

ON CALL DUTIES

RESPONSIBILITIES

At the present time, there is a resident on call at the UAH at all times. There is weekday coverage at the RAH by residents when resident distribution allows for it. Residents will not be expected to take call more than one-in-four. As there are insufficient numbers of residents some call is covered by paid resident replacements. Urology is primarily home-call, with the expectations that residents do come into the hospital when required and so needed. This “job description” is meant to be flexible and it is expected that roles will shift depending upon workload. The residents as a whole develop the call schedule, the chief/senior resident is responsible for ensuring that all residents work one weekend in a month and that an evenness of shifts is maintained. In the PGY5 year, it is expected that the chief resident will still take call, but also be accessible to the other residents should they require further assistance.

MOONLIGHTING

RCPCSC STATEMENT ON MOONLIGHTING

Residents are encouraged to maintain a balance between their personal and professional life to promote their own physical and mental health and well-being as essential to effective life-long practice. The Royal College of Physicians and Surgeons of Canada defines moonlighting as the independent practice of medicine during residency training in situations that are not part of required training in the residency program.

The RCPCSC neither condemns nor condones the practice of moonlighting during residency training. However, if moonlighting does occur, the following principles should be considered:

• **Moonlighting must not be coercive.**

• Residents must not be required by their residency program to engage in moonlighting.

• **The moonlighting workload must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program.**

• All program directors have an obligation to monitor resident performance to assure that factors such as resident fatigue from any cause are not contributing to diminished learning or performance or detracting from patient safety.

• Program directors should bring to the attention of all residents any factors, which appear to detrimentally affect the performance of the residents.

• To facilitate this, it is advisable that the program director be informed when a resident chooses to moonlight.

• **If residents do moonlight, it should not occur on the same unit or service to which they are currently assigned as a resident.**

1. For example, a resident on an ICU rotation and taking call should not also cover the same ICU as a moonlighting physician on other days of the same rotation. This has been seen to lead to difficulties in lines of responsibility and resident evaluation.