

Welcome to...

Being on call at BCH!

It's going to be okay. Call is a great opportunity to see bread and butter pediatric emergencies and make a real difference in patient management. It will be challenging, but you'll have adequate support. Attendings are in-house until at least 9PM, you will have an in-house fellow by your side (or a short distance away) all night, and an on-call attending available by page. When in doubt, page us!

THE SHIFTS

There are 4 different call shifts:

- 1) Introductory call from 5P to 7:30A, Monday-Friday.

During the first week residents will take turns taking this call shift.

- 2) Short call from 12P to 8P – one week at a time.

You should arrive at 12P and **attend afternoon conference.**

Conference attendance is mandatory.

Afterwards, you will have an afternoon clinical assignment until 5P, then remain as the on-call resident until to 8P.

- 3) Night call from 8P to 8A + sign-out.

One person will cover M-F, and someone else will cover Sat and Sun.

- 4) Weekend daytime call from 8A-8P + sign-out.

We try to group these Saturday and Sunday shifts to minimize the number of weekends you are on call, but the numbers do not always work out.

THE 5P-8P OR 8A-8P CALL EXPERIENCE

During these times, the attending will be in-house. You will be sitting in the main reading room and essentially be responsible for reading radiographs. On Radstar, you should subscribe to ALL BOSTON AND SATELLITE CR- BUT NOT THE TELERADIOLOGY SATELLITES.

[illegible]

During the week, there will be x-rays obtained at the satellite locations until the evening. Many of these will be “MD call back” and “Patient Waiting Exams” with the patient or doctor waiting for the results of the exam. You should expect to read these exams, but review them with your attending as soon as possible to communicate any possible changes in the preliminary read.

At the beginning of the call shift, touch base with your attending to determine the work flow, as preferences vary:

There will be a reading room assistant sitting at the main desk in the reading room (until 9P during the week and 7P on the weekends) who can help you contact referring clinicians to communicate results, and will transfer calls if a doctor calls with questions.

THE 8P-7A OR 8A CALL EXPERIENCE

...Now things get interesting.

Overnight, the resident should sit in the ultrasound reading room with the fellow, and the two of you will function as a team.

Once there is no attending in house, you should read all radiographs until **4AM** (see below) and prelim the reports. The only exceptions are:

- 1) C-Spine radiographs for patients going to the operating room need an attending read. Your attending should be paged to review.
- 2) Skeletal surveys for child abuse, which should be deferred to the fellow.
- 3) NICU films from BWH and BI, which should be deferred to the fellow.
- 4) Harrington Hospital films, which are read by the attending in the morning.

After 4AM, the “bolus” of inpatient morning radiographs will start to appear. You should:

- 1) Continue to dictate ALL outpatient, ED, and STAT cases (cases in RED at the top of the radstar list).
- 2) Look at all non-STAT inpatient cases from 4AM until readout begins, to make sure there is not an urgent finding. If there is an urgent finding (misplaced line or tube, new pneumothorax, lobar collapse, etc), call the team to notify them, and **DICTATE THE STUDY**.

If you have any questions, do not hesitate to ask the fellow, and if necessary bump it up to the on-call attending.

Part of your responsibility is also to help the fellow with his/her cross sectional and ultrasound responsibilities. They are often pulled in multiple directions at once, and if the fellow is busy with an urgent ultrasound, he/she may use you to review an abdominal CT scan with a surgical team, answer a page, communicate results, etc. If

your fellow is drowning in cases, please ask if there is anything you can do to help. They, of course, should do the same for you. To keep the division of labor clear for morning readout, you will typically not actually dictate any of the cross sectional studies for the fellow.

Though you are only dictating the radiographs, the fellows should involve you in interesting/educational cases overnight and all fluoroscopy whenever possible. This may be your only opportunity to see an intussusception reduction, positive appendicitis ultrasound, or pyloric stenosis.

THINGS YOU DON'T DO

Residents have no role in the following on call:

Interventional Radiology

Nuclear Medicine

Neuro MR/CT (the fellow will be reviewing Neuro CT)

Skeletal Surveys

BWH, BI NICU films

Studies from Harrington Hospital

RESULTS NOTIFICATION

- All critical and important positive results should be communicated to the referring clinician by phone.
- Communication may be with:
 - **MD**
 - **Physician Assistant**
 - **Nurse Practitioner**
- Results should NOT be communicated to:
 - **Secretary**
 - **Nurse**
- Document communication in your report. Be specific – what was discussed, name, credentials, date, time.
- For example: "The preliminary report and the recommendation for a short-term MRI follow-up contrast was discussed by Dr. XX. with Dr. XX on 9/23/15 at 8 PM by telephone."
- **BCH Panic Results**
 - Life-threatening, in need of immediate attention.
 - Must be communicated to referring clinician within 30 minutes of exam completion.
 - Include:
 - **New onset tension pneumothorax**
 - **Unexplained intraperitoneal free air**
 - **Feeding tube in the airway**

- **Newly noted unequivocal pneumotosis intestinalis and/or portal venous gas**
- **New onset brain herniation**
- Document communication in report
- Include:
 - Nature of result
 - MD with whom you spoke
 - Exact time of communication

MORNING READOUT

Depending on the day, morning readout will begin around 7A or 8A, typically in the main reading room. It is important to take careful notes and make the appropriate changes in your reports. Some changes are minor and don't require clinician notification (ie. vascular congestion versus mild edema).

However all substantial changes in your report (fracture versus no fracture; pneumonia versus atelectasis, etc) must be documented. There are 3 steps to this.

1) Update your report:

There are two ways of doing this. Ask your attending which is preferred:

A) Leave your report exactly as it is, then at the bottom write:

"On attending review: (new findings and impression). This change in read was communicated to Dr. X by Dr. Y at (date and time).

B) Change your report to the new read. Then at the bottom write:

This is a change from the preliminary report which read: (the previous impression). This change in read was communicated to Dr. X by Dr. Y at (date and time).

2) Call the ED or inpatient team and notify them of the change in read.

If the patient has already been discharged home, there is a dedicated doctor in the ED who is responsible for recording changes in reads. Call the main ED number (5-6611 or 5-8811) and ask for the doctor taking changes in reads.

3) QI documentation

On the Electronic requisition for ED studies, there is a link that reads: "Trainee Modification". Click this, and fill in the information.

RadSTAR Requisition - Boston Children's Hospital - Windows Internet Explorer

http://radstar/ExamRequisition.aspx?RadNetAccession=00000RA20160107960&PacsID=24653124

Boston Children's Hospital - Radiology Exam Requisition

As of: 6/19/2016 1:14 PM

Order

Patient: I MRN: Age: 1 Sex: M DOB:

Patient Contacts:

Allergies: **azithromycin**

Service: Location: **Emergency Department**

[Show Future Appointments](#) [QI Case](#)

[Show Image Quality / Inadequate Clinical History Quality Tracking Panel](#)

Exam: **XR-Chest 2 Views** No Scanned Documents

Activated: **6/19/2016 2:26 AM** Completed: **6/19/2016 2:44 AM**

Order Details:

Encounter Visit Reason: **FEVER**

Indications, History, Clinical Findings:
3 days of fever, cough, R-sided chest pain

Views: ***PA and Lateral**
 Portable: **No**
 Exam Timeframe: **today**
 DTF Notify Date Parameter: **1 day**
 Location: Diagnostic Followup: **Not Yet Specified**

[Trainee Modification](#) Click on "Trainee Modification"

Ordered By: Phone:

Attending: Phone:

Training Modifications Report - Windows Internet Explorer

Training Modification

[Close](#)

Modified Findings

Name of Clinician Notified

How Clinician Notified
 Choose a Notification Type

[Save](#)

No modifications at this time

Preliminary Powerscribe Report Text

Fill out the 3 boxes on the left, using drop down for "How Clinician notified", and hit save.

IMPORTANT NUMBERS

- Your pager (RESIDENT Pager) 0044
- ED
 - 5-6611 or 5-8811-ask for MD taking care of patient
- Units
 - 5-80 + unit name/number
 - 5-807N = 7N NICU
 - 5-807S = 7S Medical-Surgical ICU
 - 5-808S = 8S Cardiac ICU

SICK CALL

Very rarely, there is a last minute emergency which prevents a resident from taking an overnight or weekend call shift. This is particularly hard to re-staff on the weekends, so we have made a call policy to cover last minute absences between Friday and Sunday. It only involves people who have a weekend call shift anyway. If there is a possibility that you will be called in to cover a sick call, you are expected to be reachable by cell phone so we can notify you if you must come in.

Resident Call Policy

If the Friday overnight resident is absent:	The Friday late shift resident will stay until Saturday morning. The overnight fellow will be asked to assist you as necessary and allow you to return to the call room during the quieter portions of the night.	You would receive a half or full day off the schedule in return.
If the Saturday day shift resident is absent:	<p>The Friday overnight resident will stay for additional hours on Saturday, per the discretion of the attending, until the CR list is up and things are under control.</p> <p>The Saturday overnight resident will come in at 4PM instead of 8PM. We will notify you as soon as possible if this is a possibility, with a goal of 10 AM.</p>	You will receive a half or full day off the schedule.
If the Saturday overnight resident is absent:	The Sunday overnight resident will come in.	You will receive post call time and the absent resident will cover a future shift.
If the Sunday day shift resident is absent:	<p>The Saturday overnight resident will stay for additional hours on Sunday per the discretion of the attending, until the CR list is up and things are under control.</p> <p>The Sunday overnight resident will come in at 4PM instead of 8PM. We will notify you as soon as possible if this is a possibility, with a goal of 10 AM.</p>	You will receive a half or full day off the schedule.
If the Sunday night resident is absent:	The Saturday night call person will come in.	You will receive post call time and the absent resident will cover a future shift.

POST CALL SCHEDULING

The same resident will cover Friday and Saturday night (8P-8A) going home Sunday AM. He/She will be off during the day on Friday and Monday AM. Arrives at 12P to ATTEND CONFERENCE.

The Resident on call 8A to 8P on Sunday will be off on Monday AM. Arrives at 12P to ATTEND CONFERENCE.

CALL TRADES

- **Trade requests**
 - E-mail to both Abby Polkinghorn and Delma Jarrett.
 - Send at least 2 weeks in advance of potential trade.
- **Limitations on trades:**
 - Orientation shifts can not be traded.
 - Week day Night float assignments must be traded a full week at a time
 - Late shift assignments must be traded a full week at a time
 - Friday – Saturday overnights may only be traded as a pair

FYI

Workflow issues that affect the fellow, but may be good for you to know about, if asked....

- **Outside Hospital Studies – Formal Reads**
 - We provide formal interpretation of OSH CT and MR exams coming through the BCH ED.
 - We DO NOT formally interpret CR, ultrasound, or fluoroscopy.
 - Interpretation is based on quality review.
 - During regular work day, formal interpretation by staff, fellow, or resident.
 - On call, formal interpretation by fellow only.
- **Outside Hospital Studies – Curbside Consults**
 - Curbside consults for ED and inpatient studies of all types provided by both fellows and residents on call.
- **Skeletal Surveys**
 - Usually deferred to morning/day time.
 - Patients often admitted overnight.
 - Ample technologist staffing during day.
 - Attending radiologist in house for interpretation.
 - If necessary overnight:
 - Consultation should occur between ED staff and radiology fellow for study approval.
 - Radiology fellow will provide preliminary interpretation.

Call at BCH can give you the opportunity to be involved in cases that you don't see during the normal work day. We hope that it will be an enriching experience and we want you to feel fully supported by the fellows and faculty. If you have any questions or concerns, please do not hesitate to reach out to me.

Thank you,



Delma Jarrett