Guidelines to taking General Call

1. **Who takes General Call**: All the faculty members in the sections of Body, Chest, Neuro and MSK take general call (exceptions Drs Smoker, Stanford and Franken). Currently the sections of NIR, VIR and mammo do not take general call. In addition, the fellows from Body and MSK also participate in general call. Starting in 2013, the mammo fellow will also take general call.

2. **General Call Assignment**: General call will be assigned equally among all the faulty members and the schedule is made by Dr Maley.

3. **Duties of General Call Staff**: General call staff is expected to staff out all plain radiographs, first interpreted by the junior resident on call starting 5 PM until 8 AM next morning. The CXRs (app 20-40 studies) of the ICU patients obtained in the third shift (usually at 5-6:30 AM) are read by the chest section faculty. The general call staff is expected to be available until 10 PM, but is not required to be present in house at all times. However the general staff is expected to come at least once in the evening to staff out and sign all studies final next morning as soon as possible. General call is suggested to touch base (in person or on the phone) with the on call resident when they come and leave. This will permit the communication of any priorities to be looked at sooner and allow an opportunity for immediate feedback to the on call resident. Feedback to the resident can also be given on the EPIC via inbox message. Staff may choose any location to work. If they decide to work in the ETC, they are suggested to restrict their conversation/discussions to only general call related urgent work since the resident has many more responsibilities (eg. head CTs, trauma, ETC phone calls) to handle simultaneously.

4. **Duties of On Call Junior Resident**: The on call junior resident is expected to prelim read all the plain radiology films that happen in the department starting 8:00 AM. There is a batch of ICU films that are obtained on third shift at app. 4-7 AM, which are read by the on call chest faculty. The on call resident looks at these films to evaluate for gross abnormalities that need to be notified but then leave it for the Chest on call AM staff.
The resident on call is expected to open all studies performed, but only provide a preliminary interpretation for radiology studies (both in-house and off-site) that could potentially change patient management on off-hours. There are, however, some films that are performed during off hours which are routine studies and should be interpreted the following day by an appropriate subspecialist.

The current policy is to place those studies, which are routine and do not require an overnight preliminary read into the subspecialty overnight folder, to be read by the appropriate section on the following day. If there is an acute finding or a finding which may change management (for example a fracture, hardware complication, or active infection) those films should be dictated under the general radiology call staff.

Below is a list of studies that may not require routine interpretation.

~ Post op ortho, neurosurgical, and orthopantomogram plain films (unless a complication is identified)
~ Orthopedics and adult+peds rheumatology clinic films (unless a fracture or acute finding is seen)
~ Bone ages, routine scoliosis films, and bone surveys for abuse or metastatic work-up (if a fracture is seen on an abuse case this needs to be called to the ordering doctor and the resident should text page or talk with the pediatric staff on call).
~ Outpatient clinic patients for chronic conditions such as interstitial lung disease, metastatic work-up, response to therapy. (Again if acute findings are present these should be called to the ordering or covering doctor and the film should be dictated).
~ Autopsy films
~ Inpatient films that fall in the above categories (such as in-patient scoliosis, rheumatology workup, and bone age films).
~ Morning (routine) ICU films. Again these should be opened and if an acute finding such as a line malposition or pneumothorax then the film will be dictated under the general staff and a call to the ordering doctor should be made.

5. Procedure Coverage: The general call faculty covers the lumbar punctures from 5-10 PM. The general call staff is asked to be
“immediately available”. It means that general staff needs to be in house, but not participate in the procedure. After which the on call neuro fellow fields the calls and performs it independently.

6. **Contacting General Call Faculty On Call**: The on call resident must page the on call faculty. If they do not hear back from them, they may call the home /cell phone #. The list of home /cell phones is available to the on call resident on the wiki. When an on call resident calls the faculty, they may text page with the specific question as well as the MRN (medical record number) of the patient. The faculty members are suggested to call back the resident right away to ensure that they are aware of the on call question. This will prevent any further attempts of the on call JR to contact the faculty.

7. **Faculty Stat Read Requests**: If a stat faculty read is requested, then the on call resident may ask the clinical faculty to contact the appropriate on call faculty.