

**Case Western Reserve University**  
**Master of Science**  
**in Anesthesia Program**  
**Cleveland and Houston Locations**



**Program Policy Manual**  
**2011-2012**

## **IMPORTANT NOTICE**

**The Master of Science in Anesthesia (MSA) administrative team reserves the right to revise the policies at any time when doing so is in the best interest of the program. Questions should be directed to the Program Director or Education Manager.**

May 2011

## TABLE OF CONTENTS

### ADMISSION POLICIES

Admission Creed .....	6
Admission Criteria .....	6-9
▪ Academic Requirements	
▪ Foreign Graduate Admission	
▪ Transfer Admission	
▪ Credit Conversion Policy	
▪ Shadowing Experience	
Acceptance .....	9
Background Screening.....	9
Drug and Alcohol Policy.....	9
TB Test, Influenza Vaccine and Immunizations .....	10
Work Policy .....	10
Pregnancy while in the MSA Program.....	10
Employment Disclaimer .....	10
Program Goals and Learning Domains .....	10-11
Authorization for Drug Testing and Release of Drug Test Results.....	12

### ACADEMIC POLICIES

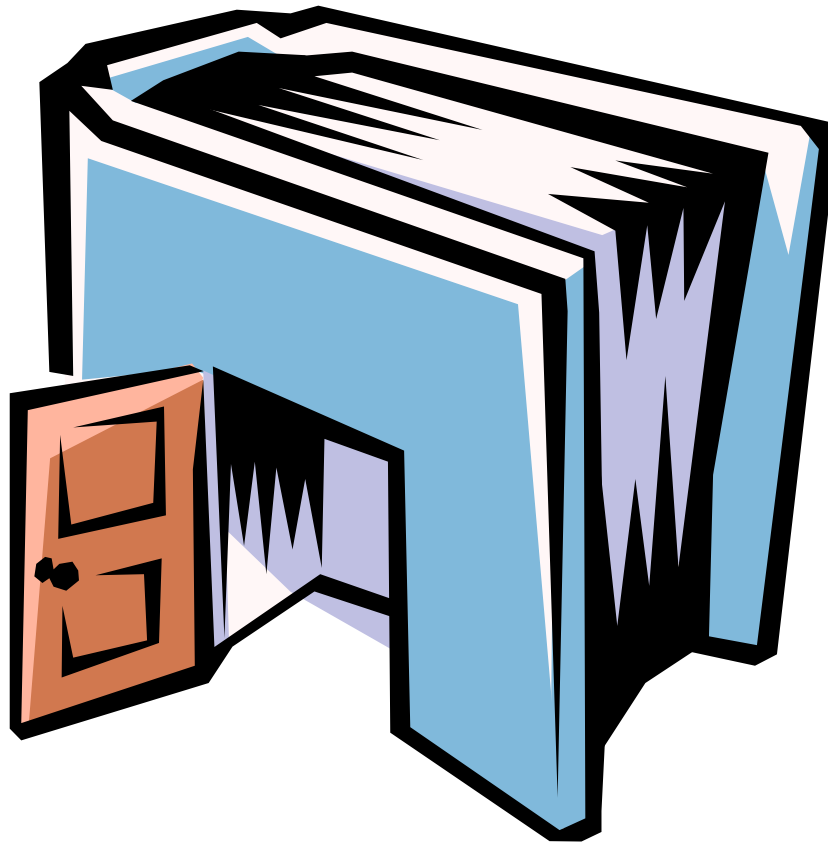
MSA Student Time Off Policy for Didactic, Clinical Didactic and Clinical Courses .....	14-20
▪ Classroom and Lecture .....	14
▪ Clinical Rotations .....	15-18
○ University Holidays	
○ Vacation Days	
○ Sick Days	
○ Bereavement Days	
○ Interview Days	
▪ MSA Time Off Request Forms.....	19-20
Exam Conduct and Procedures.....	21-22
Graduation, Separation & Academic Performance Policies and Procedures.....	23-27

### CLINICAL POLICIES

Expectations for Students for Clinical Experience.....	29-31
Program Overview	
▪ Operating Room Time	
▪ On-Call Requirement	
▪ Clinical Performance Goals and Anesthesia Case Record for the MSA Student	
▪ Clinical Standards for Case MSA Students	
Clinical Performance Goals for the MSA Student .....	32-40

<ul style="list-style-type: none"> <li>▪ Summer Semester - Basic Science (First) Year</li> <li>▪ Fall Semester - Basic Science Year</li> <li>▪ Spring Semester - Basic Science Year</li> <li>▪ Clinical (Second) Year</li> <li>▪ Conclusions</li> </ul>	
Student Clinical Performance Evaluation .....	41-49
<ul style="list-style-type: none"> <li>▪ Overview</li> <li>▪ Process</li> <li>▪ Scoring and Grading</li> <li>▪ Evaluation Form - First Year Summer</li> <li>▪ Evaluation Form - First Year Fall</li> <li>▪ Evaluation Form - First Year Spring</li> <li>▪ Evaluation Form - Second Year General</li> <li>▪ Evaluation Form - Second Year OB</li> <li>▪ Evaluation Form - Second Year ICU</li> </ul>	
Clinical Instructor Evaluation .....	50-51
<ul style="list-style-type: none"> <li>▪ Overview</li> <li>▪ Process</li> <li>▪ Clinical Instructor Evaluation Form</li> </ul>	
Clinical Progress .....	52
Satellite Rotation .....	52
 CODE OF CONDUCT	
MSA Student Code of Conduct .....	54
<ul style="list-style-type: none"> <li>▪ General Code of Conduct</li> <li>▪ Expectations and General Rules</li> <li>▪ Oath</li> </ul>	
Professional Appearance Policy .....	55
Policies Specific to Second Year Students.....	56-61

# Admission Policies



## ADMISSION CREED

The Master of Science in Anesthesia Program mission is to graduate skilled and compassionate anesthesiologist assistants. The admission policy reflects this goal. Applicants are considered on a variety of parameters which measure academic ability, communication skills, clinical aptitude, and personality traits. It does so without regard to race; religion; age; color; sex; disability; sexual orientation; national or ethnic origin; political affiliation; or status as a disabled veteran, veteran of the Vietnam era or other veteran.

## ADMISSION CRITERIA

### I. ACADEMIC REQUIREMENTS

Admission to the MSA Program requires that the following criteria are met:

- A. Bachelor's degree from an accredited U.S. or Canadian college or university (or its equivalent)
- B. Documentation of each of the prerequisites listed below have been completed, with a grade of **B- or higher**, at an accredited U.S. or Canadian institution of higher learning. (Substitutions are NOT permitted and survey courses for non-science majors are NOT acceptable.) For those courses that have been repeated, the highest grade will be recognized.

The prerequisites listed below must be completed **within 5 years** of the application deadline. *Note:* For the courses marked with an asterisk (\*), this 5-year requirement will be waived only if the student's composite score on the Medical College Admission Test is 25 or higher.

- **Biochemistry** - one semester  
One semester of biochemistry is required. An advanced course in this subject is preferred and would meet the requirement but is not mandatory. Bioengineering courses will not satisfy this requirement.
- **Human Anatomy with Lab** - one semester  
One semester of human anatomy with lab is required. An advanced course in this subject is preferred and would meet the requirement but is not mandatory. Courses in vertebrate embryology and developmental anatomy will not satisfy this requirement.
- **Human Physiology** - one semester  
One semester of human physiology is required. An advanced course in this subject is preferred and would meet the requirement but is not mandatory. Courses in mammalian physiology and embryology will not satisfy this requirement.

- **Calculus\*** - one semester  
Students typically meet this requirement if they have completed one semester of a course in calculus for premedical or life sciences.
- **Statistics\*** - one semester  
Students typically meet this requirement if they have completed one semester of an advanced course in statistics for the life sciences; usually this is an applied statistics course and/or a statistics course with a calculus prerequisite. Introductory or 100 level courses will not satisfy this requirement.
- **English with Expository Writing\*** - one semester  
Students typically meet this requirement if they have completed one semester of an introductory English course with a writing component.
- **Biology with Lab\*** - one year  
Students typically meet this requirement if they have completed a one-year biology course sequence with lab that stresses general concepts. Bioengineering courses as well as courses in micro or molecular biology, cellular biology, genetics, and histology will not satisfy this requirement.
- **Chemistry with Lab\*** - one year  
Students typically meet this requirement if they have completed a one-year course sequence in general chemistry with lab.
- **Organic Chemistry with Lab\*** - one year  
Students meet this requirement if they have completed a one-year course sequence in organic chemistry with lab.
- **Physics with Lab\*** - one year  
Students typically meet this requirement if they have completed a one-year course sequence in general physics with lab.

#### C. Medical College Admission Test (MCAT)

- All applicants are **required** to take the MCAT regardless of prior degree attainment.
- The test must have been taken **within 3 years** of the application deadline. The oldest MCAT score that will be accepted for the 2010-2011 application year will be from September 2007.
- A minimum composite score of **20** is expected. When the MCAT has been taken more than once, component scores from different exams may not be combined.

Applicants must submit **official transcripts** of all undergraduate and graduate course work for review by the Admissions Committee. All materials must be received by the October 1 deadline.

Candidates participate in interviews with members of the Admission Committee, which is comprised of faculty and staff members of the MSA Program.

All academic requirements must be completed satisfactorily before matriculation. These requirements are distributed in program literature and are viewable on the web site at [www.anesthesiaprogram.com](http://www.anesthesiaprogram.com).

Students wishing to enter the Master of Science in Anesthesia Program should be aware that a prior felony conviction might restrict an individual's ability to obtain professional licensure or employment. Acceptance into Case Western Reserve's program or its completion does not imply or guarantee that a student will be able to obtain such licensure or employment.

## II. FOREIGN GRADUATE ADMISSION

**Please note that no exemptions will be made for required prerequisite course work regardless of degrees or certification received outside the United States or Canada, experience, work background, or education.**

Applicants with foreign undergraduate, graduate or advanced degrees who would like to apply to the Master of Science in Anesthesia Program must meet the academic requirements listed in Section I above. In addition, international students must submit:

A. An Education Credential Evaluation and Authentication Report for foreign transcripts demonstrating equivalency to a Bachelor's degree received at a U.S. or Canadian college or university.

B. Test of English as a Foreign Language (TOEFL)

- Paper test - minimum score of 600, Computer test - minimum score of 213 **or**
- International English Language Testing System (IELTS) - minimum score of 6.5

## III. TRANSFER ADMISSION

As providers of anesthesiologist assistant profession training, the program's primary responsibility is to offer such training to any person who meets the admission requirements. However, program format and enrollment constraints usually do not permit acceptance of transfer applicants.

## IV. CREDIT CONVERSION POLICY

Case Western Reserve University uses a semester system; however, the university does accept quarter credit hours. Quarter credit hours are worth 2/3 of 1 semester hour. Quarter credit hours may be rounded to the nearest whole number at the discretion of the Admissions Committee with consideration given to the course work and grade earned.

## V. SHADOWING EXPERIENCE

A clinical shadowing experience is an option offered to prospective students and is highly encouraged prior to application. The student is assigned to one anesthesiologist assistant (AA) for the day in order to observe their work in the operating room setting. Shadowing provides the student an excellent opportunity to learn what an AA does on a daily basis and to gain clinical experience. During the shadowing experience, the AA will review physiology and pharmacology, demonstrate airway management, and perform procedures such as intravenous access.

An appointment is needed for a shadowing experience. For more information or to arrange a visit to Case Western Reserve University, please call the MSA office.

### **ACCEPTANCE**

Selected candidates receive written notification and must respond in writing and submit a \$1,000 non-refundable deposit (which will be applied toward the candidate's summer tuition) within 10 days of receipt of the offer letter. If a response is not received within the allotted time, the position is offered to another candidate. If a candidate declines acceptance in a given year, that offer cannot be deferred to a subsequent year. Rather, he or she may request in writing that the application remain active and be considered for acceptance in the following year.

### **BACKGROUND SCREENING**

Accepted students must pass a comprehensive background screening prior to matriculation. The non-refundable cost of the background screening and associated fingerprinting and drug testing is paid by the student.

### **DRUG AND ALCOHOL POLICY**

Students in the Master of Science in Anesthesia Program, Department of Anesthesiology and Perioperative Medicine, Case Western Reserve University, must be knowledgeable about and adhere to federal, state, and local laws regarding alcohol and illegal drug use, as well as the alcohol and drug policies of Case Western Reserve University, as set forth in the *Case Western Reserve University Student Handbook, Drug Policy* (<http://studentaffairs.case.edu/handbook/policy/university/drugs.html>) and *Alcohol Use and Guidelines* (<http://studentaffairs.case.edu/handbook/policy/university/alcohol.html>).

Due to the nature of the practice of anesthesia, the safety and well-being of patients is every practitioner's first and foremost concern. To this end, physical and/or mental impairment due to drug or alcohol abuse cannot be tolerated. Therefore, any student in whom illegal drug use or alcohol abuse is confirmed will be dismissed from the Master of Science in Anesthesia Program and from Case Western Reserve University. This one-strike policy is in force continuously during enrollment in the Master of Science in Anesthesia Program.

The Master of Science in Anesthesia Program will arrange for an initial drug screen to be performed **prior to** the week of matriculation. Certain clinical rotation sites may require an additional drug screen prior to beginning their rotation. Random drug testing may also be initiated at any time by the Master of Science in Anesthesia Program or by clinical rotation sites.

### **TB TEST, INFLUENZA VACCINE AND IMMUNIZATIONS**

All students are required to obtain a Tuberculosis (TB) test each year of enrollment in the MSA Program. The test is offered free of charge through the University Health Service.

All students are required to obtain an influenza vaccine each year of enrollment in the MSA Program.

Any other vaccinations or tests required by Case Western Reserve University, or by mandatory or elective rotation sites, are the financial responsibility of the student.

### **WORK POLICY**

The MSA Program is designed exclusively for full-time study. Due to the intensive nature of the program, students are strongly advised to not hold a job while completing the 1<sup>st</sup> year of the program. Holding a job during the 2<sup>nd</sup> year of the program is prohibited.

### **PREGNANCY WHILE IN THE PROGRAM**

If you become pregnant while in the MSA Program it is imperative that you inform the Program Director immediately so that precautions may be taken in regards to your clinical assignments.

### **EMPLOYMENT DISCLAIMER**

The Master of Science in Anesthesia Program's sole purpose is to train competent and compassionate anesthetists. While we support and assist in employing graduates, we do not guarantee that graduates will be employed upon graduation.

### **PROGRAM GOALS AND LEARNING DOMAINS**

An Advisory Committee assists the Master of Science in Anesthesia Program in formulating appropriate goals and learning domains. The Advisory Committee includes representatives of the communities of interest, including students, graduates, faculty, program administration, employers, clinical preceptors, clinical rotation sites, physicians, AAs, and the public.

## **Program Goals**

The overarching goals of the Case Western Reserve University Master of Science in Anesthesia Program, Cleveland and Houston locations, are as follows:

1. To prepare competent entry-level Anesthesiologist Assistants in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.
2. Matriculates should be able to “hit the ground running” in clinical practice.
3. Each graduate shall be provided a fund of knowledge upon which to fit the framework of any employer and case load.
4. Each graduate shall successfully pass the national certification exam.
5. Each graduate shall be adept in the concepts of clinical crisis management.
6. Each student shall have at least a minimally competent base of knowledge, be comfortable in the clinical setting, and have technical skill proficiency.

## **Learning Domains**

The learning domains of the Master of Science in Anesthesia Program are the defined core competencies of the Accreditation Council for Graduate Medical Education (ACGME):

1. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
2. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.
3. Practice-Based Learning and Improvement (PBLI) that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals.
5. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
6. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

MASTER OF SCIENCE IN ANESTHESIA PROGRAM  
DEPARTMENT OF ANESTHESIOLOGY AND PERIOPERATIVE MEDICINE  
CASE WESTERN RESERVE UNIVERSITY

**Authorization for Drug Testing and Release of Drug Test Results**

I understand that in order to participate in clinical education programs at certain healthcare facilities with which the Master of Science in Anesthesia Program, Department of Anesthesiology and Perioperative Medicine, Case Western Reserve University (“CWRU”) is affiliated, students must consent to drug testing.

I understand that I may refuse to submit to drug testing. I understand that I will not be eligible to participate in clinical education programs offered by CWRU if I refuse to consent to testing, if the test results are positive, or if there is evidence (in the opinion of CWRU, the clinical education site, or the testing laboratory) that the testing sample was tampered with, substituted, or altered in any way. I understand that being unable to participate in clinical education programs offered by CWRU will preclude my continuing in the Master of Science in Anesthesia Program which will result in my dismissal from Case Western Reserve University.

I understand that the tests will detect illegal drugs, other non-prescribed intoxicants, and some prescription drugs. I understand that positive test results caused by the appropriate use of legally prescribed medications will not affect my eligibility to participate in clinical education programs unless such use would cause my participation or performance to be unsafe or unacceptable.

I hereby voluntarily consent to being tested for drugs. I voluntarily consent to testing by any method that CWRU deems reasonable and reliable, including blood analyses and urinalysis. I also consent to the release of the test results to CWRU and to any agency or facility that is affiliated with CWRU as a site for clinical education. I hereby waive any privilege concerning my drug test results for the purposes authorized above, and I hereby release CWRU from any and all claims, liability, and damages that might arise from the use and/or disclosure of such information pursuant to this authorization.

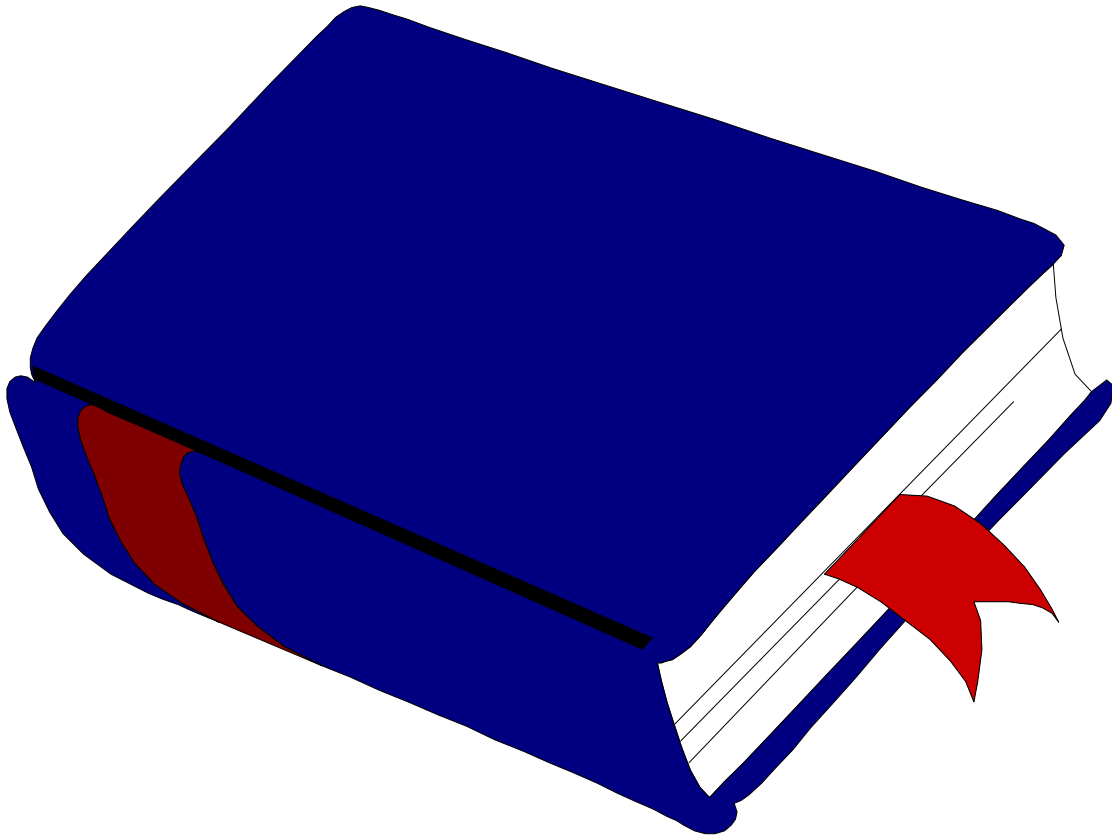
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Social Security Number

# Academic Policies



**MSA STUDENT TIME OFF POLICY**  
**FOR**  
**DIDACTIC, CLINICAL DIDACTIC AND CLINICAL COURSES**

On time attendance for all didactic, clinical didactic and clinical courses is mandatory. Student absences from class are monitored by the professor and reported to the Education Coordinator. Excessive absenteeism and/or tardiness warrant disciplinary action and counseling by the professor (a one letter drop in grade). Counseling followed by repeated instances may result in dismissal from the program. Make-up policies for missed assignments are established by individual professors at the start of each semester. Students are required to contact the course professor prior to the class to request an approved absence. Make-up sessions will be assigned as appropriate.

**I. Classroom and Lecture**

Per the above policy, on time attendance is mandatory for the following clinical didactic courses:

- A. Anesthesia Clinical Correlation (ANES 462, ANES 464, ANES 468, ANES 470). This includes attendance at MSA Case Presentations. (MSAS 1 and MSAS II)
- B. Fundamentals of Anesthetic Sciences (ANES 480, ANES 481, ANES 580, ANES 581). This includes attendance at Basic Science lectures. (MSAS 1 and MSAS II)
- C. Journal Club (MSAS II)
- D. Morgan & Mikhail Conference (MSAS II)
- E. Wednesday Morning Conference (MSAS I and MSAS II, as directed)

**All students are required to sign in to confirm their attendance at the above listed courses each week. No student may sign in for another student, and no student may ask another student to sign in for them. These actions are unacceptable and may be cause for disciplinary action and/or separation (see Graduation, Separation & Academic Performance, Section V) from the program and university.**

**\* All students are expected to call the MSA office if they are unable to attend any didactic conference or lecture for any reason. \* An appropriate make-up session will be determined by the Program Director.**

## II. Clinical Rotations

The MSA Program administration requires that professionalism be exhibited by all students at all times. The clinical experience is the focus of your training; therefore, attendance in the OR is mandatory.

### A. Clinical Time Off: Vacation Days, Sick Days, and Other Time Off

MSA Program administration recognizes an occasional need to be away from clinical duties.

- **University Holidays**

The MSA Program is clinically based; consequently, the program's academic year, spring break, and holidays do not always coincide with the university's. Consult the program's academic calendar that is distributed at the beginning of the semester (to MSAS I) or your rotation schedule (distributed to MSAS II) for time off and important dates. Note that university holidays such as Martin Luther King Day are not program holidays unless indicated on the program's academic calendar and rotation schedule.

A general rule of thumb is: if the hospital where you are on rotation is open and has elective cases scheduled for the day, you are expected to be in the OR as scheduled, even if it is a university holiday. If you are uncertain as to whether you are expected to be in the OR on a particular day, ask the Education Manager or Program Director.

- **Vacation Days**

A student in good academic standing will be granted a total of three (3) vacation days in the first year, and ten (10) vacation days in the second year. Students must call in and submit a time-off request form to the Education Coordinator by 7:00 AM on the day prior to the vacation day requested. The Program Director will sign off on the time-off request form. It is the student's responsibility to inform the contact at the Affiliate Rotation Institution of the time off. Time off taken in excess of that which is allotted is not looked upon favorably by the Education Committee and abuse will prompt disciplinary action (a one-letter drop in grade for *Clinical Experience*). Excessive abuse will prompt a recommendation for separation from the university. If a leave of absence is required, please see the Case Leave of Absence policy.

**Note:** This is the procedure for calling in when you want to take a vacation day on a Monday:

- Call the MSA office by 7:00 AM on Sunday and leave a voice mail message.

- Send an e-mail to the clinical contact at your rotation site by 7:00 AM on Sunday so that they do not expect you in the OR on Monday.

The student will have the responsibility to contact their rotation site's clinical contact to let them know of their day off.

**IMPORTANT Note to Second Year Students:** Once the call schedule is distributed, a student may not request a vacation day when they are assigned to take call.

- **Sick Days**

All sick days, no matter where the days are incurred, must be made up at University Hospitals Case Medical Center (UHCMC) or MetroHealth Medical Center (for Cleveland MSA Program). The UHCMC or the MetroHealth Medical Center Clinical Coordinator will notify the student of location and date of their makeup day for the Cleveland MSA Program. For the Houston MSA Program, the Education Manager will notify the student of the date and location for their makeup day. If less than 24-hour notice is given prior to a day off, the day will count as a sick day and must be made up. The student **must** inform all parties when they are sick, including the Affiliate Rotation Institution contact and the Education Coordinator **EACH** morning of illness. A doctor's excuse—a legitimate excuse written by a physician documenting illness—is required of any student who takes more than 3 sick days.

Make up days will be assigned by clinical coordinators for a Saturday within two weeks of your absence. To fulfill the make up day requirement, the student must spend at least 5 hours in the OR on cases. If there are not enough cases, the student must come the following day (Sunday) to log the time. For students on out-of-town rotations, sick day(s) must be made up immediately upon return to Cleveland.

If a sick day is not made up before the end of the semester, it must be made up during the break between semesters. There are no exceptions. If a sick day is not made up by the end of the break between semesters, the student will be required to stay for an additional summer semester and will not graduate with their class. In the case of a major illness/absence (any absence over 5 days), make up time will be handled on an individual basis at the discretion of the Program Director.

**Note:** For both first year and second year students, after your third sick day you are required to submit to the MSA office a legitimate excuse written by a physician documenting your illness.

### **Procedure for Calling in Sick**

If a student is indeed ill, they are encouraged to remain at home. In such cases, for all rotations, the following steps should be completed for each day of a missed clinical assignment:

- a. Call to notify the anesthesia coordinator\* (at the control desk) at your clinical rotation before 6:30 a.m. that day. Give your full name to the person staffing the phones and explain that you are ill for that day. Give them the full name of your clinical instructor so that the message is relayed to the appropriate person.
- b. Get the name of the person with whom you are speaking for future verification.
- c. Call the Education Coordinator.
- d. Call in **each** day you are ill.
- e. The Education Coordinator will complete an **MSA Time Off Request Form** for **each** occurrence. You will be notified of your make up time and given a copy of the Time Off Request Form so that the attending's signature can be obtain when the time is made up.

**\*Students are required to identify the contact phone number for all rotation sites** (see pg. 17 for some of the phone numbers).

- **Bereavement Days**

The purpose of Bereavement Leave is to provide students with time away from clinical responsibilities for bereavement in the event of the death of a student's family member, student's spouse or spouse's family member, or student's domestic partner or domestic partner's family member, for the purpose of attending the funeral. Family member is defined as child, parent, grandparent, grandchild, parent-in-law, brother, brother-in-law, sister, sister-in-law, and son-in-law or daughter-in-law.

Bereavement Leaves may be granted for a period of up to three (3) consecutive scheduled clinical days between the date of death through the second day following the funeral. "Consecutive scheduled clinical days" is defined as consecutive days during the same week; therefore, three days that straddle a weekend will not be permitted. Under this policy, the student is **not** required to make up the three (3) days utilized for Bereavement Leave. One (1) Bereavement Leave per year is permitted.

The student must notify the MSA Program office as well as their clinical rotation site as soon as possible following the death of the family member. The student must also provide proof of the relationship and/or date of the funeral by providing the MSA Program office with a copy of the obituary.

In the event that three (3) days is not sufficient for a Bereavement Leave, an extended leave of absence will be considered by the MSA administrative team on a case by case basis. Time missed in excess of three (3) days will need to be made up.

- **Interview Days**

All second year students are allowed up to three (3) interview days which do not need to be made up. Time-off requests for interviews must be submitted to the Education Coordinator on the Time-Off Request Form by 7:00 a.m. on the day prior to the requested day off. The student must indicate on the form the location at which they are interviewing. The student must inform the Affiliate Rotation Institution contact of the time off. If a student fails to inform all parties, the clinical time must be made up without exception. Interview days will not be granted after the student has formally accepted a job offer.

# 1<sup>st</sup> Year MSA TIME OFF REQUEST

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Hospital/Rotation: \_\_\_\_\_

First Day Off: \_\_\_\_\_ Last Day Off: \_\_\_\_\_

Total Days Off: \_\_\_\_\_

Clinical Vacation Time Off (3 per year w/o make-up):

\_\_\_\_\_ Vacation \_\_\_\_\_ Seminar

Clinical Sick Time Off (*must be made up*):

\_\_\_\_\_ Sick

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## OFFICE USE ONLY

Number of days of this type used so far: \_\_\_\_\_ Entered in database: \_\_\_\_\_

Rotation site notified: \_\_\_\_\_ Entered on UHCMC spreadsheet (if applicable): \_\_\_\_\_

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Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Make-Up Dates (if applicable): \_\_\_\_\_ Check here if **NOT** applicable \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attending

Request form must be given to the appropriate person at each hospital. The completed original goes to the MSA Education Assistant.

See Section III under Expectations of Student in the Student Handbook for further information.

## 2<sup>nd</sup> Year MSA TIME OFF REQUEST

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Hospital/Rotation: \_\_\_\_\_

First Day Off: \_\_\_\_\_ Last Day Off: \_\_\_\_\_

Total Days Off: \_\_\_\_\_

### Clinical Time Off:

\_\_\_\_\_ Vacation (10 days)

\_\_\_\_\_ Bereavement (up to 3 days)

\_\_\_\_\_ Sick (*must be made up*)

\_\_\_\_\_ Interview (up to 3 days)

Interview Location Hospital, City and State:

\_\_\_\_\_

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### OFFICE USE ONLY

Number of days of this type used so far: \_\_\_\_\_ Entered in database: \_\_\_\_\_

Rotation site notified: \_\_\_\_\_ Entered on UHCMC spreadsheet (if applicable): \_\_\_\_\_

---

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

### Make-Up Dates :

MSA Office will enter if applicable or check here if NOT applicable \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attending

Request form must be given to the appropriate person at each hospital. The completed original goes to the MSA Education Coordinator.

See the MSA Student Time Off Policy for Didactic, Clinical Didactic and Clinical Courses in the MSA Program Policy Manual 2011-2012 for further information.

## EXAM CONDUCT AND PROCEDURES

### Conduct in the Exam Room

- All exams will be monitored by the course instructor or a proctor. Any violation of appropriate exam conduct will be reported to the Program Director and may result in sanctions against the student, including possible dismissal from the university.
- During exams, students must not engage in any conduct that disrupts other students' concentration.
- The use of notes, books, formula sheets, etc. will not be permitted for any exam and may not be brought into the exam room.
- Calculator policy will vary from one exam to the next. You will be notified before each exam is given.
- No electronic devices of any kind are allowed in the exam rooms – this includes cell phones, pagers, personal stereos, MP3 players, headphones, etc. If someone needs to reach you due to an emergency while you are taking an exam, the person should contact the MSA office.
- Students must listen carefully and follow all instructions from the exam proctor. If you encounter a problem with the exam, please inform the proctor and do not discuss the problem with other students in class.
- If a student needs to take a bathroom break during the exam, he/she must leave all materials in the exam room. You may not use a break to consult any materials or person.
- Final exams must be completed at the scheduled time.

### Submitting Exam Materials

All exam materials must be returned to the exam proctor at the conclusion of the exam. Before leaving the exam room, double check that you have submitted both your answer sheet and exam.

### Conduct Outside of the Exam Room

Students should refrain from loud noises after an exam – there are other people continuing to work on exams. You should move to the student lounge or outside of the building before beginning any “exam deconstruction session.”

### Illness or Other Emergency

If you have an illness or other emergency that prevents you from taking an exam, you must notify your instructor prior to the start of the exam. You may leave a message at any time at the MSA office. Someone will call you back or e-mail you to confirm receipt of

your message. No-shows for exams will receive a failing grade for the exam, so you must notify us if you have to be absent from a scheduled exam. Your instructor will determine if you will be authorized for a make-up exam.

### **Academic Integrity**

Students' behavior at all times must coincide with Case Western Reserve University's commitment to integrity and academic honesty. To preserve an atmosphere of fairness for all students, cheating will not be tolerated. Students who cheat risk not only failing the course but also being dismissed from the university. Please read thoroughly the University Statement of Ethics and the Academic Integrity Policy at: <http://studentaffairs.case.edu/groups/aiboard/policysummary.html>.

In compliance with CWRU's policy and procedures, any student found committing acts (or suspected of committing such acts) of academic dishonesty will be referred to the Department Chair and/or the Dean of Graduate Studies to determine the appropriate course of action. There will be NO exceptions to this policy.

### **Disability Services**

Any students who need assistance or accommodations due to a disability are encouraged to contact the Coordinator of Disability Services in ESS, Sears 470, to document their disability. The student is also encouraged to inform the instructor as soon as possible so that these needs may be met in a timely manner.

**GRADUATION, SEPARATION AND ACADEMIC PERFORMANCE**  
**POLICIES AND PROCEDURES**

Case Western Reserve University permits individual departments and programs to set standards for graduation and separation which are above and beyond the minimums prescribed by the School of Graduate Studies. This is done to enable a department to strengthen the quality of its graduates. Such additional standards must be stated in writing and presented to the Dean of Graduate Studies and to students enrolled in that program. Herein, this document defines these standards for the Department of Anesthesiology in relation to the Master of Science in Anesthesia Program that it sponsors.

- I. The standards set forth here shall be given in writing to all students enrolled in the program upon matriculation.
  
- II. Graduate school minimum standards for maintenance of good standing and graduation (see Case General Bulletin).
  - A. Students must maintain a GPA of 2.5 or higher over a 12-hour or 2 semester period.
  - B. Students must maintain a GPA of 2.75 or higher over a 21-hour or 4 semester period.
  - C. Students must finish the program of study in 5 years or less, including any leaves of absence, with a minimum GPA of 2.75.
  
- III. Graduation from the MSA Program requires that the above standards be met (II A-C) and that the following special requirements be met as well:
  - A. Graded (A/B/C/D/F) courses and P/NP (Pass/No Pass) courses are considered in evaluations.
  - B. Overall performance is measured as a weighted sum of didactic courses (numerically graded) and clinical courses (graded by evaluations and comprehensive examinations).
    1. The didactic and clinical/didactic courses are: ANES 403, ANES 440, ANES 441, ANES 456, ANES 458, ANES 460, ANES 462, ANES 464, ANES 468, ANES 470, ANES 475, ANES 477, ANES 480, ANES 481, ANES 485, ANES 486, ANES 487, ANES 490, ANES 580, ANES 581, ANES 585.
    2. The clinical courses are: ANES 461, ANES 463, ANES 465, ANES 467, ANES 469, ANES 471.
      - a) Clinical experience courses are evaluated by:
        - (1) systematic analysis of numerical performance evaluations and of written comments submitted by clinical instructors,

- (2) analysis of the trends in these comments,
    - (3) the numerical grading of a comprehensive exam given at the end of the semester.
  - b) A committee of senior clinical instructors regularly (once per semester or as needed) evaluates students and can make a single letter grade adjustment (up or down) based on their unanimous and collective expertise in reviewing clinical “comments” and “trends.”
    - (1) Deliberations of these meetings are documented by a scribe.
- C. If a didactic or clinical/didactic course grade is unsatisfactory (D, F, or NP), then the course **MUST** be repeated **ONCE AND ONLY ONCE**.
- D. If a clinical experience course grade is unsatisfactory (C, D, F, or NP), then the course **MUST** be repeated **ONCE AND ONLY ONCE** using remediation courses 499 or 599 with university credit as arranged by the department (tuition payable).
- E. If, over the duration of the program of study, the student accumulates **more than one** unsatisfactory grade separately in either the didactic, clinical/didactic or the clinical course work, the result would be a recommendation for **separation** from the university (see Graduation, Separation & Academic Performance, Section V).
- F. Students are able to view clinical performance data online via the MSA website.
- G. Students are counseled personally once per semester, and they receive expert feedback of academic/clinical performance and potential as clinical practitioners.
  - 1. These reviews can lead to recommendations for the need for specific improvements with time limitations.
  - 2. It is at this time that candidates with mounting, serious problems in clinical practice and didactic course work may be advised to voluntarily withdraw from the program.

IV. Withdrawal and Leave-of-Absence (LOA):

- A. If it is necessary for a student to withdraw formally from the program, a letter stating this fact must be submitted, by the student, to the department and to the graduate school.
- B. If a student does **NOT** withdraw formally and does **NOT** request a leave of absence and does **NOT** register for a required semester, then the department will send a registered letter to the student at the last known address advising of the need to submit a withdrawal letter.
  - 1. If no response is received in 2 weeks, then the department will advise the graduate school of the situation, and the student will be withdrawn from the program “in-absentia.”
- C. Students who withdraw must reapply if they wish to reenter the program.
  - 1. Their records are not adversely altered by this event, but they must compete with all other applicants for the program slots.
  - 2. Slots will **NOT** be held open under these circumstances.
- D. Students may be encouraged to take a LOA instead of withdrawing if the program leadership deems this appropriate and if studies can be resumed in one year.
  - 1. The student must petition in writing for LOA and the program leadership must accept the petition.
  - 2. Acceptance of the petition will contain requirements for reentering the program.
  - 3. The student remains in good standing with the university and need **NOT** reapply for admission into the program.
  - 4. The student must rejoin in the proper sequence so that all required work is taken and any preparatory (review) work will be the responsibility of the student as arranged with the program leadership.
  - 5. A position will be **HELD** open for a LOA student who declares intent to rejoin the program and reaffirms that intent every semester during the period of the leave of absence.

- a) If the student fails to reaffirm for one (1) semester, the LOA will be canceled and the held position will be opened for general application.

#### V. Definition of “Separation”:

- A. “Separation” is the termination of the academic relationship between the student and the university.
  - 1. If a decision to separate has been made, the student will be counseled to withdraw voluntarily from the program before a recommendation for separation is sent to the Dean of Graduate Studies.
  - 2. A formal withdrawal by the student will avoid the separation procedure.
  - 3. Once the decision to separate a student is final, a recommendation is sent to the Dean accompanied by supporting documentation.
  - 4. Separation will then terminate the student’s academic record and relationship with the university.
  - 5. A notation on the transcript records the academic separation without affecting GPA.
  - 6. Separation may result from the failure to maintain good standing as defined by the School of Graduate Studies.
- B. The MSA Admission Committee will generally **not** consider for readmission a student who has been separated from the MSA Program by the university.

#### VI. Grievances

Students should feel comfortable with filing grievances through the department if appropriate.

- A. All student grievances of any nature should be submitted in writing to the MSA Program Co-Directors (Program Director and Medical Director).
  - 1. The grievance, subsequently, will be presented to the MSA Education Committee which consists of the Program Co-Directors, the Cleveland-based Program Clinical Coordinators, and the Education Manager.

2. If the decision of the MSA Education Committee is unsatisfactory, student grievances regarding grading and academic evaluation will then be submitted to the Chair of the Department of Anesthesiology.
3. In the event that the grievance remains unresolved it will be sent to the Dean of Graduate Studies and will be handled according to Graduate School policy.

## VII. Delayed Graduation

- A. The MSA Education Committee has the authority to delay graduation based on its unanimous, documented concern about a student's clinical expertise/safety. The committee must unanimously agree that a student is not prepared for graduation prior to recommending remediation for a specified period of time. The options of Leave of Absence (LOA) or withdrawal (WD) are open but should have been discussed in individual counseling sessions prior to remediation. These options should not be used to offset bad performance.
- B. The remediation process:
  1. The reason(s) for the need for remediation shall be presented in writing with supporting documentation and personal counseling.
  2. The period and type of remediation shall be specified in writing.
  3. The criteria for graduation or separation shall be specified in writing.
  4. No more than one remediation period shall be offered.

# Clinical Policies



## EXPECTATIONS FOR STUDENTS FOR CLINICAL EXPERIENCE

### PROGRAM OVERVIEW

The program objective is to train the graduate student in the competent delivering of anesthesia under the medical direction of a licensed physician anesthesiologist. The didactic curriculum is designed to concurrently introduce clinical correlation as appropriate. A focused effort is made to relate classroom findings to clinical experiences.

Clinical instructors and students are provided with a detailed list of criteria for daily, formal evaluation of performance in the operating room.

The clinical experience is designed to provide the student with ample opportunity to participate in many different types of anesthetic techniques and clinical scenarios. Upon completion of the program, the graduate anesthesiologist assistant should be prepared to work effectively within any type of anesthesia care team. A major goal of the program is to promote the **team** approach to health care as defined by the American Society of Anesthesiologists at [www.asahq.org](http://www.asahq.org). Physicians, non-physician anesthetists, nurses and ancillary workers work together to provide the highest possible quality of care to the patient, at the lowest possible cost.

The education of AAs is a dynamic process. Student feedback is highly regarded in evaluating the structure and execution of the program. When such feedback or other circumstances warrant, reevaluation will occur within an appropriate time period and always with the ultimate goal of maintaining quality education in anesthesiology. The program intention is to provide the student with the tools to successfully attain the above objectives.

#### I. Operating Room Time

An arrival time of **6:00 a.m.** is usually appropriate. Students are required to arrive early enough to allow for proper set up for the day's cases and discussion of the anesthetic plan with teaching staff (attending anesthesiologist and senior anesthetist/anesthesia resident). Students will be expected to have the appropriate medications, supplies, and equipment available in the operating room and to have completed the preoperative evaluation before the patient enters the room. Students should do preoperative evaluation of patients the day before scheduled surgery if the patient is in house. Student performance will be inspected and evaluated by the teaching staff.

During their **summer** semester, **first year students** are expected to be in the OR between 6:00 a.m. and 2:00 p.m. During their **fall** semester, **first year students** are expected to be in the OR between 6:00 a.m. and 4:00 p.m. if no formal classes, lectures or meetings are scheduled. For the **spring** semester of the first year and for all semesters during the second year, **students are expected to finish the daily caseload (not usually extending**

**past 7:00 p.m.).** When a case is interrupted by a required lecture or meeting, students should return to the operating room to finish the caseload for the day. Students are **not** dismissed from clinical duties until permission is received from that day's clinical instructor or the clinical coordinator who is responsible for your clinical scheduling. No student is excused from clinical duties prior to 2:00 p.m. each day without permission from the site clinical coordinator. Schedule conflicts may be accommodated upon approval of the Program Director. ***Excessive late starts or early departures will result in dismissal from the program.***

## II. On-Call Requirement

First year students are not permitted to have on-call responsibilities or to carry any on-call pagers.

Second year students are required to have on-call responsibilities during the following rotations (Pediatrics, Cardiac, Obstetrics, the S/CTICU, Neuro, and any general rotation site as determined by the site clinical coordinator). On-call responsibilities for UH and Metro are for twenty-four (24) hours; they begin at 7:00 a.m. and end at 7:00 a.m. the following day unless otherwise specified. Students are excused from clinical duties for twenty-four (24) hours after the conclusion of their on-call shift (ie: on-call Saturday, off on Sunday, OR duties resume on Monday).

The clinical coordinator at each site is responsible for scheduling second year students for on-call shifts. Second year students are not permitted to carry "first call" pagers during their on-call shift.

## III. Clinical Performance Goals and Anesthesia Case Record for the MSA Student

Each student is required to keep an accurate **daily** log of clinical activities on the Online Clinical Tracker in the **Anesthesia Case Log Database**. On a **daily** basis, all students are required to enter their case information into the main database for review by the Program Director. Each semester students will meet individually with the Program Director to review completed procedures and clinical cases as documented in the Online Clinical Tracker.

Students are required to complete the minimum clinical standards (as listed on the following page) by the end of the second year in order to be recommended for graduation. Students who have not satisfactorily completed the minimum clinical standards will be required to complete a maximum of one semester of clinical remediation (ANES 599) in order to be recommended for graduation. All clinical data **MUST** be documented in the Online Clinical Tracker Anesthesia Case Log Database. Students can view data online at any time via the MSA website.

## CLINICAL STANDARDS FOR CWRU MSA STUDENTS

Minimal clinical requirements to be eligible for graduation from the  
Master of Science in Anesthesia/Anesthesiologist Assistant Program at  
Case Western Reserve University, 2011-2012 Academic Year

	<u>Minimum Requirements</u>		<u>Minimum Requirements</u>
<i>Total Anesthesia Cases</i>	650	<b>Methods of Anesthesia</b>	
<i>Total Hours Clinical Anesthesia</i>	2,000	General Anesthesia	400
		Induction, Maintenance & Emergence	
Patient ASA Class III & IV	150	Mask Induction	50
Emergent/Trauma Cases	25	Mask Management	
Ambulatory	100	<i>Adults</i>	10
		<i>Pediatrics</i>	30
<b>Patient Population</b>		Laryngeal Mask Airways	
Geriatric (65 + years)	125	<i>Adults</i>	20
Pediatric (0 - 18)	100	<i>Pediatrics</i>	15
		Tracheal Intubation	
<b>Patient Position</b>		Oral	
Prone Position	25	<i>Adults</i>	200
Lithotomy	35	<i>Pediatrics</i>	40
Lateral	15	Nasal	10
Sitting	10	Emergence from Anesthesia	250
Trendelenburg	5	Regional Techniques	
		Management	50
<b>Anatomical Location Surgery</b>		Administration	
Intra-abdominal	50	Spinal	10
Intracranial	10	Epidural	35
Intrathoracic		Peripheral Nerve Block	5
Heart	15	Pediatric Caudal	10
Lung	5	Monitored Anesthesia Care	30
Obstetrical Cases:	50		
(Inc Deliveries, C-Sect & Procedures)		<b>Arterial Technique</b>	
Vascular	15	Arterial Puncture/Catheter Insertion	40
		Intra-arterial BP monitoring	40
		<b>Central Venous Pressure Catheter</b>	
		Placement	10
		Monitoring	15
		<b>Pulmonary Artery Catheter</b>	
		Placement	3
		Monitoring	15
		<b>Other</b>	
		Intravenous Catheter Placement	
		<i>Adults</i>	200
		<i>Pediatrics</i>	40
		Nasogastric Tube Placement	5
		Endobronchial Tube Placement	5

## CLINICAL PERFORMANCE GOALS FOR THE MSA STUDENT

Each MSA student is expected to aspire to clinical excellence by attaining performance goals and standards set forth by the Education Committee. Successful completion of clinical goals should be measurable thereby giving the student meaningful feedback concerning clinical performance.

Systematic acquisition of these clinical skills is monitored by a checklist of student achievement which is supervised by clinical instructors. Completing the checklist is the responsibility of the student. A finished checklist is required to go on to the next level of clinical competence (i.e. the next semester).

The following goals are minimum standards for clinical performance at distinct intervals of training. A novice level of training should **not** limit participation in procedures/tasks that are considered more appropriate for advanced students. Demonstrated clinical excellence allows for participation in more complicated cases (pediatric, ASA III & IV). Subsequently, the student may “work ahead” toward completing the checklist providing the applicable requirements are fulfilled by semester’s end.

### I. SUMMER SEMESTER - BASIC SCIENCE (FIRST) YEAR

- A. By the end of the summer semester, the first year MSA student should strive to be **70%** successful when performing the following tasks *with frequent assistance* (defined as “**supervision 100%** of the time and **technical support 75%** of the time given by a clinical instructor”):
1. Venous cannulation and fluid therapy on healthy *adult* patients.
  2. Airway management on anesthetized, healthy *adult* patients.
  3. Laryngoscopy and endotracheal intubation on anesthetized, healthy *adult* patients with Mallampati Class I or II airways.
  4. Timely and accurate completion of the intraoperative record with no blank spaces.
  5. Anesthesia machine checkout and appropriate room setup for healthy (ASA I & II) *adult* general anesthesia management.
  6. Placement of laryngeal mask airways (LMAs) in healthy *adult* patients.
- B. The performance checklist for the summer semester - basic science year contains the following items:
1. Successful placement of intravenous cannulas in adult patients given the following criteria:
    - a) An appropriate vein and catheter size should be chosen.
    - b) The catheter must be inserted successfully by the *second* needle stick.

- c) The field should be relatively blood-free during and after insertion.
  - d) Tubing connections should be tight with no blood or fluid leakage.
  - e) The fluid infusion should be run at an appropriate rate.
  - f) The work area should be cleaned as needed.
  - g) The patient's fluid deficit and a fluid replacement plan are calculated and presented.
  - h) The maximum allowable blood loss for the case is calculated and presented.
2. Successful completion of general anesthetics on healthy adult patients managed with mask assisted spontaneous respirations given the following criteria:
- a) An appropriate patient is chosen for mask maintenance.
  - b) An appropriate mask size is chosen.
  - c) Assisted spontaneous ventilation is achieved and managed.
  - d) Airway obstruction is recognized and appropriate maneuvers to correct are taken.
  - e) The student responds appropriately and promptly to changes in the patient's status ( $\Delta$ BP,  $\Delta$ HR,  $\downarrow$ Sat, etc.).
3. Successful endotracheal intubation on healthy adult patients with Mallampati Class I or II airways given the following criteria:
- a) An appropriately sized OETT is chosen.
  - b) An appropriate style and size of blade is chosen.
  - c) The tube is atraumatically inserted by the *second* tube pass.
  - d) Tube placement and position is verified using at least two acceptable methods (breath sounds, capnography, etc.).
  - e) The tube is adequately secured to the patient in a timely fashion.
  - f) The transition to adequate mechanical ventilation is achieved.
4. Adequate completion of intraoperative records for uncomplicated cases given the following criteria:
- a) The record is neat and legible.
  - b) All drug therapy, patient intervention, vital signs, etc. are recorded accurately and completely.
  - c) The student keeps current with charting and does not lag behind.
  - d) No "blank spaces" inappropriately exist on the finished product.
  - e) The records are filed in the appropriate area postoperatively.
  - f) The student continues monitoring while charting.

5. Appropriate setup of the anesthesia machine and tabletop for healthy (ASA I & II) adult general anesthetics given the following criteria:
  - a) Check for adequate suction.
  - b) Check O<sub>2</sub> cylinder supply.
  - c) Check O<sub>2</sub> pipeline supply.
  - d) Check vaporizer fill level.
  - e) Calibrate O<sub>2</sub> monitor sensor to room air.
  - f) Check flowmeters.
  - g) Install and check the patency of an appropriate breathing circuit.
  - h) Verify that CO<sub>2</sub> absorber is adequate.
  - i) Verify the integrity of the APL valve and the scavenging system.
  - j) Test the integrity of the ventilator.
  - k) Check the integrity of the monitors (capnograph, ECG, pulse oximeter, temperature probe, etc.)
  - l) Have appropriate emergency drugs available.
  - m) Have appropriate anesthetics and narcotics available.
  - n) Have appropriate airway equipment available.
  - o) Have appropriate intravenous therapy available.
6. Successful placement of laryngeal mask airways (LMAs) in healthy (ASA I & II) adult patients given the following criteria:
  - a) The LMA is placed without trauma to the teeth or pharynx.
  - b) No leak is present after the cuff is inflated.
  - c) The LMA is securely taped.
  - d) Assisted spontaneous ventilation is achieved and appropriately managed.

## II. FALL SEMESTER - BASIC SCIENCE YEAR

- A. By the end of the fall semester, the first year MSA student should strive to be **80%** successful when performing the following tasks *with moderate assistance* (defined as “**supervision 100%** of the time with **technical support 50%** of the time given by a clinical instructor”):
  1. Venous cannulation and fluid therapy on healthy **adult** patients.
  2. Airway management on anesthetized, healthy **adult** patients.
  3. Laryngoscopy and endotracheal intubation on anesthetized, healthy **adult** patients with Mallampati Class I or II airways.
  4. Accurate completion of the intraoperative record with no blank spaces.
  5. Anesthesia machine checkout and appropriate room setup for healthy (ASA I & II) **adult** general anesthesia management.

6. Placement of laryngeal mask airways in healthy **adult** patients.
  7. **Closely supervised** involvement with **pediatric** airway management and venous cannulation in preparation for performance testing by the end of the first year.
- B. The performance checklist for the fall semester - basic science year contains the following items:
1. Successful placement of intravenous cannulas with calculation of fluid deficit/replacement and maximum allowable blood loss for healthy adult patients given the previously mentioned criteria (see I.B.1.).
  2. Successful completion of general anesthetics on healthy adult patients managed with mask assisted spontaneous respirations given the previously mentioned criteria (see I.B.2.).
  3. Successful endotracheal intubations on healthy adult patients (Mallampati Class I or II) given the previously mentioned criteria (see I.B.3.).
  4. Adequate completion of intraoperative records for uncomplicated cases given the previously mentioned criteria (see I.B.4.).
  5. Appropriate setup of the anesthesia machine and tabletop for uncomplicated (ASA I & II) adult general anesthetics given the previously mentioned criteria (see I.B.5.).
  6. Successful placement of laryngeal mask airways in healthy adult patients given the previously mentioned criteria (see I.B.6.).

### **III. SPRING SEMESTER - BASIC SCIENCE YEAR**

- A. By the end of the spring semester, the first year MSA student should strive to be **90%** successful when performing the following tasks **with minimal assistance** (defined as “**supervision 100%** of the time with **technical support 10%** of the time given by a clinical instructor”):
1. Venous cannulation and fluid therapy on **all adult and pediatric** patients.
  2. Airway management on **all** awake and anesthetized, **adult and pediatric** patients.
  3. Laryngoscopy and endotracheal intubation on **all** anesthetized **adult and pediatric** patients.
  4. Anesthesia machine checkout and appropriate room setup for **all adult and pediatric** general anesthesia management.
  5. Preoperative interview/physical examination and subsequent development of the anesthetic plan in conjunction with the attending anesthesiologist and anesthetist/resident for **uncomplicated** (ASA I & II) **adult and pediatric** patients.

6. Placement of laryngeal mask airways (LMAs) in healthy *pediatric* patients.
- B. The performance checklist for the spring semester - basic science year contains the following items:
1. Successful placement of intravenous cannulas on healthy pediatric patients given the previously mentioned criteria for adult IV placement (see I.B.1.).
  2. Successful completion of general anesthetics on healthy pediatric patients managed with mask assisted spontaneous respirations given the previously mentioned criteria for adult airway management (see I.B.2.).
  3. Successful endotracheal intubations on healthy pediatric patients given the previously mentioned criteria for adult endotracheal intubation (see I.B.3.).
  4. Appropriate setup of the anesthesia machine and tabletop for healthy pediatric patients given the previously mentioned criteria for adult room setup (see I.B.5.).
  5. Completed preoperative interviews/physical examinations on uncomplicated (ASA I & II) adult and/or pediatric patients given the following criteria:
    - a) Complete review of all physiologic systems by patient interview and review of old/current chart including previous medical history, history of present illness, current vital statistics, blood chemistries, diagnostic tests and pertinent medical consultations.
    - b) Physical examination of the patient focusing on the lungs, heart and airway.
    - c) Patient interview focusing on NPO status, drug allergies, previous surgeries noting anesthetic complications, family history of anesthetic complications and current pharmaceutical therapies.
    - d) Thorough discussion of the anesthetic options including risks/benefits for each option.
    - e) Development of the anesthetic plan in conjunction with the attending anesthesiologist, anesthesiologist, and/or resident.
  6. Successful placement of laryngeal mask airways (LMAs) in healthy pediatric patients given the previously mentioned criteria for adult LMAs (see I.B.6.).

#### **IV. CLINICAL (SECOND) YEAR**

- A. By the end of the spring semester of the second year and having completed the entire didactic and clinical programs of study, the MSA

graduate candidate should strive to be at least **95%** successful when performing all of the previously mentioned tasks in addition to the following tasks *with rare assistance* (defined as “**supervision 100%** of the time with **technical support 5%** of the time given by a clinical instructor”):

1. Arterial vessel cannulation.
2. Central venous cannulation.
3. Lumbar epidural catheter placement and management.
4. Placement and management of pediatric caudal blocks.
5. Placement and management of IV perfusion (Bier) blocks.
6. Nasotracheal intubation.
7. Endobronchial tube placement.
8. Nasogastric tube placement.
9. Management of monitored anesthesia care (MAC).
10. Management of anesthesia for outpatient surgery.
11. Management of anesthesia for cardiac surgery.
12. Management of anesthesia for thoracic surgery.
13. Management of anesthesia for obstetrics.
14. Management of anesthesia for pediatric surgery.
15. Management of anesthesia for neurosurgery.
16. Management of anesthesia for trauma surgery.
17. Management of anesthesia for vascular surgery.
18. Management of anesthesia for geriatric patients.

B. The performance checklist for the entire clinical (second) year contains the following items:

1. Successful placement of **arterial catheters** by the *second* needle stick given the following criteria:
  - a) An appropriate vessel is chosen for insertion.
  - b) An appropriate catheter is chosen.
  - c) Aseptic technique is used.
  - d) The transducer tubing is connected with minimal blood loss.
  - e) The catheter and tubing are secured adequately.
  - f) The transducer is zeroed properly.
2. Successful placement of subclavian or internal jugular **central venous catheters** by the *second* needle stick given the following criteria:

- a) An appropriate vessel is chosen.
  - b) An appropriate catheter is chosen.
  - c) Aseptic technique is used.
  - d) Tubing is connected with minimal blood loss.
  - e) The catheter and tubing are secured properly.
  - f) The transducer is zeroed properly (when appropriate).
  - g) The Swan-Ganz catheter is inserted properly (when appropriate).
3. Successful placement of **lumbar epidural catheters** by the *second* Touhy needle stick given the following criteria:
- a) Aseptic technique is used.
  - b) The appropriate level for insertion is chosen.
  - c) The dura is **not** punctured.
  - d) No persistent paresthesia is elicited.
  - e) An appropriate local anesthetic/dosage is chosen.
  - f) No intravascular injection is evident.
  - g) The level of analgesia is deemed adequate.
  - h) Follow up management of the block is appropriate.
4. Successful placement of **pediatric caudal blocks** by the *second* needle stick given the following criteria:
- a) Aseptic technique is used.
  - b) No CSF, heme or stool is aspirated.
  - c) An appropriate local anesthetic/dosage & volume is chosen.
  - d) An adequate level of analgesia is obtained.
5. Successful placement of intravenous perfusion (**Bier**) **blocks** given the following criteria:
- a) Standard practice is followed.
  - b) Adequate surgical analgesia is achieved without the need for follow up general anesthesia.
6. Successful placement of adult or pediatric **nasotracheal tubes** by the *second* tube pass given the following criteria:
- a) An appropriately sized endotracheal tube is chosen.
  - b) Magill forceps are used effectively when needed.
  - c) Tube insertion is atraumatic.
  - d) No epistaxis is noted.
  - e) The tube is secured adequately.
7. Successful placement of **endobronchial tubes** by the *second* tube pass given the following criteria:
- a) An appropriately sized tube is chosen.
  - b) Proper tube placement is verified by fiberoptic endoscopy.
  - c) The tube is secured adequately.
  - d) The student shows a working knowledge of endobronchial tube ventilation principles.

8. Successful placement of **nasogastric tubes** by the *second* tube pass given the following criteria:
  - a) The appropriate size tube is chosen.
  - b) The appropriate nares is chosen.
  - c) No epistaxis is noted.
  - d) The tube is secured adequately at the appropriate depth.
9. Anesthetic management of patients for **monitored anesthesia care** as a member of an anesthesia care team.
10. Anesthesia management of ***adult*** patients for **outpatient** surgery as a member of an anesthesia care team.
11. Anesthetic management of patients for **cardiac** surgery as a member of an anesthesia care team.
12. Anesthetic management of patients for **thoracic** surgery as a member of an anesthesia care team.
13. Anesthetic management of patients for **obstetrical** procedures as a member of an anesthesia care team given the following criteria:
  - a) ***Vaginal deliveries*** including:
    - (1) placement of epidural
    - (2) management of labor
    - (3) present for delivery
  - b) ***Cesarean sections*** including:
    - (1) placement of epidural and/or induction of general anesthesia
    - (2) management of the case
14. Anesthetic management of **pediatric** patients for all types of surgery as a member of an anesthesia care team (patients included in this category can also be counted toward requirements in other categories).
15. Anesthetic management of patients for **neurosurgery** as a member of an anesthesia care team.
16. Anesthetic management of patients for **trauma** surgery as a member of an anesthesia care team.
17. Anesthetic management of patients for **vascular** surgery as a member of an anesthesia care team.
18. Anesthetic management of **geriatric** patients for all types of surgery as a member of an anesthesia care team (patients included in this category can also be counted toward requirements in other categories).

## V. **CONCLUSIONS**

Once per semester (midterm) each student **must** meet individually with the Program Director to track progress of goal attainment. Clinical rotations and/or

specific requirements are adjusted as needed if circumstances dictate such a change. Students are encouraged to keep the clinical coordinators informed of potential problems with meeting goals so that these issues can be rectified expeditiously.

**It must be reiterated that the student will *NOT* proceed to the next level of clinical competence until the clinical performance requirements for each semester are satisfactorily met.**

# STUDENT CLINICAL PERFORMANCE EVALUATION

## I. OVERVIEW

Feedback from clinical instructors is vital to the education of the students as well as to the maintenance of a quality program. During rotations, clinical instructors are asked daily to complete an evaluation form that coincides with the student's level of education in anesthesia. Upon completion, these forms are reviewed carefully and used to calculate semester grades, evaluate program curriculum, and signal any distinguished performance or difficult areas for students.

The Master of Science in Anesthesia Program has recently transitioned from a paper evaluation system to an electronic one. For attendings and clinical instructors who are not yet participating in the online evaluation system, they will need to be given a hard copy evaluation to complete.

## II. PROCESS

### **Online Evaluation Process**

The new online evaluation system allows instructors to complete and submit evaluations for students from any computer that is connected to the Internet. Paper evaluations are not given out by the student. Instead, instructors will receive an e-mail prompt to complete an evaluation for the student, after the student has logged in the system his or her first OR case or procedure for the day. The e-mail will contain a link, which will take the instructor to the evaluation web site. The instructor may also go directly to the evaluation web site instead of waiting for an e-mail prompt. The web site address for logging in to the system is: <https://www.anesthesiaprogram.com/evaluations/login.aspx>

**Note to students:** In the online evaluation system, entry of your case logs is tied to your evaluations. An evaluation will not be generated, and you will not be graded for your clinical day, until you have entered your first case log for that day. In order to be graded and to receive credit for your case logs, follow these guidelines:

- Make every effort to enter your case logs the same day, when the cases and procedures are fresh in your mind. If you do not enter your cases within 7 days of your clinical day, you will not receive credit for the procedures performed and you will not receive a grade for your clinical day.
- The first case log that you enter for you clinical day must have the name of the instructor that you spent most of your time during the day with. Your first case log entry determine who should evaluate you, and the evaluation will be sent to the instructor listed in that case log.
- Case logs cannot be edited by the student after they are entered and saved. Enter all data accurately—especially the clinical date and the name of your instructor. The system is designed to help and guide you as you enter your case logs, so play close attention to the prompts and warnings on the screen as you enter your data.

## Paper Evaluation Process

There are six forms for evaluation of students:

- First year summer semester (yellow)
- First year fall semester (blue)
- First year spring semester (pink)
- Second year, all rotations except OB and ICU (green)
- Second year, OB rotation (orange)
- Second year, ICU rotation (orange)

Students are provided with forms and envelopes each rotation, and in turn, give them to clinical instructors (AA, attending or senior anesthesiology resident; whoever worked most closely with the student) for daily evaluation of the student's performance.

Instructors should return the form to a designated staff member (Education Manager or Education Coordinator or Clinical Coordinator). For the Cleveland campus, instructors may also return the form to the evaluation box located in University Hospitals Lakeside building next to the staff mail boxes in the **sealed confidential** envelope provided, or to the evaluation box inside the Mather OR control room. Instructors are encouraged to review the evaluation with the student prior to returning the form to the MSA office. Students are not permitted to return completed evaluations to the MSA office. **Students are responsible for following-up with individual instructors to be sure all evaluations are completed and turned in.**

### III. SCORING AND GRADING

The evaluation scores are entered into a program that averages them daily, weekly and over the semester, per category and on a whole. The evaluation comments are also entered into a program that weights negative and positive comments. The semester average is then weighted with the comments and the results of the clinical comprehensive examinations, which yields the final semester grade. Students may view their clinical evaluations at any time by accessing the information online via the MSA Program website.

Items on the evaluation are scored on a scale of 1 to 5, five being the best:

- n/a = Not applicable to the case
- 1 = Unacceptable performance
- 2 = Performed below expectations
- 3 = Met expectations
- 4 = Exceeded expectations
- 5 = Exemplary performance

Student grades are determined by completed evaluations and averaged weekly. It is imperative that an evaluation is completed for **every** day a student is assigned to the OR.

A composite grade is the result of averaging each item's weekly average score. For example:

	Week 1	Week 2	Week 3	Semester Average
item 1	2	3	4	3.00
item 2	3	3	4	3.33
item 3	3	3	3	3.00
				<b>3.11 = B</b>

The final grade will be determined as follows:

3.60 through 5.00 = A

2.90 through 3.59 = B

2.00 through 2.89 = C

1.00 through 1.99 = F

Copies of the evaluation sheets follow.

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Hospital: \_\_\_\_\_

Rotation: \_\_\_\_\_

**MASTER OF SCIENCE IN ANESTHESIA PROGRAM**  
**Clinical Evaluation First Year - Summer**

1 = Unacceptable performance 2 = Performed below expectations 3 = Met expectations  
4 = Exceeded expectations 5 = Exemplary performance

**Expected= 70% success when performing a task with FREQUENT assistance.**

Please Circle One In Each Category

Operating Room Set-up

Is thoroughly prepared on time, with appropriate checks performed	1	2	3	4	5	n/a	1
Checks for adequate suction	Yes			No			2
Checks central gas supply and cylinders	Yes			No			3
Checks and fills vaporizers	Yes			No			4
Checks for appropriate monitors integrity	Yes			No			5
Calibrates inspired oxygen monitor	Yes			No			6
Chooses appropriate breathing circuit (humidivent? mask size, bag size)	1	2	3	4	5	n/a	7
Checks patency of the breathing circuit before each case	1	2	3	4	5	n/a	8
Has appropriate airway equipment available for each case	1	2	3	4	5	n/a	9
Has appropriate emergency drugs available for each case	1	2	3	4	5	n/a	10

IV Placement and Fluid Therapy

Selects most appropriate vein and catheter	1	2	3	4	5	n/a	11
Successfully places IV within 2 tries	1	2	3	4	5	n/a	12
Selects appropriate rate for fluid infusion and monitors throughout case	1	2	3	4	5	n/a	13
Uses good aseptic technique and cleans up afterwards	1	2	3	4	5	n/a	14
Can calculate patient fluid deficit, replacement and allowable blood loss	1	2	3	4	5	n/a	15

Peri-operative skills

Applies and removes monitors appropriately and in a timely manner	1	2	3	4	5	n/a	16
Adequately manages the airway and recognizes airway problems	1	2	3	4	5	n/a	17
Successfully intubates the patient by the second attempt	1	2	3	4	5	n/a	18
Can recognize correct or incorrect placement of ETT	1	2	3	4	5	n/a	19
Continually monitors patient and is attentive to the case (incision, EBL)	1	2	3	4	5	n/a	20
Responds appropriately and promptly to changes in patient's status	1	2	3	4	5	n/a	21
Completes anesthetic record neatly, completely and in a timely manner	1	2	3	4	5	n/a	22

Professionalism

Eager to gain hands-on experience and knowledge	1	2	3	4	5	n/a	23
Demonstrates openness to constructive criticism and works to improve	1	2	3	4	5	n/a	24
Asks for assistance at appropriate times	1	2	3	4	5	n/a	25

Comments:

Instructor

**PRINT NAME:** \_\_\_\_\_

Signature: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Hospital: \_\_\_\_\_

Rotation: \_\_\_\_\_

**MASTER OF SCIENCE IN ANESTHESIA PROGRAM**  
**Clinical Evaluation First Year - Fall**

1 = Unacceptable performance 2 = Performed below expectations 3 = Met expectations

4 = Exceeded expectations 5 = Exemplary performance

**Expected= 80% success when performing a task with MODERATE assistance.**

Please Circle One In Each Category

Operating Room Set-up

Performs the appropriate room set up on time for each case	1	2	3	4	5	n/a	1
Checks patency of the breathing circuit and suction before each case	1	2	3	4	5	n/a	2
Has airway equipment, circuit, emergency drugs available for each case	1	2	3	4	5	n/a	3
Keeps room and tabletop organized with essentials conveniently located	1	2	3	4	5	n/a	4

IV Placement and Fluid Therapy

Successfully places IV in an appropriate vein within 3 attempts	1	2	3	4	5	n/a	5
Selects appropriate rate for fluid infusion and monitors throughout case	1	2	3	4	5	n/a	6
Can calculate patient fluid deficit, replacement and allowable blood loss	1	2	3	4	5	n/a	7

Peri-operative skills

Helps formulate the anesthetic plan based on pre-op assessment	1	2	3	4	5	n/a	8
Understands pharmacology of drugs/agents; doses, side effects, actions	1	2	3	4	5	n/a	9
Demonstrates skill in airway management & choice of airway, LMA, etc.	1	2	3	4	5	n/a	10
Recognizes airway obstruction and appropriately corrects problems	1	2	3	4	5	n/a	11
Successfully intubates the patient by the second attempt	1	2	3	4	5	n/a	12
Can recognize correct or incorrect placement of ETT	1	2	3	4	5	n/a	13
Continually monitors patient and is attentive to the case (incision, EBL)	1	2	3	4	5	n/a	14
Responds appropriately and promptly to changes in patient's status	1	2	3	4	5	n/a	15
Completes anesthetic record neatly, completely and in a timely manner	1	2	3	4	5	n/a	16
Extubates/emerges patient appropriately and monitors to PACU	1	2	3	4	5	n/a	17

Professionalism

Eager to gain hands-on experience and knowledge	1	2	3	4	5	n/a	18
Demonstrates openness to constructive criticism and works to improve	1	2	3	4	5	n/a	19
Asks for assistance at appropriate times	1	2	3	4	5	n/a	20

Comments:

Instructor

**PRINT NAME:** \_\_\_\_\_

Signature: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Hospital: \_\_\_\_\_

Rotation: \_\_\_\_\_

**MASTER OF SCIENCE IN ANESTHESIA PROGRAM**  
**Clinical Evaluation First Year - Spring**

1 = Unacceptable performance 2 = Performed below expectations 3 = Met expectations

4 = Exceeded expectations 5 = Exemplary performance

**Expected= 90% success when performing a task with MINIMAL assistance.**

Please Circle One In Each Category

Operating Room Set-up

Performs the appropriate room set up on time for each case	1	2	3	4	5	n/a	1
Has airway equipment, circuit, emergency drugs available for each case	1	2	3	4	5	n/a	2
Keeps room and tabletop organized with essentials conveniently located	1	2	3	4	5	n/a	3

IV Placement and Fluid Therapy

Successfully places IV in an appropriate vein within 3 attempts	1	2	3	4	5	n/a	4
Selects appropriate rate for fluid infusion and monitors throughout case	1	2	3	4	5	n/a	5
Calculates patient fluid deficit, replacement and allowable blood loss	1	2	3	4	5	n/a	6

Preop Assessment and Anesthetic Plan

Conducts complete review of all physiologic systems through interview	1	2	3	4	5	n/a	7
Obtains and records pertinent information from old chart/nurses notes	1	2	3	4	5	n/a	8
Performs physical exam of patient and records appropriate findings	1	2	3	4	5	n/a	9
Understands medical conditions which require specific intervention	1	2	3	4	5	n/a	10
Develops and can defend an appropriate anesthetic plan	1	2	3	4	5	n/a	11
Thoroughly discusses anesthetic options with patients in a timely manner	1	2	3	4	5	n/a	12

Peri-operative skills

Demonstrates skill in airway management & choice of airway, LMA, etc.	1	2	3	4	5	n/a	13
Recognizes airway obstruction and appropriately corrects problems	1	2	3	4	5	n/a	14
Successfully intubates with smooth transition to mechanical ventilation	1	2	3	4	5	n/a	15
Continually monitors patient and is attentive to the case (incision, EBL)	1	2	3	4	5	n/a	16
Responds appropriately and promptly to changes in patient status	1	2	3	4	5	n/a	17
Demonstrates understanding of anesthetic agents and drugs	1	2	3	4	5	n/a	18
Thoroughly completes anesthetic record neatly, completely and in a timely manner	1	2	3	4	5	n/a	19
Extubates/emerges patient appropriately and monitors to PACU	1	2	3	4	5	n/a	20

Professionalism

Eager to gain hands-on experience and knowledge	1	2	3	4	5	n/a	21
Functions calmly and appropriately in ALL situations and prioritizes well	1	2	3	4	5	n/a	22
Demonstrates openness to constructive criticism and works to improve	1	2	3	4	5	n/a	23
Researches cases independently and understands pertinent physiology	1	2	3	4	5	n/a	24
Asks for assistance at appropriate times	1	2	3	4	5	n/a	25

Comments:

Instructor

**PRINT NAME:** \_\_\_\_\_

Signature: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Hospital: \_\_\_\_\_

Rotation: \_\_\_\_\_

**MASTER OF SCIENCE IN ANESTHESIA PROGRAM**  
**Clinical Evaluation Second Year – General (all rotations expect OB & ICU)**

1 = Unacceptable performance   2 = Performed below expectations   3 = Met expectations

4 = Exceeded expectations   5 = Exemplary performance

**Expected= 95% success when performing a task with RARE assistance.**

Please Circle One In Each Category

Technical and Manual Skills

Performs appropriate room set up on time for each case	1	2	3	4	5	n/a	1
Demonstrates organization and efficiency in case management	1	2	3	4	5	n/a	2
Demonstrates skill with IV placement and fluid therapy	1	2	3	4	5	n/a	3
Demonstrates skill in airway management & choice of airway, LMA, etc.	1	2	3	4	5	n/a	4
Recognizes airway obstruction and appropriately corrects problem	1	2	3	4	5	n/a	5
Successfully intubates with smooth transition to mechanical ventilation	1	2	3	4	5	n/a	6
Completes anesthetic record neatly, completely and in a timely manner	1	2	3	4	5	n/a	7

Clinical Knowledge and Reasoning

Performs preanesthetic assessment correctly and in a timely manner	1	2	3	4	5	n/a	8
Understands medical conditions which require specific intervention	1	2	3	4	5	n/a	9
Develops and can defend an appropriate anesthetic plan	1	2	3	4	5	n/a	10
Demonstrates understanding of anesthetic agents/drugs	1	2	3	4	5	n/a	11
Administers appropriate anesthetic agents and doses	1	2	3	4	5	n/a	12
Demonstrates understanding of physiology as related to anesthesia	1	2	3	4	5	n/a	13
Continually monitors patient and is attentive to the case (incision, EBL)	1	2	3	4	5	n/a	14
Responds appropriately and promptly to changes in patient status	1	2	3	4	5	n/a	15
Extubates/emerges patient appropriately and monitors to PACU	1	2	3	4	5	n/a	16
Can apply cognitive learning to clinical setting	1	2	3	4	5	n/a	17

Professionalism

Eager to gain hands-on experience and knowledge	1	2	3	4	5	n/a	18
Functions calmly and appropriately in ALL situations and prioritizes well	1	2	3	4	5	n/a	19
Demonstrates openness to constructive criticism and works to improve	1	2	3	4	5	n/a	20
Researches cases independently and understands pertinent physiology	1	2	3	4	5	n/a	21
Asks for assistance at appropriate times	1	2	3	4	5	n/a	22

Advanced Techniques in Anesthesia

Demonstrates understanding and skill in advanced monitoring (A-line, Swan, CVP, Echo, etc.)	1	2	3	4	5	n/a	23
Demonstrates understanding and skill with regional anesthesia (Spinal, Epidural, Caudal, Bier Block, Axillary Block, etc.)	1	2	3	4	5	n/a	24
Demonstrates understanding and skill with advanced airway management (Nasal intubation, Endobronchial, Fiberoptics, CPR)	1	2	3	4	5	n/a	25

Comments:

Instructor

**PRINT NAME:** \_\_\_\_\_

Signature: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Hospital: \_\_\_\_\_

Rotation: \_\_\_\_\_

**MASTER OF SCIENCE IN ANESTHESIA PROGRAM**  
**Clinical Evaluation Second Year - OB ROTATION**

1 = Unacceptable performance 2 = Performed below expectations 3 = Met expectations  
4 = Exceeded expectations 5 = Exemplary performance

**Expected= 95% success when performing a task with RARE assistance.**

Please Circle One In Each Category

**Professionalism**

Appropriately sets up OR before 7am	1	2	3	4	5	n/a	1
Displays appropriate bedside manner with patients and family	1	2	3	4	5	n/a	2
Displays willingness to help with writing H&Ps for patients admitted to L&D	1	2	3	4	5	n/a	3
Adequately completes H&P and presents patient to senior resident/AA/Attending	1	2	3	4	5	n/a	4
Participates in daily lectures	1	2	3	4	5	n/a	5
Interacts appropriately with awake patients	1	2	3	4	5	n/a	6
Eager to learn about various obstetric complications and procedures	1	2	3	4	5	n/a	7
Generally helpful and positively adds to team atmosphere	1	2	3	4	5	n/a	8
Accepts feedback from other team members	1	2	3	4	5	n/a	9
Communicates effectively with the rest of the team	1	2	3	4	5	n/a	10

**Clinical Knowledge and Reasoning**

Prepares a thorough presentation of admitted patient(s)	1	2	3	4	5	n/a	11
Demonstrates appropriate knowledge of patients' history	1	2	3	4	5	n/a	12
Understands various obstetric conditions which might require specific intervention	1	2	3	4	5	n/a	13
Displays adequate knowledge of anatomy and landmarks for regional anesthesia placement	1	2	3	4	5	n/a	14
Demonstrates understanding of regional anesthesia and drugs	1	2	3	4	5	n/a	15

**Technical and Manual Skills**

Displays adequate technical knowledge of the procedure(s)	1	2	3	4	5	n/a	16
Demonstrates familiarity with equipment	1	2	3	4	5	n/a	17
Uses appropriate sterile technique	1	2	3	4	5	n/a	18
Follows directions/guidance from supervising AA, resident or attending	1	2	3	4	5	n/a	19
Demonstrates adequate physical examination skills	1	2	3	4	5	n/a	20
Completes anesthetic record neatly, completely and in a timely manner	1	2	3	4	5	n/a	21

**Patient Management**

Administers appropriate regional anesthesia and doses	1	2	3	4	5	n/a	22
Continually monitors patient and is attentive to patient changes (BP, fetal heart rate, incision, EBL)	1	2	3	4	5	n/a	23
Administers appropriate general anesthesia and doses	1	2	3	4	5	n/a	24
Demonstrates organization and efficiency in case management	1	2	3	4	5	n/a	25
Demonstrates appropriate fluid therapy	1	2	3	4	5	n/a	26
Asks relevant questions	1	2	3	4	5	n/a	27

Comments:

Instructor

**PRINT NAME:** \_\_\_\_\_

Signature: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Hospital: \_\_\_\_\_

Rotation: \_\_\_\_\_

**MASTER OF SCIENCE IN ANESTHESIA PROGRAM**  
**Clinical Evaluation Second Year - SICU ROTATION**

1 = Unacceptable performance 2 = Performed below expectations 3 = Met expectations  
4 = Exceeded expectations 5 = Exemplary performance

**Expected= 95% success when performing a task with RARE assistance.**

Please Circle One In Each Category

**Professionalism**

Arrives no later than 7am to evaluate assigned patients	1	2	3	4	5	n/a	1
Displays appropriate bedside manner with patients and family	1	2	3	4	5	n/a	2
Displays willingness to help with writing H&Ps for patients admitted to ICU	1	2	3	4	5	n/a	3
Actively participates in discussions about each patient's care	1	2	3	4	5	n/a	4
Participates in afternoon lectures, board reviews, and journal clubs	1	2	3	4	5	n/a	5
Communicates effectively with the rest of the team	1	2	3	4	5	n/a	6
Generally helpful and positively adds to team atmosphere	1	2	3	4	5	n/a	7
Accepts feedback from other team members	1	2	3	4	5	n/a	8
Eager to learn about various disease processes	1	2	3	4	5	n/a	9

**Line Placement/Invasive Procedures**

Displays adequate knowledge of anatomy and landmarks	1	2	3	4	5	n/a	10
Displays adequate technical knowledge of the procedure(s)	1	2	3	4	5	n/a	11
Demonstrates familiarity with equipment	1	2	3	4	5	n/a	12
Uses appropriate sterile technique	1	2	3	4	5	n/a	13
Follows directions/guidance from supervising resident	1	2	3	4	5	n/a	14

**Patient Management**

Adequately completes H&P and presents incoming patient to senior resident	1	2	3	4	5	n/a	15
Presents complete symptoms based plan for the day	1	2	3	4	5	n/a	16
Prepares a thorough presentation of assigned patient(s)	1	2	3	4	5	n/a	17
Asks relevant questions	1	2	3	4	5	n/a	18
Demonstrates adequate physical examination skills	1	2	3	4	5	n/a	19
Demonstrates appropriate knowledge of patient history	1	2	3	4	5	n/a	20
Demonstrates knowledge of the patient medications	1	2	3	4	5	n/a	21

Comments:

Instructor  
**PRINT NAME:** \_\_\_\_\_

Signature: \_\_\_\_\_

## CLINICAL INSTRUCTOR EVALUATION

### I. OVERVIEW

As feedback from clinical instructors is vital to the education of the students, feedback from the students on the performance of our clinical instructors is vital to our monitoring the quality and consistency of clinical instruction. Students are asked to complete the online Clinical Instructor Evaluation form for each instructor they are paired with in the OR. Upon completion, these forms are reviewed carefully and used to evaluate program instructional format and signal any distinguished performance or difficult areas for instructors.

### II. PROCESS

There is one form used for evaluation of instructors (see next page). The evaluation is confidential and anonymous. After the student completes their case logs for the day, the case log system prompts the student to click on the link that will take them to a Clinical Instructor Evaluation form, which can be completed and submitted online. The student is asked to complete an evaluation on the instructor with whom he/she most closely worked.

The evaluation scores are entered into a program that averages them daily, weekly and over each term, per category and on a whole. The evaluation comments are also entered into a program that weights negative and positive comments. The data from instructor evaluations is then collated, averaged, and reports are generated which provide valuable feedback to the Program Director, to each individual clinical instructor, and to the students. At a yearly instructor meeting, strategies for improving clinical teaching techniques are discussed based on the criteria which students used to evaluate instruction in the OR. Consistently poor scores exhibited by an individual instructor may warrant removal from the pool of potential clinical teachers. The data is also used to determine year-end performance awards given to clinical instructors as voted by the MSA students.

**Compliance with this process is mandatory and much appreciated!**

Instructor: \_\_\_\_\_ 1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ Date: \_\_\_\_\_

Institution: UH \_\_\_\_\_ Metro \_\_\_\_\_ Lakewood \_\_\_\_\_ Other \_\_\_\_\_

**Master of Science in Anesthesia**  
**Clinical Instructor Evaluation**

Circle the appropriate response: 1= Poor 5= Excellent (Leave blank if Not-Applicable)

Please Circle One In Each Category

Organization Skills

Summarizes and presents case information clearly	1	2	3	4	5	(1)
Sets clear goals, responsibilities and expectations for student	1	2	3	4	5	(2)
Emphasizes important points of case	1	2	3	4	5	(3)
Encourages participation, and establishes rapport with student	1	2	3	4	5	(4)

Instruction Skills, Resourcefulness

Demonstrates respect for student, quizzes in a non-threatening manner	1	2	3	4	5	(5)
Listens attentively, encourages and answers student questions	1	2	3	4	5	(6)
Remains accessible, takes a personal interest in student's progress	1	2	3	4	5	(7)
Utilizes the evaluations system in a timely manner	1	2	3	4	5	(8)
Demonstrates teaching ability and patience	1	2	3	4	5	(9)
Discusses current developments and divergent points of view	1	2	3	4	5	(10)
Directs students to useful resources, supports statements with data	1	2	3	4	5	(11)

Clinical Supervision

Supervises student adequately, provides practice opportunities	1	2	3	4	5	(12)
Provides positive reinforcement, criticizes without belittling student	1	2	3	4	5	(13)
Has reasonable expectations, demonstrates concern for student's progress	1	2	3	4	5	(14)
Maintains a constant 1:1 supervisory position with the student	1	2	3	4	5	(15)

Models Professionalism

Works effectively with members of the health care team	1	2	3	4	5	(16)
Confident but not arrogant, shows respect for colleagues, patients, students	1	2	3	4	5	(17)
Outstanding overall teaching effectiveness	1	2	3	4	5	(18)

Comments:

### III. CLINICAL PROGRESS

A broad group of clinical instructors will meet with the Program Director to discuss individual student clinical performance and progression to the following semesters.

The results of these meetings will be discussed at individual student conferences held each semester. A conference may be scheduled at any time during the program if special circumstances warrant such a meeting.

Students may also schedule individual conferences with the Program Director if the need arises.

### IV. SATELLITE ROTATION

Students may complete up to five (5) satellite rotations starting with the second rotation of the second year of training. In addition, students may use the break between summer and fall semester and/or fall and spring semester for additional satellite rotations. Prior approval must be obtained from the Program Director. Students must submit a Satellite Rotation Proposal Form to the Education Manager **at least four weeks** prior to the proposed date of the rotation. All students wishing to complete an external rotation must also sign a Release of Information Form at the time of the request. If a student and/or proposed satellite rotation site fails to complete all necessary paperwork at least 4 weeks prior to the start of the proposed satellite rotation, that request for a satellite rotation will be null and void. A satellite rotation taken during semesters may only be completed in place of a **general** rotation and cannot be longer than four (4) weeks. All MSA policies apply during a satellite rotation.

# Code of Conduct

## MSA STUDENT CODE OF CONDUCT

### I. General Code of Conduct

It is important to realize that your career as an anesthesiologist assistant begins on the first day of your tenure as a student. An exemplary professional reputation will be an asset for you and for the program. Your conduct and appearance should reflect a dedication to professionalism and concern for patients and your coworkers.

The anesthesiologist assistant, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems. Students must adhere to strict confidentiality with regard to all patient contact.

### II. Expectations and General Rules

The Master of Science in Anesthesia Program at Case Western Reserve expects and encourages students to achieve their best in the classroom and in clinical settings. Students must recognize that they are junior colleagues of their clinical instructors and must act under the supervision of the faculty physicians, residents and certified anesthesiologist assistants at all times.

Students must not identify themselves as a licensed anesthesiologist assistant or any other health care professional other than an anesthesiologist assistant student. Students must pay attention to grooming and appearance (see Professional Appearance Policy). A well-groomed, well-dressed health care provider can substantially and positively impact patient care. **Students must wear their Case Western Reserve identification badge during all clinical encounters.**

Adherence to professional standards of conduct and behavior throughout the education curriculum and activities is a requisite for graduation.

### III. An Oath

I, \_\_\_\_\_, will practice my profession with dedication and with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.

I will maintain high standards for classroom performance, clinical practice, confidentiality, and personal grooming always aware of the importance of the reputation I build both for myself, for the profession and for the program.

## **PROFESSIONAL APPEARANCE POLICY**

Students of the Master of Science in Anesthesia Program at Case Western Reserve will adhere to the Professional Appearance Policy #HR-66 of University Hospitals Health System (UHHS). This policy supercedes all rotation site policies unless the rotation site policy is more restrictive than the policy established by University Hospitals Health System. It is expected that while you are in any patient contact area including preop, postop/PACU, the OR and any additional patient area, you will abide by this policy. Remember, you are in the business of making patients comfortable. Be sure you are accomplishing this by your appearance!

Also, this policy will remain in force when on the premises of Case Western Reserve and any of our rotation sites, and while participating in any program sanctioned educational or social event.

***Please note:***

- The policy will not be enforced while in direct transport to and from clinical duties.
- Full OR scrub apparel is required when participating in learning activities in the Simulation Laboratory.

We expect you to read and abide by the UH Professional Appearance Policy.

## **Policies Specific To Second Year Students**

### **Rotation Schedule**

A second year MSA student (MSA II) is expected to complete 8 rotations in specialty areas at specific hospitals. These dates, specialties, and hospitals are listed on the rotation schedule.

Specialties include Pediatrics, OB, SICU, Neuro, Trauma, Cardiac, General, and Ambulatory Surgical Unit (ASU). For example, if a student has a cardiac rotation, it is expected that the majority of the cases assigned to the student (>60%) will be cardiac. The cases should also reflect a degree of difficulty that is consistent with the student's level of experience. General rotations should consist of a good mix of all the specialties.

### **Rotation Hours**

Monday through Friday expectations are that the student arrive early enough that the room is completely set up and the patient is seen before the scheduled start time of the first case of the day. The student should finish all scheduled cases for the day.

The student is expected to adhere to the work schedule of the affiliate hospital and attend any lectures expected of its staff. When students are on in-town rotations, they are excused from affiliate hospital hours when a MSA Program lecture or conference is scheduled. Standing MSA Program conferences include Wednesday Morning Conference from 7:00-8:00 am, Basic Science on Tuesday from 4:15-5:15 pm, and Wednesday Case Presentations on Wednesday from 4:00-5:30 pm. Affiliate hospital contacts will be notified of other schedule conflicts. Students doing out-of-town rotations will be required to attend all Wednesday Case Presentations by signing in and watching a live stream video of the presentations. Attendance is mandatory.

### **Live stream video of Wednesday Case Presentations**

A live stream video is available for our Wednesday Case Presentations. This means that you can watch case presentations live, while they are happening, and participate in the discussion that follows the presentation.

This is the web address to access a live stream video of the presentations: <http://tv.case.edu/caselive3>. Below the video, you will see a Comments box. If you would like to participate in the discussion by making a comment or asking a question, click on [+ Add Comment].

- A lightly shaded blue box will appear. Simply type in your question or comment in the Comment box. Enter your name in the Title box so that we know who is talking.
- Click on the Comment button, and your comments will appear below the box

- Gail Hughley will relay your question or comment to the presenter
- Please sign in at the start of the presentation and sign out at the end of it using the Comment box. Gail will let you know that she has received your sign-in, sign-out, and comments.

You must find a computer to watch the presentation. You can always use a computer at a public library if there is no other available. You may also check out a laptop that the MSA Program loans to students on external rotations. As a backup—in the event that you run into unforeseen problems—you may call in to the conference phone.

Here are recommendations for getting the best connection to view and listen to the presentations:

1. Use Internet Explorer (if using a PC) or Safari (if using a Mac) to access the site: <http://tv.case.edu/caselive3>. Do not use Google Chrome.
2. You must have Flash Player 10.0 or greater on your computer. This is a free download if you don't have it.
3. Minimize other activity on the Internet while you are watching the case presentation. You don't want to be checking e-mail or surfing the Internet while the presentation is going on—other activity will disrupt the live stream.
4. Use a landline (wired PC with high speed Internet connection) instead of a wireless computer. If you must use a wireless computer, VPN into CWRU for greater bandwidth. MediaVision recommends 1MB of bandwidth.

### **On-Call Responsibilities**

Pediatrics	Call will be taken at UH and coordinated by MSA administration. You will take call a minimum of 2 times during this rotation (maximum of 4 times). You will be assigned to 2 days, either Friday or Saturday call. On your assigned call, you are to report to the Mather OR Coordinator.
Neuro	Call will be taken at Metro and coordinated by Pete Kaluszyk. You will take call a minimum of 2 times during this rotation (maximum of 4 times). You may be assigned to one weekend (Saturday or Sunday) call.
OB	Call will be taken at UH on the last two Tuesdays of your rotation with Dave Zagorski. You will have the following Wednesdays as a PNC (post night call) day. <b>You will be responsible for attending Wednesday Morning Conferences on Wednesday mornings and Wednesday Case Presentations on Wednesday afternoons.</b> Since you will have two Wednesdays off you may have to come in on Saturday or Sunday for 12 hours if necessary to meet required cases for the rotation.
SICU/CTICU	Call will be taken at Metro (Fridays and Saturdays only). You will be notified of your call schedule. The ICU rotator will also take call for big

liver procedures during their rotation. What this means is that from Sunday night through Friday morning, if a big liver case comes in you will be paged and expected to show up to work the case. If the case continues past midnight you will have the following day off. Additionally, from Friday morning until Sunday night, if a liver case comes in you will still be paged but are not obligated to come in for these procedures unless you desire to do so.

Trauma                      Call will be taken at Metro. You will be notified of your call schedule.

### **On-Call Protocols**

#### **All rotations:**

- You will be scheduled for a 24 hour call, from 7:00 am to 7:00 am the following day (except Saturday and Sunday call at UH which is from 7:30 am to 7:30 am the following day).
- You are off the day following your scheduled call day. For example, if you are on call from 7:00 am Thursday to 7:00 am Friday, then you are off on Friday after 7:00 am and do not have to report to the OR until Monday. You are not off on Monday if you took call on Saturday; however, you are off on Monday if you take call on Sunday.
- You are NEVER excused from Basic Science (Tuesday) or Wednesday Case Presentations (Wednesday); or the Ethics, Diversity and Law for Anesthesiologist Assistants course for on-call or post-call reasons. Attendance is mandatory at these conferences and lectures regardless of call responsibilities. Also, you must attend Wednesday Morning Conference (Wednesday) if you are on call at UH the night before. However, you do not have to attend Wednesday Morning Conference if you are on call at Metro the night before.
- Only one MSA student per hospital will be scheduled for call per day.
- Your call assignments will be distributed as early as possible in the month, but scheduling difficulties may cause late distribution. Once the call schedule is distributed, a student may not request a vacation day when they are assigned to take call.
- Students will occasionally have call duties that keep them in the hospital past midnight. On those occasions, you will not be expected to work the following day. However, if call duties do NOT keep you in the hospital past midnight, you will be expected to report to the OR for clinical duties the following day.

### **Clinical Instructor / Preceptor Policy**

There is a designated Clinical Coordinator at each site to orient the student to the affiliate

hospital policies and procedures (including such items as lockers, scrubs, parking, etc). This contact is an objective resource if the student should also require assistance with a conflict.

In the OR setting, the student may be assigned to a single or several clinical instructors over the course of the rotation. Clinical instructors are defined as a licensed physician who has completed a residency in anesthesiology, senior anesthesiology residents, anesthesiologist assistants, and certified registered nurse anesthetists. **AT NO TIME IS A STUDENT TO BE WITHOUT 1:1 PAIRING WITH ONE OF THE AFOREMENTIONED PRACTITIONERS.** A clinical instructor must be immediately available to monitor the student at all times.

### **Student Evaluations**

MSA students are evaluated on a daily basis by the clinical instructor. These evaluations are used to calculate 60% of the clinical grade; therefore, the completion of these evaluations is vital to grading accuracy. On a **daily** basis, all students are required to enter their case information into the main database for review by the Executive Program Director.

If the instructor is not participating in the online evaluation system the student is responsible for supplying an evaluation form to the instructor with a confidential envelope. **Students are NOT permitted to collect and return their own completed evaluations. Each affiliate hospital will be responsible for turning in completed student evaluations to the MSA Program office once a week via the provided Fed Ex shipping envelopes.**

It is the responsibility of the affiliate hospital contact to familiarize the clinical instructors with the evaluation process. Items on the evaluation are scored on a scale for 1 to 5, with 5 being the best. N/A = not applicable to the case, 1 = unacceptable performance, 2 = performed below expectations, 3 = met expectations, 4 = exceeded expectations, 5 = exemplary performance. **It is important to note when being evaluated that you are EXPECTED to achieve 95% success when performing a task with RARE assistance. When these conditions are met, you should expect to receive an evaluation score of “3.”**

The evaluation scores are entered in a program that averages categories daily, weekly and over the term, per category and on a whole. The evaluation comments are also entered into a program that weights negative and positive comments. The term average is then weighted with the comments and the clinical comprehensive examination results that yield the final semester grade. Students may inquire about clinical evaluations at any time but are formally presented the information once per semester.

### **Rotation & Clinical Instructor Evaluations**

Students are given a rotation evaluation so that they can evaluate their rotations. They

are also asked to provide feedback on the performance of their clinical instructors. Students are asked to complete the online Clinical Instructor Evaluation Form for each instructor they are paired with in the OR. These evaluations provide feedback regarding the effectiveness of the rotation. Students are expected to complete both of these evaluations regularly. MSA Program members will meet with all clinical instructors annually to review the affiliate hospital effectiveness and satisfaction of both parties.

### **Elective Rotations**

How to request a satellite rotation:

1. Students may complete up to five (5) elective satellite rotations (rotations outside of the ones listed on the Clinical Rotation Schedule grid), starting with Rotation 2. These elective rotations must be scheduled during one of the *Possible Elective Rotations*.
2. Prior approval must be obtained from the Executive Program Director. Students must submit a **Satellite Rotation Proposal Form** and **Release of Information Form** to the Education Manager **at least four weeks** prior to the proposed date of the rotation. The Executive Program Director will either approve or deny the request and sign the form. The Education Manager will send an e-mail to both you and the rotation site to let you know the status of your request after the Executive Program Director has signed the form. **DO NOT BUY AN AIRLINE TICKET OR MAKE ANY PLANS FOR AN ELECTIVE ROTATION UNTIL YOU RECEIVE AN E-MAIL FROM THE EDUCATION MANAGER (JEN) SAYING THAT JOE HAS APPROVE YOUR ELECTIVE ROTATION REQUEST.**
3. All students wishing to complete an external rotation must also sign a **Release of Information Form** at the time of the request. The student must sign the Release of Information form in the presence of two witnesses, which must be the Education Manager, Education Coordinator, or Executive Program Director. The Release of Information Form permits the MSA office to forward your health records and any other information to the rotation site if requested.
4. If a student and/or proposed satellite rotation site fails to complete all necessary paperwork at least 4 weeks prior to the start of the proposed satellite rotation, that request for a satellite rotation will be null and void.
5. A satellite rotation will only be completed in place of a **general** rotation.
6. All MSA policies apply during a satellite rotation.

## **Clinical Standards for CWRU MSA Students**

Students are required to complete specific minimum requirements prior to graduation. This information **MUST** be accurately documented in the Anesthesia Case Log Database in the individual student's Online Clinical Tracker.

### **Student Responsibilities**

1. Students are expected to abide by all the MSA Program policies and may be dismissed from a rotation for noncompliance.
2. Students must wear their Case Western Reserve University Student ID Badge at all times and at all rotations in addition to any rotation ID requirements.
3. Students are responsible for completing clinical instructor evaluations and rotation evaluations in a timely manner.
4. Students are responsible for turning in all paperwork related to time-off requests and satellite rotations.
5. Students are responsible for timely, accurate documentation of clinical cases in the Anesthesia Case Log Database. Make every effort to enter your case logs the same day.
6. For the instructors who are not yet participating in the online evaluation system, students are responsible for providing them with paper evaluation forms and confidential envelopes. The clinical coordinator will return these evaluations to the MSA office in the Fed Ex envelopes provided. Students are not permitted to return complete evaluations to the MSA office.
7. Students should not leave the hospital grounds wearing or carrying OR apparel (i.e. scrubs).