

UPDATED September 2019

RESIDENT AFTER HOURS POLICY

If there are non-call GOR residents in rooms after 6pm, they will stay until they can be relieved by a GOR call resident. In general, non-call GOR residents should not be relieved by specialty call residents (cardiac, peds, or liver). The GOR residents will follow the 10 hour ACGME recommendation should they stay past 8:30 pm.

Once GOR residents are sent home, including 5th, 4th, and 3rd call, they are not to be called back. This is when calling in the specialty services comes into effect, as per the call back policy below.

The relief shift resident works from 3:45 pm - 1:00 am M-F (except for lecture day when the resident will start at 5:30 pm after lecture). The relief shift resident will be relieved after 3 call but before 2 call, and no later than 1:00 am. The relief shift resident can be called back until 1:00 am.

ACADEMIC HOURS

These are extra days off that residents can earn when they are working in the Stanford OR ("MSD") beyond certain times. They can only be earned in the MSD, and similarly can only be used on MSD rotations (e.g. MSD, ortho, trauma, urology, neuro, etc). You must request them at the time of the block schedule requests (i.e. put them in your Amion requests!). Their utilization is approved by the chief residents (and Dr. Lemmens during blocks 12-13 and in times of especially low staffing). No academic days may be used during the last week of the year.

10 academic hours = 1 day off. Academic hours are accrued in 15 minute increments starting at the following times:

MSD non-call: 6 PM
MSD 4 & 5 call: 8 PM
MSD relief: 1 AM
MSD 3 call: 10 PM
MSD 1, 2 call, and relief shift: not eligible for academic hours.

GENERAL OR COVERAGE (INCLUDING CALL BACK POLICY)

Weekdays:

For cases which occur during the night (after 8:30pm), residents should be assigned in the following order:

- a. First call OR (**6pm - 7am**)
- b. Second call OR (**can be called in from home until 7am**)
- c. **Relief shift OR resident (shift is 3:45 pm - 1am, resident can be called in from home until 1:00am)**
- d. Third call OR (provided the resident has not been sent home, and this resident can stay till midnight if needed. Has 10 am start the next day)
- e. **Acute pain night float resident**
- f. Peds 1 call (if not already working in OR)
- g. Cardiac 1 call (if not already working in OR)
- h. Liver call (if not already working in OR)

4th, and 5th OR call not called back in from home.

Weekends:

Residents should be assigned in the following order:

a. First call OR - starting Block 4 2019, the first call OR will be split into 2 shifts, 7A-6P (MSD 1 AM) and 6P - 7A (MSD 1 PM)

b. Second call OR

c. Acute pain resident (Please note: an anesthesia resident is not always on service during weekend days and should only be called to help if they are currently in-house)

d. Peds 1 call

e. Liver call

f. Cardiac 1 call

NOTE: The intent of the 10-hour-break rule is to allow residents sufficient time after patient care duties to commute home from the hospital, to obtain 7-8 hrs of sleep, and to commute back to the hospital to resume patient care duties refreshed. Practically, this means that residents should be sent home at 830pm to come in the next day at 630am. The only exception to this rule is a resident choosing to stay past 830pm for educational reasons.

POLICY IF ANESTHESIA RESIDENT CALLS IN SICK

Any resident who is a call number and is sick should page/call one of the on-call chief resident in addition to the scheduler so that the chief residents may assist the faculty in planning. If a resident is 2nd call and sick, the Chief Residents will decide if about DAC the following day, on an individual basis.

GOR

Weekdays- If a GOR call number calls in sick, all call numbers will move up by one position and there will be no 5th call that day. If the night resident is sick- 2nd call will stay in-house and continue to be DAC the following day.

Weekends- If 1st call is sick, 2nd call will move up and then additional residents can be called in per the above stated call back policy (ie cardiac, peds, liver, etc.)

Liver:

**To cover Liver, residents must be on or have completed the Cardiac rotation*

If the liver resident is sick or there are two livers, the call order will be as follows:

- First call OR
- Second call OR
- Peds 1 call
- Cardiac 1 call

Starting Block 4 2019, there will be a backup Liver resident on call Saturday 7A-7A, and Sunday 7A-7A. Residents will first have the option to sign up for 1 day or both days at the time of schedule requests. If the spot is not voluntarily taken, it will then be assigned by the chief residents when the call schedule for the block is made

- **This resident should ONLY be called in by the on-call Liver Transplant Attending if they anticipate two simultaneous liver transplants, or consecutive liver transplants which would cause the Liver Rotation resident to go over 24 consecutive hours**
- **This resident is NOT in the backup resident call pool, and SHOULD NOT be called in from home to help with other services (MSD, Peds, OB, Cardiac, etc)**
- **Resident should be readily available but anticipate generally within 1-2 hours**
- **Any resident who has done Cardiac is eligible for backup liver call (does not have to have done full liver rotation previously).**

Peds and Cardiac and OB:

If 1st call is sick, second call will fill in and be DAC the following day- the sick resident will be expected to take over the covering resident's next day schedule. Each subspecialty is expected to cover for their own rotation. The chief residents will work with rotation directors to determine coverage if there is an unexpected absence or other emergency.

Valley / VA:

If a resident is sick, they should first contact their respective site chief for the month (VA Chief, Valley Chief). Sites are expected to cover their own calls, except for extenuating circumstances or prolonged absences (>1week).