

University of Toronto Faculty of Medicine Department of Surgery, Division of General Surgery

General Surgery Postgraduate Education Committee Resident Duty Hours Policy

1. General Surgery residents must be relieved of clinical responsibilities on the day following call (post call) in keeping with the following guidelines:
 - Relieved of clinical responsibilities by noon on surgical rotations;
 - Relieved of clinical responsibilities by 24+2 hours after the commencement of the working day on non-surgical rotation;
 - Specifically, all residents who take call in-house must be relieved of clinical responsibilities by noon on their post call day.
 - **Special circumstances:** Off service residents taking general surgery call should be relieved of clinical responsibilities by 24+2 hours after the commencement of the working day on surgical rotation
2. Residents who take out of hospital call are required to be relieved of clinical duties when either of the following situations arise:
 - A resident is called into the hospital to perform clinical duties between the hours of midnight but before 6am;
 - A resident is called into the hospital to perform clinical duties for at least 4 consecutive hours, with at least one hour of which extends past midnight.
3. Call Maximums are based on the total days on Service (vacation and other time away are deducted from the total prior to calculating maximum call). Residents cannot be scheduled to work two or more consecutive calls unless agreed upon by the residents, the Program Director and PARO. Residents not on call or scheduled for work cannot be expected or compelled to be available on pagers, or to be in the hospital or clinic for any reason.
4. In House Call: The in-house maximum is 1 in 4. For a "28-31day ("one month") rotation these maximums are:
 - 19-22 Days = 5 calls
 - 23-26 Days = 6 calls
 - 27-29 Days = 7 calls
 - 30-34 Days = 8 calls
 - 35-38 Days = 9 calls
5. In hospital call maximums for rotations >1 month can be averaged over the length of the rotation (maximum averaging length is 3 months) with a maximum of 9 calls in any given month. The total number of calls on a rotation longer than one month can be calculated by taking the total of number of days on service, divided by 4 and rounded to the nearest whole number (.5 rounds up).

6. Home Call: Home Call Max is 1 in 3, or 10 per 30, or 11 per 31. A resident cannot be on home call on 2 consecutive weekends. Home call cannot be averaged over multiple months.
 - 17-19 Days=6 calls
 - 20-22 Days=7
 - 23-25 Days=8
 - 26-28 Days=9
 - 29-30 Days=10
7. Weekends: Each resident must have 2 complete weekends off per 28 days; including Friday night/Saturday morning as well as Saturday and Sunday. A resident cannot be on home call on 2 consecutive weekends. Residents cannot be required to round (or perform other clinical duties) on weekends when not on call.
8. Residents who feel tired post-call and drive to work are encouraged to use their designated call room to rest before driving. If the call room is occupied, then the resident should contact their hospital's security office to identify an alternative room in which to rest. In addition, the PARO contract provides a \$60.00/month travel stipend so that residents may take a taxi home, if they feel too tired to drive or take public transport.
9. The program director will ensure adherence to this policy throughout the University of Toronto's training sites. Any resident with concerns about the adherence to this policy at a specific site should contact the site director or program director directly.
10. Residents should not leave patient's bedside if patient is in extremis (code, pre-code), until help arrives, and care can be safely handed over to another physician.
11. Residents rotating at sites not officially associated with the University of Toronto and who take call should contact the University of Toronto's Post-Graduate Education Office for information regarding call stipend reimbursement.