1. OBJECTIVES

The resident’s participation in on-call duty in the postgraduate years (PGY) after the RII rotation is intended to meet the same objectives as the RII rotation itself. In addition, participation in on-call duty should allow the resident to meet the objectives listed below, using knowledge and experience they have gained after the relatively early (in training) RII rotation.

Organized by CanMEDS competency, these additional objectives are:

a. **Scholar**: keep up-to-date on recommendations and procedures applicable to problems assigned to on-duty physician.

b. **Collaborator**: learn to quickly develop effective collaboration with a variety of health care professionals (e.g., nurses, physicians, etc.), both within and outside the HPS.

c. **Manager**: integrate efficiently on-call duty into one’s overall workplan, in relation to
   i. Other training activities,
   ii. Other residents,
   iii. Supervisors.

d. **Professional**: assume increasing responsibility for all aspects of the work PHPM specialists carry out while on call.

e. **Expert**: maintain and increase overall competency in dealing with unforeseeable on-call events of a PHPM specialist.

2. ACTIVITIES

Since the vast majority of calls to the HPS concern infectious diseases (ID) rather than environmental exposures, on-call duty for residents will be tied to the work of the physicians on call for ID, rather than those on call for environmental exposures, unless unusual circumstances require otherwise (e.g., a large environmental exposure requiring multiple personnel).

There are normally two physicians on call for ID. One physician manages requests for information, usually regarding immunization issues (*garde conseil, or garde C*). The other physician manages calls requiring action or recommendations for action (*garde régionale, or garde R*). *Garde C* covers regular working hours; *garde R* is continuous and replaces *garde C* outside of working hours, should an urgent (or misdirected) *garde C* call come in then. As these activities provide different but equally relevant
opportunities for learning, residents will alternate between the two roles.

After the RII rotation, residents will be on call one day per calendar month, alternating between garde C and garde R, working with the staff physician assigned to the on-call duty that day, preferably on days when this physician is a PHPM specialist.

The resident coordinator will create the on-call schedule for residents, taking into account the PGY year (training phase, e.g., family medicine) of the residents, their work schedule, the specialty status of physicians on call, and coordinating the McGill schedule with the on-call schedule of Université de Montréal PHPM, emergency medicine and microbiology residents who may also share the on-call duty.

During PGY1 to PGY3, on-call duty may be at night only (and therefore for garde R only) if the resident is off-site for training during the day. Otherwise, the duration of call will be from 8:30 to 4:30 for garde C and from 8:30 to 8:30 the next day for garde R. Normally, the garde R duty includes participation in the daily briefing which is held at 9:15 every day and serves to transfer information and responsibility for ongoing investigations weekday mornings. If the resident’s schedule does not permit participation in the briefing at the end of the on-call period, any information, files etc. should be transferred by the resident to the on-call staff physician before the briefing.

During PGYs 1 to 3, the on-call staff physician will receive the calls and share the resulting work with the resident. However, depending on the resident’s knowledge and experience, it may be agreed that calls will be sent to the resident’s number directly (i.e., first call), who will deal with them, under the supervision of the staff physician.

During PGYs 4 and 5, the resident will carry the pager during her/his garde R on-call days and serve as first responder to after-hours calls, consulting with the staff physician as required.

Should an investigation or intervention begun during on-call duty carry over the next day(s), the resident may, but need not, continue to take part in the follow-up.

3. EVALUATION

After each day of on-call duty, the resident’s supervisor will evaluate his/her performance using the form provided on one45 for this purpose.

The form could include the following items:

Scholar:
aware of protocols/recommendations relevant to calls received
aware of recent changes to protocols
takes protocols/recommendations into account in making decisions

Collaborator:
interacts appropriately with supervisor and other health professionals
consults supervisor appropriately

Manager:
collaborates effectively in organizing his/her on-call duty
deals promptly with difficulties in being reached or reaching others
Assures continuity of the public health intervention and transfers files and information as necessary and in a timely fashion
Professional:
assumes responsibility for the work associated with on-call duty
interacts appropriately with callers and other personnel of the HPS
corrects own errors willingly, promptly and effectively
receives and responds to feedback from supervisors in a productive fashion

Expert:
represents the HPS in a credible and worthy manner vis-à-vis the population and/or other agencies.

The results of these evaluations will be communicated to the resident, possibly in aggregate form, at most after every three days on call completed, to preserve evaluator confidentiality, and at least every six months, by the program director.

However, after each day on call, the on-call staff physician should provide the resident with informal oral feedback, structured around the on-call objectives, to help the resident benefit from the experience and improve his/her performance on subsequent on-call days.

4. OTHER

On-call duty by residents carries no additional remuneration, but should it have disrupted usual living patterns sufficiently to impair performance the next day, the supervisor will help the resident reach a proportional accommodation with the next supervisor.