

## **Resident Call**

Purpose: To establish protocols and delineate responsibilities in the hospital on-call at night. Overnight call experiences assist residents in developing critical thinking, leadership and independence necessary to enter autonomous practice.

PGY 2 and PGY 3 residents participate in in-house call responsibilities on a rotating basis, no more frequently than every third night (when averaged over a four-week period). (IV.F.7.). Residents must observe all ACGME Clinical and Work Hour requirements including the 80 hours per week, averaged over four weeks (VI.F.1.), a minimum of 14 hours off after a twenty-four hour call (VI.F.2.c), and a maximum clinical and educational work period of twenty-four hours. (VI.F.3.a). Residents on in-house call will have the following post-call day off, free from clinical or educational requirements. The call schedule will be developed by the chief resident. PGY-1 residents do not take call (they participate in a night medicine rotation).

While on call for Family Medicine, the resident is responsible for: 1) all Family Practice admissions, hospitalized patients, and obstetrical patients, 2) walk-in obstetric and gynecology patients with no staff attending physician, 3) any calls that come in through the hospital operator requesting a Family Practice Residency physician, 4) all CODES and emergencies that might arise on the UHC campus, 5) Death pronouncements.

Call begins at 4:30 PM and runs through to 8:00 AM the next day on weekdays. On-call residents participate in a face-to-face meeting, "Check-out" at 4:30 pm and 7:30 am to provide a quality hand-off for transition of care. On weekends and holidays, call begins at 8:00 AM and continues until 8:00 AM the following day. The back up call resident will always be a PGY-2 or PGY-3 resident who the faculty have determined is qualified to perform back up resident duties. A family medicine faculty physician is always responsible for supervising the night-time residents. The back up resident is responsible for orienting the PGY-1 resident to the hospital and call duties, including the circumstances and events in which residents must communicate with the supervising faculty member(s) (VI.A.2.e).

The faculty physician on the Family Medicine Inpatient Team is readily available for consultation at all times. The residents may request the faculty attending come into the hospital to provide supervision and guidance at any time if circumstances warrant.