RESIDENT ON CALL PRIORITIES POLICY

This policy outlines the priority of responsibilities of AP residents when on call. This policy pertains only to on-call shifts that occur on the weekend or on specifically designated statutory holidays.

On Saturdays (and certain holidays), in addition to his/her regular on-call responsibilities, the resident on call for AP is expected to attend the forensic autopsy suite and assist with autopsies. Unless otherwise arranged with the staff forensic pathologist, this requires arriving at the forensic suite prior to 9am and finishing at or before 4 pm.

During this time, the resident may receive pages for other on-call duties such as frozen sections, lymphoma protocols, opening specimens, and others. Balancing responsibilities can require a good deal of judgement as well as communication with staff on call, including the Forensic Pathologist, Anatomic Pathologist and Neuropathologist. However, the following serves as a guide for handling these situations:

- At the beginning of the day, the resident is to coordinate with the Forensic Pathologist their plan for the day. This includes giving the Forensic Pathologist forewarning about any frozen sections, heart valves or other responsibilities that the resident expects during the day and the time that they expect them. Knowing this, the Forensic Pathologist will give the resident an appropriate number of cases to perform. Once the resident takes on these cases, they must do their best to ensure that they are finished these by 4 pm.

- Regarding calls that come up unexpectedly during the day:
  - If there is a call for a frozen section (for either Anatomical Pathology or Neuropathology), the resident’s first priority is always to coordinate the frozen section. This means calling the Histotechnologist and Pathologist to ensure that they are both aware of the frozen section and are available to attend. The resident should attend the frozen section in order to get it started in a timely fashion. This may require leaving the autopsy suite.
    - The resident should only stay in the autopsy suite if the staff Anatomical Pathologist excuses the resident from attending the frozen section.
  - Heart valves, lymphoma protocols, and other fresh tissues are to be taken care of by the resident ASAP, keeping in mind that any autopsies which have already been started need to be finished in a timely manner. This
means, for example, that if a heart valve is removed for endocarditis at the Civic, the resident needs to make the handling of that tissue a priority (as it must be fresh/in saline, and cannot be put into formalin). The resident, therefore, should coordinate its shipping to the General to minimize their time away from the autopsy suite. If the tissue cannot be sent to the General campus in a timely manner, the resident should inform the Forensic Pathologist that they have to leave.

- For specimens that need opening, the resident should request that the surgical/nursing team place the specimen in formalin so that the specimen can be opened after the autopsy is done, with minimal compromise of the tissue. As per the Divisional Policy, all large specimens with known or suspected cancer need to be opened within 2 hours.

On call situations with multiple overlapping responsibilities may occur. Learning how to handle those situations is a skill which develops with time. Always remember that staff pathologists are available to provide back-up and that the final goal is for you and the on call team to provide the best patient care possible. Good communication with pathologists, technologists, surgeons and other stakeholders is the key to handling difficult situations.

This document serves only as a guideline, and clinical judgement will always supersede.

November 3 2016