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*The Program of Nurse Anesthesia Student Handbook is to be used in conjunction with the FPB School of Nursing Student Handbook and the MSN Student Handbook.*
MISSION STATEMENT

Congruent with the mission of the Frances Payne Bolton School of Nursing of Case Western Reserve University, the Program of Nurse Anesthesia’s mission is to build on a tradition of excellence in nursing. Through a commitment to the highest standards of excellence, we strive to provide the very best in nurse anesthesia education, clinical expertise, and research and to promote professional service locally, nationally, and internationally.

PHILOSOPHY

Consistent with the philosophy of the Frances Payne Bolton School of Nursing of Case Western Reserve University, the faculty of the Program of Nurse Anesthesia is committed to a philosophy that nurse anesthesia is a differentiated and highly specialized practice within the academic discipline and profession of nursing. Nurse anesthetists have mastery over a body of scientific knowledge and clinical technologies that is fundamental to the practice of nurse anesthesia. They selectively use this knowledge in the execution of their professional responsibilities and in attainment of their professional goals. Nurse anesthesia practice includes both independent and interdependent functions and nurse anesthetists are an integral part of the health care system. The Program of Nurse Anesthesia is committed to educate students in an atmosphere where the educational goal is development of the necessary abilities to accurately appraise and effectively enhance the health status of the individual within the anesthesia milieu.

PURPOSE

The Program of Nurse Anesthesia, as a constituent of the Frances Payne Bolton School of Nursing, is an integral component of Case Western Reserve University. The Program of Anesthesia assumes responsibility for the preparation of individuals who demonstrate excellence in professional nursing and are committed to the differentiated practice of nurse anesthesia.

The faculty of the Program of Nurse Anesthesia accepts the responsibility for assisting students to gain academic knowledge, clinical skills and scholarly inquiry that prepares them to attain clinical expertise, excellence and leadership in nurse anesthesia.

Consistent with the purpose of the Frances Payne Bolton School of Nursing of Case Western Reserve University, the purpose of the Program of Nurse Anesthesia is to provide an environment that permits students to develop the knowledge and technological skills to render safe, competent anesthesia care, and to accept responsibility for continual learning. As part of a collaborative team, students recognize their own contribution to patient care, as well as the contributions of other health care professionals. Within this context, the Program of Nurse Anesthesia seeks to educate nurse anesthetists, who through attainment of the program's terminal objectives are integral members of a collaborative health care system and an asset to the profession of nurse anesthesia.
ORGANIZATIONAL CHART

Frances Payne Bolton School of Nursing
Dean
Mary Kerr

Executive Associate Dean for Academic Programs
Mary TerHaar

MSN Program Director
Carol Savrin

Program of Nurse Anesthesia Director
Sonya Moore

Assistant Program Director
Mark Caldwell

Instructor
Melody Betts

Clinical Coordinator
Instructor
Kerry Quisenberry

Instructor
Scott Urigel

Nurse Anesthesia Program Assistant
Kasey King-Massengale
RIGHTS AND RESPONSIBILITIES

PATIENTS

Patients have the right to expect that the quality of patient care will not be affected by the educational process.

APPLICANTS TO THE PROGRAM

Applicants to the program have a right to accurate information regarding:

a. Admission Requirements
b. Tuition and other costs
c. Time commitment
d. Travel requirements
e. Accreditation status and contact information

Applicants to the program have the responsibility to be honest in their response to applications and questions during interview.

STUDENTS

1. Students have a right to expect:

(a) That they will not be exploited relative to time commitment or pay for profit of the conducting institution or corporation.

(b) That the enrollment in a program of nurse anesthesia is equivalent to the signing of a contract between the student and the program and that the rights and responsibilities of each party of the contract are fully understood and complied with, and student failure to achieve the goal within the time frame expected for which he/she enrolled is based on valid, reliable data and information from evaluations, viewed objectively and fairly, and reviewed as may be required by due process mechanisms.

(c) Fair and accurate evaluations of their progress in the educational program and to be kept informed of the status of that progress.
Nurse Anesthesia Rights and Responsibilities – continued

2. Students and graduates have the right to have access to transcripts of their academic and clinical achievements and upon their request have verified copies furnished to institutions, agencies, other programs of nurse anesthesia, or others specified by the student or graduate.

3. Graduates have the right to expect that a complete, accurate, certified transcript of student educational experiences will be forwarded to the certifying agency in sufficient time for eligibility determination to be made for the first qualifying examination for certification following graduation. This also holds true for the entire application when the program director assumes the responsibility for forwarding the entire application for qualifying examination with the supporting documentation.

4. Students shall have access to the accrediting agency after all forms of redress have been exhausted at the local institution relative to student appeals.

5. Students will be held accountable for:
   
   (a) The quality of preparation, completion, and performance of assignments.

   (b) Complying with the policies and regulations pertaining to the program of nurse anesthesia.

   (c) Fulfilling all responsibilities connected with the program defined at time of enrollment in the program, or made a part of the educational contract during the period of enrollment through mutual agreement.

6. Student rights and responsibilities regarding name and address changes, student records, access to records, and directory information is contained in the Frances Payne Bolton School of Nursing Handbook.
FACULTY

Have a right to expect that students are interested, motivated, and enthusiastic about learning. Faculty have the responsibility to treat students with respect and confidentiality.

CONDUCTING AND AFFILIATING INSTITUTIONS

Have a right to expect the program will be in full compliance with all policies, regulations, and procedures, and that the program will advise the conducting and affiliated institutions of any adverse accrediting or legal actions.

ACCREDITING AGENCY

The accrediting agency has a right to expect:

a. Full conformity with all required standards.

b. True responses to all inquiries and required documentation.

The accrediting agency has the responsibility to make its requirements clear.
Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
222 S. Prospect Avenue, Park Ridge, IL. 60068-4001
(P) 847-655-1160  (F) 847-692-7137
Accreditation@coa.us.com

The COA is the accrediting agency for nurse anesthesia programs in the United States, its territories, and protectorates.

Mission

1. To grant public recognition to nurse anesthesia programs and institutions that award post master’s certificates, master’s, and doctoral degrees that meet nationally established standards of academic quality (quality assessment).
2. To assist programs and institutions in improving educational quality (quality enhancement).

Goals

The goals of the Council are to:

1. Pursue its mission, goals and objectives and conduct its operations with integrity.
2. Advise, formulate, and/or adopt standards, criteria, policies and procedures for the accreditation of nurse anesthesia educational programs, subject to review and comment by all constituencies that are significantly affected by them.
3. Foster academic quality in educational programs.
4. Utilize evaluation to measure a program's degree of success in meeting programmatic objectives and accreditation requirements within the context of its institutional mission and resources.
5. Encourage innovations in program design and/or experimental programs that are based on sound educational principles.
6. Ensure responsiveness to its communities of interest including, but not limited to students, programs, and the public.
7. Foster student achievement and continuous program improvement as a basis of promoting quality nurse anesthesia services to the public.
8. Incorporate public involvement in its decision making related to quality and accountability.

For updates on: standards, policies and procedures; accreditation decisions; and accredited programs, you may visit their website at http://home.coa.us.com.
American Association of Nurse Anesthetists (AANA)
222 S. Prospect Avenue, Park Ridge, IL  60068-4001 
(P) 855-526-2262    (F) 847-692-6968
Info@aana.com

Founded in 1931, the American Association of Nurse Anesthetists (AANA) is the professional association representing nearly 48,000 Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists nationwide. The AANA promulgates education and practice standards and guidelines, and affords consultation to both private and governmental entities regarding nurse anesthetists and their practice. The AANA Foundation supports the profession by awarding education and research grants to students, faculty and practicing CRNAs. More than 90 percent of the nation's nurse anesthetists are members of the AANA.

The AANA developed and implemented a certification program in 1945 and instituted a recertification program in 1978. It established a mechanism for accreditation of nurse anesthesia educational programs in 1952, which has been recognized by the U.S. Department of Education since 1955. In 1975, the AANA was a leader among professional organizations in the United States by forming autonomous multidisciplinary councils with public representation for performing the profession's certification, accreditation, and public interest functions. Today, the CRNA credential is well recognized as an indicator of quality and competence. Vision Statement
AANA will be a preeminent professional association for healthcare and patient safety.

Mission Statement
AANA advances patient safety, practice excellence, and its members' profession.

Core Values
- Quality
- Professionalism
- Compassion
- Collaboration
- Wellness
- Diversity

AANA Motto
Safe and Effective Anesthesia Care.

Membership information, meeting dates, and other resources can be found on their website at:
http://www.aana.com
In 1975, the American Association of Nurse Anesthetists (AANA) approved the establishment of Councils to oversee the accreditation and certification processes for nurse anesthetists. In doing so, the profession recognized that credentialing mechanisms, which include examination and certification, function to protect and benefit the public. Nurse anesthetists established a rigorous national certification examination earlier than most nursing, allied health, and medical professions, and became an early adopter of computerized adaptive testing technology. The profession has required recertification since 1978. In 2007, the Council on Certification of Nurse Anesthetists (CCNA) and the Council on Recertification of Nurse Anesthetists (COR) became independent of the AANA, and together incorporated as the NBCRNA. While an autonomous organization, the NBCRNA continues to work closely with the AANA on issues of mutual concern.

The NBCRNA credentialing provides assurances to the public that certified individuals have met objective, predetermined qualifications for providing nurse anesthesia services. While state licensure provides the legal credential for the practice of professional nursing, private voluntary certification indicates compliance with the professional standards for practice in this clinical nursing specialty. The certification credential for nurse anesthetists has been institutionalized in many position descriptions as a practice requirement or as the standard for demonstrating equivalency. It has been recognized through malpractice litigation, state nurse practice acts, and state rules and regulations.

Mission
The mission of the National Board of Certification and Recertification for Nurse Anesthetists is to promote patient safety through credentialing programs that support lifelong learning.

Vision
The vision of the NBCRNA is to be recognized as the leader in advanced practice nurse credentialing.

Tagline
Promoting patient safety by enhancing provider quality.

Certification Resources and the National Certification Exam (NCE) Content Outline can be found on their website at: http://www.nbcrna.com/cert/Pages/default.aspx
Terminal Behavior Objectives

A graduate of the Program of Anesthesia will:

1. Maintain patient safety by use of monitoring modalities according to the AANA standards of care.
2. Practices according to the principles of infection control and utilizes universal precautions at all times.
3. Utilize principles of basic and behavioral sciences in protecting patients from iatrogenic complications.
4. Assure optimal physiologic function and safety during patient positioning.
5. Perform a pre-anesthetic interview and physical assessment according to established standards of care.
6. Evaluate patient history and appropriate, cost-effective laboratory and x-ray data as it relates to the conduct of an anesthetic.
7. Demonstrate a comprehensive understanding of physiology/pathophysiology as related to anesthesia.
8. Develop an appropriate anesthesia care plan consistent with the patient's medical condition and surgical requirements.
9. Demonstrates expertise with all anesthesia/OR equipment and perform comprehensive safety check routinely.
10. Initiates appropriate action when confronted with anesthesia equipment malfunction.
11. Administer general anesthesia for all ages and all categories of patients utilizing a broad variety of techniques and agents.
12. Administer and manage regional anesthesia including: spinal, epidural, and peripheral nerve blocks.
13. Demonstrates expertise in interpretation and utilization of data from both noninvasive and invasive monitoring modalities.
14. Manage fluid and blood component therapy appropriately on both adult and pediatric surgical patients.
15. Recognize and take appropriate actions with reference to complications occurring during anesthetic management.
16. Recognize personal limitations and consult with appropriate resources consistent with practice standards and policies.
17. Interpret and take appropriate actions with reference to pulmonary function and blood gas determinations.
18. Serve as a resource person for the respiratory care of patients.

19. Function as a team leader/member in cardiopulmonary resuscitation.

20. Function calmly and effectively in stressful situations and facilitate functioning of the health care team.


22. Know and function within appropriate legal requirements as a licensed professional, accepting responsibility and accountability for own practice.

23. Recognize medico-legal implications of anesthesia records.


25. Serve as a clinical and academic educator in anesthesia area of expertise for patient and health-related personnel.

26. Recognize personal and professional strengths and limitations and take appropriate action consistent with valid self-awareness.

27. Interpret and analyze job expectations, job satisfaction, and "burnout" as they apply to the nurse anesthetist.

28. Interpret personal feelings regarding the role of the anesthetist, and analyze personal perceptions regarding participation in the environment of anesthesia.

29. Discuss and analyze current ethical considerations in nurse anesthesia.

30. Recognize and interpret when, and how, ethical issues are present in many technical, social, psychological, and medical problems.

31. Develop a respect for experimental data and evidence-based practice.

32. Develop an appreciation of the historical significance of Nurse Anesthesia as it relates to present principles and practice.
<table>
<thead>
<tr>
<th>Characteristics of an MSN Graduate</th>
<th>Terminal Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develops and teaches educational offerings and provides consultation with other professionals/populations and communities about health, illness and health-seeking behavior.</td>
<td>Serve as a resource person for the respiratory care of patients. Function as a team leader/member in cardiopulmonary resuscitation. Serve as a clinical and academic educator in anesthesia area of expertise for patient and health-related personnel.</td>
</tr>
<tr>
<td>Identifies clinical research problems, initiates utilization of research and participates in scientific inquiry.</td>
<td>Maintain patient safety by use of monitoring modalities according to the AANA standards of care. Practices according to the principles of infection control and utilizes universal precautions at all times. Utilize principles of basic and behavioral sciences in protecting patients from iatrogenic complications. Assure optimal physiologic function and safety during patient positioning. Perform a pre-anesthetic interview &amp; physical assessment according to established standards of care. Evaluate patient history and appropriate, cost-effective laboratory and x-ray data as it relates to the conduct of an anesthetic. Demonstrate a comprehensive understanding of physiology/pathophysiology as related to anesthesia. Develop an appropriate anesthesia care plan consistent with the patient's medical condition and surgical requirements. Demonstrates expertise with all anesthesia/OR equipment and perform comprehensive safety check routinely. Administer general anesthesia for all ages and all categories of patients utilizing a broad variety of, techniques and agents. Administer and manage regional anesthesia including: spinal, epidural, and peripheral nerve blocks.</td>
</tr>
<tr>
<td>Assumes functions and role of the Advanced Practice Nurse.</td>
<td>Demonstrates expertise in interpretation and utilization of data from both noninvasive and invasive monitoring modalities. Manage fluid/blood component therapy appropriately for adult and pediatric surgical patients Recognize complications occurring during anesthetic management and take appropriate actions Interpret ABGs and take appropriate actions with reference to pulmonary function.</td>
</tr>
<tr>
<td>Assumes leadership positions in organizations at the local/state/national level</td>
<td>Recognize personal and professional strengths and limitations and take appropriate action consistent with valid self-awareness. Interpret and analyze job expectations, job satisfaction, and &quot;burnout&quot; as they apply to the nurse anesthetist. Interpret personal feelings regarding the role of the anesthetist, and analyze personal perceptions regarding participation in the environment of anesthesia. Discuss and analyze current ethical considerations in nurse anesthesia.</td>
</tr>
<tr>
<td>Applies ethical principles in Advanced Practice Nursing</td>
<td>Recognize medico-legal implications of anesthesia records. Actively participates in quality assurance activities. Know and function within appropriate legal requirements as a licensed professional, accepting responsibility and accountability for own practice. Recognize and interpret when and how ethical issues are present in many technical, social, psychological, and medical problems.</td>
</tr>
<tr>
<td>Initiates interdisciplinary teams to enhance practice</td>
<td>Recognize personal limitations and consult with appropriate resource, consistent with practice standards and policies.</td>
</tr>
<tr>
<td>Establishes effective communication systems among clients and colleagues</td>
<td>Initiates appropriate action when confronted with anesthesia equipment malfunction.</td>
</tr>
<tr>
<td>Contributes to policy development through active participation in legislative processes</td>
<td>Develop an appreciation of the historical significance of Nurse Anesthesia as it relates to present principles and practice.</td>
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</table>
## Master Class Schedule

### Hours/Week: Student Commitment (*according to previous estimate*)

<table>
<thead>
<tr>
<th>Topics Covered By Course Section / Semester</th>
<th>Contact Hours*</th>
<th>Summer I</th>
<th>Fall I</th>
<th>Spring I</th>
<th>Summer II</th>
<th>Fall II</th>
<th>Spring II</th>
<th>Summer III</th>
<th>Fall III</th>
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</thead>
<tbody>
<tr>
<td>1. Anatomy/Physiology &amp; Pathophysiology</td>
<td>135</td>
<td>NURS 459</td>
<td>NURS 453</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Respiratory</td>
<td>37</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>b. Circulatory</td>
<td>37</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Neurological/ Renal/ Endocrine/Geriatrics</td>
<td>25</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>d. Pediatrics/ OB</td>
<td>36</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NUAN 462</td>
<td></td>
</tr>
<tr>
<td>2. Basic Principles</td>
<td>42</td>
<td>NUAN 458</td>
<td>NUAN 459</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Advanced Principles</td>
<td>63</td>
<td>NUAN 460</td>
<td>NUAN 461</td>
<td>NUAN 462</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Research Development related to anesthetic practice</td>
<td>180</td>
<td></td>
<td></td>
<td></td>
<td>NURS 405</td>
<td>NURS 425</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Chemistry/Physics/ Pharmacology</td>
<td>125</td>
<td>NUAN 458</td>
<td>NUAN 459</td>
<td>NURS 430</td>
<td>NUAN 461</td>
<td>NUAN 462</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Professional Aspects</td>
<td>96</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>NURS 444</td>
<td>A,B,C</td>
<td>NURS 451</td>
</tr>
<tr>
<td>7. Clinical Correlative Conference</td>
<td>45</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

### Estimated Student Time Commitment (hours/week)

| Class | 20 | 20 | 12 | 8 | 8 | 4 | 4 | 4 |
| Study | 35 | 30 | 22 | 16 | 16 | 8 | 8 | 16 |
| Clinical, Rounds & prep time | 10 | 16 | 24 | 24 | 28 | 36 | 36 | 32 |

**Updated 5/2016 KM**
## MSN – Nurse Anesthesia Curriculum *(Subject to Change)*

<table>
<thead>
<tr>
<th>Semester</th>
<th>Credits</th>
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<tbody>
<tr>
<td><strong>Year I</strong></td>
<td>17</td>
</tr>
<tr>
<td><strong>Summer I</strong></td>
<td></td>
</tr>
<tr>
<td>NUAN 458</td>
<td>Principles of Anesthesia I <em>(new course)</em></td>
</tr>
<tr>
<td>NURS 459</td>
<td>Integrated Assessment for Advanced Nursing Practice</td>
</tr>
<tr>
<td><strong>Fall I</strong></td>
<td></td>
</tr>
<tr>
<td>NUAN 459</td>
<td>Principles of Anesthesia II <em>(new course)</em></td>
</tr>
<tr>
<td>NURS 453</td>
<td>Advanced Pathophysiology</td>
</tr>
<tr>
<td><strong>Spring I</strong></td>
<td></td>
</tr>
<tr>
<td>NUAN 460</td>
<td>Advanced Principles of Anesthesia 1</td>
</tr>
<tr>
<td>NURS 430</td>
<td>Pharmacology and Therapeutics</td>
</tr>
<tr>
<td><strong>Year II</strong></td>
<td>15</td>
</tr>
<tr>
<td><strong>Summer II</strong></td>
<td></td>
</tr>
<tr>
<td>NUAN 461</td>
<td>Advanced Principles of Anesthesia 2</td>
</tr>
<tr>
<td>NURS 405</td>
<td>Inquiry I: Theoretical Foundations</td>
</tr>
<tr>
<td><strong>Fall II</strong></td>
<td></td>
</tr>
<tr>
<td>NUAN 462</td>
<td>Advanced Principles of Anesthesia 3</td>
</tr>
<tr>
<td>NURS 425</td>
<td>Inquiry II: Research Process (Intensive)</td>
</tr>
<tr>
<td><strong>Spring II</strong></td>
<td></td>
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<tr>
<td>NUAN 551A</td>
<td>Nurse Anesthesia: Advanced Practice I <em>(clinical)</em></td>
</tr>
<tr>
<td>NURS 444ABC</td>
<td>Ethics/Billing &amp; Coding/Policy (ELNEC) (Intensive)</td>
</tr>
<tr>
<td><strong>Year III</strong></td>
<td>8</td>
</tr>
<tr>
<td><strong>Summer III</strong></td>
<td></td>
</tr>
<tr>
<td>NUAN 551B</td>
<td>Nurse Anesthesia: Advanced Practice I <em>(clinical)</em></td>
</tr>
<tr>
<td>NURS 502</td>
<td>Inquiry III: Evidence Based Nursing Practice</td>
</tr>
<tr>
<td><strong>Fall III</strong></td>
<td></td>
</tr>
<tr>
<td>NUAN 552</td>
<td>Nurse Anesthesia: Advanced Practice II <em>(clinical)</em></td>
</tr>
<tr>
<td>NURS 451</td>
<td>Leadership for Quality Healthcare</td>
</tr>
</tbody>
</table>

**Total Program Credits** 40
Nurse Anesthesia (NUAN) Course Descriptions

NUAN 458 **Principles of Anesthesia 1** (2) [Approved 4/2014]
An introduction to the art and science of nurse anesthesia, including basic anesthetic principles, chemical and physical properties of anesthesia, and basic anesthetic pharmacology. This course is designed to introduce students to basic anesthesia safety, anesthesia practice, and the operating room environment.
Prerequisite: Admission to Nurse Anesthesia Program

NUAN 459 **Principles of Anesthesia 2** (2) [Approved 4/2014]
In-depth study of principles of regional anesthesia and pain management. Emphasis placed on relevant anatomy and physiology, preoperative assessment and appropriate patient selection, appropriate use of equipment, pharmacology of commonly used medications, techniques for administration, and physiologic alterations/complications.
Prerequisite: NUAN 458

NUAN 460 **Advanced Principles of Anesthesia 1: Respiratory, Cardiovascular, & Hematologic** (3) [Approved 2/2015]
An in-depth exploration of the anatomy, physiology, and pathophysiology of the cardiovascular, respiratory, and hematologic systems in the context of anesthesia care. Implications of cardiovascular, respiratory, and hematologic disease for all types of surgery are explored, with emphasis on anesthetic management of surgical procedures related to these systems.
Prerequisite: NUAN 459 and NURS 453

NUAN 461 **Advanced Principles of Anesthesia 2: Neurological, Renal & Endocrine** (2) [Approved 4/2015]
An in-depth exploration of the anatomy, physiology, and pathophysiology of the renal, endocrine, and neurological systems in the context of anesthesia care. Implications of renal, endocrine, and neurological disease for all types of surgery are explored, with emphasis on anesthetic management of surgical procedures related to these systems.
Prerequisite: NUAN 460

NUAN 462 **Advanced Principles of Anesthesia 3: Pediatrics, Obstetrics & Geriatrics** (3) [Approved 4/2015]
An in-depth exploration of the anatomy, physiology, and pathology of pediatric, obstetric, and geriatric patients within the context of anesthesia care. Implications of physiologic changes across the lifespan are explored, with emphasis on the anesthetic management of anesthetic and surgical procedures related to these patient populations.
Prerequisite: NUAN 461
Nurse Anesthesia (NUAN) Course Descriptions – cont’d

NUAN 551A Nurse Anesthesia: Advanced Practice 1A (2) [Approved 4/2015]
Individual, in-depth study of advanced clinical nurse anesthesia in such specialty areas as neurosurgical, cardiovascular, obstetric and pediatric anesthesia. The nurse learns to handle more difficult, specialized patients who are at a higher risk. Emphasis on more complex management with advanced monitoring techniques, use of pharmacological agents and handling higher stress situations. Students develop and utilize practical clinical applications of nurse anesthesia theory. Students are individually assigned to specialty areas and are formally evaluated at the end of each rotation. Case presentations and group discussion designed to assist the student in conceptualizing, analyzing, and evaluating various nurse anesthesia strategies as they relate to the client’s health seeking behaviors and goals are also emphasized.
Prerequisite: NUAN 462

NUAN 551B Nurse Anesthesia: Advanced Practice 1B (1) [Approved 4/2015]
Individual, in-depth study of advanced clinical nurse anesthesia in such specialty areas as neurological, cardiovascular, obstetric and pediatric anesthesia. The nurse learns to handle more difficult, specialized patients who are at high risk. Emphasis is on more complex management with advanced monitoring techniques, uses of pharmacological agents and handling higher stress situations. Students develop and utilize practical clinical application of nurse anesthesia theory. Students are individually assigned to specialty areas and are formally evaluated at the end of each rotation.
Prerequisite: NUAN 551A

NUAN 552 Nurse Anesthesia: Advanced Practice 2 (2) [Under revision]
The continuation of advanced, independent clinical nurse anesthesia administration. Emphasis is on management of higher risk patients for more difficult procedures, performing total anesthetic care with minimum of anesthesiologist supervision, and readiness for transition from student to graduate status. Prerequisite: NUAN 551B
PROGRAM POLICIES

Academic Grading Policy

The grading system follows the policies of the FPB School of Nursing. Please refer to the student handbook.

The grading scale deployed for a course is at the discretion of the instructor and the responsibility for assigning grades rests exclusively with the designated instructor of a course or section. Grades in all courses are reported to the registrar at the end of each semester for all students.

Course Grades

Progression in the M.S.N program is contingent on a cumulative GPA of 3.0 and passing grades in all courses (A, B, C, P, or S). If the cumulative GPA falls below 3.0 during any semester, the student will be placed on academic probation. To be removed from probation, the student must have a cumulative GPA of 3.0 or higher in the next academic semester he/she is registered. If the student fails to be removed from academic probation at this time, he/she may be separated from the School of Nursing. Any required courses with a grade of C or lower will have to be repeated.

The grade of Incomplete (I) will be given at the discretion of the instructor for work not completed in the semester. The “Arrangement to Resolve a Grade of Incomplete” form must be completed prior to the end of the semester, or the instructor may assign a grade of “U” or “F.” A grade of “I” must be removed by the end of the semester following the one in which the course was taken or before the student enrolls in a course for which the initial course is a prerequisite. No credit is given for an “I” grade. The “I” will remain a permanent part of the transcript of the student fails to complete course requirements within the next semester, unless alternative arrangements are approved in writing.

A student who receives a grade of F or U for a required course must register for the course the next semester it is offered to continue the M.S.N. program. If the grade of U or F is in a course that is not required for the M.S.N. program, the student may register for the same course or a substitute course and achieve a passing grade to continue in the M.S.N. program. If the student receives a grade of F or unsatisfactory performance, (F, U, and NP) in two courses, he/she will be excluded from the Bolton School.
Clinical Failure

Clinical failure is defined as the inability to meet one or more clinical behaviors/objectives at a satisfactory level. Failing the clinical portion of a course will result in failure of the entire nursing course for which clinical is a component.

A student demonstrating unsatisfactory or unsafe clinical performance during a semester will be notified in writing and subject to disciplinary action, up to and including dismissal, in regards to unsatisfactory performance.

CLINICAL PERFORMANCE WHICH THREATENS PATIENT SAFETY

If, in the judgment of the Program Director, the student’s clinical performance constitutes a threat to patient safety, the student will be removed from the clinical area and may be subject to dismissal from the program.

Clinical Site Assignments

Clinical site assignments will not be changed after the first day of clinical attendance. Dismissal from the clinical site constitutes a dismissal from the program.

Deferral of Graduation

Reasons for which graduation may be deferred include but are not limited to:

1. Inability to fulfill clinical or academic requirements.
2. Less than 30 physical months in the program.
3. Non-payment of fees and/or tuition to Frances Payne Bolton School of Nursing or Case Western Reserve University

All adverse actions taken against students regarding deferral of graduation will be by faculty consensus and will allow the student the right of appeal as defined in the FPB Student Handbook.
Disability Accommodations & Resources

Students are never obligated to self-disclose their disability to Disability Resources, other staff members or faculty. However, students must notify the Program Director if their ability to meet the Technical Standards set forth in the FPB Student Handbook changes at any time during their progression through the nurse anesthesia program. An individual plan for accommodations will be sought out.

Students admitted to the program with a disability and unable to meet the Technical Standards and whom wish to obtain accommodations, auxiliary aids and/or services, must self-disclose their disability and direct their request(s) for accommodation(s) to the office of Disability Resources in Educational Services for Students (ESS) and obtain an individual accommodation plan before the start of class or clinical for file reference during program tenure. Accommodations are not made retroactively.

For more details and information regarding Disability Resources, see http://students.case.edu/education/disability/

Disciplinary Actions & Dismissal

A student demonstrating unsatisfactory academic progress, unsafe clinical performance, or unprofessional or unethical conduct on campus or abroad during the program will be notified in writing of the alleged infraction and required to meet with the Program Director. The following disciplinary actions may be taken to address the issue:

(a) Verbal Warning

(b) Probation with a learning contract directed at correcting unsatisfactory performance will be negotiated between the student and the program director.

   i. Failure to fulfill the contract will result in a clinical or course failure where applicable.

(c) Clinical Suspension – the duration of which must be made up at the end of the program.

(d) Dismissal from the program at the discretion of the Program Director, with appropriate documentation and/or the recommendation of any of the following:

   i. Associate Dean of Academic Affairs
   ii. MSN Program Director
   iii. Nurse Anesthesia Program Director and Assistant Program Director
   iv. University Legal Services (where needed)

Violations of University or School policies are subject to disciplinary actions at those levels.
Drug and Alcohol Abuse Prevention

Philosophy
The Program of Nurse Anesthesia is committed to the education of professional nurses who are able to function without the impairment of chemical dependency, and in so doing, protect the public for which they serve.

This policy also applies to physician and CRNA faculty, and recognizes both the continuing public threat of chemical dependency and the unique attributes of a career in anesthesia which make it high risk for this behavior.

Standards of Conduct
The unlawful possession, use, or distribution of illicit drugs and alcohol is expressly forbidden by students and faculty of the Program of Nurse Anesthesia. Students representing the program in any capacity are to adhere to clinical policy regarding appropriate behavior as set forth in the FPB and MSN Student Handbooks.

Legal Sanctions
Students and faculty who violate local, state, or federal laws with regard to substance abuse will be suspended and reviewed for termination from the program. The State Medical or Nursing Board will be notified.

a) Report of a conviction must be made by the student or faculty to their department head within 5 days of the conviction.

b) The department head must notify the funding agency within 10 days of this notice.

Education
Students will receive six (6) hours of lecture regarding the management of stress and its relation to chemical dependency. Wellness resources and Peer Assistance will also be reviewed.

Drug and Alcohol Counseling, Treatment, Rehabilitation & Re-Entry
Among others, the following resources are available to students whom are seeking assistance dealing with stress and chemical dependency:

University Counseling Services
201 Sears Library Building
Case Western Reserve University
(216) 368-5872
National Suicide Prevention Lifeline:
(800) 273-8255

American Association of Nurse Anesthetists
Peer Assistance Helpline:
(800) 654-5167
www.AANAPeerAssistance.com

Ohio Board of Nursing
Alternative Program of Chemical Dependency
(614) 466-0376, alternative@nursing.ohio.gov

Executive Director
Betsy J. Houchen, RN, MS, JD,
(614) 995-3684; bhouchen@nursing.ohio.gov

State Peer Advisors:
John (Jack) T. Stem, CRNA, 513-833-4584 (cell)
jack@jackstem.com, www.peerassistance.jackstem.com
Gregg Rampleman, CRNA, 513-532-7876 (cell)
epidurlman@yahoo.com
Grievance Process

The grievance process is detailed in the FPB Student Handbook.

Formal Appeal

A student who remains convinced of the injustice after meeting with the Program Director may present a formal statement to the Associate Dean for Academic Programs. If the matter is not resolved, then a formal request for appeal may be made to the Dean. Forms and an explanation of the procedures may be obtained in the Office of the Dean.

Needle Stick Injury

Students may access the University’s Health Service for information on the prevention and treatment of needle stick injuries. Should the student sustain a needle stick injury at Summa Health Systems, initial care will be in their emergency facilities; then, the student will notify the Case University Health Center. Should the student sustain a needle stick injury at University Hospitals, the student should report to University Health Service.

*Please note - All liability insurance coverage is to be provided by the student while involved in any outside work commitment as a nurse.

Regarding Outside student work

In accordance with the Council on Accreditation:

"Registered Nurse Anesthesia students shall not be employed as nurse anesthetists by title or function while in student status becoming a nurse anesthetist."

**Outside work is highly discouraged by the Program.** If the student decides to work outside the program, the student must notify the Program Director in writing of the nature, location, and hours of any intended outside work. Should progress in the program become unsatisfactory after starting outside work the student will be asked to terminate all outside work until progress is satisfactory.

Failure to adhere to the above work policy, or working for pay as an anesthetist while a student, shall be grounds for disciplinary action and/or dismissal from the program. The student has the right of appeal as defined in the FPB Student Handbook.
Student Records

1. All student records are confidential and to be kept in the Director’s locked office. Data may be used from student files only if no attempt is made to identify students (e.g. How many students have an MSN degree prior to entry into the school?). Access to student files requires permission of the Program Director.

2. Records of clinical and academic performance will be reviewed by the Program Director on a quarterly basis.

3. All evaluation forms for dealing with student academic and clinical program progress will be countersigned and dated by faculty and student. This does not imply the student’s agreement with the form, only his/her acknowledgement of the form's existence.

4. Class hour totals will be tabulated by the Program Director at the conclusion of each student’s program. The Program secretary will maintain a computer file on each student's clinical totals.

5. Clinical records are to be kept by each student. Before the student begins the clinical experience, forms will be distributed and explained to the student. At the end of the first clinical month, forms will be collected and reviewed with the students. Thereafter, at the conclusion of each clinical month of the program, the Clinical Coordinator will review clinical records for case numbers and variety on an ongoing basis.

Student Input

Student input into the process of self-evaluation will come from four sources:

A. Clinical and academic evaluations - students will evaluate all clinical and academic learning experiences. This data will be summarized by the director of the program and reviewed with faculty.

B. Exit interview - data from exit interviews of graduating students will be summarized by the program director and presented to the advisory committee for consideration in program revision.

C. Graduates (1 year) - Forms are provided to graduates of the program after one (1) year. They will be summarized by the program director and reviewed with faculty.
**Testing**

In an effort to maintain the highest degree of academic integrity, the School of Nurse Anesthesia has adopted the following policy for examinations in the nurse anesthesia courses.

- Students must place all bags, purses, backpacks, etc. in the back of or around the perimeter of the room.
- If a calculator is not provided, students may only use a basic function calculator (no graphing calculators or cell phones).
- No use of cell phones, iPods, music players, headphones, etc. during an examination period.
- Students must remain in the testing room until their exam is completed, unless permission has been granted by the test proctor to leave the room.
- Seating arrangements are at the discretion of the instructor/proctor.
- All scratch paper must be provided by the instructor, and turned in at the end of the exam.

*Other testing protocols be deployed, in addition to the policy above, at the discretion of course instructor or testing proctor as necessary to fit the needs of the exam or testing area.*

If a student is suspected of academic dishonesty during an examination, the student will be stopped from taking their exam, and dismissed from the classroom. The situation will be discussed with the student, instructor, and program director after the exam period. Any disciplinary actions will be consistent with University policy/procedure.
**Policy for Time Off**

All students may take personal time off (PTO) from clinical. Missed class time should be arranged with the instructor. No vacation time may be carried over to the next academic year. PTO includes holidays which are: New Year’s Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas. Miscellaneous days which shall be deducted from PTO include: compensatory time for intensives, review courses, and BLS/ACLS/PALS recertification.

*Forty-five (45) hours of conference time is required over the course of the program, which is to include attendance at one professional meeting. Students are encouraged to participate in national and/or professional activities (e.g. AANA Mid-Year Assembly, Nurse Anesthesia Annual Convention, and OSANA Spring/Fall Meetings). Some of the cost may be defrayed by the sponsoring organization or student memberships. Those students whom are performing well both academically and clinically who desire to attend meetings that coincide with class, must have the time off approved by both their clinical site and the program director.*

**PTO for the first six months (June through December) – Seven (7) days**

Holidays included in this total are: Labor Day, Thanksgiving and Christmas. So, you have four (4) days to schedule for vacation. Total number of days off during the last two weeks of December is at the discretion of the site coordinator. Your daily presence in the clinical setting is used to evaluate your progress in the program.

**PTO for the second clinical year (January through December) – 28 days**

Holidays included in this total are: New Year’s Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas. There are three (3) compensatory days allocated for second clinical year which you may use at your discretion for educational activities and must be approved by the Program director and/or clinical coordinator.

This leaves you with **18 days** to schedule PTO.

**PTO for the third clinical year (January through December) – 28 days**

Holidays included in this total are: New Year’s Day, Martin Luther King Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas. There are two (2) compensatory days allocated for third clinical year (intensive and review course) and two (2) days for credential recertification (BLS/ACLS/PALS) which you may use at your discretion and must be approved by the Program director and/or clinical coordinator.

This leaves you with **17 days** to schedule PTO.
### Single days off

Only one day per month will be allowed off as a single day. While we understand that certain appointments may be hard to come by, written verification of those appointments must be provided if more than one single day is needed in a month.

### Wednesdays (Senior Seminar)

Prior to the start of Senior Seminar and possibly during senior seminar there will appear to be days when you are not scheduled in clinical or class. These are not to be considered ‘free days’ or days off. They have been designed as study/research days. **If you choose to take a Wednesday off in combination with any other adjacent weekdays (e.g. Monday-Tuesday/Thursday-Friday) in the same week, you will be charged five (5) days of vacation time.**

### Vacation Requests

**No vacation days will be granted for days you are assigned to be On-Call.**

There will be no vacation time granted during the Cardiac (CV) or Obstetric (OB) rotations as these are important rotations for your program. Any vacation requests for more than two consecutive weeks must have the written approval of the Program Director. For senior students, vacation time will be limited to one week off per student during the last four weeks of the program and there will be NO TERMINAL VACATION.

**SUMMA**

Please submit your vacation requests on the appropriate form and place it in a location requested by the on-site clinical manager. **Deadline for requests for the next month will be the 15th of the current month. No consecutive Fridays.** Every attempt will be made to honor these requests. If the request has not been honored and the time has been posted, you can request vacation days and these will be granted as long as there is no scheduling conflict. **No vacation days will be granted for days you are already assigned to be On-Call.**

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- **Sophomore**
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- **Junior**
  - Total: 28
  - Deducted: -7
  - Remaining: 18
- **Senior**
  - Total: 28
  - Deducted: -7
  - Remaining: 17
UNIVERSITY HOSPITAL

Please submit your vacation requests on the appropriate form to a clinical coordinator. Deadline for requests for the next month will be the second Friday of the current month. Every attempt will be made to honor these requests; if request has not been honored and the time has been posted, you can request vacation days and these will be granted as long as there is no scheduling conflict.

- Once any time off is APPROVED - All students must submit those dates/times in email to Nurse Anesthesia program office and update Typhon. If on Rotation, all days off must be communicated to the primary site coordinator and anesthesia office.

University Emergency Closure/Delay

In the case of inclement weather, or if the University is closed for any other emergent reason, classes will be delayed or cancelled in accordance with the University schedule. Clinical days are never cancelled. Students should exercise their best judgment in determining whether to attend clinical during inclement weather. Calling off due to inclement weather will count as a PTO day except if there is state-issued weather emergency.

Ill Time

Students are encouraged to use their designated vacation days in a planned manner for their own needs. However, it is recognized that illness/emergencies occur. Ill time will be subtracted from the PTO. If a student accrues, more than five days of ill time those days will need to be made up.

When a sick day is needed, the following contact must be made:

All students must contact the Anesthesia office (216-368-6459 or 216-368-5999) or email the Program Director (sdm37@case.edu);

The appropriate clinical site must also be notified by phone:

- **Summa Hospital**
  1. Laura (Scheduling) 330-375-4081 leave a message
  2. Melody Betts 330-375-7714

- **University Hospital**
  Mather Control Desk 216-844-4420 or appropriate coordinator

**If you are rotating to another clinical site please check clinical handbook and site orientation material for contact information.**
Child/Family Illness

We are aware that graduate students will possibly have children that are ill requiring them to stay at home to take them for medical care or to care for them at home if other arrangements cannot be made. This is acceptable and will be treated in every respect as would an illness. Notification of the clinical site must be done as usual.

Personal Reasons

Calling off because of automobile problems, electrical or other utility outages, flooding, natural disasters or other personal reasons other than illness will be treated in the same manner as illness. Any absences from class requires notification of the course coordinator and/or the instructor for the day.

Bereavement

Students are granted three (3) bereavement days for the death of an immediate family member (parent, spouse, child, grandparent or sibling).

Maternity/Military/Personal Leave of Absence

Please refer to CWRU guidelines.

NOTE: ALL time off should appear the same on the records of the student, program office, and clinical site. Failure to comply with notification process will result in disciplinary action.
ACKNOWLEDGEMENT

I understand that I have access to University, School, and Program Handbooks. It is my responsibility to read and understand the policies and procedures in the following references:

- CWRU Student Handbook
- Frances Payne Bolton School of Nursing Student Handbook
- MSN Student Handbook
- Program of Nurse Anesthesia Student Handbook

{All handbooks are available in a digital format online at https://students.case.edu/handbook/ or http://fpb.case.edu}

I agree to abide by the guidelines and policies in the above handbooks.

__________________________
Student Signature

__________________________
Student Name (print)

_____
Date

[Office Copy]
NURSE ANESTHESIA

Student Clinical Sites Section

2016
This section of the handbook is a simple guide to give you basic information about the clinical sites. Information that is not found here can be found in the orientation materials provided by the clinical site or by contacting the clinical coordinator.

If the information in this handbook should change during the course of the year, you will be notified and an electronic update provided.

I hope you find the handbook useful and I hope you find your clinical experience to be challenging and rewarding.

Sonya D. Moore, DNP, CRNA

Program Director

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Revised/Updated 5/2016km
List of Clinical Coordinators

Case Western Reserve University
Nurse Anesthesia Program (NO221A)
Frances Payne Bolton School of Nursing
10900 Euclid Avenue
Cleveland, OH 44106

Kerry L. Quisenbery, MSN, CRNA
Phone 216-368-6335
Email kerry.quisenberry@case.edu

Primary Sites

University Hospital Health Systems
Case Medical Center
11100 Euclid Avenue, BHP 2356
Cleveland, OH 44106
Phone 216-844-1000
UHHospitals.org

John Cracker, MBA, CRNA
Chief Nurse Anesthetist
Phone 216-844-3724
Email john.craker@uhhospitals.org

Colleen Thaxton-Spencer, MSN, CRNA
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 Akron, OH 44304
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Clinical Rotations

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Akron, OH 44308

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Cleveland, OH 44106

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Findlay, OH 45840

Jeffery E. Molter, MSN, MBA, CRNA
Western Reserve Anesthesia Assc., Pres.
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Clinical Program

I. General

II. Care plans and daily evaluation

III. Overall clinical evaluation and grading

Clinical Site Maps

Interactive version

Frances Payne Bolton
School of Nursing

University Hospitals - Case Medical Center

Louis Stokes Cleveland VA Medical Center

Cleveland Clinic – Fairview Hospital

Summa Health Systems – Akron City Hospital

Summa Health Systems – St. Thomas Hospital

Akron Children’s Hospital

UH Portage Medical Center

Findlay Surgery Center
Findlay, Ohio (Not Shown)
I. GENERAL

1. The pattern of clinical instruction begins with minimal responsibility and total supervision. As the student gains experience and skill (determined by clinical evaluations), his/her experiences will be broadened and responsibility increased, as the need for supervision decreases. An example of this progression is seen in the discussion of pre-anesthesia rounds and the call rotation (see 3 & 4 below).

2. In the anesthesia team approach to perioperative care, a physician is available at all times for CRNA's and students. For at least the first year, a CRNA will be directly supervising the student and therefore immediately available.

3. Students make rounds with CRNA's initially; as they gain experience and skills, they make rounds independently. Cases are then discussed with the physician and/or CRNA. **Students are expected to make pre and post-op rounds on all their in-house patients.**

4. Students will be required to pass an oral exam prior to progressing to the next clinical course. Exams will be based on clinical objectives and graded as Pass/Fail.

5. **Clinical Experience**

   The clinical practicum is divided into five sections or academic periods:

   I. **NUAN 458, 459 (June – August & September – December)**

   Students work in the OR one-to-one with a CRNA and anesthesiologist, gradually increasing responsibility for case management consistent with stated clinical objectives. Students gradually begin making rounds and writing care plans.

   II. **NUAN 460, 461 (January – May & June – August)**

   Gradually increasing responsibility for case management consistent with stated clinical objectives. Students begin taking call with graduate and staff. The student continues to be supervised in the Operating Room but responsibility and decision making increase.

   III. **NUAN 462, 551A, 551B (September – December; January-May; June-August)**

   Following satisfactory attainment of 12 month clinical objectives, students begin rotating through specialized clinical areas (cardiovascular, OB, Neuro, Peds). Students take call as in NUAN 456 & 457.

   IV. **NUAN 552 - (September - December)**

   Call with supervision by an Anesthesiologist. Functions as a team member both oncall and on a daily basis.

   **This pattern shall allow:**

   1. Gradual exposure to a realistic clinical experience with adequate supervision & support.
   2. Exposure of the student to acute trauma and its anesthetic management when on-call.
   3. An opportunity for the student to relate to the staff anesthesiologist in both an on-call and normal daily setting prior to graduation and assumption of full graduate responsibilities.
   4. This pattern will be evaluated and revised as needed.
5. **Call Experience**

   Hours of call:  
   Mon-Fri    3:00 pm - 7:30 a.m. (16 hours)  
   Sat or Sun  7:00 am - 7:00 am (24 hours)  

   Day off after call, except for class.

   *Example:* On-call Monday - off Tuesday; On-call Friday - off Saturday. Following Friday off for Saturday call.

   **Student Duties on-Call:**
   1. Know the hours of call.
   2. Appear on time, dressed, and ready to work
   3. Report to CRNA and/or MDA on-call. Work assignments are at the discretion of the CRNA /MDA. Attendance off-call at M&M meeting and class is required.
   4. The student will obtain a beeper and post the number. The student will keep the staff informed of their whereabouts at all times (e.g., on rounds, in call room).

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**II. CARE PLANS AND DAILY CLINICAL EVALUATION**

1. Care plans are used in each case to assist the student in organizing their approach to case management. Comments are made on the care plan regarding the student's management of the case and performance (See Example A)

   **One (1) care plan per day is required of all students during the first year.**

   Care plan requirements for rotations (CV, OB, Neuro, Peds) will differ and are detailed in the objectives for each rotation.

2. Care plans will be used to study pre-op status, proposed anesthetic technique, case implementation and management, evaluation of implemented plan, and post-op patient evaluation.

   The care plans will be individually evaluated with a step by step discussion provided by the staff anesthesiologist and/or CRNA.

3. Student clinical performance will be evaluated on a daily basis by the CRNA graduate and/or anesthesiologist on the daily evaluation form available electronically.

   - S = Satisfactory
   - NI = Needs Improvement
   - U = Unsatisfactory
   - NA = Not Applicable

4. **Students must receive verbal permission to depart from the preceptor or clinical coordinator at the end of the day.**

5. Students are expected to self-evaluate their own performance every three months (quarterly) when they meet with the program director.

6. Students will complete the post-operative rounds on all in-house patients.
III. OVERALL CLINICAL EVALUATION AND GRADING

1. Clinical evaluation of students is based on the terminal behavioral objectives which are broken down into intermediate levels (1 month, 2 months, 3 months, 6 months, and 12 months). Specific clinical objectives will be in effect for Pediatrics, Obstetrics, Cardiovascular, and Neuro rotations. These objectives will be made available to both students and instructors prior to the start of each clinical experience.

2. The student and the CRNA instructor share the responsibility to discuss the cases and the student’s performance at the end of each day and to complete daily evaluations at the conclusion of each day’s clinical experience.
   a. Electronic evaluations:
      i. Students are to track the preceptors’ evaluations, as a minimum of 80% of evaluations for the semester must be completed. The mean score of system-calculated clinical performance can be viewed at the bottom of the form. Be aware that this number is not used to grade or score your clinical performance at the end of the semester but used as guide to review consistency in performance.
      ii. Students whom feel that their evaluations are not being completed in a timely manner should bring the matter to the attention of the clinical coordinator and/or program director.
      iii. Students not achieving the 80% evaluation completion rate for the semester will be given an incomplete for the course (I). The incomplete will be removed once the 80% semester evaluation completion rate is achieved.
   b. Access to electronic evaluations:
      i. Preceptors will be issued an individual secure logon to the survey tool in use by the Program. All evaluations will be available online; however, the student population available in each survey will be updated as the student progresses. Preceptors may view their own submitted evaluations.
      ii. Students will have access to view their completed evaluations.
      iii. Clinical site coordinators, the Assistant Director, and the Director of the program will have access to view students’ clinical evaluations.

3. Every three (3) months, a clinical evaluation is completed by the Clinical Director and the student after reviewing the student’s daily care plans and evaluations. Students will complete a self-evaluation each quarter prior to the meeting with the Program Director.

4. Review of Care Plans/Evaluations for quarterly meeting:
   Students performance will be considered satisfactory when the student consistently performs at expected level (related to level-specific objectives). This would include no U’s and very few NI’s. The student demonstrates growth and continued improvement especially with regard to areas that the evaluations have shown need improvement.

   Consistently poor performance can result in clinical probation at any time.
5. Unsatisfactory monthly evaluation = U in any one area
   a. Unsatisfactory monthly evaluation will, following program administration consensus, result in probation (unsatisfactory evaluations do not need to be consecutive). Probation will follow procedure outlined in Handbook for students - School of Nursing, Case Western Reserve University (Academic Concerns. A plan is derived by the student and instructor to correct any clinical deficiency. A clear understanding of clinical expectation by the student is required. Probation will last one month (4 weeks).
   b. Successful completion of probation requires meeting clinical expectations (objectives) as outlined for the specific level in the program. A student whose performance on probation falls short of those objectives will be considered for dismissal.
   c. Dismissal from the program requires clinical faculty consensus and School of Nursing concurrence. The student has the right of appeal as outlined in the Student Handbook.

6. Student Counseling and evaluation sessions:
   a. Formal evaluation of clinical and academic progress will be conducted quarterly. Students and instructors should sign all evaluations.

7. Students shall have the opportunity to evaluate and provide feedback on the preceptors with whom they have interacted in the clinical setting. Preceptor evaluations shall be periodically initiated by the program office per the program evaluation schedule; however, students may complete and submit an evaluation of a clinical preceptor at any time using the form provided in print or online, via email, by phone, or in person.
NOTE: Preceptor Evaluations are typically done once a year; however, an evaluation of any preceptor (e.g. CRNA, MDA) may be completed at any time. Students may use the electronic survey or print this form and place it in the Program Director’s mailbox.

Please evaluate the clinical preceptor with whom you have worked this month.

Preceptor: ____________________________________________ Site: ____________________________________________

<table>
<thead>
<tr>
<th></th>
<th>4 = Excellent</th>
<th>3 = Good</th>
<th>2 = Average</th>
<th>1 = Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discusses case management.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allows student to improve judgment</td>
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<tr>
<td>according to ability</td>
<td></td>
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<td></td>
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<tr>
<td>Discusses performance and deficiencies</td>
<td></td>
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<tr>
<td>Provides support</td>
<td></td>
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</tr>
<tr>
<td>Regards student with respect</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Encourages independence as appropriate</td>
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</tr>
</tbody>
</table>

Comments:

[Available and deployed electronically.]

Revised 6/2000
### Anesthesia Care Plan

**Student** ____________________________  **Preceptor/Site** ____________________________  **Date** _______

**Procedure:**

<table>
<thead>
<tr>
<th>Patient Assessment</th>
<th>Labs/Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td><strong>Wt</strong></td>
</tr>
<tr>
<td>BP</td>
<td>P</td>
</tr>
<tr>
<td>Allergies</td>
<td></td>
</tr>
<tr>
<td>Medications</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pertinent Medical History**

**Anesthetic Considerations**

**Induction:**

**Maintenance:**

**Emergence:**

**Fluid Type:**

- NPO x _____ Hrs.
- Def _______ cc
- Maint ______
- EBV ______
- ABL ______

**Evaluation of Plan**

**Student:**

**Preceptor:**

---

**Preceptor signature** ____________________________________________________________  **Date** _______
1st MONTH CLINICAL OBJECTIVES

At the end of the first month, the student will be able to:

Technical Skills
1. Demonstrate familiarity with all basic monitoring equipment.
2. Perform a basic room set-up (according to established guidelines) for simple cases.
3. Perform an anesthesia machine checkout according to established guidelines.
4. Demonstrates ability to fill vaporizers and change depleted tanks as needed.
5. Labels all syringes with appropriate drug concentration/cc.
6. Demonstrate proper positions/adjustments of all OR table, arm boards and arm holders.
7. Prevents iatrogenic injuries (teeth, eyes, lips)

Invasive and Regional
1. Demonstrates ability to perform simple invasive techniques (e.g. IV's, art lines) with assistance.
2. Identifies at least three regional techniques used at clinical site.

Airway
1. Demonstrates ability to recognize airway obstruction with assistance
2. Describes three (3) methods to correct an airway obstruction
3. Identifies sequence of steps for endotracheal intubation with some assistance.
4. Lists the steps in a rapid sequence induction.

Records
1. Identifies appropriate times recorded on the anesthesia record.
2. Demonstrate basic charting skills on the anesthesia records.

Patient Assessment
1. Describe the basic components of a pre-operative assessment.
2. Identify patients at risk for latex allergy.
1ST MONTH CLINICAL OBJECTIVES (Cont’d)

Basic Knowledge

1. List five (5) safety devices incorporated into the anesthesia machine.
2. Describe: the physical properties of gases in tanks, tank pressures and tank sizes.
3. Adjust gas flows to achieve desired FI02 at various liter flows.
4. Describe the sequence of induction for a) a mask case, b) an intubation, and c) a MAC case.
5. Describe the basic pharmacology of the following drugs (generic and trade names. mg/cc used at site. mg/kg dose. basic classification and use. basic elimination method):

<table>
<thead>
<tr>
<th>Drug</th>
<th>Drug</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfentanil</td>
<td>Etomidate</td>
<td>Nitroglycerine</td>
</tr>
<tr>
<td>Atracurium</td>
<td>Fentanyl</td>
<td>Ondansetron</td>
</tr>
<tr>
<td>Atropine</td>
<td>Glycopyrrolate</td>
<td>Propofol</td>
</tr>
<tr>
<td>Bupivacaine</td>
<td>Hydromorphone</td>
<td>Remifentanil</td>
</tr>
<tr>
<td>Cisatracurium</td>
<td>Ketamine</td>
<td>Rocuronium</td>
</tr>
<tr>
<td>Dexmedetomidine</td>
<td>Labetalol</td>
<td>Ropivacaine</td>
</tr>
<tr>
<td>Dopamine</td>
<td>Lidocaine</td>
<td>Sodium Nitroprusside</td>
</tr>
<tr>
<td>Ephedrine</td>
<td>Midazolam</td>
<td>Succinylcholine</td>
</tr>
<tr>
<td>Epinephrine</td>
<td>Morphine</td>
<td>Sufentanil</td>
</tr>
<tr>
<td>Esmolol</td>
<td>Neostigmine</td>
<td>Vecuronium</td>
</tr>
</tbody>
</table>

Judgment & Reasoning

1. Prepare healthy patients for induction of anesthesia for simple cases
2. Identify the stages of anesthesia

Reaction to Stress

1. Demonstrate effective communication skills
2. Demonstrates ability to function calmly.

Response to Direction

1. Demonstrates flexibility in behavior.
2. Demonstrates openness to suggestion.

Industry, Reliability, & Professionalism

1. Report to the department properly attired, in sufficient time to prepare for the first case.
2. Exhibits professionalism and courtesy among patients and co-workers.

Revised 6/2000
2nd MONTH CLINICAL OBJECTIVES

At the end of the second month, the student will be able to:

Technical Skills
1. Demonstrate increasing familiarity with all anesthesia and OR equipment and monitors.
2. Perform a room set-up (according to established guidelines) with some assistance.
3. Perform an anesthesia machine checkout independently and correctly.

Invasive and Regional
1. Demonstrates ability to perform simple invasive techniques (e.g. IV's, art lines) with assistance.
2. Identifies at least three regional techniques used at clinical site.
3. Describes basic pharmacology of six (6) local anesthetics.

Airway
1. Demonstrates ability to manage mask airway with assistance.
2. Demonstrates ability to recognize airway obstruction using monitors and patient assessment.
3. Describes three (3) methods to correct an airway obstruction.
4. Identifies sequence of steps for endotracheal intubation with some assistance.
5. Describes signs of esophageal intubation.
6. Describes three (3) criteria for extubation.

Records
1. Demonstrate basic familiarity with patient chart and anesthesia records.
2. Completes anesthesia record with preceptor assistance.

Patient Assessment
1. Describe basic components of History and Physical related to anesthesia.
2. Participates in pre-anesthetic interview with preceptor.
3. Completes and submits one written care plan per clinical day.

Basic Knowledge
1. Demonstrates basic familiarity with anesthetic agents and techniques.
2. Describes components of routine induction/anesthetic.
3. Identifies appropriate resources for gaining knowledge and information.
4. Describes three (3) simple measures to correct hypotension.
Judgment & Reasoning
1. Participates in planning anesthetic care with assistance from preceptor
2. Demonstrates capability for decision-making based on sound reasoning and rationale.
3. Demonstrates ability to develop new ideas based on previous experience/ existing knowledge.

Reaction to Stress
1. Verbalizes priorities appropriately based on situation with guidance from preceptor.
2. Demonstrate effective communication skills
3. Demonstrates ability to function calmly and effectively in stressful situations.

Response to Direction
1. Demonstrates flexibility and willingness to change behavior or plan.
2. Demonstrates openness to criticism and suggestion.

Industry, Reliability, & Professionalism
1. Demonstrates self-direction in completing assignments and seeking new ones.
2. Demonstrates reliability and accountability in completing assignments.
3. Demonstrates punctuality and timeliness in attendance and assignments.
4. Exhibits professionalism and courtesy among patients and co-workers.
5. Exhibits effective communication skills while interacting with patients and staff.
6. Demonstrates willingness to collaborate and cooperate with peers and other staff.

Revised 6/2000
3-5 MONTH CLINICAL OBJECTIVES

At the end of the 5th clinical month, the student will be able to:

**Technical Skills**
1. Demonstrate familiarity with all anesthesia and OR equipment and monitors.
2. Perform room set-up (independently and correctly).
3. Perform anesthesia machine safety checkout independently and correctly.

**Invasive and Regional**
1. Demonstrates ability to perform simple invasive techniques (e.g. IV's, art lines).
2. Describes appropriate situations for using specific regional techniques.
3. Demonstrates basic knowledge of anatomy/positioning for regional techniques.

**Airway**
1. Demonstrates ability to manage mask airway with minimal assistance.
2. Recognizes airway obstruction independently and corrects it with some assistance.
3. Performs endotracheal intubation with minimal assistance from preceptor.
4. Assures adequate patient ventilation at all times.

**Records**
1. Demonstrate familiarity with patient chart and anesthesia records.
2. Completes anesthesia record with minimal assistance.
3. Describes and demonstrates procedure for error correction on chart.
4. Verbalizes medico-legal implications of complete, accurate charting.

**Patient Assessment**
1. Conducts pre-anesthetic interview with some guidance from preceptor.
2. Identifies pertinent medical problems requiring specific anesthetic considerations.
3. Participates in formulating anesthetic care plan based on preanesthetic assessment data.
4. Completes and submits one written care plan per clinical day.

**Basic Knowledge**
1. Demonstrates increasing familiarity with anesthetic agents and techniques through verbalization and performance.
2. Demonstrates appropriate utilization of resources for gaining knowledge and information.
3-5 MONTH CLINICAL OBJECTIVES (Cont’d)

Judgment & Reasoning
1. Demonstrates ability to choose appropriate anesthetic techniques/agents based on patient assessment.
2. Demonstrates some independence in decision-making based on sound reasoning and rationale.
3. Demonstrates ability to develop new ideas through application of existing knowledge and experiences.
4. Demonstrates ability to recognize personal limitations due to inexperience, and consults with preceptor.

Reaction to Stress
1. Demonstrates appropriate prioritization based on situation at hand.
2. Exhibits ability to function calmly and effectively in stressful situations.
3. Demonstrates effective and appropriate communication with other anesthesia team members while in stressful situations.

Response to Direction
1. Demonstrates flexibility and willingness to change behavior or plan.
2. Demonstrates ability to accept criticism and constructive suggestions.

Industry, Reliability, & Professionalism
1. Demonstrates self-direction in completing assignments and seeking new ones.
2. Demonstrates reliability and accountability in completing assignments.
3. Demonstrates punctuality and timeliness in attendance and assignments.
4. Exhibits professionalism and courtesy among patients and co-workers.
5. Exhibits effective communication skills while interacting with patients and co-workers.
6. Demonstrates willingness to collaborate and cooperate with peers and other staff.

Revised 6/2000
6 - 12 MONTH CLINICAL OBJECTIVES

At the end of the 12th clinical month, the student will be able to:

Technical Skills
1. Demonstrate adeptness and familiarity with all anesthesia and OR equipment.
2. Demonstrates consideration and care when handling anesthesia/OR equipment.
3. Perform room set-up independently, without omitting essential items or delaying case.
4. Demonstrates organization and efficiency in room set-up and case management.

Invasive and Regional
1. Demonstrates proper technique and adeptness in line placement, includes all equipment.
2. Demonstrates proper technique in setting up equipment for regional anesthetics.
3. Performs regional techniques with some assistance.

Airway
1. Demonstrates ability to manage any mask airway.
2. Recognizes and corrects airway obstruction.
3. Identifies airway structures and performs endotracheal intubation with infrequent assistance.
4. Assures adequate patient ventilation at all times.

Records
1. Completes anesthesia records accurately and legibly.
2. Demonstrates timeliness and efficiency in charting.
3. Demonstrates correct technique for correcting errors on chart.

Patient Assessment
1. Performs pre-anesthetic interview/assessment independently.
2. Identifies all pertinent medical conditions requiring specific anesthetic considerations/interventions.
3. Formulates anesthetic care plan appropriately and communicates plan to preceptor.
4. Completes care plan in a timely manner (prior to case, if possible).

Basic Knowledge
1. Demonstrates understanding of physiology/pathophysiology as related to anesthesia.
2. Demonstrates familiarity with all anesthetic agents while planning and managing cases.
3. Demonstrates appropriate utilization of resources for gaining knowledge and information.
Judgment & Reasoning
1. Demonstrates ability to perform accurate ongoing assessment of patient needs.
2. Demonstrates independence in decision-making based on sound reasoning and rationale.
3. Exhibits accurate application of previously gained knowledge to situation at hand.
4. Demonstrates ability to recognize personal limitations due to inexperience, and consults with preceptor appropriately.

Reaction to Stress
1. Demonstrates appropriate prioritization based on situation at hand.
2. Exhibits ability to function calmly & effectively in stressful or emergency situations.
3. Demonstrate effective and appropriate communication with other anesthesia team members while in stressful or emergency situations.

Response to Direction
1. Demonstrates flexibility and willingness to change behavior or plan.
2. Demonstrates ability to accept criticism & constructive suggestions from preceptors.

Industry, Reliability, & Professionalism
1. Demonstrates conscientiousness & discretion while interacting with patients/ staff.
2. Demonstrates self-direction, reliability & accountability in completing assignments & seeking new ones.
3. Demonstrates punctuality and timeliness in attendance and assignment completion.
4. Exhibits professionalism and courtesy among patients and co-workers.
5. Exhibits effective communication skills while interacting with patients/ co-workers.
6. Demonstrates willingness to collaborate and cooperate with peers / other staff.

Revised 6/2000
12-30 MONTH CLINICAL OBJECTIVES

At the end of the 30th clinical month, the student will be able to:

Technical Skills
1. Demonstrate expertise with anesthesia and OR equipment.
2. Demonstrate consideration and care when handling anesthesia/OR equipment.
3. Perform room set-up independently and efficiently, including all essential equipment.
4. Perform safety check routinely.
5. Demonstrates organization and efficiency in room set-up and case management.

Invasive and Regional
1. Demonstrate expertise in placing IV and arterial lines, includes all necessary equipment.
2. Demonstrates proficiency in use and placement of central invasive monitors.
3. Exhibits proficiency in setting up and performing regional anesthetics.

Airway
1. Demonstrates expertise in managing all mask airways.
2. Recognizes and corrects airway obstruction.
3. Performs safe and smooth intubations consistently, rarely requiring assistance.
4. Assures adequate patient ventilation at all times.

Records
1. Completes anesthesia records accurately and legibly.
2. Demonstrates timeliness and efficiency in charting.
3. Demonstrates correct technique for correcting errors on chart.

Patient Assessment
2. Identifies all pertinent medical conditions requiring specific anesthetic considerations/interventions.
3. Formulates anesthetic care plan appropriately and communicates plan to preceptor.
4. Completes care plan in a timely manner (prior to case, if possible).

Revised 6/2000
Basic Knowledge
1. Demonstrates comprehensive understanding of physiology/pathophysiology as related to anesthesia.
2. Demonstrates expertise in use of all anesthetic agents.

Judgment & Reasoning
1. Demonstrates expertise and vigilance in performing ongoing assessment of patient needs.
2. Demonstrates independent decision-making based on sound reasoning/ rationale.
3. Communicates and consults with preceptor appropriately.
4. Exhibits consistent ability to apply previously gained knowledge to present situation.
5. Demonstrates ability to recognize personal limitations and consults preceptor appropriately.

Reaction to Stress
1. Demonstrates ability to set priorities appropriately.
2. Exhibits capability to function calmly and effectively in stressful situations.
3. Communicates effectively and appropriately with anesthesia team members.

Response to Direction
1. Demonstrates flexibility and willingness to change behavior or plan.
2. Demonstrates ability to accept criticism and constructive suggestions from preceptors.

Industry, Reliability, & Professionalism
1. Demonstrates conscientiousness and discretion while interacting with patients and others.
2. Demonstrates self-direction, reliability and accountability in completing assignments and seeking new ones.
3. Demonstrates eagerness to learn from experience and invites suggestions/ criticisms.
4. Demonstrates punctuality and timeliness in attendance and assignments.
5. Exhibits professionalism and courtesy among patients and co-workers.
6. Exhibits effective communication skills while interacting with patients and co-workers.
7. Demonstrates willingness to collaborate and cooperate with peers and other staff.

Revised 6/2000
<table>
<thead>
<tr>
<th>Technical Skills</th>
<th>Preceptor:</th>
<th>Date:</th>
<th>(please circle)*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates familiarity with all basic monitoring equipment</td>
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<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Performs a basic room set-up (according to established guidelines) for simple</td>
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<td>S NI U NA</td>
</tr>
<tr>
<td>Performs an anesthesia machine checkout according to established guidelines</td>
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<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates ability to fill vaporizers and change depleted tanks as needed</td>
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<td></td>
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<td>Labels all syringes with appropriate drug concentration/cc</td>
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</tr>
<tr>
<td>Prevents iatrogenic injuries (i.e. teeth, lips, and eyes)</td>
<td></td>
<td></td>
<td>NI NI NI NI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Invasive &amp; Regional</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates ability to perform simple invasive techniques (e.g. IV’s, art. lines) with assistance</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Identifies at least 3 regional techniques used at clinical site</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Describes basic Pharmacology of six (6) local anesthetics</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Airway</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates ability to recognize airway obstruction with assistance</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Describes three (3) methods to correct an airway obstruction</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Identifies sequence of steps for endotracheal intubation with some assistance</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>List the steps in a rapid sequence induction</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Records</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies appropriate times recorded on anesthesia record</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates basic charting skills on the anesthesia records</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Assessment</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Describe the basic components of a pre-operative assessment</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Identify patients at risk for latex allergy</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic Knowledge</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>List five (5) safety devices incorporated into the anesthesia machine</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Describe: the physical properties of gases in tanks, tank pressures, and tank sizes</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Adjust gas flows to achieve desired FIO2 at various liter flows</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Describe the sequence of steps for a mask case, intubation, and MAC</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Describe the basic pharmacology of the following drugs (generic and trade names, mg/cc used at site, mg/kg dose, basic classification and use, basic elimination method)</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Atropine</td>
<td>Zofran</td>
<td>Anectine - Succinocochine</td>
<td>Ephedrine</td>
</tr>
<tr>
<td>Robinul-Glycopyrrolate</td>
<td>Reglan</td>
<td>Pyridostigmine</td>
<td>Neostigmine</td>
</tr>
<tr>
<td>Fentanyl - Sublimaze</td>
<td>Etomidate</td>
<td>Tracrium</td>
<td>Edrophonium</td>
</tr>
<tr>
<td>Versed</td>
<td>Pentothal</td>
<td>Norcuron</td>
<td>Bupivacaine</td>
</tr>
<tr>
<td>Zemuron</td>
<td>Propofol</td>
<td>Toradol</td>
<td>Labetolol</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judgment and Reasoning</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prepare healthy patients for induction of anesthesia for simple' cases</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Identify the stages of anesthesia</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reaction to Stress</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate effective communication skills</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates ability to function calmly</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response to Direction</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates flexibility in behavior</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates openness to suggestion</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Industry, Reliability, and Professionalism</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Report to the department properly attired, in sufficient time to prepare for the first case</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Exhibits professionalism &amp; courtesy among patients &amp; co-workers</td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments:</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student Signature/Date</th>
<th>CRNA/MD Signature/Date</th>
</tr>
</thead>
</table>

*S = Satisfactory, NI = Needs Improvement, U = Unsatisfactory, NA = Not Applicable. Comments required for areas marked “U”.
<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Preceptor:</th>
<th>Date:</th>
<th>(please circle)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Technical Skills</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates familiarity with anesthesia/OR equipment &amp; monitors</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Performs room set-up independently and completely</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Performs safety check independently and correctly</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Prevents iatrogenic injuries (i.e. teeth, lips, and eyes)</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td><strong>Invasive &amp; Regional</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates ability to perform simple invasive techniques (e.g. IV’s, art. lines)</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Describes appropriate situations for using specific regional techniques</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Demonstrates basic knowledge of anatomy/ positioning for regional techniques</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td><strong>Airway</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates ability to manage mask airway with minimal assistance</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Recognizes airway obstruction independently &amp; corrects it with some assistance</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Performs endotracheal intubation with minimal assistance from preceptor</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Assures adequate patient ventilation at all times</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td><strong>Records</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates familiarity with patient chart &amp; anesthesia record</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Completes anesthesia record with minimal assistance</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Describes and demonstrates procedure for error correction on chart</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Verbalizes medico-legal implications of complete, accurate charting</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td><strong>Patient Assessment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducts pre-anesthetic interview with some guidance from preceptor</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Identifies pertinent medical problems requiring specific anesthetic considerations</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Participates in formulating anesthetic care plan based on pre-anesthetic assessment data</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Completes and submits one written care plan per clinical day</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td><strong>Basic Knowledge</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate utilization of resources for gaining knowledge and information</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Demonstrates increasing familiarity with anesthetic agents and techniques through verbalization and performance</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td><strong>Judgment and Reasoning</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates ability to choose appropriate anesthetic technique/agents based on patient assessment</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Demonstrates some independence in decision-making based on sound reasoning and rationale</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Demonstrates ability to develop new ideas through application of existing knowledge and experiences</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Demonstrates ability to recognize personal limitations due to inexperience, &amp; consults with preceptor</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td><strong>Reaction to Stress</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate prioritization based on situation at hand</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Exhibits ability to function calmly and effectively in stressful situations</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Demonstrates effective &amp; appropriate communication with other anesthesia team members while in stressful situations</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td><strong>Response to Direction</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates flexibility and willingness to change behavior or plan</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Demonstrates ability to accept criticism and constructive suggestions</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td><strong>Industry, Reliability, and Professionalism</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates self-direction in completing assignments &amp; seeking new ones</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Demonstrates reliability &amp; accountability in completing assignments</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Demonstrates punctuality &amp; timeliness in attendance and assignments</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Exhibits professionalism &amp; courtesy among patients &amp; co-workers</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Exhibits effective communication skills while interacting with patients &amp; co-workers</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
<tr>
<td>Demonstrates willingness to collaborate &amp; cooperate with peers &amp; other staff</td>
<td>S</td>
<td>NI</td>
<td>U</td>
</tr>
</tbody>
</table>

**Comments:**

Student Signature/Date

**CRNA/MD Signature/Date**

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<table>
<thead>
<tr>
<th><strong>Technical Skills</strong></th>
<th></th>
<th></th>
<th>Date:</th>
<th><em>(please circle)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates adeptness &amp; familiarity with all anesthesia/OR equipment</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates consideration &amp; care when handling anesthesia/OR equipment</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Performs room set-up independently, without omitting essential items or delaying case</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates organization &amp; efficiency in room set-up and case management</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Prevents iatrogenic injuries (i.e. teeth, lips, and eyes)</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td><strong>Invasive &amp; Regional</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates proper technique &amp; adeptness in line placement; includes all equipment</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates proper technique in setting up equipment for regional anesthetics</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Performs regional techniques with some assistance</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td><strong>Airway</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates ability to manage any mask airway</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Recognizes and corrects airway obstruction</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Identifies airway structures &amp; performs intubations with infrequent assistance</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Assures adequate patient ventilation at all times</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td><strong>Records</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes anesthesia records accurately and legibly</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates timeliness and efficiency in charting</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates correct technique for correcting errors on chart</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td><strong>Patient Assessment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs pre-anesthetic interview/ assessment independently</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Identifies all pertinent medical conditions requiring specific anesthetic considerations/ interventions</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Formulates anesthetic care plan appropriately &amp; communicates plan to preceptor</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Completes written care plan in a timely manner <em>(prior to case, if possible)</em></td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td><strong>Basic Knowledge</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates understanding of physiology/pathophysiology as related to anesthesia</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates familiarity with all anesthetic agents while planning &amp; managing case</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates appropriate utilization of resources for gaining knowledge and information</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td><strong>Judgment and Reasoning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates ability to perform accurate ongoing assessment of patient needs</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates independence in decision-making based on sound reasoning and rationale</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Exhibits accurate application of previously gained knowledge to situation at hand</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates ability to recognize personal limitations due to relative inexperience, &amp; consults with preceptor appropriately</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td><strong>Reaction to Stress</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate prioritization based on situation at hand</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Exhibits capability to function calmly and effectively in stressful or emergency situations</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates effective and appropriate communication with other anesthesia team members while in stressful or emergency situations</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td><strong>Response to Direction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates flexibility and willingness to change behavior or plan</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates ability to accept criticism and constructive suggestions from preceptors</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td><strong>Industry, Reliability, and Professionalism</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates conscientiousness &amp; discretion while interacting with patients &amp; staff</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates self-direction, reliability &amp; accountability in completing assignments &amp; seeking new ones</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates punctuality &amp; timeliness in attendance and assignment completion</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Exhibits professionalism &amp; courtesy among patients &amp; co-workers</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Exhibits effective communication skills while interacting with patients &amp; co-workers</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td>Demonstrates willingness to collaborate &amp; cooperate with peers &amp; other staff</td>
<td></td>
<td></td>
<td></td>
<td>S NI U NA</td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*U = Unsatisfactory, S = Satisfactory, NA = Not Applicable. Comments required for areas marked "U".*
### Daily Clinical Evaluation Form

<table>
<thead>
<tr>
<th>Technical Skills</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate expertise with anesthesia and OR equipment</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrate consideration and care when handling anesthesia/OR equipment</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Perform room set-up independently and efficiently, including all essential equipment</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Perform safety check routinely</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates organization and efficiency in room set-up and case management</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Prevents iatrogenic injuries (i.e. teeth, lips, and eyes)</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Invasive &amp; Regional</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrate expertise in placing IV and arterial lines, includes all necessary equipment</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates proficiency in use and placement of central invasive monitors</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Exhibits proficiency in setting up and performing regional anesthetics</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Airway</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates expertise in managing all mask airways</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Recognizes and corrects airway obstruction</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Performs safe and smooth intubations consistently, rarely requiring assistance</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Assures adequate patient ventilation at all times</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Records</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completes anesthesia records accurately and legibly</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates timeliness and efficiency in charting</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates correct technique for correcting errors on chart</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Patient Assessment</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs pre-anesthetic interview/ assessment independently</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Identifies all pertinent medical conditions requiring specific anesthetic considerations/ interventions</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Formulates anesthetic care plan appropriately &amp; communicates plan to preceptor</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Completes written care plan in a timely manner (prior to case if possible)</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Basic Knowledge</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates understanding of physiology/pathophysiology as related to anesthesia</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates expertise in use of all anesthetic agents while planning &amp; managing case</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Judgment and Reasoning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates expertise and vigilance in performing ongoing assessment of patient needs.</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates independent decision-making based on sound reasoning/ rationale.</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Communicates and consults with preceptor appropriately.</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Exhibits consistent ability to apply previously gained knowledge to present situation.</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates ability to recognize personal limitations and consults preceptor appropriately</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Reaction to Stress</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate prioritization based on situation at hand</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Exhibits capability to function calmly and effectively in stressful or emergency situations</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates effective and appropriate communication with other anesthesia team members while in stressful or emergency situations</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Response to Direction</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates flexibility and willingness to change behavior or plan</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates ability to accept criticism and constructive suggestions from</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Industry, Reliability, and Professionalism</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates conscientiousness &amp; discretion while interacting with patients &amp; staff</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates self-direction, reliability &amp; accountability in completing assignments &amp; seeking new ones</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates eagerness to learn from experience and invites suggestions/ criticisms</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates punctuality &amp; timeliness in attendance and assignment completion</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Exhibits professionalism &amp; courtesy among patients &amp; co-workers</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Exhibits effective communication skills while interacting with patients &amp; co-workers</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates willingness to collaborate &amp; cooperate with peers &amp; other staff</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
</tbody>
</table>

**Comments:**

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**Student Signature/Date**

**CRNA/MD Signature/Date**

*S = Satisfactory, NI = Needs Improvement, U = Unsatisfactory, NA = Not Applicable. Comments required for areas marked "U".*
Obstetrics Rotation Clinical Objectives

The Student Will:

1. Follow the attached OB guidelines for Summa Health Systems and Fairview including:
   a. Interviewing and evaluation of patients for potential anesthetic intervention.
   b. Checking and stocking ORs and carts.
   c. Post-op rounds
2. Do a minimum of 30 epidurals/spinals during the two month rotation (to include both labor/vaginal delivery and C/section).
3. Keep accurate daily records of all patients interviewed and cases completed.
4. Be expected to complete all work started in the afternoon. The CRNA/MDA will determine a reasonable time for the student to leave.
5. When not actually doing cases in OB, time will be utilized to review OB anesthesia literature. This time is not intended to be listed for exam preparation. Demonstrate a thorough knowledge of epidurals and spinal techniques along with commonly used local anesthetic agents.
6. The following subject matter should be fully developed by the student during his/her OB rotation. Complete knowledge of this information and its anesthetic implications.
   a. Antepartum hemorrhage, abruptio placenta, placenta previa, placenta accreta
   b. Cardiac/valvular diseases and pregnancy
   c. Pre-eclampsia/eclampsia/HELLP syndrome
   d. Multiple gestations/breech presentations
   e. Anesthesia for emergency C/section/failed intubation
   f. NaHCO3/epidural-intrathecal narcotics and local anesthetics
   g. Physiologic changes of pregnancy
   h. Local anesthetic agents: Lidocaine, Nesacaine, Bupivicaine
Pediatric Rotation Clinical Objectives – Akron Children’s Hospital

Guidelines and Objectives:
The major goal of the affiliation shall be to give the student experience in the anesthesia care of the pediatric patient.

Objectives shall include, but not be limited to the following areas:
1. Premedication
2. Selection of agents and techniques
3. Airway management
4. Fluid and blood replacement
5. Prolonged ventilatory care of infants and children

Specific Objectives:
The student, upon completion of the Akron Children’s clinical rotation, will be able to:
1. Outline rationale and order (under supervision) premedication for infants and children.
2. Render psychological support and reassurance to pediatric patients undergoing surgery.
3. Discuss (in detail) pathological anatomy and physiology and its influence on the conduct of anesthesia in pediatrics.
4. Determine anesthetic technique and agent(s) for a variety of pediatric procedures.
5. Determine proper pediatric drug doses of anesthetic agents.
6. Maintain airway in pediatric patients with both mask and endotracheal tube.
7. Start intravenous infusions in pediatric patients.
8. Determine adequate fluid and blood replacement practices in pediatric patients.
9. Evaluate respiratory status of infants and children and advise as to the need for prolonged ventilatory care.
10. Administer safe, intelligent anesthesia for the pediatric patient.
Cardiovascular Rotation Clinical Objectives

Guidelines and Objectives:

The student will:

1. Evaluate all assigned patients both pre-op and post-op.
2. Provide appropriate care plans for all patients undergoing vascular surgery.
3. Provide a generic care plan (including anesthetic implications, clinical features and pathophysiology) for each of the following procedures:
   a. Myocardial revascularization (CABG)
      i. List changes in anesthetic technique due to IMA grafting vs. vein grafting
   b. Mid-CAB
   c. Mitral valve replacement
      i. Mitral stenosis
      ii. Mitral insufficiency
   d. Aortic valve replacement
      i. Aortic stenosis
      ii. Aortic insufficiency
   e. Combination CABG/valve replacement procedures
   f. Thoracotomy procedures
4. Demonstrate proficiency in setting up all monitoring equipment and drugs for both open heart and vascular procedures.
5. Demonstrate a thorough knowledge of:
   a. Cardiac anatomy and physiology
   b. All commonly used cardiac and resuscitation drugs
   c. Anesthetic choices and implications
   d. Extracorporeal bypass
   e. Hemodynamic monitoring, interpretation and its implications
6. Demonstrate proficiency in planning for and starting all invasive monitoring lines.
7. Administer anesthesia for a minimum (10) open-heart procedures.
8. Administer anesthesia for a minimum of five (5) lung procedures.
9. Administer anesthesia for a minimum of five (5) vascular procedures.
10. Be evaluated daily by the preceptor who supervises the student.

Revised 6/2000
Neuroanesthesia Rotation

Guidelines and Objectives:
The major goal of this rotation shall be to give the student experience in the anesthesia care of the neurosurgical patient.

Prior to beginning this rotation, the student will take a pre-test to identify areas of strengths and weakness.

Objectives shall include, but not be limited to the following areas:

1. Premedication
2. Agent and technique selection
3. Airway management
4. Fluid and blood replacement

Specific Objectives:
The student upon completion of the neurosurgical clinical rotation will be able to:

1. Describe the regulation of cerebral blood flow.
2. Discuss cerebral edema and increased intracranial pressure (pathophysiology and treatment).
3. Discuss monitoring modalities used in neuroanesthesia (including indications, precautions and complications).
4. Describe the techniques of induced hypotension and hypothermia. Identify cases these techniques may be of value in.
5. Discuss in detail the anesthetic management of the sitting case. Include the recognition and treatment of venous air embolism.
6. Recognize that the patient population of neuroanesthesia also includes pediatric patients.

Revised 6/2000
Clinical Rotation Orientation & Evaluation Rate

<table>
<thead>
<tr>
<th>Rotation Site</th>
<th>Contact for Orientation/Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairview Park OR</td>
<td>Cindy Gillette</td>
</tr>
<tr>
<td>Anesthesia Office: 216-476-7052</td>
<td></td>
</tr>
<tr>
<td>440-503-3043 (cell), <a href="mailto:cgillette23@aol.com">cgillette23@aol.com</a></td>
<td></td>
</tr>
<tr>
<td>[Typhon EASI]</td>
<td>Daily evaluations</td>
</tr>
<tr>
<td>Interim report</td>
<td>Final report</td>
</tr>
<tr>
<td>Fairview Park OB</td>
<td>Call either secretary – Beth Shimola or Pattie Minko</td>
</tr>
<tr>
<td>Anesthesia Office: 216-476-7052</td>
<td></td>
</tr>
<tr>
<td>Angela Milosh (<a href="mailto:milosha@ccf.org">milosha@ccf.org</a>) makes up the call schedule.</td>
<td></td>
</tr>
<tr>
<td>[Typhon EASI]</td>
<td>Daily evaluation</td>
</tr>
<tr>
<td>Interim report</td>
<td>Final report</td>
</tr>
<tr>
<td>Akron Children’s Hospital</td>
<td>Antionette Sutherland (Anesthesia Dept. Secretary in charge)</td>
</tr>
<tr>
<td></td>
<td>330-543-8823</td>
</tr>
<tr>
<td></td>
<td>Interim report</td>
</tr>
<tr>
<td></td>
<td>Final report</td>
</tr>
<tr>
<td>UH Portage Med Ctr</td>
<td>Sue Lyden (<a href="mailto:SLLyden@yahoo.com">SLLyden@yahoo.com</a>)</td>
</tr>
<tr>
<td>Ravenna</td>
<td>Surgery Desk: 330-297-0811</td>
</tr>
<tr>
<td></td>
<td>Daily evaluations</td>
</tr>
<tr>
<td></td>
<td>Final report</td>
</tr>
<tr>
<td>LSVACLE Hospital</td>
<td>Jessica Foster</td>
</tr>
<tr>
<td></td>
<td>Office: 216-791-3800 (ext. 5119), 440-590-5569 (cell)</td>
</tr>
<tr>
<td></td>
<td>Daily evaluations</td>
</tr>
<tr>
<td></td>
<td>Final report</td>
</tr>
<tr>
<td>Findlay Surgery Ctr</td>
<td>Jeff Molter</td>
</tr>
<tr>
<td></td>
<td>440-478-8448</td>
</tr>
<tr>
<td></td>
<td>Final report</td>
</tr>
</tbody>
</table>

Revised 5/2016

* All clinical sites are expected to transition to the electronic format by December 2016.
Basic Equipment Set-Up

**SAMPLE**

[For All Cases]

On a clean surface on the anesthesia machine, place:

1. A working laryngoscope/MAC3 blade (check for additional blades/handles in drawer)
2. Appropriate size endotracheal tube with stylet, cuff checked & 10 cc syringe attached
3. Tongue blade and appropriate size oral airway

Also have access to:

1. Gloves and Goggles
2. CLEAN, working suction with tonsil (Yankauer) tip attached
3. Precordial stethoscope
4. Two (2) drape clips or hemostats
5. EKG (lead system as appropriate for patient)
6. Appropriate size BP cuff
7. Temperature probe (skin or esophageal as indicated for case)
8. Nasal airway and lubricant
9. Lacrilube
10. Roll of tape to secure ET tube, eye tape
11. Salem gastric tube (only if appropriate to case)
12. Appropriate sized LMA, if necessary
13. Appropriate sized ETT, if necessary

**BASIC DRUG SET-UP** (in anesthesia back cart) USE NEEDLE-LESS SYSTEM

1. Succinylcholine 100 mg x 2 (2 - 5cc syringes)
2. Atropine 1 mg
3. Lidocaine 100 mg (prefilled syringe)
4. NDMB - draw up only after discussion with preceptor
5. Obtain appropriate drug box from pharmacy. Have induction agents/narcotics/anxiolytics drawn up and labeled prior to case start.

**DO NOT LEAVE ANY DRUG SYRINGES OUT ON CART**

**CART MUST BE LOCKED WHEN NOT IN ROOM**
Attendance

Tardiness
Tardiness is defined as arriving to the designated clinical unit or meeting place any time after the designated start of clinical. In the event that a student anticipates clinical tardiness, the instructor must be notified prior to the beginning of clinical day. Tardiness without prior notification at the beginning of the clinical day may result in a required make-up day. Two (2) or more tardy incidences (with or without prior notification) may result in a full clinical make-up day. (FPB Student Handbook)

Policy for Time Off (PTO)

Time off is calculated according to how many clinical days the student is away. Since holidays can fall on class or clinical days, their time is automatically deducted from the overall balance of time off for the year.

Each clinical site may have its own protocols for student requests for time off. Students are to adhere to the attendance policy set forth in the Nurse Anesthesia Student Handbook in conjunction with the scheduling and notification protocols in place for the clinical site.
Clinical Coordination Team:

- John Cracker, Chief CRNA: 216-844-3724, John.Cracker@uhhospitals.org
- Colleen Thaxton-Spencer: 440-829-8006, colleenspencer27@gmail.com
- Elizabeth Demko: 216-374-0163, elizabethdemko@hotmail.com

University Hospitals Case Medical Center (UHCMC) participates in an anesthesia care team model. An attending anesthesiologist is assigned to 2-3 rooms with either a CRNA or AA as a “front-liner”. The attending anesthesiologist is to be called for induction and emergence. They are also very visible throughout the case and if problems arise, do not hesitate to call them. No student is to be left alone in the rooms. Either an anesthesiologist or CRNA must be in the room. Post-op orders are taken care of by the attending anesthesiologist.

Surgeries start at 7:15 a.m. with the exception of Wednesdays which start at 8:15 a.m. It is expected that you arrive early enough to have your room set up, drugs prepared, patient pre-op and IV started prior to 7:15 a.m. On Wednesdays you are expected to attend the resident lectures/M&M which start at 7:00 a.m. in Bolwell 105. So make sure your room is ready prior to going to lecture. The exception to this is if there is a SRNA/CRNA meeting which you will be notified of in advance.

The CRNA’s work a variety of 8, 10 and 12 hour shifts. If you are paired with a CRNA who is scheduled for 10 or 12 hours it is expected that you stay until they dismiss you. If you are working with a CRNA who is scheduled for 8 hours, you may go when your CRNA is relieved. If your room finishes before 3 p.m., please contact the clinical coordinator for the day to see if there is anything else for you to do. This is your time to learn and gain experience. There are many great cases and opportunities to learn anesthesia, please take advantage of them.

Mel and Jay are the main Mather OR techs. They have pressure bags for A-lines/central lines made up in the mornings. They can answer questions about equipment, get equipment to you and troubleshoot anesthesia machine/monitor problems. Please do not abuse them as they are responsible for all the adult ORs (24) and some out –of- the OR areas; but use them as a resource and base of information.

DRUGS: You will have access to the Omnicell which contains the majority of drugs you will be using during surgery.

ALL drugs are to be scanned.

The CRNA is responsible for the drugs removed from the Omnicell even though you have access. If something is not scanned, the CRNA is held accountable and will be very unhappy about being audited. Through the Omnicell you have access to controlled substances. Again the CRNA is held accountable to the controlled substances removed, given, and wasted. Please waste the controlled substances properly with the CRNA you are working with. Ephedrine is considered a controlled substance at UHCMC, please waste it.

Assignments: Your clinical assignment will be made by the clinical coordinators and e-mailed to you and your preceptor the day before. The OR surgery schedule for the next day is usually available by 2 p.m. and is placed at the pharmacy window, you have access to it to see what the next day will be like. As a senior your assignment may include more difficult cases. On occasion you will be assigned to OB, pediatrics and out of the OR.
**Time off:** Scheduled time off is to be arranged through the vacation coordinator and in accordance to Case Nurse Anesthesia Program requirements. **No terminal vacations.** No more than two (2) consecutive full weeks nor will more than two (2) consecutive Fridays be granted at any one time. Call-off and unscheduled time off is may be counted toward PTO or will need to be made up. If you must call off please call/text (do not e-mail) the clinical coordinator of the day in addition to the preceptor you were assigned to. Make up days are to be arranged through the clinical coordinators. If you have an extenuating circumstance please discuss it with the clinical coordinators and program director as different arrangements can be made.

**Misc:** locker assignments, ID badges, parking will be covered during orientation to UHCMC.
University Hospitals buildings and grounds are smoke-free.
See driving directions on back.
SUMMA HEALTH SYSTEM (AKRON CITY HOSPITAL)

Clinical Coordinator: Melody Betts  (330) 375-7714

Lockers: You will be assigned a locker on the first day.

The Anesthesia office door code to enter is 5-2-1

Please consult Summa Clinical Site Orientation Handout for more detailed information on site policies and procedures.

Clinical Hours:
Be prepared to start by 0730 unless instructed otherwise.

Parking:
Parking is free in the employee deck. Pull into the hospital entrance and turn left heading to the deck. Enter the deck at the entrance which is at the front of the hospital. Your ID badge puts the gate up. Exit is at the opposite end of the deck and the gate will automatically go up as you exit.

Pharmacy:
CRNAs will obtain narcotic boxes.

Lockers:
Door access to both locker rooms is 1-4-5. You will be assigned to a locker on the first day and the code given at that time.

OR is on the ground floor.

Clinical Assignments:
Completed the CRNA on call prior night and are posted on the main OR board near the front desk.
Summa Akron City Hospital
525 East Market Street
Akron, Ohio 44304
summahealth.org

DRIVING DIRECTIONS:

From the North: Take I-271 South to Route 8 South. Follow Route 8 South until you reach the Akron area. Take the Perkins Street/Route 59 exit and turn left at the top of the exit ramp. Go through the traffic light at Fountain Street. Turn right on Arch Street. Turn left onto Forge Street. Turn right onto Adams Street.

From the Northwest: Go east on the Ohio Turnpike (I-80). Take the Route 8 exit ramp. Travel on Route 8 South until you reach the Akron area. Take the Perkins Street/Route 59 exit and turn left at the top of the exit ramp. Go through the traffic light at Fountain Street. Turn right onto Arch Street. Turn left onto Forge Street. Turn right onto Adams Street.

From the East: Take I-76 West to Route 8 North. Stay in the right-hand lane. Exit at Buchtel Avenue. Go through Carroll Street and Buchtel Avenue intersections. Turn right onto East Market Street. Pass Arch Street. Turn left onto Adams Street.

From the West: Take I-77 South. Approaching Akron, it will turn into I-77/I-76. Turn left onto Route 8 North. Take Buchtel Avenue exit. Go through Carroll Street and Buchtel Avenue intersections. Turn right onto East Market Street. Pass Arch Street. Turn left onto Adams Street.

From the South: Take I-77 North to Route 8 North. Exit at Buchtel Avenue. Go through Carroll Street and Buchtel Avenue intersections. Turn right onto East Market Street. Pass Arch Street. Turn left onto Adams Street.

Valet parking is easily accessible (see map on reverse side for this symbol •):

- At The Richard M. and Yvonne Hamlin Pavilion, 95 Arch Street, on the parking lot side.
- At the SameDay Surgery and Emergency Department entrance.
- At the hospital’s Main Entrance.
CALLS:

All students are required to orient to the unit and procedures within the week prior to their first scheduled Call. That may mean going to Fairview on a weekend or following clinical hours at your current clinical assignment. Students will not receive time off from their current clinical assignment to orient to Fairview. Students who arrive on a weekday before 4:00 PM for orientation will receive their hospital ID, parking pass, locker assignment and meal coupons at that time. Students who plan to orient on a weekend or on a weekday after 4:00 PM must call the OB Anesthesia office at 216-476-7052 and tell the secretary of their intentions. She will arrange to leave a parking pass with the staff anesthesiologist on Call for OB or the Birthing Unit secretary.

The guidelines for making the call schedule are as follows:

1. Confer with fellow residents and SRNAs concerning time request.
2. Refer to the Resident Rotation Schedule and the SRNA PTO book located in the CCF Anesthesia library to identify scheduled time off.
3. Do not schedule SRNAs on class days (usually Wednesdays) unless absolutely necessary.
4. Do not schedule Junior residents (CA1 and CA2) on lecture days unless absolutely necessary.
5. Do not schedule a resident or SRNA for call the last day of their obstetric rotation.

TIME OFF:

Time requests from CWRU students will be emailed directly to the secretaries at Fairview’s Department of Anesthesia: beth.shimola@fairviewhospital.org or patricia.minko@fairviewhospital.org. Requests from Hamot and CCF students will go through the clinical coordinators at the respective institutions.

Requests are limited to 1 per month and submitted no later than the first day of the preceding month. No requests will be accepted for time off during the first week of your assignment at Fairview.

Requests for time off are limited to 4 days in a row. Requests are not guaranteed – they are granted based on the number of people available to cover Call.

You can trade Call days with your peers after the schedule comes out. Be sure to notify the Anesthesia Department at Fairview.

Unless impossible to avoid – no student will be required to cover Call the night before a class.

No student should ever miss class due to a Call scheduled on a class day. If Call must be assigned to a student on a class day, then the student is to be relieved to attend class and will return to Call following class. If a student is assigned to a short Call (7am-5pm) on a class day, return to the clinical area is at the discretion of the assigned anesthesiologist. Students are responsible to remind the assigned anesthesiologist when they have class on a Call day.

CCF and CWRU students must report for orientation at 7:00 am on the first weekday of the rotation or your first Call (whichever is first). Whenever possible, Holidays will be covered with 1 person.
CALL-OFFS:

Due to the nature of the required calls, call-offs are highly discouraged. The student will be required to make-up the day during the rotation, or if it is at the end of the rotation, they will be charged with 1 vacation day for a 10 hour day or 2 vacation days for a 24 hour call.

If you must call-off, please call both the Birthing Center at 216-476-7120 and the Department of Anesthesia office at 216-476-7052 (leave message on voicemail).

MEETING ATTENDANCE:

All junior residents and SRNAs are expected to attend prearranged lectures and classes at the Cleveland Clinic. In the event one is scheduled for call on a day of class, every attempt should be made to trade calls. If this is not possible, he/she must inform the staff anesthesiologist on-call of the expected duration of absence from Fairview Hospital.

Residents and SRNAs are encouraged to attend Fairview's Department of Anesthesiology monthly grand rounds or M&M Conferences. These are held the third Wednesday of each month at 7:15 am in Conference Room A.
FAIRVIEW HOSPITAL GENERAL SURGERY ROTATION INFORMATION

1. Contact Info:  Cindy Gillette, CRNA – Clinical Site Coordinator
   a. (216) 476 – 7052  (Anesthesia Dept)
   b. Call the anesthesia secretary one month before you start to arrange a meeting time & place for your first day. You will be taken to get an ID badge, a Pyxis ID code (medication dispensing machine), computer training, locker assignment and a tour of the dept. Email the clinical coordinator (Cindy Gillette) one month prior to your start as well to keep her informed of your progress.
      i. You must complete COMET training.
      ii. You must also complete EPIC training.
   c. Call at least a month ahead of time if any vacation time will be taken.
   d. On your first day she will discuss expectations for the rotation with you.
   e. Limit vacation time to one week (5 days) during your general rotation. Please no vacation days during your cardiothoracic rotation.
   f. Call the OR control desk for any call-off’s or tardiness at 216-476-7145 and have them inform the anesthesiologist on call. Also, inform the clinical coordinator via email.

2. Care Plans Required/Evaluations
   a. If doing cardiothoracic rotation at Fairview:
      i. By the 3rd week of your rotation, submit the following generic care plans to the clinical coordinator for review:
         1. On-pump CABG
         2. Off-pump CABG
         3. AVR, MVR (differentiating between stenosis & insufficiency)
         4. Thoracotomy
         5. Mediastinoscopy
   b. Daily care plans for junior students
   c. Daily evaluations for all students.

3. Parking
   a. First Day
      i. Park where instructed or in a visitor’s lot.

4. Starting Time
   a. For an average day, be in the OR by 6:30am. For the 1st day, be there by 6:15-6:30. For heart rotation, be there by 6:00.
   b. Surgery start time is 7:30am.
      i. On the third Wednesday of every month, you are expected to attend Grand Rounds for anesthesia. Ask Cindy about the details of the Wednesday meetings.

5. Assignments
   a. On your first day, they will show you where to find assignments & how to read the schedule.
   b. You could be assigned with a CRNA or MD. Both will be present for induction and emergence. Call for anticipated or potential problems.
   c. Your finish time is about 4pm on an average day.
   d. A “Late Day” is required once per week during your senior year Fairview rotation. The end time for a late day is 8pm.
6. Teaching  
   a. The staff at Fairview are EXCELLENT!!! They are very good practitioners. 
   b. They are also very open to you trying new things for the learning experience  
      (i.e. – Remifentanil, fiberoptic, etc). 
   c. This rotation provides more independence during maintenance of the case when appropriate.  
      Really take this opportunity to think of the consequences of EVERY action you take. 

7. ORA’s (OR Assistants) – ORA 3s are trained to assist with anesthesia procedures. They are invaluable!!  
   Here are some of the things they will help you out with: 
   b. CVP plcmt – same as above, plus flushing lines, cleaning up & dressing site. Often they will 
      even label your lines for you. 
   c. Advanced airway – cart to room, usually equipment ready to go (dual lumen tubes, etc). 
      Although, you should be familiar with this as well! 
   d. ICU Transport – They will help you get the patient hooked up to the transport monitor & have 
      all necessary equipment (ambu) ready at the end of the case. They will accompany you to the 
      ICU, get the monitors switched over, and take all the equipment back. 

8. Lunch  
   a. A few times a month there will be lunch in the anesthesia office (drug reps, etc). They 
      welcome you & encourage you to go. 

9. Drugs  
   a. Pyxis (Medication dispensing machine) 
      i. You will fill out a Pyxis application form on your first day. Usually you are in the 
         system by the end of your first day...you just have to check the pyxis (no one will 
         notify you that you’re activated). Call Pharmacy w/ any issues. 
         1. User ID – your employee # on the front of your badge. 
         2. Password – 123456 
            a. The Pyxis will prompt you through the changes to your password & 
               fingerprinting. 
      b. Pyxis drugs to get before each case...try to anticipate what you’ll need for the whole case. 
         i. Propofol, Etomidate 
         ii. Any narcotics or controlled substance 
         iii. Ephedrine 
         iv. Any locals for blocks 
         v. Please charge for all drugs to the appropriate patient. Daily drug audits are done and 
            you will need to rectify any discrepancies. 
   c. Emergency Drugs 
      1. Mix a Neosynephrine bag and syringe at the beginning of the day 
      2. Sux and atropine available, but NOT drawn up. 
      3. Do not be wasteful of the medications. Only use what you need and make 
         sure all other necessary drugs are readily available. 

10. Pre-op 
    a. You are expected to pre-op at least the first patient of the day and discuss the anesthesia plan 
       with your preceptor. 
    b. When the circulator is ready, he/she will come out to pick up the patient & you take the 
       patient back together. 
    c. The main OR desk will usually announce overhead when the surgeon arrives (they check-in @ 
       the front desk).
There are currently four groups of students who rotate to Fairview Hospital for OB Anesthesia experience: Cleveland Clinic School of Nurse Anesthesia (CC), Case Western Reserve University (CWRU), Hamot Medical Center School of Anesthesia and Excela Health School of Anesthesia. On occasion a resident from South Pointe Hospital will also rotate. There are typically 7-8 students a month. The Call schedule is created by the CC Assistant Director and will be distributed at least one month in advance or sooner if possible.

All students are required to orient to the unit and procedures within the week prior to their first scheduled Call. That may mean going to Fairview on a weekend or following clinical hours at your current clinical assignment. Students will not receive time off from their current clinical assignment to orient to Fairview. Students who arrive on a weekday before 4:00 PM for orientation will receive their hospital ID, parking pass, locker assignment and meal coupons at that time. Students who plan to orient on a weekend or on a weekday after 4:00 PM must call the OB Anesthesia office at 216-476-7052 and tell the secretary of their intentions. She will arrange to leave a parking pass with the staff anesthesiologist on Call for OB or the Birthing Unit secretary. There are 2 Call rooms available to students daily. There are additional rooms on the 6th floor available on a first come-first serve basis. If you know that you will need to stay in a Call room the night before your Call, please call the OB Anesthesia office and ask them to reserve the room for you.

Call-Offs:
Due to the nature of the required calls, call-offs are highly discouraged. The Call schedule will be revised so that the student can make up the day during the rotation, or if it is at the end of the rotation, they will be charged with 1 vacation day for a 10 - 12 hour day or 2 vacation days for a 24 hour call. If you must call-off, you must call both the Birthing Center at 216-476-7120 and the Department of Anesthesia office at 216-476-7052 (leave message on voicemail).

Call on Class Days
24 hour Call will not be scheduled the day before or the day of a class day. (For CWRU and CCF students, in the extreme event that a Call must be scheduled on a class day, the student will be relieved to attend class and then return to Call following class. Students must remind the anesthesiologist when they have class on a Call day.)

OB Call Coordinators

<table>
<thead>
<tr>
<th>Institution</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCF and CWRU</td>
<td>Angela Milosh</td>
<td><a href="mailto:Milosha@ccf.org">Milosha@ccf.org</a></td>
</tr>
<tr>
<td>Hamot</td>
<td>Valerie Hoover</td>
<td><a href="mailto:Valerie.Hoover@Hamot.org">Valerie.Hoover@Hamot.org</a></td>
</tr>
<tr>
<td>Excela Health</td>
<td>Mike Debroeck</td>
<td><a href="mailto:mdebroeck@excelahealth.org">mdebroeck@excelahealth.org</a></td>
</tr>
</tbody>
</table>

Scheduled vacation time or Call requests are not permitted. Once the schedule is distributed, you may trade Call by notifying the Fairview Anesthesia Secretaries:

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patti Minko</td>
<td><a href="mailto:patricia.minko@fairviewhospital.org">patricia.minko@fairviewhospital.org</a></td>
</tr>
<tr>
<td>Beth Shimola</td>
<td><a href="mailto:beth.shimola@fairviewhospital.org">beth.shimola@fairviewhospital.org</a></td>
</tr>
</tbody>
</table>

Call Hours
There will always be at least 1 SRNA on a 24 hour call 7 AM – 7 AM. The remainder of the rotators will be assigned to either a 12 or 24 hour shift. The number of SRNAs daily will depend on the number of rotators within a given month as well as the anticipated delivery schedule. When the number of rotators allows, a third SRNA will be assigned. One or two students will be assigned to Call on Holidays. Following a 24 hour Call, students are given at least 48 hours off before another Call. Students may be required to take a 12 hour Call one day followed by a 24 hour Call the next day. For those of you with a long drive, if you prefer to take your 12 hour Call immediately before your 24 hour Call, please email Angela Milosh.

If you have any questions regarding these guidelines, please email Angela Milosh at Milosha@ccf.org.
1. You should arrive for work at the hospital at 7:00 a.m.; surgery begins promptly at 7:30 a.m.

2. **Parking pass:** You must park in the parking garage on your first day. You will be able to leave without paying as you will have a parking pass by the end of the day. You will need to see the secretary in the Department of Anesthesiology office and she will provide you with the parking pass (**$10.00 refundable deposit required**) and meal tickets.

3. **Telephone numbers** you should know are:
   - Department of Anesthesiology: 476-7052 or ext. 27052
   - Birthing Center: 476-7120 or ext. 27120
   - OB Anesthesia Office: ext. 23282

4. **Lockers** will be assigned to you in the Birthing Center. Please keep your locker locked at all times for security purposes.

5. **The hospital food** is quite good and inexpensive. You should always wear your temporary ID/parking pass when going to the cafeteria so that you will be charged employee prices. Meal tickets will be distributed when the call schedule is submitted to the Anesthesia Secretary. Two meal tickets are provided for each day you are on-call, however they may be used at any time.

6. **Location of Departments:** The Department of Anesthesiology is located on the second floor of the hospital. Report directly to the Birthing Center which is located on the third floor of the hospital in the Pavilion section.

7. **Staff Supervision:** Only in life or death situations would a trainee initiate administration of anesthesia **without the knowledge and supervision of the staff anesthesiologist on-call.**

8. **You should orient yourself to:**
   - Birthing Center operating rooms
   - Neonatal intensive care unit (NICU)
   - The Medical Library
   - Epidural carts (be familiar with this!)
   - Antepartum unit (4 pavilion)
   - Postpartum units (4 & 5 pavilion)
   - On-call room
   - The Anesthesia Record
   - Spinal & Epidural kits
   - Invasive Monitoring kits
   - QS perinatal computer system

9. **CALLS:**

The call schedule will be made by the CWRU and CCF SRNAs on a rotational basis. The long call is for 24 hours (7:00 am - 7:00 am), the short call is 7:00 a.m. - 7:00 p.m. During rotations with a higher number of trainees, two trainees will be on call for 24 hours each day. A 48-hour clinical week is the norm.
10. **MEETING ATTENDANCE:**

At the Cleveland Clinic: ALL ARE EXPECTED TO ATTEND. The staff anesthesiologist on-call must be aware of the duration of absence from Fairview Hospital if the trainee is on-call that day.

At Fairview Hospital: All present at Fairview Hospital are encouraged to attend our monthly grand rounds and/or M&M conference. These are held the 3rd Wednesday of each month at 7:15 a.m. in Conference Room A (located on the first floor).

*Any deviation from the above should be reported to the Anesthesia Office or the Staff anesthesiologist.*

11. **Rounds** for all patients in labor should be made, and patients interviewed in the labor rooms, by the trainee. The anesthesia consent form should be signed after explaining the content to the patient, along with a note written in the Pre-Anesthesia Evaluation Sheet and counter-signed by the staff M.D. for approval of anesthesia plan. The preoperative evaluation includes patients who have not requested Anesthesia services. It is best to know a patient's exam, including full airway examination and history prior to any emergency and every parturient has the potential to become an emergent case.

12. Always check the anesthesia rooms first thing in the morning. Drugs, airway, suction, mechanic's, etc., malfunctioning or missing equipment can cost lives in the OB setting. Setting up of anesthesia machines, drugs, etc., is the same as at the Cleveland Clinic. Request controlled drugs from the circulating nurse or charge nurse.

Sterile, disposable breathing circuits and masks are in each room. When the bag is attached to the end of the hoses, this means the circuit is clean and unused.

The plastic bag at the right side of the anesthesia cart is for waste; basket on the other side of the cart is for reusable equipment which needs to be cleaned (airways, laryngoscopes, etc.). You are responsible for immediately replacing any equipment used at the end of the case.

13. Before **any epidural block** is given, make sure the obstetrician has been informed and is aware that an epidural block is about to be performed.

14. **Orders and Pre-op Notes** written by residents and student nurse anesthetists must be counter-signed by the staff anesthesiologist. (No need to order pre-epidural block fluid load - just start I.V. preload prior to block initiation).

15. **Books & References:** There are a few reference books and copies of interesting articles in the OB anesthesia office. There is also an excellent selection of current books in the Anesthesia Office (second floor) and you are welcome to use them while in the hospital. The hospital also has an excellent full-service medical media center.

16. **Didactic Sessions:** One of the trainees on-call each day will be assigned to deliver a topic from the didactic list for group discussion. Your education and your evaluation will both be determined in some part by the effort you expend in this responsibility.

17. **CA-3 Elective OB Anesthesia Rotation:** The CA-3 resident will be assigned to the more difficult and high risk cases whenever possible. He/she will be more involved in choosing the anesthetic plans for his/her cases, as well as have more autonomy in managing these patients. The CA-3 resident will have the opportunity to practice mock orals, Q&A for the written boards and participate in case discussions. Also, he/she may be involved in the teaching process of junior residents and their supervision in the OR's.
Driving Directions to Fairview

From the West or East via I-90
- Exit at McKinley Avenue
- Turn left (from west-bound exit) or right (from east-bound exit). Proceed south on McKinley to Rocky River Drive (Rt. 237)
- Turn left on Rocky River Drive and proceed to Lorain Avenue (Kamm’s Corners Shopping Plaza and the Shell station will be on the right)
- Turn right onto Lorain Avenue. Stay in the left lane and proceed straight into the hospital campus as Lorain bears to the right.
- Parking garage is on your left

From I-71 or East via I-480
- Exit at West 150th Street and proceed north
- Proceed on West 150th to Lorain Avenue (Kmart will be on the right corner)
- Turn left on Lorain Avenue and pass Kamm’s Corners Shopping Plaza. Stay in the left lane and proceed straight into the hospital campus as Lorain bears to the right
- Parking garage is on your left

From the West via I-480
- Exit at Grayton Road
- Turn left on Grayton Road and proceed north to Puritas Avenue
- Turn right on Puritas and proceed to Rocky River Drive (Rt. 237)
- Turn left on Rocky River and proceed to Lorain Avenue
- Turn left on Lorain. Stay in the left lane and proceed straight into the hospital campus as Lorain bears to the right
- Parking garage is on your left
Welcome to Akron Children’s Hospital

We are looking forward to meeting you. Your first day will consist of just orientation. Please arrive at 8:00a and park in the Locust Street parking deck. Take a ticket and our secretary will validate it. Park on the 3rd level if you can, the bridge to the hospital is on that level. When you take the bridge into the hospital you will see the orange elevators right in front of you. Take those to the 4th floor. When you get off the elevators you will see an office right across from them. This is our secretary’s office - Antionette “Toni” Sutherland. She will get you started with orientation and then I will take over.

You will be going into the ORs so bring your shoes, hats, jackets...etc. You will get your ID badge, locker and scrub machine number. It will be a busy day with a lot of information provided. We will be meeting with Michelle, from Child Life, who will present a 45 minute presentation. Our anesthesia techs Chris and Dave will be getting you into our locked anesthesia carts and Christine will be going over our iStat machines with you.

Please read up on pediatric anesthesia and the differences between children and adults. There are many differences anatomically and how drugs are metabolized depending on the age of the patient. You will see patients as small as a 600 gram premie to a 120 kg 80-year-old burn patient. The drugs you should be familiar with are: Zemuron, Tracrium, Nimbex, Morphine, Fentanyl, Dilaudid, Remifentanil, Versed, Zofran and Decadron. In addition to Nitrous, we use these drugs frequently, so please be very familiar with it as well. The only two inhalational agents we use are Sevoflurane and Isoflurane.

I have included a specific orientation packet that I would like you to read over before your orientation day. All of the information provided is what I will be covering throughout the orientation. If you have any questions don’t hesitate to email me.

Thank you,
Jamie Beris CRNA
Clinical Coordinator
jnr_rn@yahoo.com
I. TONI SUTHERLAND in A.M.:

a. **Badges:** are to be worn at all times. They also operate elevators, work room doors, entrances and exits to some units (PICU, NICU, BURNS, 5600, 8200). **At the end of your rotation, all badges are to be returned to Toni.**

b. **Scrubs:** Two pair of scrubs are allotted at one time. You are not allowed to wear scrubs in to or out of the hospital. Once you receive your scrub number, enter it into the machine and push enter then enter again. You then press C for collect or D for dispose. If you need to change your size, enter your code, press F, then enter one of the following codes that are on the front of the machine that pertain to your size, then push enter. Your size is now changed. Re-enter your scrub number and collect your scrubs.

c. **Appearance:** You are allowed to wear a shirt under your scrubs, but the sleeves are not to extend beyond the sleeves or neckline of the scrub top. We also have shoe covers that are located outside of the girls’ locker room. Please wear them in burn cases or any other trauma cases. Jewelry is to be kept to a minimum. Fingernails should be clean and well-manicured at all times. No perfume should be worn per HR policy.
d. **Parking:** You must park in the Glendale lot (See Attachment). Wait in your car until the shuttle comes to take you to the hospital. When you are scheduled for the 12-8 shift, please park in this lot. The 3-11 student may park in the Locust Street parking deck. When you are working a weekend day you may also park in the Locust Street parking deck. **DO NOT** swipe your ID badge to get into the parking deck! Toni will be called immediately by security for illegal parking. Always take a ticket and bring it to Toni and she will sign it.

e. **Call Offs:** Please make sure you call into the OR around 6:15 a.m. If you call any earlier, there may not be anyone at the desk to answer. You are also responsible for calling Toni’s office and sending Jamie an email that day.

   **OR Control Desk:** 330-543-8510
   **Toni’s Office:** 330-543-8823
   tisbury@chmca.org
   Jamie Beris: jnr_rn@yahoo.com

f. **Monthly Work Schedule:** There are three in the anesthesia lounge which is across from room 6. Physician’s is on the top, student’s is on the bottom, and CRNA’s is off to the side of the two.

g. **Physician’s Schedule:** The charge M.D. for that day is marked with a check mark. That is the person running the board for that day until the on-call M.D. arrives; which is the person listed on the top of the list. Please check with the charge M.D. before leaving. The on-call M.D. takes over charge duties around 3:00 p.m. until 6:30 the next morning. If you see a case that you would like to be assigned to (i.e. craniotomy) please feel free to ask the charge M.D. for that room assignment.

h. **OR Schedule with assignments:** Is always found on the front board in the a.m. Assignments are usually filled out by 2:00 p.m. the previous day and will be on the front dry erase board. When the charge M.D. arrives in the a.m., he/she will go over it and make any changes needed. **NOTE:** Sometimes changes need to be made due to call offs, add ons, etc...therefore, make sure you check your assignment in a.m. after M.D. arrives.

II. **CHARTING**

a. **Three Records:**

1. Regular anesthesia record: for most cases

2. Long for record: for cases greater than 3 hours such as spinal fusions, craniotomies, etc.

3. Cardiac forms: these are also long forms. They will say Cardiac Anesthesia form.

4. *** Only acceptable abbreviations: T&A, BMT, everything else has to be written out. ***

5. Pink sheet is for pharmacy medication totals.

b. **Charge Sheet:** This is the orange sheet that needs to be filled out for each patient. Everyone is charged for anesthesia induction and maintenance, and intubation set up. Then charges are based on whatever is used.

c. **Times:** Time in-this always has to be the same time that the circulating RN puts into the computer. Time out-this is the time you leave PACU/PICU/BURNS or NICU after giving report. Please no 5’s or 0’s at the end. Example: if the time you are leaving is 19:40, then write 19:41.
d. **Totals:** Make sure all medication totals are filled in on the pink sheet before leaving PACU. The urine output box should always be filled in with the totals from the Foley or NM (not measured). The EBL box should always be filled in with the amount of blood lost or < # of cc’s ( < 5 cc). Minimal amount is not acceptable.

e. **Inpatient Preops:** These are usually done by the students on the 7-5:30, 10-6, 12-8, or 3-11 shifts along with the call CRNA. It is easiest to get most of the information from Epic on the computer. On Epic you can obtain: weights, allergies, medications, labs, radiology studies, room numbers and some pertinent history.

You still have to go and see the patient, talk with parents if available, obtain information from the H&P. *Remember to bring all completed preops back to the OR and place them into the manila “Preop” folder in the pre-surgical area. Please do not leave them in the patient chart!* This is the only way the evening people know that they were seen.

### III. PREOPERATIVE ORDERS: (FYI)

a. When completing inpatient preops, we are in charge of NPO orders (see laminated card). However, if a patient is in the Burn Center and their NG tube is post-pyloric, we do not hold tube feeds. This should be documented by x-ray in the radiology section in Epic or the nurse assigned to the patient should know.

b. We are also responsible for checking on lab work and blood products ordered for burns, craniotomies, traumas, etc. Such orders can be CBC, BMP, T&S or T&C.

c. Any patient with a chronic condition that frequents Children’s usually has numerous old charts. We can request old charts to be obtained from medical records if not already done.

d. Below is a list of MD names and their phone numbers:

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ibrahim Farid</td>
<td>37954</td>
</tr>
<tr>
<td>Ross Agnor</td>
<td>37952</td>
</tr>
<tr>
<td>Greg Benson</td>
<td>79210</td>
</tr>
<tr>
<td>Todd Brown</td>
<td>37965</td>
</tr>
<tr>
<td>Anthony Fritzler</td>
<td>37960</td>
</tr>
<tr>
<td>Rami Karroum</td>
<td>37951</td>
</tr>
<tr>
<td>Jonathan Klein</td>
<td>37959</td>
</tr>
<tr>
<td>Andrew Meyer</td>
<td>37953</td>
</tr>
<tr>
<td>Matthew Mitchell</td>
<td>37957</td>
</tr>
<tr>
<td>Nancy O’Dell</td>
<td>37958</td>
</tr>
<tr>
<td>Brad Riemenschneider</td>
<td>37956</td>
</tr>
<tr>
<td>George Youssef</td>
<td>37955</td>
</tr>
</tbody>
</table>

***ON CALL CRNA 37975***

### IV. FLOW OF OR:

a. **Pre-surgical Area:** All outpatients are registered in admitting and inpatients are registered here. There is a large dry erase board located in the pre-surgical area where the whole schedule is written out for the day. This is where you locate which pre-op room you patient is in. Betty Dutton and Tara Wright are usually in charge. Outpatients will be taken back to rooms 1-20 after coming up from admitting. This is where the initial assessment is done and the patient is weighed. The nurse’s assessment will include allergies, vital signs, home medications, health history, previous surgeries,
hospitalizations, etc. When the nurses are finished, the nurse practitioners will take over and the H&P will be completed and typed into Epic. You may get the initial information from Epic before going into to do your anesthesia assessment. **PLEASE DO NOT ENTER THE ROOM WHEN THE NURSE, NURSE PRACTITIONER OR CHILD LIFE SPECIALIST ARE IN THERE.** Please wait until their assessments are done. The charts will be in little slots outside the rooms. Please leave the patients chart in the rack outside of the room and only take the anesthesia record with you to a computer and into the room to do your assessment. Other people will also need to see the chart, and they hate when we take it out of its place. (See Attachment)

b. **Inpatients:** Are usually seen the night before, and their anesthesia record will be found in the manila “Preop” folder on a shelf behind the back desk. Inpatients come to the back area in a bed or a cart. Their charts are kept on the desk in that area.

c. **PACU:** Once entering PACU, look at the number turnstile on the desk. It refers to what section you will be taking the patient, either 1, 2, 3. Once you enter the section, the RNs will direct you to a spot. We drive the cart with feet to the wall and head out because with kids we want to get to the airway as fast as possible if there is a problem. Once charting is done, make sure your medications are totaled on the pink sheet, reversal at bottom, chart is signed by you and CRNA, and end time. **PLEASE REMEMBER TO DOCUMENT YOUR ANESTHESIA END TIME!** Then you may give your whole anesthesia record to the PACU nurse. If the patient goes to the unit, then the white top sheet stays with the chart and yellow sheet is taken back to PACU and placed in the assigned bin on the desk by the secretary. The pink pharmacy charge sheets also go into an assigned bin on the desk. All orange charge sheets are taken to the front OR desk and placed in the Anesthesia charge bin.

d. **Pharmacy:** It is a state law that there is to be no sharing of vials among patients, especially narcotics. However, you can use a vial as a multi-dose if it contains a preservative, and it is punctured with a multi-dose adapter and dated. (NDMRs, anectine, labetalol, and neostigmine) All narcotic boxes are kept in the Diebold and only M.D.s and CRNAs have access to get them out. They come with red ties that are not to be broken until you count and make sure all medications are present.

Contents are:

- Fentanyl 50 mcg/cc (2cc) = 8
- Morphine 10 mg/cc (1cc) = 8
- Ephedrine 50 mg/cc (1cc) = 1
- Versed 1 mg/cc (2cc) = 6
- Fentanyl 50 mcg/cc (5cc) = 2

Once the count is checked, go ahead and take off red tabs. If count is incorrect, do not open! We will have to call pharmacy and notify them. Whoever is taking charge of the box for the day needs to sign and date the pharmacy record inside the box. There is a place for patient name and ID number that can be found on the schedule or patient chart. Please use one line per medication given. Therefore, you might have to write the patient’s name a few times. This makes it easier for pharmacy to count and recognize where a mistake might be in the count. Wastes and amount given have to equal amount in the vial, and wastes require two CRNAs, SRNAs, or M.D.s and signatures or initials are needed. There are two green tabs with numbers on them inside of the box that need to be recorded then placed in the appropriate slots before returning it. If anything is wrong with the form, it will be returned before pharmacy will refill it. **PLEASE MAKE SURE IF YOU ARE THE ONE SIGNING THE “COUNT VERIFIED” BOX THAT YOU DO IN FACT DO A COUNT AND CHECK THAT ALL ADDITION WAS DONE CORRECTLY AND ALL WASTES HAVE BEEN SIGNED APPROPRIATELY!**

e. **Satellite Anesthesia: MRI/CT:** There is MRI 1, MRI 2, MRI 3, and CT. There is bluebell for each MRI and CT. Materials to bring: anesthesia circuit and bag, pulse oximeter and pulse ox transport module
for transport to PACU, masks, ETT and LMAs (always bring a couple of sizes), oxygen tank, ambu bag or transport bag, IV set up, NDMR (atropine, Robinul, Propofol, Lidocaine, anectine and Neostigmine should be in bluebell).

Before entering MRI suite, all metal needs to be taken off: watches, jewelry, ID badges, etc. None of the normal monitoring equipment is allowed in the suite! There are MRI compatible ECG leads, pulse ox, and BP cuffs that the MRI techs will have ready on the bed in the suite. The pulse ox and ECG leads that you bring are only for transport to PACU post scan completion. There is also an MRI compatible handle (only large size) and blades in the MRI bluebell. These handles and blades have a green strip on them, which signifies that they are MRI compatible. You can take the handle and blade with you to transfer the patient to PACU, but make sure you return the handle. The MRI techs will usually get the bluebell for you to put into the sound room, if not, they will direct you where to go get it. The techs will also have the MRI compatible anesthesia machine in place in the suite. Make sure all gas lines are connected, the machine has been checked, and that your suction is on. The IV bag and tubing can be brought in to the suite. All IV starts are done in the MRI suite, as well, if not an inpatient. The IV catheter is safe in the MRI suite. ETTs and LMAs are also safe. Just be careful with stylettes! They will fly into the machine if placed too close. The bluebell is set up the same as the ones in the OR. If you do use something extra out of the bluebell, try to make note of it to tell the anesthesia techs so they can restock it for you before the next scan. Once the scan is done and you drop your patient safely to PACU, it is your responsibility to go back and clean up the MRI site. Make sure the handle is returned and that any drugs are disposed of.

f. **Emergencies/Codes:** There is a set of chimes heard overhead throughout the whole hospital that we are to be alerted to. The chimes ring and then an announcement is made: code blue, fire, code Adam, etc. then location. During a code blue, an Anesthesiologist, Fellow, or CRNA is to respond, but only for the main hospital. We are not responsible for the Locust or Bowery buildings. We are responsible for all Trauma 3’s. These only come across the trauma pagers. These are the patients that are either intubated or will need intubated. Anesthesia is in charge of the airway!!! SRNAs are welcome to accompany staff to any of these emergencies. However, remember that families are allowed to be present during some serious traumatic situations. Try to keep comments to a minimum.

V. TOUR:

a. **Silver Elevators:**
   
   ER, MRI, CT = 1st floor
   
   2100-2200 (NICU) = 2nd floor
   
   Burn center = 3rd floor
   
   OR, PICU = 4th floor
   
   5600 = 5th floor
   
   6100-6200 = 6th floor
   
   7100-7200 = 7th floor
   
   8100-8200 = 8th floor

b. **Yellow or Orange Elevators:**
   
   3rd floor

c. **Pre-surgical Area:** Assessment area (rooms 1-20). Inpatient holding area, outpatient holding area. Dry erase board and manila folder for preops.
d. **Locker Rooms and Scrub Machines**

e. **Nurse’s lounge:** contains two refrigerators and two microwaves that you are welcome to use. After eating lunch if you still have time left please go sit in the anesthesia lounge across from room 6. The nurse’s lounge is very small and there is a lot of people that need to sit down and eat as well.

f. **Anesthesia Work/Supply Room**

g. **Anesthesia Lounge** = Across from room 6. There are books and computers there to use

h. **Small Regional Supply Room:** contains all regional supplies plus difficult airway cart, malignant hyperthermia cart and fiber optic scopes

i. **OR rooms:** 1-14 plus cath lab. There is not a room 4 or 13, room 5 is also called the Endo room.

j. **PACU:** note sections 1, 2, 3

VI. **WORK ROOM**

a. For each case you will need to pull ETTs, masks, pulse oximeter, laryngoscope blades, circuit and bag. Always pull two ETTs the calculated size and then a half size smaller. The reason is if your ETT won’t pass, you will have another size. Also, for tonsillectomies and/or adenoidectomies and any ophthalmology cases pull oral rae tubes. Most dental cases are nasally intubated so pull nasal rae tubes.

b. Ambu circuit bags: RED: 8 years old and up

   YELLOW: < 8 years of age

c. **Small refrigerator contains:** Rocuronium, Tracrium, Nimbex and Anectine

d. **Overhead cupboards contain:** Lidocaine, Propofol, Sevoflurane, and Forane. There is also extra Robinul, Atropine, Neostigmine, and Enlon

e. **Shelves contain:** Pulse oximeters, straight ETTs (cuffed and uncuffed), oral rae tubes (cuffed and uncuffed), nasal rae tubes (cuffed and uncuffed), masks, circuits and bags, blades, magills, BP cuffs, nasal trumpets, esophageal stethoscopes and temp probes, arterial lines, etc.

f. **Medication Infusions/Syringe Pumps:** These fit a variety of syringe sized: TB-60 cc syringes. Used from many programs, but most common: Propofol, Remifentanyl and Tracrium gtts. We use 36” or 60” tubing with these which are found in the bluebell.

** Anything else can be found in far back room where techs are: Double lumen tubes, bronchial blockers, IV supplies, etc.

VII. **SET UP OF ROOMS:**

a. Bluebell carts and contents

b. Anesthesia machines: Drager (Apollo) & Drager (Fabius) machine checks

c. Open all circuits and attach to ambu bag and hang behind bluebell carts on hooks

d. Masks and pulse ox go in bottom drawer of anesthesia machine
e. Blades and EKGs go in top drawer of anesthesia machine

f. ETT you can leave in white bin and place bin on top anesthesia machine

g. Emergency drugs = Anectine 3cc with expiration date your initials and time. Also Robinul 1cc in TB syringe with expiration date your initials and time. Both should have a 20g needle on them. Place them in white plastic container attached to the right side of anesthesia machine.

h. Thin ½” peach tape for taping straight ETT & IVs

i. Thick 1” peach tape for taping oral rae tubes

j. Clear 1” corrugated tape for taping eyes and IVs

k. Paper tape 1” can also be used for taping eyes

l. PBDS IV kits are found in C-lockers in the rooms or in the large anesthesia workroom. The anesthesia techs will bring the IV bags into your room in the morning. They include: 500cc LR bag, standard IV tubing set, 1 extension set, 1 t-piece, and 5 lead EKG. When priming IV lines, turn all connections and injection ports upward while tapping in order to flush line free of air! Open all IV’s but only prime one for the first patient of the day. The rest can be hung on the second IV pole to be primed before each case starts. The IV bags and tubing should be labeled with the date, your initials and expiration date. **IV bags are good for two days and the IV tubing is good for four days.** Buretrols are not part of the IV pack and are only needed if patient is < 2 years old. If patient is NICU size to 6 months, fill Buretrol to 50cc. If patient is 6 months – 2 years, fill Buretrol to 100cc. ***Remember that BMT patients are heplocks only!!! ***

m. Code Books: found in every OR – large white binder on top or in drawer in C-locker. All emergency medications are alphabetical and everything is color coded per patient weight.

VIII. END OF LINE UP:

a. At the end of the day, please turn off all monitors and disconnect lines from OR bed. Remove all supplies, equipment, and medications that were brought into the room in your bin and return them to their proper places. The anesthesia techs will wipe down anesthesia machine, cords, and bluebell. All narcotics have to be disposed of by SRNAs, CRNAs, or MDs. Anything already opened DO NOT put back in original bins in workroom, but place on workroom counter and the techs will take care of it. IVs can be hung in workroom on IV pole. Finally, make sure you check with charge MD before leaving.
Akron Children’s Hospital Info  
One Perkins Square  
Akron, OH 44308

(Continued)

General Information:

1. The length of the rotation shall be three (3) months. Sick days taken in excess of one (1) per month of rotation will be made up by the student at the conclusion of the rotation.

2. All vacation requests must be approved by clinical coordination and program administration. Requests to schedule vacation should be made well in advance of rotation. Students will not be allowed to take vacation the first week of their rotation at Akron Children’s.

3. There is a lounge with refrigerator to keep lunches.

4. A call experience exists at Akron and varies according to their policies and procedures. The experience may include weekends and evening shifts. Parking is available in the main parking deck during these off shifts. (Get ticket validated).

5. Students are expected to work a full day without expecting to get out early and should check with the physician running the schedule for other assignments.

6. There are 2, 4, & 6 week evaluation forms. Students will meet with the CRNA’s to discuss their progress. At the end of the rotation, the final evaluation form will be sent to the program office.

7. All concerns and questions during the Akron rotation must be brought to the attention of the Clinical Coordinator. If a resolution is not reached, please contact your program administration.
1. **Contact Info:** Toni Sutherland, Anesthesia Dept Assistant (330) 543 – 8823

2. **First day**
   a. Start time is 08:00. Report to the Anesthesia Office (Toni Sutherland) on the 4th floor just outside of the PICU and the Orange Elevators. Bring your nursing license number & license plate number.
   b. You will receive a department orientation. The first few hours will be spent filling out necessary paperwork and reading the orientation packet; in these packets are lots of info on how to set up equipment (ETTs, circuits, etc.), and basics of pediatric anesthesia. Also included are departmental rules about scheduling, etc. The rest of the day you will be given a hands-on orientation to the department in the OR (machines, monitors, workroom, etc.). You will not be giving patient care the first day.
   c. Be prepared with any schedule requests.
   d. You’ll receive an ID badge.
   e. You’ll receive a locker, so you can lock your belongings in there...you may have to share with another student if there are too many students.

2. **Scheduling**
   a. The schedule comes out 1 month at a time. There is one anesthesia student scheduled “on-call” on every weekend day and holiday. See below for more info.
   b. DO NOT expect to show up the first day and be given time off or make schedule changes the first month. If you need any time off your first month, you must contact Jamie Beris ASAP (at least one month prior to arriving). Vacation is only granted in one week blocks, not individual days. Try to limit your vacation time to one week during this rotation, especially if you have an intensive scheduled.
   c. **Call Schedule**
      i. For your first month, you must notify Jamie Beris ASAP (at least one month) if there is a particular weekend day you want or do not want. This should only be if there’s a special event in your life.
      ii. It would be nice to pass on the call schedule to the next students when it becomes available, that way they’ll know which weekend they work, and if they’re on for a holiday.
      iii. The call shift is from 7a-3p; you must be in-house during these hours. Don’t show up early...there’s nothing to set-up. Just be at the surgery Main Desk by 07:00.
      iv. Be prepared to work about one weekend day per month, depending on how many students there are. For weekend days worked, you will be given a day off during the week as compensation. For working a holiday, Jack will credit you one vacation day in return.
      v. You can park anywhere you’d like on a weekend or holiday (including the Locust St Garage).

3. **Parking**
   a. For your first day, find any parking lot. Thereafter, you must park in the employee lot (Glendale).
   b. **Getting to ACH from Cleveland**
      i. South on 77. 77 merges with 76 for a few miles, and this stretch is where your exit is... Exit 21C (Route 59). Stay in the far right hand lane and there will be signs for "HOSPITAL." Your exit is for Cedar & Exchange St. After you exit, stay in the middle lane through the first light. Akron General will be on your right, and ACH beyond that.
c. For your first day, follow the signs for parking.

d. Parking is available in the Glendale lot. Students are not allowed to park in any of the decks other than on their first day and when working weekends and the 3-11 shift. A shuttle (big white van) constantly runs between here and the hospital 04:00 – 20:30.

e. Parking is not allowed in the Locust St Parking Garage...even if you pay. You’ll be given a written warning if you do. You can park in the Broward St Parking Garage, but you must pay as any visitor would.

4. **Expectations**

   a. Surgery start time is 7:30am. Your finish time is decided by the Anesthesiologist in charge for the day; if you haven’t been relieved by 4:30pm, call the charge person to make sure they know you’re still there.

   b. At the beginning of each day, you will pull all airway supplies for every patient scheduled in your room (details as to which supplies will be given your first day). Your very first day in the OR, arrive to the department by about 05:30 so that you have ample time.

   c. You will be assigned with a CRNA or MDA. Both will be present for induction, at least one must be present for emergence. There are 6 and 12 week evaluations.

   d. The first month is spent focusing on airway management. The second month you learn IV’s, lines, blocks, etc. The third month is “fine tuning.”

   e. Know dosages in per kg. The most common drugs are rocuronium, morphine, fentanyl, zofran, Propofol, neostigmine, robinul, remifentanil (gtt), & atracurium (bolus & gtt). Know at least these your first day and you’ll be FINE. (Have a reference available for other drugs).

   f. Know formulas for ETT selection and depth insertion. Know at least this on your first day & you’ll be FINE. You’ll be given sheets on how the y want you to pull ETTs on your first day.

   g. Have scissors, a stethoscope, and a calculator on you at all times.

   h. **Pre-Ops**

      i. You will be scheduled to do pre-ops for the day sometimes. Ask the pre-op nurses about how a patient (& his chart) moves through the pre-op process

      ii. Be ready to go by 06:00...no need to get there super-early.

      iii. Try to keep up...it’s not possible to see every patient. Just keep moving and no one will fault you. Start with the patients who are first to go to the OR (last stop in the pre-op process) and work your way backwards to those earlier in the process.

5. **ENT Line-up** - A busy & challenging day, but you walk away feeling very confident.

   a. For an ENT line-up, you’ll need about 2.5 hours to set-up your first time, and 2 hours or less your second time. By the second month, it takes about 1.5 hours.

   b. Have all equipment / supplies ready at the start of the day. All IV’s ready. All syringes made-up and labeled. Don’t draw anything up until you hear weights & allergies for your patients.

   c. Definitely read Surgical Procedures for Anesthesiologists (Jaffe), section on T & A, and BMT (Bilateral Myringotomy Tubes).

   d. Know that most surgeons usually do the adenoid first, then the tonsils, then return to bovie the adenoid site.

6. **AM Routine** – The fastest way to get around the hospital in the morning.

   a. The shuttle drops you off at the main entrance. This is the 2nd floor. Go straight ahead, and keep going as straight as you can until you see signs for the inpatient pharmacy. This is where you pick up your narcotic box for the day.

   b. Go back the way you came until you see signs for Neonatal Audiology and the Nutrition department (yellow hallway). At the end of this hallway, take the Green Elevators up to the 4th floor, and you will be at the surgery desk, between the men’s and women’s locker rooms.
ENT Anesthesia at Akron Children’s Hospital

1. Bruce Kuzma has been doing pediatrics anesthesia at ACH for 25 years, and he is the one to do ENT rooms the most...he knows his stuff. Follow his recipe and you’ll have fast wake-ups every time. *See the table below for his basic T & A and BMT recipes.* If ONLY a tonsillectomy or adenoidectomy is being done, ask him how to wean the sevo.

2. With Bruce, the oro-naso-pharynx is “where we live.” We should know this anatomy (including tonsils) inside and out. This isn’t something to know on your first day, but review the basics for your first ENT day.

3. Bruce also makes a good argument for using French sizing for ETTs. It’s easier to select in the morning if you pull according to the French sizing system. Quicker math. Ask him for his rationale.
   a. Age (yrs) + 18 = fr
   b. Pull this size and the next size down...you’re golden.

4. Draw up your reversal in a 20 mL syringe with a stop-cock at the beginning of the day to draw individual doses as you go. Makes things easier for you and minimizes error.

5. No antibiotics. All get Decadron & Zofran.

<table>
<thead>
<tr>
<th>T &amp; A</th>
<th>Standard &quot;Recipe&quot;</th>
<th>Unique Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Versed</td>
<td>&gt;5y</td>
<td>1 – 2 mg</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>2.5 mcg/kg</td>
<td>Bruce’s T &amp; A</td>
</tr>
<tr>
<td>Morphine</td>
<td>0.05-0.1 mg/kg</td>
<td>Most other CRNA/ MDA uses MSO₄</td>
</tr>
<tr>
<td>Rocuronium</td>
<td>0.4 mg/kg (all other ENTs)</td>
<td>0.5 mg/kg for Dr Griffin (ENT surgeon)</td>
</tr>
<tr>
<td>Decadron</td>
<td>Small (0-5y)  →  4 mg</td>
<td>Other CRNA/MDA – Ask your preceptor</td>
</tr>
<tr>
<td></td>
<td>Medium (5-8y) →  6 mg</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Large (&gt;8y)  →  8 mg</td>
<td></td>
</tr>
<tr>
<td>Zofran</td>
<td>0.1 mg/kg</td>
<td></td>
</tr>
<tr>
<td>Robinul</td>
<td>0.06 mg (0.3 mL)</td>
<td>For Dr Griffin’s pts only, &gt;5 yrs</td>
</tr>
<tr>
<td>Robinul</td>
<td>0.012 mg/kg</td>
<td></td>
</tr>
<tr>
<td>Neostigmine</td>
<td>0.06 mg/kg</td>
<td>0.016 mg/kg</td>
</tr>
<tr>
<td></td>
<td>(Other ENTs)</td>
<td>0.08 mg/kg</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Dr Griffin)</td>
</tr>
</tbody>
</table>

**BMT’s**

1. No IV line, just a hepluck (ready to go at the beginning of the day).
2. No Decadron, Zofran, or antibiotics. Bruce doesn’t use any narcotic. Others sometimes use no more than Fentanyl 1 mcg/kg.
3. Mask all. Have a blade & ETT (appropriate size) ready, also all oral airway sizes on top of machine.
4. DON’T MOVE when the surgeon is working with tools in the ear or looking in the microscope. Always ask & wait for permission from the ENT before moving or making adjustments.
Parking

There are two parking decks, the Locust Street Deck and the Bowery Street Deck. Both have bridges on the third floor leading into the hospital. Several outpatient departments are located in the Locust Building and the Considine Building. Please make sure you know before your appointment whether you are to go to the main hospital building or one of the professional buildings. This will determine where you want to park.

If you are visiting an inpatient, please park in the Bowery Deck. Stop at the information desk in the hospital lobby to get your visitor pass. A new pass is required each day.

There are handicapped spots on all levels of both decks.

Approaching Children’s Hospital

From the North
Take 77 South to Route 59 East exit (21C). Follow the Cascade Parking/West Market St. exit. Follow the signs to Childrens Hospital.

Alternate from the North (Turnpike, Hudson, Cuyahoga Falls, Silver Lake, Stow):
Take Route 8 South to 76 West/77 north. Exit Main St./Downtown exit (22A). Follow the Broadway St. arrow at the end of the ramp. Continue on Broadway to Exchange St. Turn left on Exchange St. and proceed to Childrens Hospital.

From the South
Follow 77 North* and exit at the Main St./Downtown exit (22A). Follow the Broadway St. arrow at the end of the ramp. Continue on Broadway to Exchange St. Turn left on Exchange St. and proceed to Childrens Hospital.

From the East
Take 76 West* and exit at the Main St./Downtown exit (22A). Follow the Broadway St. arrow at the end of the ramp. Continue on Broadway to Exchange St. Turn left on Exchange St. and proceed to Childrens Hospital.

From the West
Take 76 East to Route 59 East exit (21C). Follow the Cascade Parking/West Market St. exit. Follow the signs to Childrens Hospital.

*Note: 77 North becomes 77 North/76West at the central interchange. 76 West becomes 76 West/77 North at the central interchange.
Dear SRNA Students,

Welcome to UH PMC Anesthesia Department! It is our pleasure to have this opportunity to participate in your educational experience. We are committed to providing you with a clinical experience that will facilitate your professional growth and development. Our goal is to provide you with a positive clinical learning environment that will enhance your professional development. We look forward to teaching, guiding and working with all of you!

Sincerely,

Susan Lyden, MSN, CRNA
Clinical Coordinator

UNIVERSITY HOSPITALS PORTAGE MEDICAL CENTER

ORIENTATION: You will be provided with a tour of the Operating Room during your first clinical day. If you prefer a tour prior to your first clinical day, contact Susan Lyden to make arrangements. SLLyden@Yahoo.com. 330-720-8481.

PARKING: Parking lots are free. Park at the front entrance parking lot.

CLINICAL HOURS: Arrive to clinical with enough time to be prepared to start cases at 7:30am. Students are expected to stay in the clinical area until 4:00pm. This is your clinical learning opportunity!

ID BADGES: ID badges must be worn at all times. They can be obtained at Human Resources. You need a badge to access many areas. HR hours are 7:30am-4:00pm.

LOCKERS: You will be assigned a locker on your first clinical day. You will be given a key. Please return your key to Susan Lyden or Holly Floyd on your last day.

UNIFORMS: Scrubs and cover jackets will be provided. Cloth scrub caps may be worn with a disposable surgical cap on top. When leaving the OR area shoe covers, masks and hats must be removed.

ASSIGNMENTS: You will routinely be assigned to cases. Assignments are located in the Anesthesiologist office located by the control desk in the OR.
ANESTHESIA SUPPLY ROOM: Code to enter is 72765#. All supplies are located here. A separate anesthesia supply cart is located at the end of the Operating Room hall. It is available 7:00am-3:30pm. If you need any supplies call Carla Gless, Anesthesia Technician at Ext. 71033.

PHARMACY: You will be provided with a pharmacy orientation on your first clinical day. We use McKesson pharmacy drug carts that require badge access to open. Note: All drugs must be locked in the cart before and after cases. There are NO EXCEPTIONS!!!! This is a state Law.

ANESTHESIA MACHINES: Ohmeda. Every anesthesia work area is set up exactly the same in every OR.

CARE PLANS: Junior SRNA students are expected to turn in a completed care plan to their CRNA daily. Senior SRNA students are expected to turn in an evaluation form to their CRNAs.

REPORTING ABSENCES: Call the hospital 330-297-0811 and ask the operator to page the OB CRNA on call. Report off directly to the OB CRNA. If you cannot get a hold of the OB CRNA, call the OR Control Desk AFTER 6:30am to report off 330-297-2750.

CLINICAL PRECEPTORS:
Walter Omiencenski, Chief CRNA 216-469-9878 cell
Susan Lyden, CRNA Ext. 71020
Rosanna Lugenbeal, CRNA Ext. 71021
Tanya Wilhelm, CRNA Ext. 71024
Dannielle Panzeter, CRNA Ext 71025
Kelly Cunningham, CRNA Ext 71026
Tim Knight, CRNA Ext 71027
OB CRNA Ext 71028 (OB CRNAs: Walter Omiencenski, Susie Davis, Latisha White and Todd Zets)
Carla Gless, Anesthesia Technician Ext 71033
Dr Paul Jones, DO Ext 72765
Directions to

UH Portage Medical Center (formerly Robinson Memorial Hospital)

From the North
Take I-480 east to Route 14 east. Continue east on 14 (through Streetsboro) to Route 44. Robinson Memorial Hospital is just south of the corner of Routes 14 and 44. Turn right onto Chestnut Street at the light. Turn right into the hospital entrance (one block from Route 14).

From the South
Take I-77 north to I-76 east. Exit at Route 44 north. Follow Route 44, which will become Prospect Street, to Main Street. Turn left onto Main Street (look for blue and white hospital signs). Turn right at the first light onto N. Chestnut Street. Robinson Memorial Hospital is just south of the corner of Routes 14 and 44. Turn left into the hospital entrance.

From the East
Take I-76 west. Exit at Route 14 north. Follow Route 14 to Route 44. Turn left onto Chestnut Street. Robinson Memorial Hospital is just south of the corner of Routes 14 and 44. Turn right into the hospital entrance.

From the West
Take I-76 east. Exit at Route 44 north. Follow Route 44, which will become Prospect Street, to Main Street (light). Turn left onto Main Street (look for blue and white hospital signs). Turn right at the first light to Chestnut Street. Robinson Memorial Hospital is just south of the corner of Routes 14 and 44. Turn left into the hospital entrance.
Louis Stokes Cleveland VA Medical Center

Wade Park Campus
10701 East Boulevard
Cleveland, OH 44106
877-838-8262 | 216-791-3800

Contacts:
Robert Bearss, Chief CRNA
Jessica Foster, CRNA, MSN
Jim Rieke, CRNA, MSN
216-791-3800 (ext 5119)

The Louis Stokes Cleveland VA Medical Center is one of five facilities constituting the VA Healthcare System of Ohio. We offer a full range of services the Veterans in 24 counties in Northeast Ohio. We provide care to more than 105,000 Veterans each year through an inpatient care facility (Wade Park), 13 Multi-Specialty Clinics, Vet Centers, and numerous community-based contract nursing homes. Read more About Us.

The Wade Park Campus is a tertiary care facility classified as a Clinical Referral Level 1a (most complex) Facility and ranks as the third most complex VHA facility in the country. It is a teaching hospital providing a full range of patient care services, with state-of-the art technology as well as medical education and research. The Wade Park Campus provides all inpatient general acute and tertiary care with 673 total beds. The campus has a full service Emergency Department for both general acute care and psychiatric care, over 12 national and regional referral services and the most Centers of Excellence in the VA healthcare system. The Wade Park Campus also features a 122 bed homeless Veterans domiciliary.

Driving Directions to Wade Park Campus

From the East/West: (I-90)

1. Exit at Martin Luther King Jr. Drive (exit #177). Head South (away from Lake Erie) on Martin Luther King Jr. Drive.
2. Travel approximately 2.4 miles until you reach the intersection of E. 105th and Martin Luther King Jr. Drive. Turn LEFT (North) onto E. 105th.
3. The main entrance to the Cleveland VA Medical Center is at the next traffic light. Turn RIGHT into the medical center grounds and proceed to the patient parking garage on the LEFT.

From the South: (I-77 / I-71)

Travel North to I-90 east. Now follow the "From the East/West" instructions listed above.
Veterans Affairs Medical Center (VAMC) Anesthesia Service—

Required Documents for Incoming SRNAs

You will be provided the forms you will need to complete before you begin your rotation. All the documents are required for ALL SRNAs completing rotations at the VAMC. Please read and follow the instructions carefully to complete the VAMC forms. ***PLEASE RETURN ALL FORMS TO VIA E-MAIL ALONG WITH A COPY OF YOUR DRIVER’S LICENSE AND VALID SCHOOL ID.***

You may scan or fax all forms to ATTN: Rachel Emery (Rachel.Emery@va.gov, (216-707-5905 fax).

If you DO NOT have access to either a scanner or a fax machine, please arrange a time to drop off requested materials to Rachel or the acting Advanced Medical Support Assistant, Justine Benedict (Justine.Benedict@va.gov, 216-791-3800 x3829 office), prior to starting rotation.

NOTE: All documents and training must be completed and sent by the due date specified in the introductory email - approximately two weeks prior to rotation start. If not received, contact Justine or Rachel immediately. Failure to comply will result in a delay of your start date.

1. **VHA Mandatory Training for Trainees**
   - The Mandatory Training for Trainees (MTT) course is required for all trainees including residents, medical students, nursing students, etc. This course can be completed by the trainees BEFORE they come to the VA and receive computer access.
   
   Log into TMS: [https://www.tms.va.gov/plateau/user/login.jsp](https://www.tms.va.gov/plateau/user/login.jsp)

   **Create New Non-VA User Record**
   - VA TMS Self Enrollment—Select Health Professions Trainees
   - My Account Information: Complete entire page to create account.

   **In My Job Information section: (Make sure to use the information below)**
   - VA City: Cleveland
   - VA Location Code: CLE
   - VA Point of Contact First Name: Susan
   - VA Point of Contact Last Name: Petrak
   - VA Point of Contact E-mail Address: susan.petrak@va.gov
   - VA Point of Contact Phone Number: 216-791-3800 x4110

   **Select VA TMS Self Enrollment**

   **Complete Required Training (Mandatory Training for Trainees)**
   - Print your certificate of completion and e-mail to your VA point of contact. Instructions are attached.

2. **Request for Personal Identity Verification (PIV) Card—VA Form 0711**
   - Fill out, sign, and date the attached form.
   - DO NOT FORGET: Fill out SECTION III—PART A BACKGROUND CHECK NUMBERS 3 THROUGH 9!
3. **Fingerprinting**—MUST be completed before or immediately after the start of ALL SRNA scheduled rotations.
   - Fingerprinting is required of ALL medical students/residents rotating at the VAMC.
   - To process your fingerprinting, please go to VAMC PIV Office, Atrium Building, 2nd Floor, Room 2B152G, (216) 791-3800 x4609/4612 or Human Resources, Administration Building, 2nd Floor (office hours: 8AM – 4:30 PM Monday through Friday).
   - Two forms of identification are required from the list of acceptable documents. At least one ID must be a state or federal government issued picture ID. Either of the following is accepted: Two forms of identification from the left column (A). One form of identification from the left column (A) and one from the right column (B). Any form of identification used for ID proofing may not be expired. **If you not an American citizen, Form I-9, Employment Eligibility Verification, must be completed.**

4. **Required Documents**
   a. Application for Health Professions Trainees—10-28050D OR submit resume (substitute)
      - Fill out, sign, and date the attached form.
   b. Declaration for Federal Employment—OF306
      - Fill out, sign, and date the attached form
   c. Vehicle Registration/Parking Permit
      - Bring your driver’s license, car registration and car insurance on the day of the orientation.

For your information, please also read the three attached brochures covering hand hygiene, common anesthesia drugs, and controlled substance schedules.

5. **Clinical Information**
   a. Lockers will be assigned upon arrival
   b. Scrubs will be issued upon arrival
   c. **Cases begin at 7:00AM.**
      - PLEASE BE PROMPT and READY TO BEGIN BY THIS TIME.
      - If you are going to be late, please call 216-791-3800 x3829 or send an email to Justine Benedict or Rachel Emery.

**Contact list for current CRNAs at LSCLE VA**
- Bob Bearss (Robert.Bearss@va.gov)
- Elaine Costanzo (Elaine.Costanzo@va.gov)
- Jessica Foster (Jessica.Foster@va.gov)
- Laurie Frankito (Laurie.Frankito@va.gov)
- Brandy Funni (Brandy.Funni@va.gov)
- Stacy Hollister (Stacy.Hollister@va.gov)
- Andrea Huff (Andrea.Huff@va.gov)
- Maura Kilbane (Maura.Kilbane@va.gov)
- Tom Mcmaster (Thomas.Mcmaster@va.gov)
- Mark Myers (Mark.Myers3@va.gov)
- Justina Onwughalu (Justina.Onwughalu@va.gov)
- Jim Rieke (James.Rieke@va.gov)
- Rhonda Verb (Rhonda.Verb2@va.gov)
- Adam Wilson (Adam.Wilson4@va.gov)

We look forward to your rotation at the Louis Stokes Cleveland VA Medical Center.
Clinical Faculty:
Jeff Molter, CRNA, MSN, MBA
440-478-8448
jeffmolter2000@sbcglobal.net

Scott Urigel, CRNA, MSN
440-479-1457
surigel@yahoo.com

Orientation Information:
You will receive an orientation packet with all relevant material prior to your first clinical day.

Start Time:
Start time for each clinical day varies. Please contact one of the clinical faculty members.

Parking:
Parking for all staff can be found on the surface lot located on the east side of the surgery center.
Please avoid parking in the front of the building, as this area is for patients and family members.

Call offs:
In the event you need to call off, please contact your clinical faculty ASAP.

Lockers:
Upon arrival your first day, you will receive an assigned locker where you can store your personal belongings.

Scrubs:
Scrubs are provided by the surgery center and can be found in the men and women’s locker rooms.
Please do not wear any outside scrubs or scrub jackets.

Lounge:
The Findlay Surgery Center does not have a cafeteria. Feel free to bring your lunch and store it in one of the refrigerators located in the staff lounge. There are also microwaves, plates, flatware, cups, coffee and water available for you to use.

Room Setup:
Each morning you will be responsible for setting up your room. This involves performing machine checks, drawing up medications, setting up equipment for placing peripheral nerve blocks and making sure all necessary emergency equipment and supplies are available. Controlled medications are located in a “tackle box” for each operating room. These boxes are located in the preoperative area and can be retrieved with the assistance of one of the preoperative nurses. At the end of the day, it is your responsibility to make sure both the anesthesia machine and cart are restocked. All supplies can be found in the Storage and Medication Rooms.

Daily Assignments:
Assignments are made at the end of each day. Please contact one of the clinical faculty members to receive your assignment and discuss your anesthetic plan(s).