**ON CALL Coverage Guidelines for U of T Psychiatry Residents**

These guidelines are intended to guide residents and staff psychiatrists on-call in the various call-pool sites across the University of Toronto Psychiatry Residency Program. These guidelines are meant to provide support and structure to the oncall experience. The PRPC recognizes that there may be site to site variation in clinical volumes and in staff coverage structures; these guidelines are intended to harmonize resident activity while also recognizing that flexibility and collegiality are critical to effective on-call activity in the spirit of professionalism and safe patient care. Site-specific call structures and expectations should be reviewed at site and call orientations and with the staff/faculty call pool.

1. Residents on-call are primarily responsible for ER/Crisis assessments.
2. While on-call, residents may be expected to respond to Code Whites, Psychiatric Emergencies (on psychiatric and medical/surgical units), and/or medical emergencies on Psychiatric Inpatient Units to help support patient care. When they do so, supervision should be available by the staff psychiatrist on-call.
3. Non-urgent C/L consultations or follow-up inpatient psychiatry unit assessments are the primary responsibility of the staff psychiatrist on-call. **Staff supervisors may delegate and supervise residents in these other clinical care activities if residents are not otherwise busy responding to ER psychiatry consultations/care management and if residents have been oriented to these additional clinical settings ( e.g.**

**medical/surgical units) .**

1. Review of patients on psychiatric inpatient units is the primary responsibility of the staff psychiatrist on-call