

MC Call Schedule

*All call shifts are “call back eligible” to return to the hospital. Please keep pagers on can be called back in rare circumstances (mass casualty incidents, disasters, etc). This would occur in the reverse order that they are sent home.

- **MC7: Late out aka LO AKA LC6 (6:30am-PRN):** This resident will be assigned to an OR as if for a regular day. They are the first of the call team residents to go home after all regular residents have been relieved. They will still come in at the usual time the following day.

- **MC6: (11:00am-PRN):** Generally assigned a week at a time. LC1 comes in at 11:00 each day and gives lunch breaks to any ORs or NORAs doing cases that are appropriate for their level of training. Once lunches are done, take a lunch break yourself, then check in with the senior resident on call. They stay until enough ORs close such that the caseload can be handled by the remaining call team.

-**MC5: (15:00-PRN):** Like LC, they are usually assigned a week at a time. They will typically be used to relieve day residents. They may sometimes have other obligations (filling in for a night resident who is unable to complete their shift for example). The resident arrives at 3pm and checks in with the senior and are typically the last ones to leave before MC4, unless otherwise determined by the senior or service director.

- **MC4: (7:00am-7:00am) with home call:** The call is taken by the residents on their hearts rotation. This is a 24-hour call (7am-7am). The resident is usually assigned a first start case and works as if it's a regular day. Priority will be given to these residents for complex cardiothoracic cases. When OR workload allows, these residents can go home as home call. They can be called back in for cardiothoracic cases that need to go overnight. During block 1 and the first week of block 2 (until August 2) MC4 is in-house since there is no MC2 call during that time. The following day is “post call” meaning they have the day off.

-**MC3: (17:00-07:00):** This is assigned a week at a time. It is a senior only call shift available after a resident has completed their hearts rotation. This call is responsible for getting a regular person out by 17:00. Primary responsibilities of this call shift are to help clear the add-on board overnight if the OR has the capacity to run 2 rooms. They are also responsible for liver transplants overnight. This allows the senior / MC1 to float where needed (adults, peds, OB, traumas), and assist the junior / MC2 when needed. It is a pseudo transplant call / rotation that Seniors can request if desired. When one room is running, MC3 is released to go to the call room and act as in-house call, understanding that they may be called for transplant cases or if additional resources are required. MC3 is responsible to help on OB, peds, or traumas if MC1 is otherwise unavailable or clinically occupied. MC2 is primarily responsible when one case is going unless it is a liver. MC3 is primarily responsible for liver transplant cases. This night float shift will be logged as 70 hours for the week. And this call should try to get some sleep when appropriate.

- **MC2: Junior call (11:00 am-7:00 am):** Arrive at 11:00 and start lunching appropriate cases until all lunches are done. Afterward, MC2 lunches themselves and checks in with the senior resident, then takes over a room. Working in tandem with the MC1, MC2 will stay in house and typically cover remaining add on cases/ emergencies/ traumas/ ACS cases that come in overnight. The following day is “post call” meaning they have the day off.

- **MC1: Senior call (11:00 am-7:00 am):** Arrive at 11:00 and start lunching senior level cases (focus on cases that the JRs can't lunch- start with hearts, then peds, then whoever still needs lunch). Take over the senior phone and pagers from the PACU resident before they leave. If there is no PACU resident that day,

the previous senior call resident gave it to a regular day senior at 7am. When lunches are done, communicate with the service director and start sending residents home. Typically, you will send home the deserving residents first (people who stayed after 6pm), then pre-call, then regular, then MC7, MC6, MC5, MC4. Also around 3-4pm, work with one of the LM1s/LM2s and service director to see how many CRNA rooms will be running past 5pm and work on a plan for those rooms. Throughout the day, work closely with the service director and OR front desk to get cases done and close rooms as appropriate. Make sure you try to get people out at the appropriate times. Overnight, the MC1 is responsible for assisting MC2/MC3, floating to OB to assist the OB night float, and assisting on peds side if it gets overwhelmed. The following day is “post call” meaning you will have the day off.

Weekend/holiday call at LLUMC

- 3rd call (7:00am-7:00pm): This is a reimbursed “moonlighting” opportunity (\$750/shift). If a resident is assigned this call they have the option of offering it to other residents by emailing the chiefs. The chiefs will then send out an email offering the shift to the residency as a whole and the first to respond will get the shift. In the unlikely event that no one wants the shift, the resident initially assigned is responsible for covering the shift. The resident comes in at 7:00 am and works until 7:00 pm. There is no post call day for this call.

- 4th call (PRN): You are on call starting at 0700 but don’t have to come in until you are called. There is a lot of variability with this call. You may work from 0700 until well into the evening or you may not be called in at all. This call does not have a post call day. If it is getting late in the day, please remind the senior and attending of this fact. Please keep your pager on your person the entire day/night. It is very unlikely that you will be called in overnight, but it has happened. If this were to occur, you would be given a post call day. **During July and 1st half august:** Fourth call will act mostly like Jr call weekend shift. You can expect to come in at 0700 and can work until Jr PM comes in as relief. This is to help out MC4 who has q3 jr call during these months. If it is a slow day and Sr call/3rd call can handle the workload, 4th call can go home on pager.

- Senior day (7:00am-6:00pm): in house. You don’t have the following day off. - Senior night (6:00pm-7:00am): in house. You are post-call on monday

- Junior day (7:00am-6:00pm): in house. You don’t have the following day off. **During July and 1st half of August** there is no Junior day call

- Junior night (6:00pm-7:00am): in house. You are post-call on monday

-MC4 (0700-0700): Home call. They will come in for any hearts and liver cases that go on the weekend. **During July and 1st half of August:** They can also be called in if 3rd call, 4th call, Sr call cannot handle the OR workload.

- Peds Call (7:00am-7:00am): 24-hour home call, but almost always will come in during the day. You are post call the next day.