

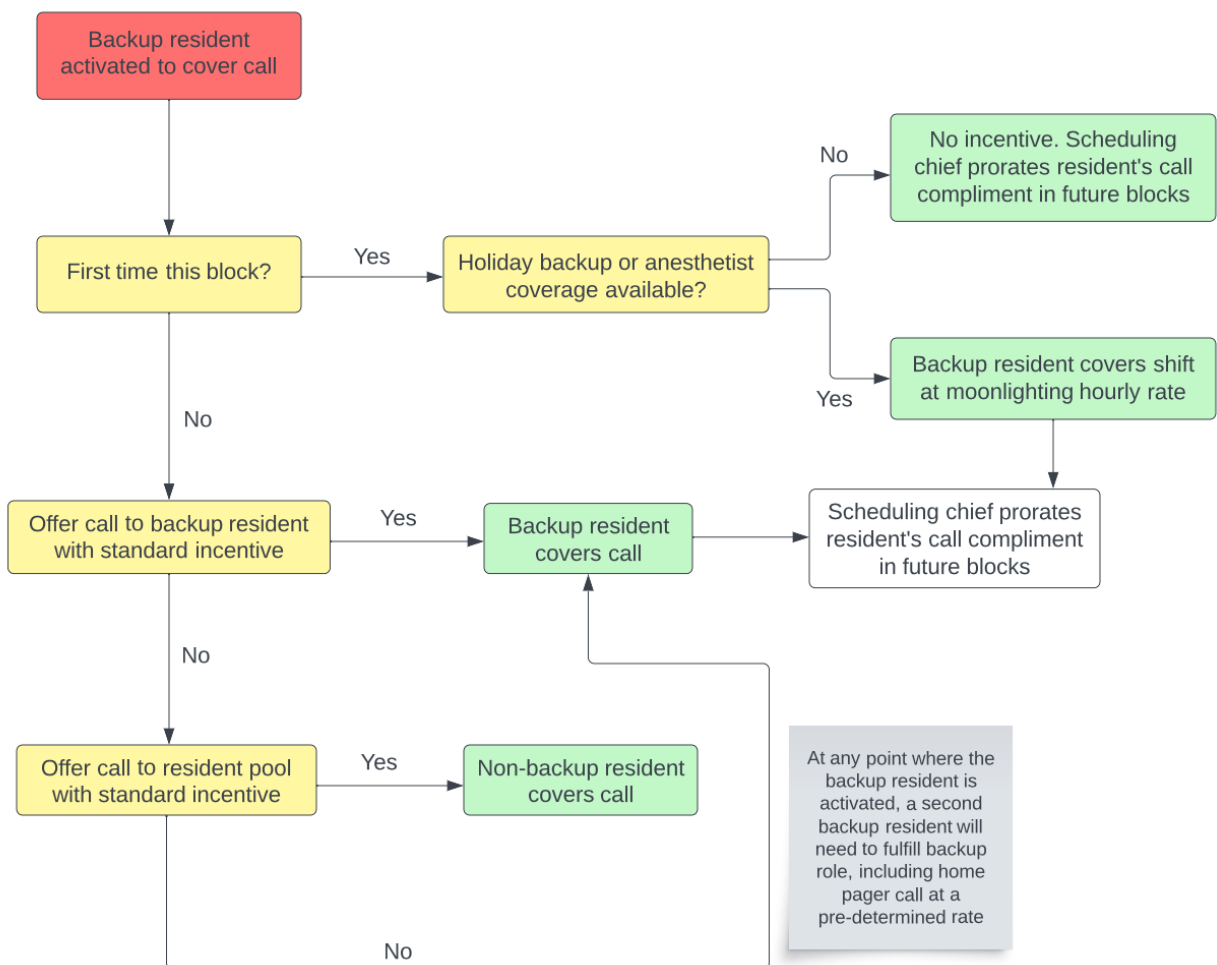
Resident Scheduling Rules

Updated 11/2023 by Zil Patel

Call Hours + Expectations:

- Monday-Friday calls = 16 hours (3p - 7a; check in at control desk at 2:45 pm)
- Saturday-Sunday calls = 24 hours (7a - 7a; check in at control desk at 6:45 am)
- Mather (OR) + Mac (L&D) senior and junior on call every night
 - Mather Senior eligibility starts after completing neuro jr, cardiac jr, and peds jr blocks
 - Mather Junior is responsible for carrying the code pager and responding to all Code Blue/Code Intubate pages.
 - If you are stuck in the OR when this happens, it is your job to call the ICU attending (phone #48236) and let them know you can't make it.
 - When going to a code, you must bring a red airway box with you
 - When returning from a code with a used airway box: please take a patient sticker from the code --> stop by the pharmacy to return the opened medication box + patient sticker AND pick up a new medication box (if you used propofol, please fill out the waste sheet prior to doing this) → return opened airway box and NEW (sealed) medication box to the anesthesia workroom for the techs to refill.
 - When arriving for call, please be ready in scrubs and check in at the front desk at 2:45 pm for weekday calls and 6:45 am for weekend calls.
 - Residents are eligible for Mac call after completing their OB jr rotation
- Call load:
 - CA-1 → start taking call during 2nd half of block 1 (unless on a non-OR rotation)
 - Not eligible for 4th of July Holiday call
 - 2-4 calls/month (while on call-eligible rotations), 2 weekends
 - CA-2
 - 4-6 calls/month (while on call-eligible rotations), 2 weekends
 - CA-3
 - 2-4 calls/month (while on call-eligible rotations), 2 weekends initially
 - Goal is to phase out weekend calls for CA-3s in the second half of the year (this may not always be possible, but every attempt will be made to honor this tradition)
- No-call months:
 - Trauma, ICU, Chronic Pain, POCUS, Research
- Limited call months:
 - CPM (2 Saturdays)
 - Perioperative Medicine (2 weekends – Saturday or Sunday)
- Peds Jr home call:
 - 3rd weekend of second peds jr month (Sat = 7a-7p, Sun 7a-7a, Monday is post-call day even if you don't get called in on Sunday)
 - If there's a reason you cannot take call the 3rd weekend of your second peds jr month, please arrange with Dr. Frazee and McKenna AHEAD OF TIME so that your peds home call is set up for an alternative weekend

- Transplant call (7a-7a):
 - Split between PACU and TEE/Liver residents on during that block
 - Responsible for heart, lung, and liver transplants
- Backup call (7a-7a):
 - Split between CA-2 and CA-3 residents on Acute Pain
 - Responsible for covering any call, late duty, or ICU shifts that cannot be covered due to the scheduled resident calling off or other emergency situations.
 - If a resident calls off from a call shift, they are responsible for owing the backup resident who covers their call an equivalent call shift in the future.
 - Additionally, if a resident calls off from a weekday call shift, they will also lose a vacation day.
 - Backup activation protocol:



- Call Requests:
 - "Request call" or "Request no call" features are not a guarantee, but a consideration. Due to growing program size, more residents are able to take vacation at a time than we have call slots that need to be filled.
 - If you take a week of vacation with consecutive days (M-F), the adjacent weekends are protected

- Pre-vacay Thursday call and post-vacay Monday calls will be assigned on a seniority and first-come, first served basis
- If you need to schedule a vacation early on and need the adjacent Thursday/Monday calls, let the scheduling chief know ASAP so those calls can be entered in QGenda well in advance

Late Duty (LD) = built-in internal moonlighting for working extra hours in the ORs

- Hours/Pay:
 - Weekday Scheduled = 5:30p – 9:30p
 - Weekday Unscheduled = if staying past 6:30 pm, in 4-hour blocks
 - Saturdays = 12p-7p
 - Sundays = 7a-3p
 - Paid in 4-hour blocks at current hourly rate
 - Ex. If you are on scheduled LD and stay until 6pm, you still get paid a full 4-hour block. If you stay past 9:30 pm, you automatically paid an additional LD block (as long as hours are correctly submitted on QGenda).
- Every weekday needs at least 3 LD residents – at least 1 must be a senior (CA-2 and above)
- Every Mon-Thurs needs at least 2 pre-call residents on LD with rare exceptions
- LD sign-up sheets are sent out with prelim schedule every block. If the sign-up sheet is not filled voluntarily, the LDs will be randomly assigned
- Residents at “academic risk” are not eligible to sign up for additional LDs (or other moonlighting)
- Any LD switches on the day-of need to be made by 10 am and MUST be communicated with the anesthesia coordinator (front desk), scheduling chief, and McKenna ASAP.
- If you decide you no longer want a LD, it is your responsibility to find someone to take it.
- In order to get paid for LD, hours must be submitted in QGenda
 - To submit hours, open QGenda > Request > select "Late Duty Extra Time" and fill out each line. Scheduled LDs have a start time of 5:30 pm and unscheduled LDs start at 6:30 pm.

The screenshot shows the 'Requests' form in the QGenda mobile app. The form is titled 'Requests' and has a blue header with the time '11:26' and signal/battery icons. The form fields are as follows:

- Staff:** PAZ
- Task:** Time Res-Late Duty Extra Time (circled in yellow)
- Requesting:** Specific Days
- Dates:** Required
- Start Time:** 5:30 PM (circled in yellow)
- End Time:** Required
- Assignment Notes:** Required
- Assignment Notes:** Scheduled/Unscheduled LD (circled in yellow)

At the bottom of the form, there are two buttons: 'Cancel' and 'Submit'. Below the form is a navigation bar with icons for Home, Requests, Messages, and Schedules.

- If you stay past 9:30 pm (additional LD) or past 6:30 pm (unscheduled LD), make sure you time stamp appropriately in your QGenda hours submission AND send an email to the scheduling chief, Drs. Helou/Pesa/Coyne, McKenna, and the attending on call during your LD stating that you got a double/unscheduled LD and noting what time you were relieved
- Rotations that you CANNOT take LD on:
 - ICU, Trauma, Chronic Pain, VA
 - Exceptions can be made for PACU (as long as transplant call is covered), CPM, and Perioperative Medicine

Vacation Rules:

- 20 vacation days per year, you can roll over 5 days every year to the following year
- Rotations that do NOT allow vacations:
 - Cardiac jr
 - OB jr
 - Peds jr (1st month)
 - Chronic Pain or Acute Pain (except during intern year)
 - SICU/CTICU
 - TEE/Liver
 - PACU
 - Trauma
 - CPM
- Rotations that allow 1 week of vacation:
 - Peds jr (2nd month)
 - Perioperative Medicine
 - All other OR rotations (except General OR/Advanced Clinical Practice)
 - Includes: Vascular, OOR, community OR, ASU, GU/renal, GYN, ENT, etc.
- Rotations that allow 2 weeks of vacation:
 - General OR
 - Advanced Clinical Practice
 - (Any exceptions must be approved by admin)
- Vacation requests:
 - CA-3 can request 1 year in advance
 - CA-2 can request 10 months in advance
 - CA-1 can request 8 months in advance
 - PGY-1 can request 6 months in advance
- A maximum of 6 residents can take vacation on any given day, so if a date you'd like to request off is full (6/6), you will have to try to switch with people who have vacation assigned that day or get placed on a vacation waitlist.
 - This 6 resident/day vacation maximum includes residents who are out for interviews, conferences, meetings, etc. (unless otherwise approved by Dr. Pesa)
- Major exam and conference dates are blocked off from vacation requests. Any time off requests during these dates must be approved by admin.
 - i.e. ITE, Basic, ASA, MARC

Trauma Rotation Expectations:

- Split the 28 nights of the block among residents on trauma rotation during that block
 - Let scheduling chief or McKenna know how you and the other resident(s) on trauma would like to split the block at least 1 week prior to starting the rotation
- Shift is 7p-7a.
 - Arrive at OR control desk at 7p to pick up the trauma phone and make sure trauma ORs (MOR 1 and 2) are set up at the start of your shift and after finishing any case in those ORs
 - You will be on with a 24-hour anesthetist, who will go to the trauma bay for all activations and report back whether a case will need to come to the OR. The trauma anesthetist and surgical team will bring patient up to OR and stick around to **assist** during the case. The trauma resident will frontline.
- Trauma resident role in order of priority:
 - **Hot trauma operative cases = #1 priority**
 - Pediatric trauma operative cases
 - Pediatric cases (ONLY if both Mather call residents are occupied)
 - Pretending Mather cases if available 7p-11p (depends on attending on call)
 - High acuity emergency cases – any “all hands on deck” situations (i.e. ruptured AAA, MTP cases)
 - Frontlining other ORs only if absolutely necessary (all call/LD residents are occupied)

Hot Weeks:

- Hot weeks are weeks in the vacation log that cannot be signed up for and are assigned on a lottery basis because they are the most sought-after vacation weeks (Thanksgiving, Christmas, New Year, and 2 weeks during spring break)
- If you win the hot week lottery, you have a week to let the scheduling chief know whether you accept it or not. If you choose not to take that week, it will go to the next person in line
- Hot weeks are assigned at the beginning of the year when the holiday call schedule is made
- You are NOT allowed to take a hot week if you're on a rotation that does not allow vacation

Holiday Coverage:

- CA-1s are expected to cover 1 holiday and CA-2s and CA-3s are expected to cover 2 holidays over the course of an academic year
- Holidays covered = 4th of July, Labor Day, Thanksgiving, Christmas, New Year, Memorial Day
- The holiday call preference survey is sent out at the end of every academic year for the following year.
- Holiday coverage can be either Mather/Mac call or SICU/CTICU coverage (seniors only).
 - If on Mather/Mac call, you will be covering 2 back-to-back calls (a 16-hour/24-hour split or two 24-hour calls) for that one holiday
 - The day of the actual holiday (even if it's on a weekday) is a 24-hour call
 - If covering the ICU, you may be covering 2 days or nights depending on need for coverage. Dr. Poynton makes the ICU schedule and will reach out to you if additional coverage is needed.
- If you are NOT on holiday call or vacation the week of a holiday, you are expected to work any weekdays during the holiday coverage weekend EXCEPT the actual designated holiday.
 - Example: Thanksgiving holiday coverage is always Wed-Sat. That means the residents on Thanksgiving call will either take call on Wed/Fri or Thurs/Sat. Thanksgiving Day

(Thursday) would be a 24-hour call shift despite being a weekday because that is the designated holiday. EVERYONE ELSE (who is not off that week) is still responsible for working normal days on Wednesday and Friday. In this case, Sunday is not included as a part of holiday coverage and Sunday call residents would be scheduled from the normal call pool.

- Holiday backup call (paid) is also available on a voluntary basis
 - Only available to residents who have completed SICU and CTICU senior months
 - You get paid 1 LD block per day of holiday backup call for signing up and then additional blocks if you get called in
 - Holiday backup resident is responsible for covering in the event that a resident on Mather/Mac call or ICU have to call off or if a transplant is added on (heart, lung, or liver)
- If you are on a trauma rotation during a holiday, you will be off for the night of the holiday. However, there is an option to work a normal 7p-7a trauma shift the night of the holiday, for which you would get paid 3 LD blocks. First dibs will be offered to the trauma resident, but then opened up to all seniors if the trauma resident chooses not to take it. **Taking the paid shift does NOT count towards the 2 holidays you are expected to cover throughout the year.**
- If you are scheduled to work in the ICU during a block with a holiday, you can expect to be working during the holiday.
 - The exception is typically block 7 (during which both Christmas and New Year fall) – in this case, you will likely cover one holiday and off-service seniors will be assigned to cover the other holiday. However, this isn't guaranteed and the final word on ICU scheduling comes from Dr. Poynton.
- If you are on Acute Pain or Chronic Pain during a holiday month, you are not guaranteed to be off during the holiday weekend. Someone from the team will still need to hold the pager and come in to round during the holiday. The residents/fellows on service will decide amongst themselves at the start of the block who is responsible for holding the pager/rounding during the holiday. **This does NOT count towards the 2 mandatory holidays you are assigned to cover at the beginning of the year.**
- Any additional voluntary holiday coverage (e.g. peds home call, cold trauma) for moonlighting pay does not count towards the 2 mandatory holidays you are expected to cover.

Moonlighting:

- There are multiple internal moonlighting opportunities within the department: weekday and weekend LDs, ICU moonlighting, cardiac moonlighting, holiday backup/trauma coverage
- Eligibility/Expectations:
 - All residents who moonlight must be in good academic standing
 - LDs → all CA1-3s
 - Weekdays are 5:30 – 9:30, Saturdays are 12p-7p, Sundays are 7a-3p
 - LDs are paid in 4-hour blocks at the current hourly OR moonlighting rate
 - See LD section above for additional details
 - Cardiac moonlighting → any resident who has completed cardiac jr rotation
 - Home pager call on Sundays from 7a-3p. 1 LD block for carrying pager, additional blocks if called in
 - Sometimes, attending will contact you the night before to let you know there is a cardiac case added on for Sunday morning to give you enough time to come in and set up to the OR so that case can start at a reasonable time
 - If you do NOT get called in, submit LD time for 4 hours (7a-11a).

- If you DO get called in, submit total number of hours worked + 4 hours for carrying pager
- ICU moonlighting → must have completed SICU and CTICU senior months
 - Typically committing to 7 nights (12-hour shifts) in the ICU. Dr. Poynton will send out an email asking residents to volunteer for moonlighting prior to making the ICU schedule
 - ICU moonlighting is allowed during any month that allows vacation

Meeting/Presentation Days:

- If you are presenting at a conference, submit for “presentation days” on QGenda. You get the day before and after your presentation for travel (unless otherwise specified)
- “Meeting days” are used if you are going to a conference, but not presenting

Interview Days:

- For seniors that are interviewing for fellowships/jobs, you get a total of 10 interview days. Any additional days after that will come out of vacation days. In order to request an interview day, please send confirmation of the interview invite/email to McKenna and it will be added to QGenda.
- If you need more than 10 days, please let Dr. Pesa, McKenna, and the scheduling chief know so arrangements can be made.

Beginning of the Year:

- Academic year starts on July 1st
- CA-1s start taking call and picking up LDs during the second half of block 1 (as long as they start on an OR rotation)
 - CA-1s from the later bootcamp group start taking LD/call during the second half of block 1.
 - CA-1s from the early bootcamp group start taking LD/call during block 2
 - CA-1s starting on non-OR rotations (i.e. Chronic Pain or Perioperative Medicine) start taking LD/call in the second half of their first OR rotation.
- CA-1s start taking Mac call after completing their OB jr rotation
- Regarding LDs: For blocks 1 and 2, only one CA-1 can be on per weekday LD and CA-1s cannot pick up weekend LDs

End of the Year:

- Last day of the academic year is June 30th. Sometimes, this falls on a random weekday, meaning the last block is extended by a few days
- Vacation requests for the last 2 weeks June are prioritized for CA-3s. These days tend to fill for vacation quickly, so requests must be made ASAP (exactly 1 year ahead of the requested date for CA-3s)

Ill Call/Emergency Call-Off:

- If you must call off for any reason, send an email to the scheduling chief, McKenna, and Drs. Helou/Pesa/Coyne as soon as you know you won't be able to make it for a shift so that coverage can be arranged.

- If it is a weekday and you are scheduled to work in the OR, in addition to emailing the email to everyone listed above, you also need to call the anesthesia coordinator (#30900) and let them know you can't come in.
- If you call off when you are scheduled to take a call, you will owe back the resident who covers your call an equivalent call in the future.
- See Backup Activation Protocol above

Other Expectations:

- All extended vacation and call/no call requests need to be made at least 2 months in advance. If you make requests after this time frame (or after the schedule has been published), it is less likely that the requests can be fulfilled.
 - Ex. If you want to request a week of vacation during block 4, requests need to be entered in QGenda by the end of block 2.
- Once a finalized schedule is published on QGenda, if a change needs to be made, the resident scheduled for that particular shift is responsible for coming up with an alternative solution. The scheduling chief can help facilitate any scheduling needs, but in order to do that, requests will need to be made in a timely manner.
- Scheduling can be very logistically challenging at times and mistakes can happen (i.e. accidentally being scheduled for back-to-back Saturday calls). If this happens, let the scheduling chief know ASAP so that the error can be fixed.