

# Call Committee Users' Manual

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## Call Policies

*The Call Committee makes the call schedule, determines general call policies and mediates the majority of call concerns in consultation with the Residency Director. Any new call policy will need to be discussed at a call meeting and then voted on by the call committee with a majority in agreement to instate a policy. Some individual call issues may be resolved at the discretion of the Call Chair in consultation with the Residency Director.*

### **Call Trades:**

Any resident may trade call with another resident. If both residents are fully trained, then any two regular calls can be traded between the residents involved. If a resident is not fully trained at a site, they can only trade training calls for a training call of the SAME TYPE at the SAME SITE. (For example, a resident may trade a Day HMC training call for a Day HMC training call.) In general, the resident must trade calls so that all training is completed before taking solo call. If there are any questions about a trade, please contact the Call Chair before the trade is made for guidance.

### **Backup Call Policy:**

For backup call, both 1<sup>st</sup> and 2<sup>nd</sup> backup call residents need to wear their pagers 24 hours a day for the entire 7 days of backup call. The backup residents need to stay within 30 minutes of the call sites to be able to respond to call at any time.

If you are called in to cover a call, you need to notify the operator at that site that you are now the resident on call for that site. When the 1<sup>st</sup> backup has been called in to cover a call, the 1<sup>st</sup> backup person needs to page the 2<sup>nd</sup> backup to notify them that they are now the 1<sup>st</sup> back-up for any new calls. (The 1<sup>st</sup> backup needs to remain available to forward on any future calls to the 2<sup>nd</sup> backup person as there is no way to notify the residents that this has occurred.). The 2<sup>nd</sup> backup person will remain the new 1<sup>st</sup> backup person for the remainder of the week unless they are called in to take a call. In this case the 2<sup>nd</sup> backup resident should notify the 1st backup resident and the process will start over again. In a rare circumstance, both backup residents could be called in on the same day. If this were to occur, please notify the Call Chair so a new volunteer could be available for the remainder of that 24 hour period. Backup call residents are able to be called in 10 hours after taking a call shift.

In the event that a backup resident is called in to cover for any call, it is the expectation that the absent resident will pay back the call. If the backup resident covers for any part of the shift, they are owed for the entire shift! In the event that a backup resident is called in to cover for an R1 or R2, the absent R1/R2 will be unable to repay the backup resident in this current cycle because R1/R2s cannot take R3/R4 calls. However, it is still the expectation that the absent resident will pay back the call. In this case, the R1/R2 should notify the Call Chair by e-mail. The absent resident will receive one additional call next cycle and the backup resident will receive one call break.

In the event that a backup resident cannot receive a call break next cycle (i.e. graduating, fast-tracking to child), the absent resident is responsible for finding an eligible resident (usually an R3) to take a call from the backup resident. The eligible resident will receive the call break in the next cycle and the absent resident will still owe an additional call next cycle.

In the event that an absent resident cannot pay back a missed call in the next cycle (i.e. leaving for Spokane or Boise), the absent resident will be responsible for finding a resident who will take an extra call in the next cycle and have a call covered by the absent resident in the current cycle.

**Family/Medical Emergency:**

In the case of a family or medical emergency, a resident may unexpectedly be unable to take call for a protracted amount of time. Generally, this should not be a problem because two backup call residents are available at all times. However, should this occur during nightfloat, the supply of backup residents could be quickly exhausted. The Call Chair should be informed in the instance that a nightfloat resident may be absent for an extended amount of time because the Chair will help address the proper procedure for backup taking these calls and/or help facilitate covering these calls by volunteers if needed. Backup residents are able to be called in 10 hours after taking a call shift. Additional residents may have to be recruited to cover the rest of the affected period. If enough residents do not volunteer, a lottery of eligible residents may need to be held to assign the remaining call. The affected resident would be required to pay back all calls to covering residents based on amount of paid leave to call burden ratio. This would be determined by recalculating call burden based on total number of paid months. Any difference between call burden and call missed would need to be repaid. Any calls which are not repaid will be credited to the volunteer in the form of a call break during the next cycle.

If a resident has an unforeseen medical/family emergency, the resident is to notify the 1<sup>st</sup> backup resident as soon as possible. If it is within one week of the call that needs to be covered it is at the discretion of the backup call person to try to facilitate a volunteer instead of having to take the call. Either way the absent resident is responsible for making up a call to the backup resident or volunteer.

If a 1st backup resident is ill for any period of time, the 2nd backup assumes the role of 1st backup and a new 2nd backup resident will have to be chosen, using the volunteer-then-lottery approach outlined above. Finally, if the 2nd backup resident must be away, a new 2nd backup resident will have to be chosen. Both these scenarios assume that the absence is unexpected and not premeditated. In either case, the absent resident will need to pay back any backup call covered.

If, after the call schedule is completed, a resident withdraws from the program or goes on extended unpaid leave, his/her call will need to be covered. This should not be left to the backup residents, as they may need to cover illnesses. Similar to the strategy outlined above, residents should be asked to volunteer, knowing equivalent call breaks will be assigned in the next call cycle. If there are no volunteers, a lottery of eligible residents (those not on within three days) should be held, knowing equivalent call breaks will be assigned to the chosen resident(s) in the next call cycle if they are participating in that cycle. Only those residents that are on call within three days or are on scheduled time off will be exempt from the lottery (Boise, Spokane, graduating residents, fast-tracking residents will all be included in the lottery).

If a resident who is being trained is sick, the trainer can take the call solo and just needs to notify the operator that they are now the primary resident. The ill resident will now need an additional day of training, so the backup would be called in on their next solo call at the site in which they have missed training. The absent resident will now get one additional call the next cycle. The backup resident who takes care of the new training call will receive a call break next cycle.

**Training Call:**

Each resident who is new to a clinical site receives training call, wherein s/he is supervised by a senior resident (R3 or R4.) Training call is an opportunity for new residents to gain experience in a supervised setting and to learn the tricks of the trade from senior residents.

At the start of each training call, the senior resident ("trainer") should meet the junior resident ("trainee") in person at the site. At Harborview, this is usually the PES. At VAMC and UWMC, the trainer should get in touch with the trainee ahead of time to determine a place to meet. The trainer and trainee should plan to meet regardless of whether they have been called in to deal with

a patient issue. This time should be spent reviewing call procedure for that site or talking about potential cases.

The Training Call Checklist should be reviewed each night of training call. Trainers should note that they must be able to get to each site promptly during the hours of call, except at Harborview, where trainer and trainee must stay on-site. Trainers must not schedule any personal activities during those times. Trainers must have their pagers on during call.

Trainees should page their trainers for any issue that arises, including cross-cover issues, telephone calls from patients, consults, and so on. If the trainer cannot be reached, the trainee should notify the backup attending immediately for any issues. If upon repeated attempts the trainee cannot reach their trainer, the trainee should contact the 1<sup>st</sup> backup for training coverage.

*On training call, the goal should not be to split the work, but to perform work-ups together.* Trainers should be present for all admissions and should demonstrate at least one interview per training call. Remember that training call counts towards the call requirements of both the trainee and trainer.

Training call senior residents ("trainers") are required to meet certain standards as outlined above. Complaints against trainers by trainees should be referred to both the Residency Training Director and the Call Committee Chair. The Training Director should review the situation and, if appropriate, issue a warning. The Call Committee keeps track of these warnings. If a resident receives two warnings, s/he may not be eligible for training call in future call schedules, though s/he is not disqualified for the rest of the six-month period. The Training Director should notify this resident of her/his ineligibility. Warnings do not expire. Trainer status can be reinstated at the discretion of the Training Director and the Call Committee. Given the fact that we have now gone to an all nightfloat system, the majority of calls for someone who has had their training privileges revoked would be weekend calls.

## Summary of Nightfloat and Night/Weekend Call Shifts

Track and Year Joined Program	Nightfloat	Night/Weekend Shifts
Seattle R1	<p><i>As R1:</i> 2 wks VA or UW 2 wks HMC</p> <p><i>As R2:</i> 2 wks UW or VA; 2 weeks Selective</p>	<p><i>As R1:</i> ~12-14 calls/6 months - All weekend calls</p> <p><i>As R2:</i> ~12-14 calls/6 months - All weekend calls (priority days at consult sites)</p>
Boise R1	<p><i>As R1:</i> 2 wks VA or UW 2 wks HMC</p> <p><i>As R2:</i> 2 wks UW or VA; 2 weeks Selective</p>	<p><i>As R1:</i> ~12-14 calls/6 months - All weekend calls</p> <p><i>As R2:</i> ~12-14 calls/6 months - All weekend calls (priority days at consult sites)</p>
Spokane R1	<p><i>As R1:</i> 2 wks VA or UW 2 wks HMC</p> <p><i>As R2:</i> 3-4 wks HMC (during PES and outpt)</p>	<p><i>As R1:</i> ~12-14 calls/6 months - All weekend calls</p> <p><i>As R2:</i> ~12-14 calls/6 months - All weekend calls (priority days at consult sites)</p>
Seattle R2	<p><i>As R2:</i> 2 wks VA 2 wks UW 2 wks HMC</p>	<p><i>As R2:</i> ~12-14 calls/6 months - All weekend calls (priority days at consult sites)</p>
Boise R2	<p><i>As R2:</i> 2 wks VA or UW 4 wks HMC</p>	<p><i>As R2:</i> ~12-14 calls/6 months - All weekend calls (priority days at consult sites)</p>
Spokane R2	<p><i>As R2:</i> 2 wks VA or UW 4 wks HMC</p>	<p><i>As R2:</i> ~12-14 calls/6 months - All weekend calls (priority days at consult sites)</p>
Seattle R3	<i>None</i>	<p>- 10-15 calls, majority as trainer/ 6 mo - 2 weeks backup (1<sup>st</sup> and 2<sup>nd</sup>)/ 6 mo</p>
Seattle R4	<i>None</i>	<p>- 6-10 calls, majority as trainer/ 6 mo - 2 weeks backup (1<sup>st</sup> and 2<sup>nd</sup>)/ 6 mo</p>

## Call Polices FAQ

- 1) When does call start?
  - a. Please consult the PRON for each site
- 2) What do I need to do to trade call?
  - a. Ask for call trades
  - b. When you have arranged a trade, you need to notify Athena and the appropriate person at the site as listed on Psychiatry Resident webpage
  - c. When trading calls, calls must be the same TYPE (i.e. training call at specific site for training call at the same site and same type of call – AM vs. PM) and you must not trade into site where you are not trained
  - d. A trainer may switch call only with another R3 or R4 eligible to do training call; the trainee should be notified of the switch. A trainee may switch call with another resident at the site who is also on training call; s/he should make sure to notify the trainer.
- 3) What do I need to do to call in the backup resident (sick/family emergency only)?
  - a. Page the 1<sup>st</sup> backup resident as listed on the Call Schedule
  - b. You will be responsible to pay back the call (See Call Policies for details)
  - c. You need to notify the operator at your call site of the change
- 4) What if I am called in on backup call?
  - a. Call the paging operator at your site to let them know that you will be covering call and to inform them of your pager number.
  - b. Please also let the 2nd backup know (during reasonable hours) that they are now at risk of being called in.
  - c. If another R3/R4 called you in, please arrange for them to cover one of your calls.
  - d. If an R1/R2 called you in, please notify the call chair so you can receive a call break next cycle.
- 5) What are my responsibilities as a training call resident?
  - a. Each resident who is new to a clinical site receives training call, wherein s/he is supervised by a senior resident (R3 or R4.) Training call is an opportunity for new residents to gain experience in a supervised setting and to learn the tricks of the trade from senior residents.
  - b. At the start of each training call, the senior resident ("trainer") should meet the junior resident ("trainee") in person at the site. At Harborview, this is usually the PES. At VAMC and UWMC, the trainer should get in touch with the trainee ahead of time to determine a place to meet. The trainer and trainee should plan to meet regardless of whether they have been called in to deal with a patient issue. This time should be spent reviewing call procedure for that site or talking about potential cases.
  - c. The Training Call Checklist should be reviewed each night of training call.
  - d. Trainers should note that they must be able to get to each site promptly during the hours of call, except at Harborview, where trainer and trainee must stay on-site. Trainers must not schedule any personal activities during those times. Trainers must have their pagers on during call.
  - e. Trainees should page their trainers for any issue that arises, including cross-cover issues, telephone calls from patients, consults, and so on. If the trainer cannot be reached, the trainee should notify the backup attending immediately for any issues. If upon repeated attempts the trainee cannot reach their trainer, the trainee should contact the 1<sup>st</sup> backup for training coverage.

- f. On training call, the goal should not be to split the work, but to perform work-ups together. Trainers should be present for all admissions and should demonstrate at least one interview per training call. Remember that training call counts towards the call requirements of both the trainee and trainer.

# Call Committee Roles and Responsibilities

## Members

The Call Committee is composed of 8 resident members. There should be at least two representatives from each class. At any given point, there may be an additional member (above the minimum 8 members) who has been recruited so that s/he can be trained to replace a departing member (a member graduating at a non-standard time).

## Selection

Two to three new members will be added each year from the R1/R2 class depending on vacancies. These members would be Seattle Track residents and participate in next cycle if available or join the committee for the following cycle. These members will be recruited from volunteers and voted on by the entire residency with the top vote-getters becoming members.

## Responsibilities

### *Call Committee Member*

- 1) Attend the Big Meetings and participate in scheduling for either R1/R2 or R3/R4 schedules
- 2) Take on at least one additional role as needed (see below)
- 3) Attend other call meetings throughout the year to address unforeseen call issues
- 4) Each member will get 4 call breaks every six months (will lose 1 call break if cannot attend Big Meeting and lose 2 additional call breaks if cannot participate in scheduling weekend). The last call break is for the additional responsibilities and tasks that Call Committee Members cover (see below). For R3/R4 Call Committee Members, up to 3 of the 4 call breaks will be allotted toward weekend call breaks, representing the weekend Big Meeting and weekend R1/R2 and R3/R4 scheduling that is done.
- 5) Term lasts through cycle prior to graduating (i.e. Dec grad - prior spring cycle; June grad- prior fall cycle)

### *Call Committee Chair*

- 1) Elected by call committee members
- 2) Be available to answer questions about call throughout the year
- 3) Oversee call committee work and finalization of call schedule each cycle
- 4) Facilitate call committee meetings and prepare required documents
- 5) Serve as liaison between Call Committee and Program Director
- 6) Deal with call issues and more global changes (questions, coordinating coverage for unanticipated absences, etc...)
- 7) The person in this leadership role will get 8 call breaks every six months (subject to the same policy for losing call breaks as detailed for regular call committee members above)

## Additional Call Committee Roles

*Meeting Organizer:* Member organizes meeting times, places and sends reminders for meetings.

*Recruitment:* Member orients people to the roles of the call committee and solicits interested members. Member conducts a vote if there are several candidates. Member welcomes new members to the committee.

*Training Call:* Organizes the business meeting where R3/R4 residents are guided by the Chief Residents as to how to provide training call. Gives introduction to the call training meeting (general overview of training call) and verifies that all trainers are trained. (See **Appendix G** for Training Call Business Meeting Guidelines)

*New Resident Orientation:* Members (2) orient new residents to our call system and call policies during orientation weeks. This should include reviewing the call calendar, basics of getting trained, how to trade calls, when to use backup and answering any questions.

*Call Manual Updates:* Member who will update manual and facilitate info updates about call policies to the webpage. Transcribe notes from call meetings into call manual as needed.

*Nightfloat Schedulers:* Members will meet with program director and assign nightfloat rotations for entire year (see **Nightfloat Scheduling**).

*Call Calculations:* Member manages and develops excel programs for call calculations.

### **Call Committee Call Assignments**

Call committee members' schedules will be determined at the same time as their respective classmates. Call committee members will not do their own schedules but will submit their requests on the Call Request Forms as all other residents. Their schedules will be reviewed to meet the same criteria applied to all resident schedules of that member's resident class. Though committee members will not do their own schedules, they may participate in the scheduling of their resident year's scheduling weekend.

## Planning and Timing

The following is an overview of the approximately two to three-month long process of determining the call schedule for each six-month period. See **Appendix C** for a worksheet to aid with this process. For July-Dec schedule, call request forms go out in the spring; Jan-June schedule – call request forms are distributed in the fall and we attempt to have the schedule completed before Thanksgiving.

Timeline	
Prior cycle Big Meeting	Call Chair to determine the date by which the next Call Schedule must be completed. Planning should be based on this date, the Goal Date. Determine which Call Committee Members will be on each scheduling team as these dates will need to be blocked off on their Call Request Forms.
11 weeks before Goal Date	<i>(prior to July-Dec scheduling)</i> Vacation requests solicited from new incoming R1/R2s from Residency Training Director for use in developing rotation schedules and nightfloat assignments for entire academic year.
10 weeks	<i>(prior to July-Dec scheduling)</i> Collect new rotation schedules. Designated Call Committee Members meet with Training Director to develop nightfloat schedule. (See <b>Nightfloat Scheduling</b> ).
8 weeks	Call Chair to create the Call Request Form, which current residents will use to indicate preferences for call. Write the Call Request Letter, which provides instructions for filling out the form. Distribute the Call Request Form and Call Request Letter to residents approximately eight weeks before the Goal Date. (See <b>Getting Started</b> )
6 weeks	Collect the Call Request Forms from residents. Call Chair to transcribe all new R1/R2 vacation and time-off requests and rotations onto the Call Request Forms <i>(for July-Dec cycle only)</i> .
	Collect all supplies necessary for the Big Meeting. (See <b>Supplies Necessary</b> ).
	Big Meeting occurs where call supply and demand is determined. (See <b>Conducting the Big Meeting</b> and <b>Calculating Call Supply and Demand</b> ).
5 weeks	Determine the R1/R2 Call Schedule. (See <b>Completing the R1/R2 Call Schedule</b> ).
4 weeks	Determine the R3/R4 Call Schedule (See <b>Completing the R3/R4 Call Schedule</b> ). Submit spreadsheet of individual call assignments (by categories) to Program Director for review.
3 weeks	Submit a draft copy of the Call Calendar to the residency office so that the calendar can be transferred and posted online to the residency webpage.
2 weeks	Write and email the Call Review Letter, which explains the proofreading process. Residents should be given one week to look over the call schedule and to determine if there are any errors. (See <b>Final Steps</b> ).
1 week	After making appropriate corrections to the call schedule, submit any changes to the residency office to post online. Once these changes are submitted and posted, notify residents that the call schedule is finalized. (See <b>Final Steps</b> ).
Goal Date	

## Nightfloat Scheduling

*Nightfloat is now a clinical rotation and as such will be scheduled with the Program Director during the generation of the rotation schedule. The whole year of nightfloat is scheduled in April.*

- 1) Prepare the nightfloat grid from Excel File (See **Appendix D**). Each block is defined by the R2 selective month. This step entails working with the Program Director to adjust the timing of each block so that two weeks of non-overlapping nightfloat fall in each selective block (except for one block which will have two sets of two week blocks).
- 2) Program director will have all vacation requests and a proposed schedule.
- 3) Assign each block to a resident using these general principles:
  - a. More experienced residents, usually returning R2s should be assigned to the first block at each site.
  - b. Fill in the remaining blocks based on vacation preferences. Please note that residents may have special requests regarding timing of nightfloat.
  - c. Make sure that the resident doing the first block does not have call near the end of the previous six-month period, i.e., that the resident does not have less than three days between their last call and the first night of night float.

Each resident will be responsible for the following night float weeks:

<b>Seattle R1</b>	2 wks VA or UW 2 wks HMC	<b>“old” Seattle R2</b>	2 wks VA or UW 2 wks Selective
<b>Boise R1</b>	2 wks VA or UW 2 wks HMC	<b>“old” Boise R2</b>	2 wks UW or VA 2 weeks Selective
<b>Spokane R1</b>	2 wks VA or UW 2 wks HMC	<b>“old” Spokane R2</b>	3-4 wks HMC (during PES and outpt)
<b>New Seattle R2</b>	2 wks VA 2 wks UW 2 wks HMC		
<b>New Boise R2</b>	2 wks VA or UW 4 wks HMC		
<b>New Spokane R2</b>	2 wks VA or UW 4 wks HMC		

## Getting Started

The following steps are prerequisite to completing the call schedule and include (1) planning out the process and (2) creating, distributing and collecting the Call Request Forms. It also includes preparation for the Big Meeting.

1. Determine the Goal Date, the date by which the Call Schedule must be complete and in the hands of the residency office. The Planning and Timing Worksheet (see **Appendix C**) can be used to set up a timeline for completing the Call Schedule. Note that the Goal Date should have been determined during the previous cycle's Big Meeting since planning is done according to that. For the July-Dec schedule, the Big Meeting and scheduling is usually done in May. For the Jan-June schedule, these meetings typically occur in October.
2. Acquire the following materials from the residency office:
  - a. *Master Resident List*. A master list of all residents, their residency year and their clinical tracks (Seattle vs. Spokane vs. Boise). When available, it is also helpful to know which residents are fast-tracking into child (this is especially important for the Jan-June schedule).
  - b. *Special Circumstances*. These include family or medical leaves, maternity leaves, part-time status (i.e. less than 1.0 FTE), away rotations and other leaves of absence. Confirm with the Training Director which of these are paid and unpaid. Unpaid leaves, part-time work and away rotations are situations wherein call requirements are reduced. Also include unpaid emergency leaves during the last six-month period: if such residents' call requirements were not adjusted at that time, they will be due call breaks this time. Finally, collect information on residents who on rare occasions make individualized arrangements regarding call. Use the Exception List to document all Special Circumstances. These special circumstances should be notated on the master resident list for easy reference.
  - c. *Holiday Schedule*. Confirm the UW/HMC holidays from the following website: <http://www.washington.edu/admin/hr/holidays/holidays.html>  
Confirm VA holidays with residency office. As a general rule, the day after Thanksgiving is not considered a holiday at the VA and the VA takes Columbus Day as a holiday (UW/HMC does not).
3. Determine the first and last dates of this six-month period. This step should have already been completed in determining the nightfloat schedule (see **Nightfloat Scheduling**). All switch dates should also be confirmed with the Training Director. Note that the new incoming R1s doing their medicine/pediatrics/neurology rotations may have switch dates that differ from the psychiatry switch dates.
4. Next, create the Call Request Form, which allows each resident to indicate her/his preferences for call. Generic copies for the July-to-January and January-to-June forms are included in MS Word documents on the Call Committee USB drive. To create the form:
  - a. Open the appropriate document and save it to a new file – that is, do not use the original document.
  - b. At the top of the Call Request Form, type the date by which residents must hand in the form. You can use the Planning and Timing Worksheet to determine this date.
  - c. Using a calendar, fill in the “Call Requests” calendar on the left side of the form. Holidays should be italicized. In the past, switch dates have been underlined but a future proposal has been made to configure the calendar months to reflect the rotation blocks. This is for ease in scheduling (so as not to make errors in scheduling call that

- may conflict with certain rotations). Doing such would not change any actual dates but would alter the appearance of the regular calendar months.
- d. Notate the annual residency retreat dates on the Call Request Form. These dates are determined by the retreat planning committee and should be collected from the retreat committee chair. The retreat typically occurs on a Monday with some pre-retreat activities occurring on the Sunday night prior. Note that the night prior to the retreat are the only call shifts that are not covered by residents (coverage is arranged by attendings at each of the clinical sites). This happens so that no resident will be post-call and will have to miss the retreat. Retreat planning committee member names should be collected so that the Sunday day shift prior to the retreat can be blocked out on their schedules.
  - e. Save the file to distribute to residents via email. Review it for any errors.
5. Write the Call Request Letter, which is distributed to each resident along with the Call Request Form. This letter includes instructions on completing the form. A copy of the letter is included in **Appendix B**. To create the letter:
    - a. Using MS Word, open the document which holds this manual. Go to **Appendix B** and copy the contents of the Call Request Letter to a new document.
    - b. Enter the distribution date (today's date) at the top of the page. Enter the Start Date and End Date of the next six-month period, as determined in paragraph 3 above. In the header and body of the letter, enter the date the Call Request Forms are due in bold.
    - c. Save the file to distribute to residents with the Call Request Forms via email. Review it for any errors.
  6. Be sure to forward a copy of the Call Request Form and Call Request Letter to the residency office so they will have this for reference. Several additional copies of the Call Request Forms should be made for use in transferring the incoming R1/R2 requests (*for the July-Dec cycle only*) and for use in the event that a resident does not turn in a Call Request Form.
  7. Request that the residency office create an envelope to post on the residency office door for completed Call Request Forms. Ask residents to return their Call Request Forms in person to the residency office, or via mail, email or fax. Any Call Request Forms sent via email should be printed out and placed in the collecting envelope.
  8. The Big Meeting should occur once the due date for turning in the Call Request Forms has passed. Typically the Call Request Forms are due on a Thursday and the Big Meeting is held a few days later on Saturday. Any Call Request Forms turned in late should be notated as such on top of the form since these late forms will get lower priority in scheduling. Residents will be warned of this penalty for late forms in the Call Request Form letter and instructions.

## Supplies Necessary

All of the following supplies should be gathered prior to the Big Meeting.

1. The *Nightfloat Schedule* for the entire academic year that was determined at the nightfloat planning meeting.
2. The updated *Master Resident List and Special Circumstances* (these should be updated with any new information provided on the completed Call Request Forms). Extra copies of this master list should be made for use during the Big Meeting.
3. At least two copies of the *current rotation schedule* and one copy of all the *individual rotation sheets* for each resident.
4. A *blank Call Calendar, by month*. Make sure to have one page for each month July through June of the next year. The Call Calendar sheets can be prepared by the Call Chair prior to the Big Meeting. \*\*\*Note, any notations to the Call Calendar sheets should always be done in pencil.\*\*\* To prepare the Call Calendar sheets:
  - a. Fill in the name of the month on the top of each sheet. Fill in the numerical dates.
  - b. Put \*s before and after holidays (i.e. \*25\* to notate Christmas in December). All shifts on holidays should be slashed (see below for example).
  - c. Switch dates should be underlined or boxed.
  - d. Block out the retreat shifts that attendings will cover call for the residency (this will be the night shifts prior to the retreat day).
  - e. Use the following example format for each day of the calendar:

SITE	SUNDAY	MONDAY
DATE:	1	2
HMC	/	
TC:	/	
UWMC	/	
TC:	/	
VAMC	/	
TC:	/	
<i>1<sup>st</sup> Backup</i>		
<i>2<sup>nd</sup> Backup</i>		

The resident listed before the slash mark is on for the day shift and the resident listed after the slash mark is on for the overnight shift. A resident doing a 24 hour shift (at UW or the VA) should have her/his name listed on both sides of the slash. This applies to training residents as well who should be listed underneath the trainees at each site. First and second back-up call residents are listed on the last two lines.

5. *Print out of the last week of the previous call cycle*. Note residents that are to be on call on the last three days prior to the start of the new cycle. These residents should not be scheduled during the first few days of the new cycle so as not to violate the q4 call rule. The corresponding days should be blocked out on these residents' individual Call Request Forms to serve as a reminder not to assign them call on those days. Note that the backup residents during that last week of the previous cycle are also ineligible to take call while they are backup. This, too, should be notated on their individual Call Request Forms so as not to assign them call during the back-up weeks. These shifts (the last 3

days of call from previous cycle and back-up weeks) can be notated on the original Call Calendar sheet as well.

6. *A blank backup call chart for the six-month call cycle.* Note, backup call goes from Monday 8am through the next Monday at 8am. This is so backup residents will only be responsible for one full weekend during their back-up weeks. The backup call schedule will be determined during the Big Meeting.
7. *Completed Call Request Forms for all incoming R1/R2s.* Prior to the Big Meeting, the Call Chair should transfer the separate list of vacation/time-off requests that had been collected from the incoming R1/R2s for use in rotation/nightfloat planning onto new Call Request Forms. The time in which each R1 will be on medicine/pediatrics/neurology should be x'd out on their individual Call Request Forms. Their rotation sites should also be notated.
8. *Blank Call Request Forms.* These are for any residents that do not turn in Call Request Forms and these should be filled out accordingly with rotation sites.
9. *The Holiday History Log.* Each resident should have a log sheet that notates any holidays in which they have taken call and in which year this occurred. This list should only be used to complement, not replace, the holidays worked section of the Call Request Form. Though previous holiday logs have only taken into account past actual holidays worked, holiday weekends worked can also be tracked for sake of attempting equal distribution of the holiday load amongst the residents.
10. *List of any R3/R4 residents who cannot do training call.* This list may include residents who have received complaints as "trainers" on training call. Residents with one complaint against them are addressed with a warning. Residents with two (or more) complaints may be barred from further training call. The Residency Training Director will be notified of any and all such complaints. Residents must be eligible to do training call in order to take backup call weeks. In the event that a resident is unable to take backup call, then s/he will be assigned 2 extra calls for the 1<sup>st</sup> backup week and 1 extra call for the 2<sup>nd</sup> backup week they are unable to take.
11. *Other special dates to keep in mind.* These dates include the dates that the Spokane and Boise track residents leave (they should not be scheduled call the week prior to their departure), R4 graduation (so as not to assign any call to R4s after graduation), and orientation dates.
12. *List of call breaks owed to and by residents.* These include call breaks due to unexpected unpaid leave from the previous cycle and any call trades that were not worked out in the previous cycle (i.e. an R1/R2 calling in a backup resident). This information should have been tracked by the Call Chair whenever s/he was made aware of the specific situations and the same information should be notated by residents on the individual Call Request Forms.
13. *Keep copies of old Call Schedules and old Call Request Forms,* perhaps going about two years back, in the call box. This helps to resolve conflicts regarding call and to confirm each resident's call history. Also keep copies of old exception/special circumstances lists. Again, this is important for resolving conflicts and confirming call history.

# Conducting the Big Meeting

*The following details the process and goals of the Big Meeting.*

The Big Meeting occurs approximately 6 weeks prior to the Goal Date. All Call Committee Members are expected to attend this meeting. If any Call Committee Members are unable to attend this meeting, then their call breaks will be reduced by one break accordingly (i.e. from 4 to 3 breaks). The goals of the Big Meeting are to:

- Calculate call supply and demand (see **Calculating Call Supply and Demand** section) and make appropriate notations on each individual residents' Call Request Form
  - Prepare the Call Calendar sheets
  - Transcribe nightfloat schedule for entire year to Call Calendar sheets and to each individual resident's sheet
  - Develop nightfloat/assigned vacations spreadsheet to distribute to all inpatient chiefs and residency office as they will be communicating the assigned vacations to the residents
  - Create backup call assignments for the six-month block and transcribe these assignments to the individual Call Request Forms and Call Calendar sheets
  - Set meeting dates for next cycle
  - Determine Call Committee Members to be the switch people to insure smooth transition between R1/R2 scheduling team and R3/R4 scheduling team.
1. The primary goal of the Big Meeting is to calculate the call supply and demand for the current six month cycle. See **Calculating Call Supply and Demand** for details on that process. After the call numbers are determined for each resident year and resident, then that number should be notated on the top of each resident's Call Request Form. Any call breaks/calls owed should also be clearly notated on the top of each Call Request Form.
  2. If not completed before the Big Meeting, the Call Calendar sheets should be prepared (see **Supplies Necessary** section for details).
  3. The nightfloat schedule for the entire academic year (July through June) should be transcribed onto the prepared Call Calendar sheets. The nightfloat schedule also needs to be transcribed onto each individual resident's Call Request Forms (the nightfloat weeks should be outlined/hatched and labeled clearly as NF with the appropriate site listed). Please note that the assigned vacations should also be notated on each resident's Call Request Forms as they should not be assigned any call during these times.
  4. The nightfloat schedule and assigned vacations should be entered into an Excel spreadsheet. This spreadsheet will be forwarded to the inpatient chiefs to use in their planning and it should also be attached to the Call Review Letter going out to residents when the draft call schedule is completed.
  5. **Backup Call.** The backup call schedule should be completed for the current six month block. If a blank backup call chart has not been made (see **Supplies Necessary**) then it should be created for use in backup call scheduling. The backup call weeks will be determined based on information provided on the Call Request Forms. In general, each R3/R4 who is doing training call owes a week of 1<sup>st</sup> backup and a week of 2<sup>nd</sup> backup call. Residents with Special Circumstances may require less backup call; residents volunteering for extra backup may be assigned an extra week. These adjustments will have been made in the Calculating Call Demand and Supply section and should appear on the Call Calculation Form as well as each resident's Call Request Form. Things to keep in mind:

- a. Residents who have not been trained to do training call will be assigned the equivalent regular call: for each missed 1<sup>st</sup> backup week, they owe 2 calls; for each missed 2<sup>nd</sup> backup week, they owe 1 call.
  - b. For residents who only owe 1 week of backup in a six-month cycle, first or second backup will be assigned based on the backup week needs and the resident's year (i.e. R3s will be assigned 1<sup>st</sup> backup first and R4s will be given 2<sup>nd</sup> backup weeks).
  - c. Be sure to schedule at least 1 regular call after a resident's backup call weeks to accommodate for the possibility of payback in the event that the resident is called in.
  - d. If a resident does not have at least 1 regular call to be done in the six-month period, they will be assigned one 1<sup>st</sup> backup week and will receive 1 regular call equivalent instead of the 2<sup>nd</sup> backup week.
  - e. Review each R3/R4 Call Request Form to determine vacation preferences. Site preferences are irrelevant. Avoid placing R4s on backup call near the end of the academic year. Also watch for holidays and holiday weekends, though there are no specific guidelines for assigning backup call during those times. Also, try to be aware of Boise/Spokane/child fast-track residents and avoid placing these residents on backup call near the end of their time in Seattle.
  - f. Once the backup call assignments have been made, then circle the block of time on each resident's Call Request Form and indicate whether it is 1<sup>st</sup> or 2<sup>nd</sup> backup. These weeks of call backup do not count toward the number of call equivalents owed by the resident.
  - g. If the supply of residents exceeds the call backup demand, then an R4 lottery should be conducted to give out backup week breaks. The first priority in this lottery should go to R4s who have extended their training (i.e. have already been an R4 for a full academic year). It is presumed that these R4s have already done a full equivalent of backup weeks as their standard R4 counterparts. Any remaining backup week breaks should go to the other R4s (standard and part-time).
  - h. If the call backup demand exceeds the supply of residents, then residents who volunteered for extra backup may need to be utilized. These residents will require call breaks (two breaks for an extra week of 1<sup>st</sup> backup, one break for an extra week of 2<sup>nd</sup> backup).
6. Meeting dates for the next call cycle scheduling should be determined (dates for the Big Meeting and R1/R2 and R3/R4 scheduling weekends). All Call Committee Members participating in the next cycle scheduling should have the Big Meeting date blocked out on their Call Request Forms. After it is determined which members will be working on the R1/R2 and R3/R4 scheduling teams, those meeting dates should be blocked off on their Call Request Forms accordingly so they are not assigned call on any of these dates.
  7. Two Call Committee Members (one from each scheduling team) should be determined as the switch people ahead of time. This is to insure a smooth transition between the R1/R2 and R3/R4 scheduling teams. Any issues with the R1/R2 scheduling should be communicated to the R3/R4 switch person and all the call scheduling materials need to be handed over to the R3/R4 scheduling team. Ideally, one of these switch people will be the Call Committee Chair as this person should be made aware of any scheduling issues.

## Calculating Call Supply and Demand

The goal of this process is to determine the amount of call required of each resident. Make sure to have the list of all residents with year in program, percent time working and any other exceptions noted.

**R1/R2 Call:** R1/R2 residents take only daytime holiday (or PM holiday if it is a Friday holiday) and weekend call shifts (Fri PM, Sat AM, Sat PM and Sun AM).

- 1) Calculate the number calls needed to be covered using the prepared calendars and by using the following information:

Number of full weeks _____ x 12 shifts (Fri pm, Sat am, Sat pm and Sun am X 3 sites) =	
Fridays left over after counting full weeks _____ X 3 shifts =	
Weekend days (sat am, Sun am) left over after counting full weeks _____ x 3 shifts =	
Sat pms left over after counting full weeks _____ X 3 shifts =	
Weekday holidays that are holidays at VA _____ X1 shifts =	
Weekday holidays that are holidays at UW/HMC _____ X2 shifts =	
<b>TOTAL Shifts Needing Coverage =</b>	

When this number is obtained it should equal the number of blanks on the call calendar.

- 2) Calculate the number of residents available to cover call. Fill in table with name and percent working. Each full time resident should be listed as 1.0. List all part time residents at fraction of time available (for example, If an R1 will only be here for 3 months out of 6 months list them as 0.5). Sum all resident percentages to get Total Number of Residents available.

Resident Name	Percent time working	Total Call Responsibility
Joe Smith (R2)	1.0	
Sally Johnson (R1)	0.5	
<b>Total Number Residents Available</b>		

- 3) Calculate the amount of call for each R1/R2 by taking Total Shifts Needing Coverage and dividing by Total Number of Residents Available. Round up to the nearest whole number.
- 4) Calculate each residents call requirements by multiplying percent time working by Amount of call for each resident and fill in box on table. Round up to the nearest whole number.

Resident Name	Percent time working	Total Call Responsibility
Joe Smith (R2)	1.0	12
Sally Johnson (R1)	0.5	6
<b>Total Number Residents Available</b>		

- 5) At this point you should be able to tally the number of total calls for each resident. This number should be greater than the total number of calls needed. Subtract these two numbers and you will have the number of call breaks available.

- 6) Distribute any call breaks due to residents. If there are any remaining call breaks use a random lottery to assign them. Note when a random call break has been assigned as these will be the first breaks to be reversed in the event that more residents are needed to cover any additional call (i.e. for unforeseen calculating errors, emergent change in a resident's availability or FTE).

**R3/R4 Call:** R3/R4s take solo weekday call during transition weeks in the nightfloat schedule and training calls. Each R4 will take half the call equivalents of the R3 class.

- 1) Calculate the total number of calls needing coverage:
  - a. Determine which residents need training, where they need training and whether it is their first psychiatry training call. Use the worksheet as outlined below to determine this.

Site	New to Psychiatry	New to Site	Special Circumstances
HMC	Joe Smith		Michal Kim -2
VA	Sally Johnson	Joe Smith	
		Sally Johnson	
<b>TOTAL Calls</b>	= # of residents X 6	=# of residents X 4	= total

- b. Calculate the number of days that need to be covered for transition weeks on the nightfloat schedule.
  - c. Add the total training calls plus the number of transition days to obtain the total call shifts needing coverage.
- 2) Calculate the number of residents available to cover call. Fill in table with name and percent working. Each full time resident should be listed as 1.0. List all part time residents at fraction of time available (for example, If an R4 will only be here for 3 months out of 6 months list them as 0.5). Sum all resident percentages to get Total Number of Residents available. This should be done separately for each class.

Resident Name	Percent time working	Total Call Responsibility
Joe Smith (R2)	1.0	
Sally Johnson (R1)	0.5	
<b>Total Number Residents Available</b>		

- 3) Calculate the amount of call for each R3/R4 by taking Total Shifts Needing Coverage and dividing by the sum of the Total Number of Residents Available in the R3 class plus one-half Total Number of Residents Available in the R4 class. Round up to the nearest whole number. Each R4 will take half the call equivalents of the R3 class.
- 4) Calculate each resident's call requirements by multiplying percent time working by amount of call for each resident and fill in box on table. Round up to the nearest whole number.
- 5) At this point you should be able to tally the number of total calls for each resident. This number should be greater than the total number of calls needed. Subtract these two numbers and you will have the number of call breaks available.
- 6) Distribute any call breaks due to residents from the last cycle. If there are any remaining call breaks use a random lottery to assign them. Note when a random call break has been assigned as these will be the first breaks to be reversed in the event that more residents

are needed to cover any additional call (i.e. for unforeseen calculating errors, emergent change in a resident's availability or FTE).

**Backup Call:** This call is taken by all R3s and R4s. In rare circumstances, a resident will not be fully trained at all sites or not be able to take backup call for some other reason. In this case these residents should be assigned 2 extra calls for each 1<sup>st</sup> backup week and 1 extra call for each 2<sup>nd</sup> backup week they are unable to cover.

- 1) Calculate the number of backup call weeks required: Determine the number of full weeks during the six-month period. Add one if there is a fraction of a week left over at the end of the period. Multiply this sum by two, since two backup residents are needed per week. This is the number of backup call weeks required.
- 2) Calculate the number of backup weeks available:
  - a. Tally the number of full time R3's and R4's and multiply this number by two, since each resident owes two weeks of backup call.
  - b. Use the following table to determine the call owed by each R3 and R4 with Special Circumstances, based on their percent time during the six-month period:

Adjustment	Weeks of Backup Owed
>60%	2
25-60%	1 (1st or 2nd)
<25%	0

- c. List all residents and the number of weeks they can take on a sheet of paper. Add up the total number of weeks available to determine the amount of backup call available.
  - 3) Adjust the amount of backup call assigned to each resident:
    - a. If the amount of backup call available is greater than the amount required then backup call requirements may be reduced. Begin giving backup week breaks as discussed in **Conducting the Big Meeting**.
    - b. If the amount of backup call required is greater than the amount available, then residents will need to be solicited to volunteer for extra backup call. Determine the number of residents who will need to do a week of extra backup. Randomly select volunteers from those who checked "yes" on the Call Request Form in response to the extra backup call question.
    - c. Each resident taking an extra 1st backup week will receive two call breaks. Each resident taking an extra 2nd backup week will receive one call break.

## Completing the R1/R2 Call Schedule

*At the end of this step, the call schedules for all R1s and R's will be finished. Three to four call committee members are involved to complete this step. Please note that R1 and R2 call schedules may be changed during the R3/R4 process. Insure that there is one Call Request Form for each R1 and R2. The number of calls, call breaks and training requirements should have been noted on each form during the Big Meeting.*

1. For each resident, the nightfloat block should have been filled in by outlining/hatching each night of nightfloat. At the same time, fill in the Call Calendar form with the name of resident on the appropriate date at the appropriate site. Remember that nightfloat on Sunday is a night shift, i.e., the resident's name is placed to the right of the slash ("/"). (Note: this should have occurred at Big Meeting.)
2. Update call sheets with any new information available (such as late schedule or vacations requests) and note on Call Request Forms.
3. Inspect each R1 and R2 Call Request Form to insure that the appropriate rotations have been marked off below each month using the Rotation Schedule to confirm each resident's site for each of the six months. Pay particular attention to inpatient rotations, switch dates and Harborview PES rotations.
4. Break into two teams each working with three months of the six month cycle (for example Jan-March and April- June). For each team, one member will fill in the Call Request Form and one to fill in the Call Calendar. Use a pencil!
  - ✓ All shifts should be assigned Q4 nights. Less than Q4 with a day shift is less desirable but acceptable.
  - ✓ Attempt to honor vacation and time off requests as much as possible.
  - ✓ Keep in mind training call.
  - ✓ Do not assign weekend call too close to nightfloat, that is, less than one to two weeks away – you have plenty of room!
  - ✓ Try to balance out the number of Friday nights, Saturdays and Sundays on call.
  - ✓ Residents are generally expected to be on call one holiday and/or one holiday weekend during each six-month period. . Keep in mind each resident's holiday preferences and her/his history of holidays on call.
  - ✓ R1s cannot be assigned non-training weekend day shifts at UWMC and HMC. New R2s can be assigned these shifts solo after they have completed their day training at these sites.
  - ✓ For HMC PES months, do not assign Friday night (unless at HMC) or Sunday night calls at any site. Check the rotation schedule for exact change dates. Call also cannot be assigned on the last day of the rotation prior to an ER rotation.
5. Call is assigned in the following order:
  1. Assign R1s only to sites where they are on inpatient rotations (Harborview first because there were more people assigned to that site than there were call shifts available).

2. Assign new R2s to sites where they are on inpatient rotations.
  3. Assign R2s day calls at the sites where they are on consult service
  4. Assign remaining R2 call
6. Assign call with the following principles:
- ✓ All shifts should be assigned Q4 nights. Less than Q4 with a day shift is less desirable but acceptable.
  - ✓ No UW/VA weeknight calls during PES month.
  - ✓ In general people should only be assigned to sites where they have done inpatient or are being trained.
  - ✓ Think about training needs where residents are being trained. Residents will need at least one day call at each site at which they are trained.
  - ✓ Assign holidays in such a way as to minimize # of training calls on a given holiday to decrease the need for R3s or R4s to train those shifts (Note: it is impossible to avoid training call on all holidays, especially in July).
  - ✓ Attempt to space out call as evenly as possible. In general, this means about one to two weekends per month. Try to distribute call as evenly as possible among the weekend call shifts (for example some Fridays, some Saturdays, some Sundays)
  - ✓ Attempt to respect reasonable vacation requests. After taking into account the above priorities, attempt to respect site preferences and HMC weekend preferences and UWMC/VA weekend preferences (half-day vs. 24-hour shifts).
7. Using pencil, note calls on Master Calendar as you are assigning them. Note each call on the individual resident's Call Request Form by circling the date and noting shift by time of day and site (for example "UW AM", "VA 24hr" or "HMC PM". At the bottom of the Call Request Form, note the number of shifts that correspond to each category.
8. When you have assigned roughly half the calls on each resident schedules trade piles.
9. As you get closer to filling in the entire calendar you may need to change shifts to meet the above priorities. **USE EXTREME CAUTION AT THIS POINT TO CORRECTLY NOTE CHANGES ON BOTH THE INDIVIDUAL RESIDENT CALL REQUEST SHEET AND THE MASTER CALENDAR.** Also, the number of shifts in each category should be changed.
10. Now the checking begins. Typically, each person checks every schedule for one of the following issues:
- ✓ Make sure the correct number of call equivalents is assigned.
  - ✓ Make sure no one is on less than Q4 (we do allow some people on less than Q4 if one of the shifts is an AM shift). Pay close attention to transitions between months, close to the end of rotations and shifts relative to nightfloat.
  - ✓ Make sure people are assigned only to appropriate sites (i.e. have been trained there, need training there, etc.).
  - ✓ Check that there are no UW/VA weeknight calls during PES month

- ✓ Confirm that each call listed on the Call Calendar is also listed on a Call Request Form, or vice versa.
  - ✓ Make sure reasonable vacation requests have been honored.
11. Assign Training Call: This can be done in two teams as described above.
    1. Residents ideally will be given four nights and two days at a new site when new to psychiatry and two nights and two days at any new site for training. This is most important for R1s and less critical for R2s. Sometimes you may need to assign more day calls for R2s and fewer night calls. At a minimum, you need one night and at least one day of training call.
    2. Assign all the night calls from first calls at a particular site. Day training call can be any time. Notate training calls on resident's individual call sheet.
    3. The other team member can mark an asterisk to mark training calls on Master Calendar.
  12. Check Master Calendar against individual Call Request Forms for training call assignments and that appropriate training call has been assigned and is correctly noted on the Call Calendar. This should be done with all the members of the team.
  13. Transcribe the numbers of call in each category for each resident to an Excel spreadsheet. This will be used to distribute to the residents and review with the Program Director prior to publication of the Call Schedule.
  14. At the end of this step, the call schedules for all R1s and R2s will be finished. Deliver the following to the R3/R4 subcommittee: a list of any issues/special circumstances and the call box (the Call Calendar, all Call Request Forms, the Rotation Schedule, Exception List and Call Calculation Form).

## Completing the R3/R4 Call Schedule

*At the end of this step, the call schedules for all residents will have been completed. Typically, four Call Committee Members are required to complete this step.*

1. The R3/R4 switch person should have already discussed any problems that arose during the R1/R2 scheduling with the R1/R2 switch person. The switch person should have collected the following materials from the R1/R2 scheduling team (all of which should be housed in the call box):
  - All Call Request Forms for this period
  - The partially completed Call Calendar
  - The Master Resident List with special circumstances notated
  - The rotation schedule and individual rotation sheets for the six-month block
  - Holiday History log
  - The Nightfloat schedule
  - The backup call week chart
  - Any call calculation forms to address discrepancies
  
2. **Training call eligibility** (this should have been determined earlier as this information is required for the call supply and demand calculating and backup week determinations):
  - a. The resident must be an R3 or R4.
  - b. The resident must have been in attendance for the training call business meeting (or listened to or seen the recording of it).
  - c. The resident must have completed inpatient rotations at all three sites prior to the end of the previous six-month call block.
  - d. The resident must have completed at least one consult month.
  - e. Exceptions: consult block may have been completed at another site if the resident transferred from another residency program; occasionally the R3/R4 can be assigned training call at a site which they will never rotate (if they agree to be trained there first).
  
3. **Holidays:**
  - a. Review the partially completed Call Calendar to see which holidays remain unfilled.
  - b. Review the Holiday History Log to see which R3s and R4s have been on call these holidays.
  - c. Review each R3/R4 Call Request Form and note the holiday preferences. Residents volunteering for more difficult-to-fill holidays (such as Thanksgiving and Christmas) should be scheduled for these, if necessary.
  - d. Enter the resident's name on the Call Calendar for the appropriate date and site. On the resident's Call Request Form, circle the appropriate date and write the site and shift (AM vs. PM) next to the circle. "TC" should be written as well, if this is a training call.
  - e. Keep in mind that each resident should be on call no more than one holiday per six-month period. Each time you assign a resident to a holiday, make sure to note it on the Holiday History Log and on the resident's Call Request Form at the top.
  - f. You can consider filling up holiday weekends in this way as well; if you do so, make sure to update the Holiday History log accordingly. Each resident should not be assigned more than one holiday weekend per six-month period.
  - g. By the end of this step, all holidays (and perhaps all holiday weekends) should be assigned to residents.

4. **Backup Call Weeks.** The schedule for backup call weeks for the six-month block should have already been determined and transcribed onto the Call Calendar and the residents' Call Request Forms.
  
5. Calculating **weekend vs. weekday call.** Please be aware that weekend calls are Friday nights, Saturday days, Saturday nights, and Sunday days. Sunday night is considered a weekday call because all residents on call on a Sunday night are relieved of clinical duties the next day (Monday). Any holiday day shifts should also be considered as a weekend call. Holiday night shifts (except for a holiday that falls on a Friday) should be considered weekday calls.
  - a. All weekend calls should be counted up at this time. This number will not be available until after the R1/R2 scheduling is completed because only then will the training call requirements be notated. Holiday calls should be added to this number.
  - b. An approximate ratio should be determined based on the number of weekend vs. weekday calls required to be scheduled. This number will vary from cycle to cycle depending on the total number of call equivalents required of each resident and the total number of weekend calls required to be filled. A proposed ratio based on previous scheduling would be 2:1 weekend to weekday (+/- 1 call). For example, for a resident that owes 12 calls for the six-month block, s/he may have 8 weekend calls and 4 weekday calls assigned to them. Every effort should be made to make this distribution of weekend vs. weekday calls equitable within each class.
  - c. A proposal has been suggested to assign call sites equitably within each class as well. Specifically, HMC vs. the home-call sites (UWMC and VA). If this step will be employed, then all the HMC weekend call shifts needing to be scheduled should be added up and these shifts should be distributed equitably within each class. This, again, cannot be a perfect distribution but every effort can be made to distribute HMC call within each class evenly.
  - d. After all the weekend call has been assigned, then the same process should be employed to assign the remaining weekday calls.
  
6. After the numbers for the weekend vs. weekday calls has been determined (and notated on each resident's Call Request Form) then the R3/R4 scheduling team should break up into pairs for the actual scheduling process. R4 schedules should be completed first. The R4 Call Request Forms should be sorted by complexity of call preferences, with residents with more complicated requests being assigned call before residents with less complicated requests. When assigning call, make sure to review each resident's vacation/time off requests.
  
7. During the call assignment process, one person of each pair should enter the resident's name on the Call Calendar and if this is a training call, write the name next to the asterisk. The other person of each pair should circle the appropriate date on the resident's Call Request Form and write the site and shift (AM or PM) next to the circle; "TC" should be written as well, if this is a training call. The Call Calendar months can be split in two amongst each pair with one pair working on the first three months of the cycle and the second pair working on the second three months of the cycle. Keep a tally of the resident's call equivalents and stop assigning call to a resident when his/her requirements have been met. Keep in mind these guidelines:
  - ✓ Chief Residents should be assigned call primarily at her/his site.
  - ✓ R4s typically should only do training calls.
  - ✓ Try to avoid scheduling R4s near the end of the academic year.

More general scheduling guidelines include:

- ✓ Do not schedule call during the four days prior, seven days during, or four days after each backup call week.
- ✓ Try to respect reasonable vacation requests.

- ✓ Do not schedule call more frequently than q4 days.
  - ✓ Do not schedule call at the beginning of the six-month period if the resident had call near the end of the previous period (this should have already been notated on the relevant residents' Call Request Forms during the Big Meeting).
  - ✓ Keep in mind the proposed guidelines above for equitable distribution of weekend vs. weekday call for each class.
8. After the R4 schedules have been completed, the same process should be employed in completing the R3 call schedules.
  9. Continue this process until (a) all calls on the Call Calendar are filled, and (b) each resident's call requirements have been fulfilled. The supply of residents should not exceed the demand for call, and vice versa.
    - a. If the supply exceeds the demand, some resident's call requirements may need to be reduced. A lottery should be conducted as to who will receive these call breaks.
    - b. If the demand exceeds the supply, some residents may need to do additional call. Again, this will be determined by lottery and these names should be noted on a separate list as these residents will not be in the future lottery pools of residents to be assigned extra call. These residents may also be eligible for future call breaks in the event that supply exceeds demand in any future cycles.
  10. Note at the bottom of the Call Request Form the numbers of call in each category in the space provided.
  11. After all the R3/R4 scheduling has been completed, the schedules should be double-checked. This double-checking step should include the following:
    - a. Confirm that each call listed on the Call Calendar is also listed on a Call Request Form, or vice versa.
    - b. Confirm that, for each resident:
      - ✓ The correct amount of call equivalents has been assigned
      - ✓ The correct ratio of weekend vs. weekday calls has been achieved
      - ✓ Call is never more frequent than q4 (with the exception of weekend day calls)
      - ✓ Reasonable vacation/time off requests have been honored
      - ✓ Each holiday and holiday weekend assigned as call has been noted on the Holiday History Log
  12. Transcribe the numbers of call in each category for each resident to an Excel spreadsheet. This will be used to review with the Program Director prior to publishing the draft of the Call Schedule. This spreadsheet will also be distributed to the residents at the time the Call Schedule is published.
  13. You have finished the Call Schedule!

## Final Steps

*These last steps mark the end of the call scheduling process for this six-month period.*

1. Submit spreadsheet detailing each resident's categories of call to Program Director for review. Revise Call Schedule as necessary based on feedback from Program Director.
2. Submit the completed draft Call Calendar to the Residency Office. The entire Call Calendar for the academic year should be submitted when turning in the July-December call schedule as nightfloat for the entire year has already been determined and should be transcribed to the online call schedule.
3. After the Residency Office has entered the call schedule online, then the online schedule should be compared against the original draft call schedule, looking for typos and errors in transcription. Any transcription errors should be corrected before alerting the residents that the draft call schedule is now available.
4. The Call Review Letter, which describes the process of reviewing the Call Calendar, should be emailed to all the residents at the same time they are alerted that the draft call schedule is online for their review. An example of the Call Review Letter appears in **Appendix B**. The dates in the Call Review Letter should be updated, along with other pertinent information, such as updated call equivalents for this cycle.
5. As discussed in the Call Review Letter, each resident should review her/his own call schedule and look for inappropriate call assignments. These include the following:
  - ✓ Call more frequent than q4 (except for weekend day calls)
  - ✓ Inadequate or excess amount of training call
  - ✓ Being on call and on backup call at the same time
  - ✓ Being on call alone at a site where the resident has never been trainedThese do not include the following:
  - ✓ Errors a resident made while filling out the Call Request Form, in particular with vacation/time off requests or late requests
  - ✓ Unfavorable assignments, e.g., call on a holiday
  - ✓ New requests made since the Call Request Form was turned in
6. Each resident who spots an error should notify the Call Committee Chair by email by the date determined on the Planning and Timing Worksheet. The Call Committee Chair should collect all errors and correct the Call Calendar as necessary. Notify each resident whose schedule has been affected by any corrections individually. Any corrections should be given to the Residency Office so the call schedule online can be corrected.
7. After any errors are corrected and the residents whose schedules have been altered have been notified, then the Call Schedule can be finalized. Residents should be informed of the Call Schedule being finalized by email. After this point, residents are free to make any trades according to call guidelines (i.e. training calls should be traded only for other training calls at the same site and same shift – AM or PM).
8. Update the Holiday History Log with any changes that were made while correcting any call errors.
9. Refer to **Supplies Necessary** to determine what materials to keep for the next time.

## **Appendix A. Call Request Forms**

*The following pages include the templates for the Call Request Forms for July-December and January-June. The Call Request Forms should be sent out to the residents with the Call Request Letter.*

Call Request Forms are currently being revised and will be posted here when completed.

## **Appendix B. Call Committee Letters**

*The following pages include the Call Request Letter and Call Review Letter. The Call Request Letter should be distributed to residents along with the Call Request Forms (see **Getting Started**). The Call Review Letter should be distributed to residents after the draft Call Schedule has been posted online by the residency office (see **Final Steps**).*

*Today's Date*

To: Psychiatry Residents

From: the Call Committee Chair (*Name*) on behalf of the Call Committee (*Names*)

Re: Call requests for *Start Date* to *End Date* are due on *Due Date*

### **Overview**

Please help us determine your call schedule for the next six months by completing the attached Call Request Form. This form allows you to indicate your preferences regarding:

- *when* you would like to be on vacation/have time off;
- *which* sites you would prefer to be on call;
- *which* holidays you prefer to work.

Review the instructions below before filling out the form. After you are done with the form, please return it to the Psychiatry Residency Office by:

- *submitting* the form in person to the envelope outside the office, or
- *faxing* it to 206-685-8952, or
- *mailing* it to Box 356560

Please return your form by *Due Date and Time*. If we do not receive a Call Request Form from you, we will assume that you have no preferences. Also, any request forms turned in late will receive lowest priority in scheduling.

### **Instructions**

The Call Request Form is designed to allow you to indicate your preferences regarding when and where you would like to be on call for the next six months. While we try to grant as many requests as we can, we cannot guarantee that all wishes will be fulfilled. Make sure you let us know which of your requests is *most* important to you. The fewer restrictions you place on your call availability, the more likely it is that we will be able to honor your requests.

The left side of the form includes a calendar for the next six months. For each month, indicate your site and rotation, e.g., "HMC, inpatient" or "UWMC, consults." Then indicate which days you do not want to be on call by placing an "X" over those days. Holidays are in bold. Rotation switch days are underlined.

The right side of the form asks more specific questions. First you should list at which sites you have taken call. Indicate where you would like to take call in the future, with "1" being most desirable and "3" being least desirable; please rank only those sites at which you have been on call in the past.

Then list which holidays you have been on call during a psychiatry rotation. Holidays during medicine/pediatrics/neurology (unfortunately) do not count. Being on call on the Saturday or Sunday of a 3-day holiday weekend also does not count, but we try to keep track of these situations and try to distribute such calls as evenly as possible. Please let us know which holidays you are willing to work and please be reasonable and considerate in choosing your holiday preferences!

Next, indicate your preferences for weekend call shifts: 10-12 hour days versus 12-14 hour nights versus 24 hour shifts (UWMC or VAMC).

If you are an R3 or R4, you may volunteer to do an extra week of first or second backup call, in addition to the baseline of one week of 1st backup and one week of 2nd backup. If you are selected for an extra week of backup, you will receive two call breaks for 1st backup or one call break for 2nd backup.

Please list the day you have your long-term continuity clinic. We try to avoid having you be post-call on your clinic day whenever possible.

Please indicate in section 7 the number of call breaks you believe you are owed this call cycle and describe any details so we can match this with our records (e.g. decreased FTE this cycle, called in on backup and could not get call paid back, etc.). If you have arranged an individual trade with a colleague for personal reasons, then please do not list this here. It is assumed that you will work it out with that resident individually.

Finally, indicate in section 8 ("Help us Help you") any special requests or circumstances. Although you may have let Dr. Cowley or your attending know about specific needs, please use this space to notify the call committee as well. Let us know which of your requests is *most* important to you. If you intend on working part-time or if you will be absent a significant amount of time (e.g., maternity leave, away rotation), please let us know – you may be eligible to have your call requirements reduced! The following situations qualify for reduction of call requirements: (1) part-time work (e.g., 70% time or 0.7 FTE's); (2) unpaid leaves of absence; (3) away rotations (e.g., Alaska rotation.) Also, if you have gone on an emergency unpaid leave of absence during the current six-month period, you may be owed call during the next six-month period. Please let us know in section 8 of the form.

#### **Final words**

Once you are done, please submit the Call Request Form, as instructed above. A draft copy of the call schedule will be distributed to residents about a month after we receive the forms, and the final schedule will be distributed about one week later. If you have any questions, please feel free to e-mail *Name of Call Committee Chair and Email Address*.

*Today's Date*

To: All psychiatry residents

From: the Call Committee Chair (*Name*) on behalf of the Call Committee (*Names*)

Re: Reviewing the draft call schedule for *Start Date* to *End Date*

The draft call schedule is now posted online for you to check for any errors. We have done our best to comply with your requests and preferences. Please note that you have one week, UNTIL *DUE DATE*, to let us know about any errors. Keep in mind that you should not make any call trades until the schedule is finalized. The following are things to keep in mind when checking your schedule for errors.

**Regarding Nightfloat (NF):**

- Nightfloat is now considered a clinical rotation, and as such, does not calculate into your call number. Also, since NF is a rotation, any shifts you have as part of a NF block CANNOT be traded or changed. NF assignments were made based on clinical rotations and preferences communicated to Deb or the call committee.
- The nightfloat schedule has been determined for the whole academic year and this is posted online (through *date*).
- Nightfloat shifts are from Sunday nights through Thursday nights. All Sunday through Thursday nights are now covered by NF residents (with the exception of *dates* and *dates*).
- Nightfloat weeks associated with inpatient UW and VA rotations often have assigned vacations linked to them. The inpatient chiefs can give you details and attached is an excel document that details assigned vacation weeks.

**Guidelines for checking your call schedule**

- The new baseline call requirements for July-December are as follows (please keep in mind that these numbers do not include any nightfloat shifts):
  - R1s - 6 or 7 based on how long you are on psychiatry vs. medicine/neuro/peds
  - R2s - 13
  - R3s - 12 (virtually all training calls)
  - R4s - 6 (virtually all training calls)
- Confirm that you are never more frequent than q4. For R3s and R4s, this includes never being more frequent than q4 either before or after any back-up weeks (except for weekend day shifts).
- You should not be on call alone at a site at which you have not been trained.
- For R3s and R4s, you should not be assigned regular call during one of your back-up weeks.
- If you are an R1 or R2, you should be given an adequate number of training calls before you are on call by yourself at each clinical site. If it is your first psychiatry rotation, then you should have 6 training calls before being on your own and with any subsequent psychiatry rotation at a new site, you should have 4 training calls before being on your own.
- If you are doing a PES month, you should not have any weekday calls assigned to you at UW or VA. You may and can do a Friday night call shift at HMC during your PES rotation.
- You should not have any call during a scheduled leave of absence.

ERRORS do not include:

- any errors a resident made filling out the Call Request form or late requests

- unfavorable assignments (i.e. being on call during a holiday or during a holiday weekend)
- new requests made since the Call Request form was turned in

**Final Words**

Please note that changes may be made to your draft schedule. Residents will be personally notified of any such changes. Please do not make any significant plans (i.e. vacations) until the call schedule is finalized.

Again, please let me know of any errors AS SOON AS POSSIBLE and no later than *Due Date and Time*. After that time, we will be making any corrections as needed and then will finalize the schedule. I will send out another email when the schedule is finalized and at that time, you can trade away calls (within call guidelines, of course).

Please email me with any errors or any questions. Thank you!

*Call Committee Chair*  
*Email address*

## Appendix C. Planning and Timing Worksheet

Use this worksheet to aid in planning and timing. Determine the Goal Date, that is, the date when the call schedule must be completed. Enter the Goal Date at the bottom, then calculate all the interim dates at left.

<hr/> 10-11 weeks before Goal Date	Collect all materials necessary to begin planning. (prior to July-Dec scheduling) Collect new rotation schedules and work with Training Director to develop nightfloat schedule for entire academic year.
<hr/> 8 weeks before Goal Date	Create Call Request Forms and the Call Request Letter. Distribute these to residents by the interim date at left.
<hr/> 6 weeks before Goal Date	Collect Call Request Forms from residents by date at left. Collect all supplies necessary for the Big Meeting. Conduct the Big Meeting where call supply and demand is calculated.
<hr/> 5 weeks before Goal Date	Determine the R1/R2 schedule by date at left.
<hr/> 4 weeks before Goal Date	Determine the R3/R4 schedule by date at left. Submit spreadsheet of individual call assignments (by categories) to Program Director for review.
<hr/> 3 weeks before Goal Date	Submit draft copy of Call Schedule to Residency Office to schedule can be posted online.
<hr/> 2 weeks before Goal Date	Create Call Review Letter and alert residents that the draft Call Schedule is posted online for their review. Inform residents of deadline for reviewing schedule for any errors (they should be given one week to review the Call Schedule).
<hr/> 1 week before Goal Date	Make appropriate corrections to Call Schedule and inform Residency Office of these corrections so they can be posted online.
<hr/> Goal Date	The Call Schedule is finalized!

## Appendix D. Nightfloat Grid

All Nightfloat system

START		END	UW	VA	Selective	HMC
7/1/2009	SWITCH	7/2/2009				
7/5/2009	Block 1	7/9/2009	IP#1	PTSD		R2- Ret Spok
7/12/2009		7/16/2009	IP#1	IP#1		
7/19/2009		7/23/2009	VAC1	IP#1	UW	R2- Ret Spok
7/26/2009		7/30/2009	IP#2	VAC1	VA	
8/2/2009	Block 2	8/6/2009	IP#2	IP#2		R2- New Sea
8/9/2009		8/13/2009	VAC2	IP#2	UW	
8/16/2009		8/20/2009	IP#3	VAC2	VA	R2- New Sea
8/23/2009		8/27/2009	IP#3	IP#3		
8/30/2009	Block 3	9/3/2009	IP#1	IP#3		R2- New Sea
9/6/2009		9/10/2009	IP#1	VAC3	VA	
9/13/2009		9/17/2009	VAC1	IP#4	UW	R2- New ID
9/20/2009		9/24/2009	IP#2	IP#4		
9/27/2009		10/1/2009	IP#2	PTSD/VAC4		R2- New ID
10/4/2009	Block 4	10/8/2009	VAC2	PTSD/VAC1	UW	
10/11/2009		10/15/2009	VAC3	IP#1	UW	R2- New Spok
10/18/2009		10/22/2009	IP#3	IP#1		
10/25/2009		10/29/2009	IP#3	IP#2		R2- New Spok
11/1/2009	Block 5	11/5/2009	IP#1	IP#2		
11/8/2009		11/12/2009	IP#1	VAC2	VA	R2- Ret Spok
11/15/2009		11/19/2009	VAC1	VAC3	UW/VA	R2- Ret Spok
11/22/2009		11/26/2009	VAC2	IP#3	UW	R1
11/29/2009		12/3/2009	IP#2	IP#3		
12/6/2009	Block 6	12/10/2009	IP#2	VAC4	VA	R1
12/13/2009		12/17/2009	VAC3	IP#4	UW	
12/20/2009		12/24/2009	IP#3	IP#4		R1
12/27/2009		12/31/2009	IP#3	PTSD		
1/3/2010	SWITCH	1/7/2010	R3s	PTSD		R3s
1/10/2010	Block 7	1/14/2010	IP#1	PTSD		R1
1/17/2010		1/21/2010	IP#1	IP#1		
1/24/2010		1/28/2010	VAC1	IP#1	UW	R1
1/31/2010		2/4/2010	IP#2	VAC#1	VA	
2/7/2010	Block 8	2/11/2010	IP#2	IP#2		R1
2/14/2010		2/18/2010	VAC3	IP#2	UW	
2/21/2010		2/25/2010	IP#3	VAC#2	VA	R1
2/28/2010		3/4/2010	IP#3	IP#3		
3/7/2010	Block 9	3/11/2010	IP#1	IP#3		R1
3/14/2010		3/18/2010	IP#1	VAC3	VA	
3/21/2010		3/25/2010	VAC#1	IP#4	UW	R1

3/28/2010		4/1/2010	IP#2	IP#4		
4/4/2010	Block 10	4/8/2010	IP#2	PTSD/VAC#1		R1
4/11/2010		4/15/2010	VAC#2	IP#1	UW	
4/18/2010		4/22/2010	IP#3	IP#1		R1
4/25/2010		4/29/2010	IP#3	VAC2	VA	
5/2/2010	Block 11	5/6/2010	VAC1	IP#2	UW	R1
5/9/2010		5/13/2010	IP#1	IP#2		
5/16/2010		5/20/2010	IP#1	VAC3	VA	R1
5/23/2010		5/27/2010	IP#2	IP#3		
5/30/2010	Block 12	6/3/2010	IP#2	IP#3		R1
6/6/2010		6/10/2010	VAC2	IP#4	UW	
6/13/2010		6/17/2010	IP#3	IP#4	HMC	R1
6/20/2010		6/24/2010	IP#3	PTSD/VAC4		
6/27/2010	SWITCH	7/1/2010	R3s	R3s	R3s	R3s

**Block #:** Indicates the first week of each block; these dates are inflexible

**IP#:** Inpatient Resident takes those weeks of nightfloat

**VAC:** Inpatient Resident takes week of vacation

**Selective:** Resident would be responsible for taking the weeks of nightfloat at each site listed

**Harborview:** Lists the type of resident who would take each week of NF though not necessarily in that order



## Appendix F. Calculating Training Call

Site	New to Psychiatry	New to Site	Special Circumstances
<b>HMC</b>			
<b>VA</b>			
<b>UW</b>			
TOTAL Calls	= # of residents X 6	=# of residents X 4	= total
Grand Total			

## **Appendix G: Training Call Business Meeting**

- 1) Member will coordinate with inpatient chief residents and business meeting leaders to schedule date in May for Training Call Meeting.
- 2) Member will inform Residency Office Staff to set up recording of training and to obtain an attendance sheet of all future trainers (future R3 and R4 residents).
- 3) Member will introduce the meeting and make sure that the following points are covered by the Chief Residents:
  - a. Trainers should contact trainees before training call to arrange when and where you will meet; Arrange to go in when training at home call sites even if there is not a case to see
  - b. Trainers should emphasize that Trainers are on call too and REALLY should be contacted about anything done during call shift including phone calls, floor issues etc...
  - c. Trainers should orient trainees to each site as described in each PRON – remember basics like restrooms, call rooms, secret passages...
  - d. Trainers and Trainees should be working together on every case (do not split the cases)
  - e. Trainers should teach clinical judgment/decision-making; think through the cases out loud
  - f. Trainers should teach how to survive call, finish on time, manage sticky situations
  - g. Trainers should model or discuss how to prioritize when things get busy
  - h. Talk about difficult cases you have seen if there are no patients to see
  - i. Remember your best trainers and what you wanted to learn when training
  - j. Have FUN!
- 4) Residency office will post recording on Residency Webpage. Member will be responsible for e-mailing any residents who did not attend the business meeting and ask them to watch/listen to training meeting. Each resident then needs to send an e-mail to that Call Member confirming they have completed this training. Residents who do not comply are at risk of not being able to take backup or training calls until this training is completed.