personal or family member illness or emergencies. Other extenuating circumstances will be considered on a case by case basis at the discretion of the LMRs.
- If a resident would not like to be back-up on a given day (ie. important clinic, presentation, personal event) - it is **residents' professional obligation** to arrange for a switch in advance so that someone else may be back-up in their place and then let Amy or the LMRs know.
- **Residents must inform the LMRs if they are sick** the day of a back-up shift, just as they would for any other shift.
- Residents must be available by their phone number listed in the XC call scheduling document.

Call Back Up Times & Order of Activations:

- **Bridge and back up residents must be available from 1700 - 0800 on Mondays - Fridays and 0800-0800 on stat holidays, Saturday, and Sundays.** Residents can be activated to call during the following times:
 - **Cross coverage 1700-0800 daily**
 - **CTU at SPH and VGH 1700-0800 daily**
 - **CTU at RCH 1700-0800 Monday - Friday and 0800-0800 on stat holidays, Saturdays, and Sundays**
 - **Order of backup call activations:**
 - Fridays: VGH and SPH backup residents are first call. LMR is last to be activated on Friday nights.
 - Saturday and Sunday: LMR is first to be activated, followed by SPH and VGH backup residents.
 - Exception: The backup residents should be activated first from 5pm onwards on the Sunday before the start of a new block so the LMR may orient the new residents
 - Stat holidays: If a stat holiday falls on a Friday, the LMR is first to be activated, followed by SPH and VGH backup residents. If a stat holiday falls on Monday - Thursday, there is no LMR backup.
 - If LMR has been activated in the previous 24 hours, they cannot be activated for sequential shifts.
 - If RCH and another site both require a resident, the LMR will preferentially be activated to RCH and the other resident will get the shorter call shift.
- **For call at SPH and VGH**
 - When there is a bridge resident, they will be the first line of backup for CTU or XC.
 - If the bridge senior and fly in senior are both working, the activated bridge senior will stay as the CTU senior, and the fly in senior will cover the other absent resident.
 - If bridge is not available or if activated for CTU: The fly-in will be expected to come in at 1700.
- **For call at RCH CTU**
 - With advanced notice (>24 hours), the float senior acts as back-up if not on call in the prior 24 hours.
 - On a night with a bridge/fly-in: bridge senior to stay overnight at SPH or VGH and fly in to act as RCH CTU Sr.

LMR Schedule

- The LMRs split back-up on weekends (Friday - Sunday) throughout the year.
- Call on non-cross-coverage eligible rotations (ICU, Neuro, BCCA, etc) as usual.

In general

- Schedules are completed more than 4 weeks in advance and in accordance with RDBC policies.
- It is the residents' responsibility to complete the call request form monthly.
- Residents should have a reasonable amount of time (more than 24h) to review the schedule for irregularities and notify the LMRs and/or administrative staff.
- In a given block, all residents should have approximately the same number of call shifts.
- Residents should not be on consecutive days.
- Each CTU call shift must have a minimum of 2 junior residents and one senior resident. Each cross coverage call shift requires one senior and one junior.
- Residents are not activated to cover call for medical students.