

THE ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, NEW YORK	
STANDARD: POLICY/ PROCEDURE	
DEPARTMENT: Department of Medicine	
SUBJECT: Sick Call Policy	

Statement of Purpose

The purpose of sick call is to provide coverage for residents who have clinical responsibilities they are unable to perform due to medical illness, family emergency or administrative conflicts as determined by the Program Director or chief residents.

A. Sick Call Positions:

1. The sick call schedule for each block is made up of interns and residents on elective.
2. There will be a set of primary and secondary sick call residents for interns, and primary/secondary/tertiary sick call residents for PGY-2/3s. One or more back-up positions may be available depending on the number of residents on sick call during a particular elective block.
3. While on elective, residents will be on sick call for one week during a two week elective and two weeks during a four week elective.
4. Each PGY-3 will have one month of non-sick call elective during which they do not sick call responsibilities.
5. On weekends, there are two residents (primary and secondary) for each PGY level covering sick call that day.

B. Activating sick call:

1. Approved indications for activating sick call are noted above and also include reasons related to the Family Medical Leave Act (FMLA).
2. Extenuating circumstances outside of the approved indications may arise that prevent residents from performing clinical duties. If sick call needs to be activated in such situations, residents must speak with the Program Director or chief residents as soon as possible.
3. **The sick call policy does not include coverage for interviews, conferences, or travel delays. Coverage for these events must be arranged by residents independently. If coverage in such situations is not arranged and sick call must**

be activated, residents will receive sick call points and should return coverage to the sick call resident called in with an equitable shift in the future.

4. When a resident decides to call out sick, he or she should contact the chief resident oncall **via phone or pager – email or text message is unacceptable.**
5. If circumstances permit, residents calling out sick should contact the covering sick call resident to provide an appropriate handoff.
6. If a resident is sick for more than 48h, a doctor's note will be required.
7. If a resident needs an extended period of leave, he or she should speak with the Program Director to make arrangements.

C. Residents on Sick Call:

1. Chief residents will activate sick call in order of priority: primary, secondary, tertiary, followed by any back up positions if needed.
2. Sick call shifts are 24h and extend from 6AM the day of assigned sick call to 6AM the next day.
3. Residents covering primary sick call cannot be more than 30 min away from the hospital. Residents covering secondary, tertiary, and back up cannot be more than 60 min away from the hospital.
4. Residents covering sick call should be available by pager and cell phone for the 24h prior to their sick call shift through 6am the day after their shift.
5. The primary means by which a sick call resident will be contacted is via pager. If a resident cannot be reached via pager or cell phone at some point before or during their sick call shift, he or she should inform the chief resident on call.
6. **If residents on sick call are unreachable by phone or pager when sick call is activated they will receive sick call points for the shift they would have been scheduled to cover.**

For example, if resident A on primary sick call is unreachable and resident B on secondary sick call is called in for a Gen Med shift, then resident A will receive 1 sick call point.

7. **If residents on sick call would like to cover clinical shifts for other residents, they must find coverage for their sick call shift.**

D. Sick Call Priority System:

1. The priority for sick call will be based on the number of times a resident has utilized sick call and/or covered another resident for sick call. This will be tallied by a point system.
 - i. ½ point for all outpatient sessions (a full day of clinic=1 point).
 - ii. 1 point for all 12 hour shifts
 - iii. 2 points for all 24 hour shifts

For example, if a resident has used sick call for a Gen Med shift, they will receive a +1 point. If a resident has been called in for sick call for VA CCU Long Call, they will receive -2 points.

2. As the block schedule is published, weekend coverage day(s) and the week(s) that residents will be covering on sick call will be noted on Amion.
 - i. The sick call placeholder does NOT reflect the sick call priority order and will not reflect the final sick call order for that week.
3. The daily order for each block will be available **four weeks** prior to the beginning of the block. Residents will be notified by email when the sick call priority has been published.
4. The priority order will be determined by the residents' total points. The resident with the highest point will be ranked first followed by the second, third and fourth highest for that particular group.
5. Shifts will be distributed through the week according to point differentials and continuity clinic.
6. If the point total is the same for residents, then they will alternate daily sick call positions or be assigned shifts by the chief residents in an equitable manner.
7. Once the block has begun, the rank order is permanent for that week unless extended sick call is used in which case the order will be redistributed without the extended sick call resident.
8. Weekend priority is not affected by points.
9. Point totals will be carried from year to year.

E. Extended Sick Call:

1. Extended sick call is designed to provide coverage when a resident needs at least 72h off. A resident on sick call would cover them for up to one week to reduce the number of handoffs and improve continuity/patient care
2. Every intern and resident will be assigned to at least one week of extended sick call during the year, which will fall some time during one of their elective blocks.
3. At the start of the year, sick call points for the PGY2s and PGY3s will be tallied and those residents who have the greatest number of sick call points will be assigned an additional week of extended sick call such that all of the weeks are accounted and covered for. This will not change regardless of additional points accrued or lost over the year.
4. For extended sick call, residents must be within 60 min of the hospital and will only be called in for their corresponding PGY level.
5. When on their week of extended sick call, residents will also be up in the day-to day sick call pool.
6. *Extended sick call assignments cannot be traded unless done in a week to week switch with approval from the chief residents.*

F. Back Up Sick Call:

Residents on back up sick call are allowed to cover other residents as follows:

1. as long as there is a 1:1 switch and the other resident covers the back up sick call shift
2. academic purposes (conferences, interviews) at the chiefs discretion
3. special circumstances (i.e. end of the year) at the chiefs discretion

G. Clinic During Sick Call:

1. Residents will have a full day of clinic on the week(s) they do not have sick call responsibilities and a half day of clinic on the week(s) that they are up for sick call.
2. **If residents are called in for sick call on days on which they have a half day of continuity clinic, then coverage will be provided for their clinic responsibilities if they are covering a shift that would prevent them from attending clinic.**

For example,

- 1) If sick call resident A is called to cover a MICU long call shift on a day they are scheduled for a half day of clinic, then sick call resident B, who is next in the sick call order, will provide coverage for resident A's clinic.*
- 2) If sick call resident A is called to a Gen Med shift on a day they are scheduled for a half day of clinic, then they will cover their own clinic if scheduled in the afternoon or Resident B will provide coverage if scheduled in the morning.*