

UC Davis Medical Center
Office of Graduate Medical Education
Resident Roles and Responsibilities ~ Anesthesiology

Last Reviewed: January 2016

Department of Anesthesiology Residency Program
Policies and Procedures

Subject Department of Anesthesiology Resident Clinical Responsibilities

Purpose To provide a general overview of the resident roles, responsibilities and functions while serving as a resident in the Department of Anesthesiology at the UC Davis Medical Center. This is meant to address issues relating to degrees of independent clinical practice, interactions with and supervision by faculty, performance of procedures and interactions with or supervision of other housestaff or medical students. It is expected that residents will demonstrate ongoing maturity during each training year and will progressively transition into the next level by the end of prior academic year.

Policy In general, the roles, responsibilities and functions of a Department of Anesthesiology resident, per training year, are as follows:

PGY-II

- Responsible for the evaluation, diagnostic studies, and therapeutic plan of the patients on their service under supervision of senior residents and attending staff.
- Emphasis is on quality of patient evaluation and care.
- Will have experience with basic anesthesiology equipment.
- May start IV's, and draw arterial and venous blood gases independently. Placement of central lines, arterial catheters and chest tubes are to be done under direct supervision.
- No responsibility for supervision or direction of decisions of other anesthesiology residents but may direct medical students.
- Responsible for maintaining medical records.

PGY-III

- Continue with responsibility for the evaluation, diagnostic studies, and therapeutic plan of the patients on their service under supervision of senior residents or attending staff.
- Technical procedures are the same as for PG-2, with the addition of carrying out all aspects of cardiopulmonary resuscitation and trauma resuscitation without supervision.
- Responsible for being familiar with patients scheduled for perioperative care.
- Emphasis on gaining experience with full spectrum of procedures, honing proficiency, and balancing quality of patient evaluation and care with improved overall efficiency.
- Decisions regarding invasive procedures, change in plans, discharge or problems are discussed in-depth with the attending. Specialized diagnostic studies, uncommon therapeutic interventions, and use of consultants, must be discussed with the attending prior to initiation.
- All procedures must be done with complete attending supervision and approval.
- Responsible for maintaining medical records.

PGY-IV

- Practice supervisory role when appropriate with increased teaching, consultative and research activities.
- In addition to the technical procedures for PG-3, may insert chest tubes and carry out invasive monitoring procedures in consultation with attending.
- Responsible for being familiar with patients in consultation with attending.
- Responsible for management of complex and difficult anesthesia procedures and care of seriously ill patients under supervision and direction of attending.