Post-Call Policy

When post-call, residents are expected to be released from clinical service per the standards of the Resident Doctors of BC Collective Agreement, which includes, but is not limited to the following principle:

19.01(c)(4): If, while on a shift of 24 hours or longer, a Resident is prevented from obtaining at least six (6) consecutive hours uninterrupted by any duty assignments for purposes of rest, the Resident shall be relieved of duty no later than two (2) hours of completing the call shift or by 10:00 a.m. (whichever is earlier), subject to the Resident's obligation to ensure continuity of care. On any such shift, Residents may only be assigned Clinical Handover that can reasonably be completed no later than two (2) hours of completing the call shift or by 10:00 a.m. (whichever is earlier), unless exigent circumstances, such as a patient emergency, necessitate otherwise.

Note: If at any time a Critical Care Medicine resident believes that due to fatigue (or other factors) they are putting themselves, their patients or their colleagues at risk they will be immediately excused from their clinical duties for the remainder of that day. Additionally, if Faculty Members in the Division believe that a Critical Care Medicine resident is impaired due to fatigue, or any other factor, they will immediately excuse the resident from their clinical duties for the remainder of that day.

Disciplinary Action for Non-Compliance

1. CCM resident: if the CCM resident is found to be non-compliant with the post-call policy, two warnings will be formally provided to the trainee in written documented form. If there is a 3rd violation with the policy, a breach of professionalism will be recorded in the trainee's final in-training report.
2. Core site: if a core site's attending staff are found to be in non-compliant with the post-call policy, two warnings will be formally provided to the Medical Director and Educational Lead for the respective core site in written form. If there is a 3rd violation with the policy, the UBC CCM program reserves the right to pull the designation of core site.
3. Electives: all electives that support resident rotations must adhere to the standards outlined by the Resident Doctors of BC Collective Agreement.

Principles

The following principles were taken into consideration when creating the post-call policy:

1. Our primary goal as a training program is to ensure the creation of competent and caring Intensivists who will not only be able to, but will also want to, have a long career providing outstanding care to their patients.
2. While clinical service plays an important role in their educational experience, the priority for residents during their Critical Care Medicine training program is education, not service.

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3. In order to achieve expertise, an individual must spend a significant amount of time practicing in a deliberate fashion.[1]
4. Long periods of continuous wakefulness impair human performance.[2]
5. How best to approach on-call and post-call issues remains unclear based on the available evidence in the literature. Balancing the potential benefits of limiting work hours (reduction in medical errors and improved work-life balance and safety for residents) and its potential consequences (discontinuity of patient care, reduced opportunities for experiential learning and adequacy of preparation for independent medical practice) is challenging.[3]
6. Residents enrolling in the Critical Care Medicine training program are senior trainees (PGY 4-6) who have a wide variety of learning styles and objectives to meet. Therefore, the structure of the clinical and educational activities within the training program should have some degree of flexibility for the residents to optimize their own learning.

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References:
1. Ericsson KA. Deliberate practice and the acquisition and maintenance of expert performance in medicine and related domains. Acad Med 2004;79(10):S70–S81.
2. Pilcher JJ, Huffcuff AI: Effects of sleep deprivation on performance: a meta-analysis. Sleep 1996;19:318-326.
3. Peets AD, Ayas NT. Restricting Resident Workhours: The Good, the Bad, and the Ugly. Crit Care Med 2012;40(3):960-966.

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