

PROCEDURAL MEMORANDUM

RE: Role and Expectations for Banner University Medical Group (BUMG)-Employed “Break” Anesthesiologists and CRNAs

DATE: 6 July 2026

TO: BUMG Anesthetists/Anesthesiologists; Perioperative Leaders

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1. BUMG anesthesiologists or CRNAs may be assigned a “break” role. This procedural memorandum details the expectations required when assigned to this role.
 2. Roles and Responsibilities:
 - (1) The *primary* role of the BUMG Break anesthesiologist/anesthetist is to provide assistance with starting difficult cases, to provide breaks for anesthesiologists who are assigned in a solo capacity, and to remain immediately available for OR or PACU emergencies. The *secondary* role of the Break anesthesiologist/anesthetist is to assist with answering calls and staffing consults from the Preadmission Testing (PAT) center, between 0700-1700 hrs (7AM-5PM), Monday-Friday.
 - (2) At the beginning of each shift, the Break anesthesiologist/anesthetist will identify all BUMG anesthesiologists/anesthetists working that day and start a group chat. Personal cellular phones remain the primary means for communication at BUMCP.
 - (3) Breaks are to be given at the following intervals:
 - A. **Morning breaks**, 15 minutes, generally to be given between **0830-1000**
 - B. **Lunch breaks**, 30 minutes, starting at **1100** until all faculty members have received a break
 - C. **Afternoon breaks**, 15 minutes, starting after **1430 hrs (2:30 PM)**
 - a. The Break anesthesiologist/anesthetist will maintain a list, to track and ensure all BUMG anesthesiologists or CRNAs are provided with a break.
 - (4) The Break anesthesiologist/anesthetist **is required to attend the 1400 hrs (2PM)** front desk huddle to identify critical staffing needs and to assist with coordinating coverage for cases that will continue past 1700 hrs (5PM). The Break anesthesiologist/anesthetist will work collaboratively and professionally with other private practice groups (i.e., Sound, Guide, Valley/Envision) to ensure appropriate case coverage, given the available resources.
 - (5) If properly credentialed and competent, the Break anesthesiologist may be assigned to perform or assist with perioperative regional nerve blocks. Of note, the ability to perform regional anesthesia is *not* a prerequisite to serve as a Break anesthesiologist/anesthetist.



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3. Responsibilities for anesthesiologists assigned to the Break role while working an **11AM-1900 (7PM)** or similar “mid” shift:
 - (1) The following caveats apply:
 1. Morning breaks will not be given.
 2. When arriving at 1100 hrs, the Break anesthesiologist/anesthetist shall *immediately* start a text group chat, alerting all anesthesiologists/anesthetists regarding availability for breaks or assistance with starting difficult cases.
 3. Attendance at the 1400 hr (2PM) front desk huddle is mandatory. During the huddle, the Break anesthesiologist/anesthetist will determine which room will be taken over. The room that is expected to run the latest should always be prioritized.
 4. At 1630 hrs (430PM) the Break anesthesiologist/anesthetist will take over a room and release the assigned anesthesiologist/anesthetist following an appropriate handover.
4. Anticipated changes.
 - (1) As the Department evolves and expands with the arrival of several new full-time faculty in the coming months, the role of the Break anesthesiologist/anesthetist will likely evolve to a “clinical director” or “board runner” role.
 - (2) Additional communication capabilities will become available soon (i.e., a “charge” cell phone).
5. Questions regarding this staffing policy should be directed to the **COM-PHX Chair of Anesthesiology (Dr. Galvagno)**.

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