

# Department of Obstetrics & Gynecology

## Medical Staff Attending and Resident “Good Practices” Policy for On Call Activities at The Ottawa Hospital

### Adapted from TOH Policy MED-RR040

#### Purpose:

This is a TOH-level consensus guideline to assist in delineating on-call responsibilities for both post-MD trainees (including resident physicians and clinical fellows) and supervising attending staff physicians, adapted for the Department of Obstetrics, Gynecology and Newborn Care.

**Scope:** All Medical Staff and post-MD trainees

#### Definitions:

In this Rule and Regulation:

1. “Attending” means the Most Responsible Physician (MRP) who is responsible for the care of the patient.
2. “Medical Staff” means Physicians, midwives, and nurses in the extended class to whom the Board has granted privileges of diagnosing, assessing, monitoring, prescribing for or treating patients in the Hospital.
3. “Resident Physician” means a post-MD trainee registered in a Royal College of Physicians and Surgeons of Canada (RCPSC) or College of Family Physicians in Canada (CFPC) accredited residency training program.
4. “Clinical Division and/or Clinical Department” means clinical groups with TOH that are recognized by Medical Affairs and the Board.

#### Resident Physician responsibilities while on-call

1. Contact attending physician for: major therapeutic decisions, acutely decompensating patients, unexpected deaths, discharges, and coroner’s cases. Discharges from the obstetrical triage unit can be discussed after the fact.
2. Contact attending physician for interdepartmental conflict and logistical challenges.
3. Introduce yourself to attending physician (inform them of your skill level, discuss self-identified weaknesses, discuss preferred mode of contact and emergency contact protocol (i.e., if unable to contact attending physician).
4. Contact attending physician for unexpected procedures and prior to procedures (artificial rupture of membranes and procedures related to the induction or monitoring of normal labour can be discussed after the fact).
5. Contact attending physician at “key moments” (for example, start of call, bedtime, wake up, post rounds, new consults, or if overwhelmed from a safety perspective.
6. Give pertinent handover information specific to the service you are currently on.
7. Ask a specific question or have a specific management plan in mind with justification when calling attending physician or call when uncertain.
8. Finalize all documentation at the end of call shift and document all contact that involved recommendations or management.

9. Call attending physician when consults cannot be seen in a reasonable timeframe as outlined in the TOH Admission Algorithm – Referral and Consultation Guideline.
10. Be familiar with hospital's electronic medical record (EMR) system.
11. Clarify urgency of contact with attending based on different clinical scenarios.
12. Ask for help with medico-legal challenges, documentation, and forms.

### **Attending Physician responsibilities while on-call**

1. Be accessible to post-MD trainee physicians and reinforce accessibility to post-MD trainee physicians while identifying any expected absences during call (i.e., scheduled meetings, clinics, or off premises)
2. Provide preferred mode of communication with post-MD trainee physician with an alternate contact method and answer call on first attempt.
3. Provide a psychologically safe environment to call staff when post-MD trainee physician is outside comfort zone to ensure patient safety.
4. Ensure adequate handover of all patients to on-call post-MD trainee physician and inform them of any direct admissions or expected patients.
5. Supervise and be physically available for all procedures until post-MD trainee physician is deemed entrustable.
6. Provide skill level independence as appropriate for all levels of learners while on-call.
7. Attending physician should be kind and patient with post-MD trainee physicians and tailor their expectations based on the post-MD trainee physician skill level.
8. Embrace teaching role while on call, answer specific questions and address conflicts discussed while providing teaching on specific cases which should prompt a discussion with the attending physician.
9. Set criteria for check in with post-MD trainee physicians and have additional time deadlines to contact residents during their call shift.
10. Attending physicians to be within driving distance of the hospital within an agreed upon timeframe.
11. Attending physicians to be available to take over fully if post-MD trainee physician has emergency on-call.
12. Discuss specific expectations for post-MD trainee physician while on-call and provide orientation to the physical space and location of resources.

The Residency Program Committee will provide oversight for the development of a formal policy and monitoring its effectiveness and impact. The uOttawa Post-Graduate Education Committee (PGEC) will provide advice and support.

Any deviation from the policy by a staff physician must be reported to the division and/or department head who will manage the concern according to the TOH Model of Professionalism. Any deviation from this policy by a resident physician must be reported to the residency-training program director.

### **Related Legislation or Regulatory Requirements:**

- CPSO Professional Responsibilities in Medical Education
- The Ottawa Hospital – Model of Professionalism Policy
- The Ottawa Hospital – Professionalism: A guidebook for Physicians
- The Ottawa Hospital Admission Algorithm – Referral and Consultation Guideline

Revised: June 2022