

SICK CALL

This policy is designed to:

- a. Provide coverage for clinical duties if another resident is ill or has a family emergency.
 - b. Ensure the availability of residents assigned to sick call duty.
 - c. Delineate the resident's responsibility for coverage.
1. Appropriate use of sick call includes unexpected illness, death in the family or other personal emergency.
 2. Each resident signs a Honor Code at the beginning of internship regarding Sick Call.
 3. The resident will call the Chief Resident to inform them of his/her illness or situation. The name and contact information of the colleague on Sick Call will be given to you by the chief resident. You will immediately contact this colleague. During the conversation with your colleague on Sick Call, you will discuss the work type and duration for which you need coverage. It is your responsibility to ensure safe, comprehensive transfer of your duties to the covering colleague. Immediately after this conversation, you will call and inform the original chief resident of the transfer of coverage. Also, should you be unable to contact the colleague on Sick Call in timely fashion, notify the chief resident, who will then assist you further. Each night sick call is used the resident who is ill will update the chief resident regarding their condition.
 4. Sick call is not to be used for scheduled absences, e.g., doctor's visits, family responsibilities, interviews, etc. For such scheduled absences, the resident will arrange for his/her own coverage and complete the appropriate schedule change form. If no coverage for interviews is obtained by the resident, sick call will be activated. The resident will then owe the system an extra shift per the chief resident's discretion.
 5. Each resident is expected to complete an equal number of weekend and weekday calls. If the resident is unable to meet this responsibility due to illness or another situation as listed above, the resident will complete the requisite number of calls at a later date. If the illness is prolonged or disability due to pregnancy and delivery, the amount of sick call may be reduced or the scheduled rotations changed to accommodate the condition.
 6. If a resident uses sick call > 7 days during the year, extra shifts will be assigned per discretion of the chief resident.
 7. Each upper level resident will be assigned to provide sick call for 2 weeks each year. Each R-1 resident will be assigned to provide sick call for 3 weeks each year. Residents in combined programs, e.g., Med-Peds or EMIM, will have approximately half the number of sick call days over their 4-5 years of training compared to the categorical residents.
 8. The sick call resident will:
 - a. Be available by pager or phone at all times.
 - b. Must be no further than 45 minutes from the hospital.
 - c. Be responsible for ensuring that the Chief Residents have a current home and cell phone number.
 - d. Abstain from alcohol or any substance that would impair judgment or clinical skills.
 9. Failure to comply with this policy will result in the resident having to pay back extra shifts at the chief resident's discretion. If the sick call resident fails to return a page in 15 minutes while on sick call, the resident will be assigned extra shifts per the chief resident's discretion.