MCR RESIDENT

Updated: June 09, 2026

MCR: Medical Consults Resident (In-House Call)
SSU: Short Stay Unit
Offload Beds – Additional 7 CTU Offload Beds covered by Silver Team during the day/MCR overnight. These beds are typically not admitted to overnight but can be at the discretion of the on-call staff.

A) Responsibilities
You will cover both ***inpatients*** admitted to Silver Team (i.e the Short Stay Unit (SSU) located on C6MU + the 7 CTU Offload Beds), admissions to K3E under Orange Team, and ***urgent medical subspecialty consults*** for inpatients admitted to non-medical services. MCR is ***in-house call.***

1. (Silver Team – Short Stay Units[SSU] + CTU Off Load Beds)

- The **Short Stay Unit** is an inpatient unit (C6) capped at 11 patients. **Silver SSU patients cannot be bedspaced to another floor.** Since July 2023**,** Silver Team also has 7 additional **CTU Offload Beds** – these beds do not necessarily need to be on C6. The CTU Offload patients will be admitted/transferred during the daytime and communication regarding transferring patients to these beds will occur with the Silver Attending Staff directly.
- During the *daytime*, it is staffed by a Hospitalist Fellow (or GIM PGY4-5) and a GIM staff physician.
- In the evenings (after 5:00 PM) or on weekends, patients may be admitted from the ER to the **SSU**. The ER Resident (SMR) will determine whether patients are to be admitted to the SSU and the MCR resident will admit these patients. For any clarification, contact your staff.
- **You are responsible for covering all Silver Patients overnight (SSU + Offload Beds)**
- Complete the admission and review with the silver team staff in the morning (not in real-time unless any urgent concerns).
- If the MCR is busy, residents and medical students from other CTU teams (Red, Blue, etc.) may be assigned to admit patients to the SSU. They can review with MCR or SMR (if reviewing with SMR, need to handover to MCR). If clerks or juniors admit to Silver Team, they do NOT need to review with Silver Team staff in the morning.
- Overnight, the MCR resident will care for patients admitted to Silver Team.
    - The daytime Silver staff or resident should give verbal handover to the MCR resident at 5PM each day (may receive handover earlier on weekends depending on when staff/resident finish rounding)
    - The full Silver Team roster (SSU + Offload Beds) can be found in SunnyCare under "**GIM – Silver team**"
    - The SSU Beds can be found in Sunnycare under "**Location – C6MU**)
- Handover will occur at 8:00 AM (9:00 AM on the weekends) the next morning on C6 (or as previously agreed upon with staff)
- General Criteria for Admission to SSU:
    - Anticipated length of stay 72 hours or less
    - If requiring isolation precautions, ensure that such a bed is available (C6-34, C6-36, C6-38)

2. Admissions to K3E under Orange Team

- There are 32 total medicine beds on K3E, with 16 each assigned to Orange and Purple Team. If there are open beds on K3E, the MCR may be asked to admit to these beds overnight.
    - Note: K3E is a closed unit, i.e. beds cannot be bedspaced to other units
    - If the distribution between Orange and Purple is not even, the Orange team staff will redistribute in the AM - **all overnight consults done by the MCR to open K3E beds will be admitted to Orange team**
- Complete the admission and review with the Orange team staff in the morning - please page the Orange staff in the morning to coordinate review either before or after Silver handover
- Patients admitted to K3E are covered by the Orange hospitalist fellows - **after completing the admission, the MCR or JMR/SMR must provide handover to the overnight Orange fellow for ongoing care overnight as they will be person paged.**
    - Note that overnight, the Orange fellow holds a rotating pager (rather than a personal pager), which means that both Sunnycare and Locating are unaware of who the fellow on-call is for that night. If the

fellow does not respond to you within 30 minutes, page a second time as handover is important - these patients will be moved to K3

- You may consider discussing with the nurse to page you directly for issues depending on the clinical scenario.
- As for Silver admissions, if the MCR is busy with other clinical duties, any other resident/medical student can complete the consult, admit to Orange, and review with the MCR or SMR (if reviewing with SMR, **no** need to handover to MCR). If clerks or juniors admit to Orange Team, they do NOT need to review with Orange Team staff in the morning and should hand over the consult to the Orange Fellow to handover to staff.

3. Urgent/Emergent Subspecialty Consults

You are responsible for the following consult services: **GIM Consults, Endocrinology, GI, Hematology, ID, Respirology, Rheumatology, Geriatrics, and Nephrology.**

****You are expected to review all completed consults in real-time with the appropriate staff or fellow on call (i.e. the 2nd on call)** - If you are having issues contacting the appropriate staff/fellow, please contact locating to connect directly to their cellphone and/or escalate to the next on call. Please notify the CMR the next day of any issues.**

1. ****New Starting July 1st, 2026 - IMPORTANT****
    a. As of July 1st 2026, subspecialty staff **(NOT MCR)** will be the first call for all subspecialty consults between 9AM-5PM on Saturdays, Sundays and holidays.
        i. NOTE: At all other times (Mon-Thurs 5PM-8AM ; Fri 5PM-9AM), MCR will remain as first call.
    b. When subspecialty staff receives a consult, they will add it to the MCR list on Sunnycare.
    c. The subspecialty staff will then make a decision on who will see the new consult - Staff, Fellow or MCR. The decision will be at the discretion of the staff physician and will depend mostly on how many consults have already been assigned to MCR.
    d. If assigned to MCR, the staff/fellow will contact the MCR directly to assign the consult.
2. Urgent medical subspecialty consults for ***non-CTU*** admitting services in the hospital:
    a. **Inpatients admitted to non-medical services** (e.g., surgery, medical oncology, obstetrics, psychiatry and CrCU)
    b. **Non-CTU medical services** (Cardiology, Nephrology, CCU, ICU)
    c. **NOT** inpatients that are **admitted to team medicine** (CTU or orange); these patients should be referred to the subspecialty staff (or fellow) on-call directly. Note that you are responsible for consults from **Purple** team (Family Medicine) if called but **only during the daytime** (if called at night, please redirect to second on call).
3. Evening or Night-Time Consults
    a. An evening or night-time consult **cannot be refused** by the MCR Resident **if the referring service insists on the consult.** Should you feel that the consult is inappropriate, you should call the staff on-call for that specialty.
    b. A non-urgent evening consult request can be postponed until the morning if this is acceptable to the referring service. Communicate clearly that the earliest the consult will likely be seen is **10 AM the next morning**.
    c. For evening or night-time pre-operative consults, the MCR must establish the timing of the surgery and the urgency of the consult, and to communicate clearly the fact that the earliest the consult will likely be seen is 10 AM the next morning. If this delay is unacceptable to the referring service, then the MCR Resident is expected to provide a consultation.
4. Ongoing care of patients being followed by the GIM Consults service.
    a. You may be called directly by the nursing staff to assess a patient that is already being followed on the GIM Consults service.
    b. We expect that the MRP is also involved with the care of their patients.
    c. However, if needed, you are expected to reassess the patient and provide support.
    d. You may reach out to the staff or fellow on call for the GIM Consults service should you need guidance.
5. You are back-up to the **CNG Resident** if they are overwhelmed with a number of sick inpatients.
6. **You may be called to the ER to do a subspecialty consult**.
    a. This generally happens if the ER MD specifically wants a subspecialty opinion before sending a patient home or the ER MD has a subspecialty specific question.

b. These pages should be directed to subspecialty 2nd on-call (staff or fellow), as these requests do not always require a full consultation. Should a full consultation be required, the subspecialty staff/fellow will contact you directly.
c. Please involve them early to discuss the referral and routes of managing the case (e.g. can this be referred to an urgent follow up clinic?).

7. **You may also be called to the ER if a non-medical service (i.e., surgery) requests a medical consult before discharging a patient from the ER**.
    a. These cases should be reviewed with the GIM Consults staff on-call (or the CTU staff on-call).
    b. If the patient needs admission (and is not medically safe for discharge home), the admitting service (surgery or medicine) should be decided upon by the staff involved in the case.
    c. If a medicine admission is necessary, either the MCR or the medicine staff should communicate this to the ER Resident On-Call (SMR). The admission orders should be written by the MCR if time permits, but this can be delegated to the ER Resident if the staff reviewing process is taking a long time.
8. **You may be asked to assist with ER referrals to the CTU GIM service (especially after 11:00 PM) if the volume of referrals to GIM is exceptionally high**.
    a. You may be asked by the Chief Resident or designate to cross-cover another service (CTU or CNG) if there are unforeseen circumstances in the call schedule. This happens very infrequently, but is a possibility.
    b. If other MCR clinical duties are also busy, the backup should be activated.

B) Not Responsible for:

1. The **MCR Resident** does NOT cover:
    a. GIM consults for admitted patients ("med consults" consults) from 9am-4:30pm on weekends/holidays – refer to **daytime ED seniors** (these consults become the MCR's responsibility again at 4:30pm)
    b. Cardiology consults – refer to **CCU resident**
    c. Oncology consults – refer to **Oncology resident**
    d. Subspecialty consults from CTU – they should refer to the subspecialty staff (or fellow) on-call directly
        i. Exception is Purple Team as this is run by Family Medicine (non-GIM service), during the daytime.
        ii. If Purple team requests a subspecialty consult at night, please direct them to the subspecialty second on call (i.e. the fellow or staff)
    e. Consults from Orange Team + Complex Malignant Hematology overnight in K3E/K3C – should call subspecialty staff/fellow on-call directly. Note that you may be asked to see these patients on weekends during the **day**.
    f. Nephrology/Cardiology admissions – these should be done by the CNG resident with CCU/nephrology fellow supervision.
    g. Thrombosis consults – refer to the on-call Staff
    h. Patients admitted to Orange team - these patients are covered by the Orange team fellow/staff

2. You are NOT responsible for abnormal laboratory results:
    a. That have critical results from outside on patients that are followed by subspecialists at Sunnybrook. These calls should be directed to the ordering physician or the staff on call for that service.
    b. Staphylococcus Aureus Bacteremia alerts from the microbiology laboratory should be redirected to the on-call ID staff or fellow.
3. You should NOT provide telephone advice.
    a. If a service does not want a formal consultation, but is requesting telephone advice, this should be directed to the subspecialty staff/fellow on-call directly. The subspecialist will either provide advice directly, or determine that a full consult is required, which should be done by the MCR.
4. Calls regarding patients actively being followed by the subspecialty consult services may be directed to the MCR by locating. Please ask the person who paged to call the 2nd on-call (subspecialty fellow or staff) who should know the patient. Recall the exception is patients followed by GIM Consults service.
5. Weekends:
    a. The Silver Team census will be rounded on by either the daytime Silver resident or staff physician on weekends, **NOT** by the MCR resident. Verbal handover should be given to the MCR resident about issues that require follow-up

b. The MCR resident is **NOT** responsible for rounding on the GIM Consults service or medical subspecialty services (Infectious Diseases, Hematology, etc.). Fellows and/or staff should be rounding on these lists. However, the subspecialty fellow/staff physician may ask the MCR resident to assist with assessments if required.

6. Nighttime consults from non-inpatient areas (e.g. Veteran's Centre, Complex Continuing Care Unit):

    a. If a patient in K1W or L wing requires a subspecialty consult from the MCR, **you may see them during daytime hours.**

    b. Overnight, residents should not be crossing the parking lot in the dark for safety reasons. If you are called about a consult in these areas at night, please speak with your staff about deferring the consult to the next day, if it is non-urgent. If the consult is urgent, the patient should be transferred to the ED for assessment and you should discuss it with your staff.

7. Per policy, the ED should not be consulting medicine subspecialties directly (i.e., if the patient needs admission they should be referred to medicine first with GIM calling the subspecialist as appropriate). If the ED does need a subspecialty opinion for a patient that does not need admission, they should be calling the subspecialty staff/fellow (whoever is second call) directly.

C) Additional Pages you May Receive – EWS/Escalation of Care

- Based off of e-Vitals available in Sunnycare, an aggregate **Early Warning Score** (based off NEWS Scoring System) will be generated. Physiologic parameters include RR, SpO2 scale (2 different based on O2 target for COPD patients), Oxygen requirement, Systolic Blood Pressure, Pulse, Consciousness, Temperature.
- Based on the aggregate EWS clinical risk will be determined as Low, Low-Medium, Medium, High Risk for clinical deterioration.
- An automatically generated page with the patients Name, MRN, EWS Score/Risk, and Call Back Time + Number will be sent to the resident on call for the team that day/night.
- MD Response Time to the Nurse is needed based on existing Escalation of Care policy and any changes to management/orders should be communicated. Please see here for the EWS/Escalation of Care Policy Slides.
- If intervention took place, a Progress Note documenting such should be left in Sunnycare.
- We will collect Feedback on how the EWS pages are going at the end of your rotation in our Feedback Rounds.
- For questions please contact Sherry O'Connor - sherry.oconnor@sunnybrook.ca

D) Back-Up (who to call for help)

1. Consults: Your back-up is the respective subspecialty staff physician or fellow on call. Infectious Diseases, GI and Nephrology often have a fellow as the staff designate at night.
2. Inpatients: Your back-up for the inpatients are the respective staff physicians or the fellows affiliated with these services; when in doubt, call the staff physician.

E) CTU Admissions

- During busy nights, you may rarely be asked by the SMR on call to help offload volumes by admitting patients to the CTU teams directly (if no Silver/Orange beds or appropriate Silver patients available). In these events we ask that you do the following to ensure a smooth and safe handover, particularly given that it is early on in the year:
    - Complete the consult and admit the patient to the given CTU team under the respective MRP
    - Add the patient to the CTU Colour Team list
    - Overnight, touch base with the on-call resident or clerk of the given team to make them aware of the patient. You may consider asking the covering resident to direct pages related to this patient's care to you.
    - In the AM, please page or text the admitting MRP to tell them about the admission over the phone.

F) Sign-Over

1. All signout lists are available on **SunnyCare.** This is especially important for the weekend. Please use the **MCR Consult List** to add any consults you receive. **New July 2026 - Subspecialty Staff/Fellows will add new consults to this list on Saturdays, Sundays and holidays between 9AM-5PM
2. All new consults or admissions from the 24-hour call period should also be **added to the appropriate subspecialty or GIM team list on SunnyCare**.
3. All issues (even if there are no issues), and particularly urgent consults, should be signed over verbally at **8 AM the next morning (9 AM on weekends)**.
4. Residents who are on the GIM Consults and subspecialty rotations should speak to the previous night's MCR to obtain verbal sign-over daily.

F) Call Room
Located on C8 room C856a passcode 524

Any issues?
Contact Mario Corrado (CMR) at 514-708-0114 (cell), 416-480-4594 (office), pager 4727, or chiefresident@sunnybrook.ca

MCR Covering Endocrinology - Obstetrical Issues (UPDATED March 20, 2025)

Thank you for seeing these women on behalf of the endocrine team. Please add their names to the signout list for endocrinology and call the staff endocrinologist on call to discuss their care

We know the process can be confusing, and it doesn't help that the OB team's notes are in their own computer system, not in Sunnycare or the paper chart. When in doubt, call your staff or see the patient, but we have worked with the OB staff and nurses to lessen the scut work.

When paged about a patient with diabetes in pregnancy, important questions to ask:

1. Where is the patient being admitted? Is the patient admitted to the high-risk obstetrics HRO unit (for antenatal observation)? To the birthing unit (likely to deliver or in labour)? To the postpartum maternal/newborn unit (already delivered)?

2. What type of diabetes does the patient have, and are they on insulin? Specifically, are they on an insulin pump?

3. Is the patient being followed by our Sunnybrook diabetes is pregnancy clinic? (This can also be determined by checking Sunnycare for our notes.) Or a transfer in from an outside hospital? For patients from our clinic, it is okay to be called by the nursing staff. For patients who are new to Sunnybrook, the call must come from a physician.

4. Is the patient going to be receiving betamethasone (Celestone)?

5. Will the patient be NPO for any reason?

Obstetrics patients admitted to high-risk obstetrics unit (HRO)

	Followed in our clinic	**New to Sunnybrook**
Diet or metformin	Ask OB residents to fill out "Diabetes in Pregnancy Diet/Metformin" order set. Sign out to regular team (weekdays) or MCR (weekends) to see in the morning as a follow-up.	Ask OB residents to fill out "Diabetes in Pregnancy Diet/Metformin" order set. Sign out to regular team (weekdays) or MCR (weekends) to see in the morning as a new consult.

Insulin	MCR to see as a follow-up and fill out "Diabetes in Pregnancy SC Insulin" order set. If on a pump, please see promptly and discuss with staff, fill out "Personal Insulin Pump Therapy" order set.	MCR to see as a new consult and fill out "Diabetes in Pregnancy SC Insulin" order set. If on a pump, please see promptly and discuss with staff, fill out "Personal Insulin Pump Therapy" order set.

Obstetrics patients admitted to birthing unit

	Followed in our clinic	**New to Sunnybrook**
GDM Diet or metformin	Ask the nurse to check binder for orders from clinic. If unavailable, ask OB residents to fill out "Intrapartum and Postpartum GDM" order set. No need for endo to see.	Ask OB residents to fill out "Intrapartum and Postpartum GDM" order set. No need for endo to see.
GDM Insulin	Ask the nurse to check binder for orders from clinic. If unavailable, ask OB residents to fill out "Intrapartum and Postpartum GDM" order set. No need for endo to see.	MCR to see as a new consult and fill out "Intrapartum and Postpartum GDM" order set.
Type 1 or 2	Ask the nurse to check binder for orders from clinic. If unavailable, MCR to see as a follow-up and fill out "Intrapartum and Postpartum Type 1", "Intrapartum and Postpartum Type 2" or "Intrapartum and Postpartum Personal Insulin Pump" order set – please consult SunnyCare notes for postpartum plan. Sign out to regular team (weekdays) or MCR (weekends) to see in the morning as a follow-up.	MCR to see as a new consult and fill out "Intrapartum and Postpartum Type 1", "Intrapartum and Postpartum Type 2" or "Intrapartum and Postpartum Personal Insulin Pump" order set.

Obstetrics patients postpartum

GDM with BG <10	No need to see
GDM with BG ≥10 (This likely represents missed type 2)	Sign out to regular team (weekdays) or MCR (weekends) to see in the morning.
Type 1 or type 2	MCR to see if urgent issues including missing postpartum orders. Otherwise, sign out to regular team (weekdays) or MCR (weekends) to see in the morning to ensure patient is following postpartum plan.

Important Points

- **On weekends if the patient will be given Celestone they should be seen within 24 hours of the consult request.**

- **Insulin pump patients are particularly important to see in a timely fashion and review with staff about appropriateness of maintaining personal insulin pump therapy while in hospital.** ***Insulin pump therapy and Celestone administration is a high-risk situation for DKA.***

Blood Glucose Targets in Pregnancy

- The target fasting glucose is <5.3mmol/l, 1 hr PC <7.8 mmol/l, and 2hrs PC<6.7mmol/l **during pregnancy**
- Asymptomatic hypoglycemia is not treated unless the glucose is below 3.5mmol/l
- The optimal glucose range **during labour** is 3.8-6.6 mmol/l

Resources for MCR Resident covering Endocrinology Consults for Obstetrical Patients:

- Please see the resources posted by the Endocrinology Division on Sunnynet. These can be accessed by searching "Diabetes" in the top search bar and clicking on the first link.
- Under "Insulin Prescribing" you will find instructions posted for the Endocrinology Residents
- For quick access see this link:
    - http://sunnynet.ca/data/pharmacy/diabetes/inpatient_glycemic_control_summary.pdf
- Please pay particular attention to the section on **Pregnant Patients** (copied below for convenience)
    - The Order Sets all have reference numbers (listed in brackets) and can be found in the Sunnynet Resources under " Order Sets, Documents & Polices
    - http://sunnynet.ca/default.aspx?cid=126216

AS ALWAYS, if you have any questions or concerns, Page the Endocrine Staff on Call