CALL DESCRIPTIONS AT LLUMC

**Weekday call at LLUMC**

- **MC7:** **Late out aka LO AKA LC6 (6:30am-PRN)**: This resident will be assigned to an OR as if for a regular day, but they will be the resident to leave before LC1. They will still come in at the usual time the following day, and will often be the most “deserving”, which means they will likely be the first one to leave the following day.

**- MC6**: **Late call aka LC (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 (if you’re not sure, don’t be shy about asking the resident doing the case! For example, older pediatric patients can often be cared for by a junior resident safely). Once lunches are done, take a lunch break yourself, then check in with the senior resident on call. They will often have you take over for a resident who is deserving. You will stay until enough ORs close such that the caseload can be handled by the remaining call team. In the unlikely event that LC needs to be kept late enough that they will not have 8 hours off before returning at 11am, the next day’s service director should be notified that they will be coming in later the next day.

- **MC4 and MC5: Swing Shift 1 and Swing Shift 2 (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). These residents arrive at 3pm and check in with the senior and are typically the last ones to leave before MC3, unless otherwise determined by the senior or service director.

- **MC3:** **Hearts call (7:00am-7:00am):** This is a 24 hour call (7am-7am). The resident is assigned a first start case and works as if it’s a regular day. Priority will be given to these residents for complex cardiothoracic and liver transplant cases. They are typically the last one to go home for the day (leaving just MC2 and MC1 in house) as they have a post-call day. The senior resident may send hearts call home earlier for “home call” if there is the possibility of a heart or liver case that will require their services later in the night. This is at the discretion of the senior resident and service director. This does not apply during block 1 and the first week of block 2 (until August 2nd) as hearts call is in-house since there is no Jr. call during that time. The following day is “post call” meaning they have the day off.

- **MC2: Junior call (11:00 am-7:00 am)**: Arrive at 11:00 and start lunching appropriate cases until all lunches are done. Afterward, Jr. call lunches themselves and checks in with the senior resident, then takes over a room for a deserving resident similar to LC. Working in tandem with the senior call resident, the junior call will typically cover remaining add on cases/ emergencies/ traumas/ ACS cases that come in overnight. Often, some of the best learning and most exciting cases happen while on call 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). Then lunch yourself. 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, so find that person around 11am or soon after and get the phone/ pagers from them. When you get to work at 11am, take a look at the deserving list and write it down/ take a picture so you can start planning the order in which you will be sending residents home. 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 precall, then regular, then MC7,MC6,MC5,MC4,MC3. 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. Between 5-8pm, start giving dinner breaks to those who will be staying late. Start with the call people first, since you know they will definitely be staying late. Try to give dinner breaks to regular day residents only if you’re certain they’ll be staying late and only after the call people have had dinner breaks. Of the late CRNAs, only the LM2s will need dinner breaks, not the LM1s. 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. See the senior call protocol document for further instructions and details. The following day is “post call” meaning you will have the day off.

- **Peds call (7:00am-7:00am):** Similar to hearts call, this is a 24 hour call. The resident will have a first start case and work on the pediatric side until the pediatric cases are done. Once they are finished, the peds service director may send the resident home for “home call”. This call rarely works on the adult side other than perhaps during July/Aug and/or to help give dinner breaks. The following day is “post call” meaning they have the day off.

**- OB Day (7am-6pm):** You aren’t assigned to a room. You get the OB pager/ phone and sign out from the OB night resident on epidurals that are still running/ cases that may be pending. At 7am, there is a huddle with the OB and OB anesthesia team regarding the cases for the day. From 7am until 4 or 5pm, there is an OB OR resident who will be doing c-sections. Between those times, the OB day resident is usually doing epidurals and helping with emergency c-sections or running a second room of regular c-sections, at the OB anesthesia attending’s discretion. Make sure to give the OB OR resident a lunch break if they are stuck in c-sections all day and unable to lunch themselves. After the OB OR resident has been dismissed by the OB anesthesia attending, the OB day resident is in charge of all remaining scheduled c-sections/ emergent c-sections/ epidurals until the OB night resident arrives at 6pm.

- **OBOR (7am-5pm typically):** You are responsible for the schedule c-sections. You may also be asked to help the OB day resident at times. Your day ends when the scheduled c-sections end (typically 5pm or slightly earlier), or at the discretion of the OB anesthesia attending.

- **OB Night (6pm- 7am):** This shift is assigned one week at a time. At 6pm, you get the OB pager/ phone and sign out from the OB day resident on epidurals that are still running/ cases that may be pending. You are the only OB anesthesia resident on service at this time and are responsible for all epidurals/ c-sections during the shift until 7am the following morning.

**Special note about Wednesday mornings: If you are on Sr. Call, Jr. Call, Hearts call, or Peds call on Tuesday, your shift ends at 8:45am on Wednesday mornings. If you are on OB nights on Tuesday, your shift ends at 7:00am on Wednesday mornings. The OB Day resident will relieve the OB night resident at 7:00am on Wednesday mornings.**

**Weekend/holiday call at LLUMC**

- **3rd call (7:00am-7:00pm):** In house. This is a reimbursed “moonlighting” opportunity ($750/shift, pre-tax). If a resident is assigned this call they have the option of offering it to other residents. In the event that no one wants to take 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, 7:00am-7:00am):** You are on call starting at 0700 but don’t have to come in until you are called. Keep your phone and pager on you at all times during this 24 hour shift. 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. It is very unlikely that you will be called in overnight, but it has happened. If this were to occur you should be given a post call day.

**- Senior AM (7:00am-6:00pm)**: in house. You don’t have the following day off.

**- Senior PM (6:00pm-7:00am)**: in house. You are post-call on the day after the last Sr PM shift.

**- Junior AM (7:00am-6:00pm)**: in house. You don’t have the following day off.

**- Junior PM (6:00pm-7:00am)**: in house. You are post-call on the day after the last Jr PM shift.

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**- Peds Call (7:00am-7:00am)**: 24 hour home call, **but always will come in at 7am** as there will be cases to do. Keep your phone/pager on you at all times during this 24 hour shift. You are post call the next day.

**- Hearts Call (7:00am-7:00am)**: 24 hour home call starting at 0700. Only come in if you are called. Keep your phone/pager on you at all times during this 24 hour shift. You are post call the next day.

**- OB call (7:00am-7:00am) during weekends/holidays:** This is a 24 hour call.You get the OB pager/ phone and signout at 7am from the previous OB call or OB night resident. You are the only anesthesia resident on the OB service for the day and are responsible for all cases, epidurals, crash c-sections during your 24 hour shift. You are post call the next day.