

**University of Nebraska Medical Center**  
**Department of Anesthesiology**  
**Anesthesiology Residency**

**Supervision of Residents**

Residency training is an educational experience designed to offer residents the opportunity to participate in the clinical evaluation and care of patients in a variety of patient care settings. All aspects of patient care rendered by resident physicians must receive close supervision.

All aspects of patient care are ultimately the responsibility of the attending physician. The attending physician has the right to choose with which patients and procedures the resident can participate, and does not relinquish their rights or responsibilities to: examine, write orders, or correct the resident's medical record entries if presumed incorrect.

When a resident is involved in the care of a patient, it is the resident's responsibility to communicate effectively with their supervising physician their findings of the preoperative evaluation, physical examination, interpretation of diagnostic tests, and anesthetic plan with the attending staff.

The attending physician must review all of the resident's records and document that they have done a physical assessment of the patient, reviewed the chart, and was present and available for key parts of the anesthetic.

The goal of residency training is to develop resident physicians into independent practitioners by allowing increasing responsibility in the assessment of patients and the development and implementation of therapeutic strategies. However, it remains the responsibility of all participating staff physicians to closely supervise house officers in the care of patients. House staff must always notify the appropriate attending or consulting physicians of any change in a patient's condition or prior to initiating changes in a patient's treatment.

1. Preoperative Evaluation:

Residents must perform examination, review of history, previous anesthetic history, and any problems, and discuss with attending. The attending must make appropriate corrections and document within appropriate teaching physician guidelines.

2. Performance of Procedures:

Residents will be supervised on all procedures and anesthetic management. The extent of participation and involvement by the resident is at the discretion of the attending physician. The attending physician must be notified when the resident is ready to start the anesthetic or procedure. Any verbal phone orders to PACU nurses must be signed, dated, and timed within 24 hours.

Procedures may be performed by the appropriate level resident with the attending physicians knowledge and approval.

<b>Procedures</b>			
	CA 1	CA 2	CA 3
Intubation (Oral & Nasal)	x	x	x
Fiberoptic Intubation	x	x	x
Lightwand Intubation	x	x	x
LMA placement	x	x	x
Arterial Line placement	x	x	x
Central Line placement	x	x	x
Swan Ganz placement	x	x	x
IV placement	x	x	x
Spinal Anesthetic	x	x	x
Epidural Nerve Block	x	x	x
Peripheral Nerve Block	x	x	x
Steroid Epidural		x	x
Trigger Point Injection		x	x
Celiac Plexus Block			x
Brachial Plexus Block	x	x	x
IV Regional Block (Bier)	x	x	x