



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Master of Science in Anesthesia Program

Case Western Reserve University
Master of Science
in Anesthesia Program
All Campuses

Program Policy Manual 2018-2019

IMPORTANT NOTICE

The Master of Science in Anesthesia (MSA) administrative team reserves the right to revise the policies outlined herein at any time during the academic year. Questions should be directed to the Program Director or Education Manager.

May 2018

TABLE OF CONTENTS

ADMISSION POLICIES

Admission Creed	7
Admission Criteria	7-10
▪ Academic Requirements	
▪ Foreign Graduate Admission	
▪ Transfer Admission	
▪ Credit Conversion Policy	
▪ Shadowing Experience	
Acceptance	10
Background Screening	10
Drug and Alcohol Policy	10
TB Test, Influenza Vaccine and Immunizations	11
Registering for MSA Classes	11
Work Policy	11
Pregnancy while in the MSA Program	12
Employment Disclaimer	12
Program Goals and Learning Domains	12-13
Authorization for Drug Testing and Release of Drug Test Results.....	14

ACADEMIC POLICIES

MSA Student Time Off Policy for Didactic, Clinical Didactic and Clinical Courses	16-23
▪ Classroom and Lecture	16
▪ Clinical Rotations	17-21
○ University Holidays & Closures	
○ Vacation Days	
○ Sick Days	
○ Days off at Other Hospitals	
○ Bereavement Days	
○ Interview Days	
▪ MSA Time Off Request Forms	22-23
Exam Conduct and Procedures	24-25
▪ iPad Policy	24
Graduation, Separation & Academic Performance Policies and Procedures	26-32
Student Performance Policy	28-30
Withdrawal and Leave of Absence	30-31
Separation, Grievances, and Delayed Graduation	31-32

CLINICAL POLICIES

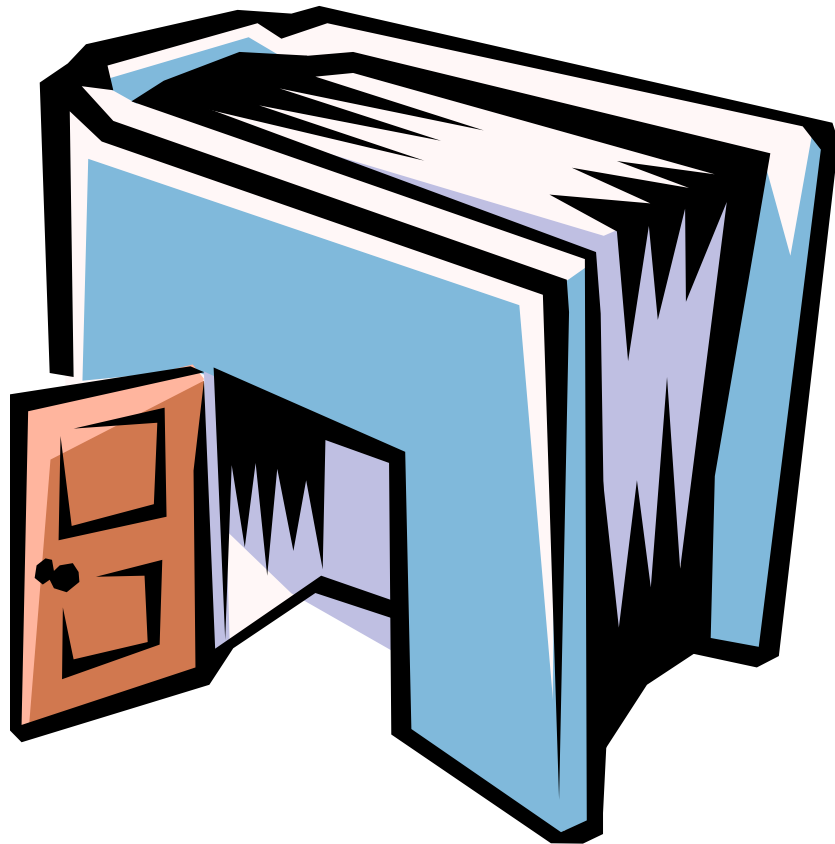
Expectations for Students for Clinical Experience	33-38
Program Overview	

<ul style="list-style-type: none"> ▪ Operating Room Time ▪ On-Call Requirement (Cleveland Students Only) ▪ Clinical Performance Goals and Anesthesia Case Record for the MSA Student ▪ Case Log Policy ▪ Clinical Standards for Case MSA Students 	
Clinical Performance Goals for the MSA Student	39-46
<ul style="list-style-type: none"> ▪ Summer Semester - Basic Science (First) Year ▪ Fall Semester - Basic Science Year ▪ Spring Semester - Basic Science Year ▪ Clinical (Second) Year ▪ Conclusions 	
Student Clinical Performance Evaluation	47-54
<ul style="list-style-type: none"> ▪ Overview ▪ Process ▪ Scoring and Grading ▪ Evaluation Form - First Year Summer ▪ Evaluation Form - First Year Fall ▪ Evaluation Form - First Year Spring ▪ Evaluation Form - Second Year General ▪ Evaluation Form - Second Year OB ▪ Evaluation Form - Second Year ICU 	
Clinical Instructor Evaluation	55-56
<ul style="list-style-type: none"> ▪ Overview ▪ Process ▪ Clinical Instructor Evaluation Form 	
Clinical Progress	57
Satellite Rotation	57

CODE OF CONDUCT

MSA Student Code of Conduct	58-60
<ul style="list-style-type: none"> ▪ General Code of Conduct <ul style="list-style-type: none"> ○ Code of Medical Ethics ○ University Standard of Conduct ○ Social Media Policy ▪ Expectations and General Rules ▪ Oath 	
Professional Appearance Policy	61
Policies Specific to Second Year Students.....	62-67

Admission Policies



ADMISSION CREED

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

ADMISSION CRITERIA

I. ACADEMIC REQUIREMENTS

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

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

The prerequisites listed below must be completed **within 5 years** of the application deadline. **Note:** For the courses marked with an asterisk (*), this 5-year requirement will be waived only if the student's composite score on the Medical College Admission Test is 500 (25) or higher.

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

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

C. Medical College Admission Test (MCAT)

- All applicants are **required** to take the MCAT regardless of prior degree attainment.
- The test must have been taken **within 3 years** of the application deadline. A minimum composite score of 493 (**20**) is expected. When the MCAT has been taken more than once, component scores from different exams may not be combined.

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

All academic requirements must be completed satisfactorily before matriculation. These requirements are distributed in program literature and are viewable on the web site at <http://case.edu/medicine/msa-program/>.

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

II. FOREIGN GRADUATE ADMISSION

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

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

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

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

- Paper test - minimum score of 577, internet test - minimum score of 90 **or**
- International English Language Testing System (IELTS) - minimum score of 7.0

III. TRANSFER ADMISSION

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

IV. CREDIT CONVERSION POLICY

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

V. SHADOWING EXPERIENCE

A clinical shadowing experience may be offered to prospective students interested in applying to our program. To inquire about shadowing opportunities available through our program, please contact the MSA office. Students are assigned to one anesthesiologist assistant (AA) for the day in order to observe their work in the operating room setting. Shadowing provides prospective students an excellent opportunity to learn what an AA does on a daily basis and to gain clinical experience. During the shadowing experience, the AA will review physiology and

pharmacology, demonstrate airway management, and perform procedures such as intravenous access.

Clinical shadowing experience with an anesthesia provider is highly encouraged prior to application. The admissions committee will look favorably upon anesthesia shadowing experience obtained through our program or with an anesthesia provider outside of our program. Shadowing verification documents received from our program or another institution should be uploaded with the application for consideration.

ACCEPTANCE

Selected candidates receive written notification and must respond in writing and submit a \$3,000 non-refundable deposit (which will be applied toward the candidate's summer tuition) within 10 business days of receipt of the offer letter. If a response is not received within the allotted time, the position is offered to another candidate.

BACKGROUND SCREENING

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

DRUG AND ALCOHOL POLICY

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

Due to the nature of the practice of anesthesia, the safety and well-being of patients is every practitioner's first and foremost concern. To this end, physical and/or mental impairment due to drug or alcohol abuse cannot be tolerated. Any student found to be in violation of the federal, state, and local laws, and/or who violates the University's alcohol and other drug policies is subject to discipline and/or referral to the appropriate authorities for legal prosecution. Depending on the circumstances involved, the Master of Science in Anesthesia Program may impose any of the University disciplinary **sanctions** listed in the Case Student Handbook, up to and including dismissal (<https://students.case.edu/handbook/judicial/university/sanctions.html>).

The Master of Science in Anesthesia Program will conduct random drug testing during enrollment in the program as outlined in the Program's Authorization Form. Students who are suspected of drug use or a policy violation will also be subject to drug and alcohol testing. Certain clinical rotation sites may require an additional drug screen prior to beginning their rotation.

TB TEST, INFLUENZA VACCINE AND IMMUNIZATIONS

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

All students are required to obtain an influenza vaccine each year of enrollment in the MSA Program. Flu shots for the current year are made available in October.

In accordance with University policy, students are required to carry University health insurance or comparable personal health insurance while enrolled in the program. The program and the University will not cover any cost associated with illness, accident or injury incurred in the clinical education setting.

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

REGISTRATION FOR MSA CLASSES

Registration will be accessed from the Student Information System (SIS).

The MSA Program will let students know when it is time to register for classes and will provide information and instructions. Please do not register until you receive instructions from the program. MSA Program courses are available to our students exclusively; you will be able to register for classes.

There are various holds in SIS that can be applied to a student's record that may prevent registration. For example, there may be a financial hold due to a past-due balance. You will not be able to register for classes if you have this hold. You must resolve the issue directly with the Bursar's Office before the start of the MSA semester.

IMPORTANT! The MSA Program sets the deadline for registration each semester. All students must be registered for their courses before the first day of classes each semester. The MSA **Program does not follow the university's academic calendar**, and the university's registration deadlines do not apply. Students may attend only those classes for which they have officially registered.

WORK POLICY

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

PREGNANCY WHILE IN THE PROGRAM

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

EMPLOYMENT DISCLAIMER

If admitted, prior criminal convictions may disqualify a student from the ability to obtain clinical rotations necessary for the program and/or obtain certain licenses. The Master of Science in Anesthesia Program's sole purpose is to train competent and compassionate anesthetists. While we support and assist in employing graduates, we do not guarantee that graduates will be employed upon or after graduation.

PROGRAM GOALS AND LEARNING DOMAINS

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

Program Goals

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

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

Learning Domains

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

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

Authorization for Random Drug Testing and Release of Drug Test Results

Master of Science in Anesthesia Program

I understand that in order to participate in clinical education programs at certain healthcare facilities with which the Master of Science in Anesthesia Program, Department of Anesthesiology and Perioperative Medicine, Case Western Reserve University (“CWRU”) is affiliated, students must consent to random drug testing and reasonable suspicion drug testing. Reasonable suspicion testing will be performed when the program has reasonable cause to suspect a student of drug use.

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

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

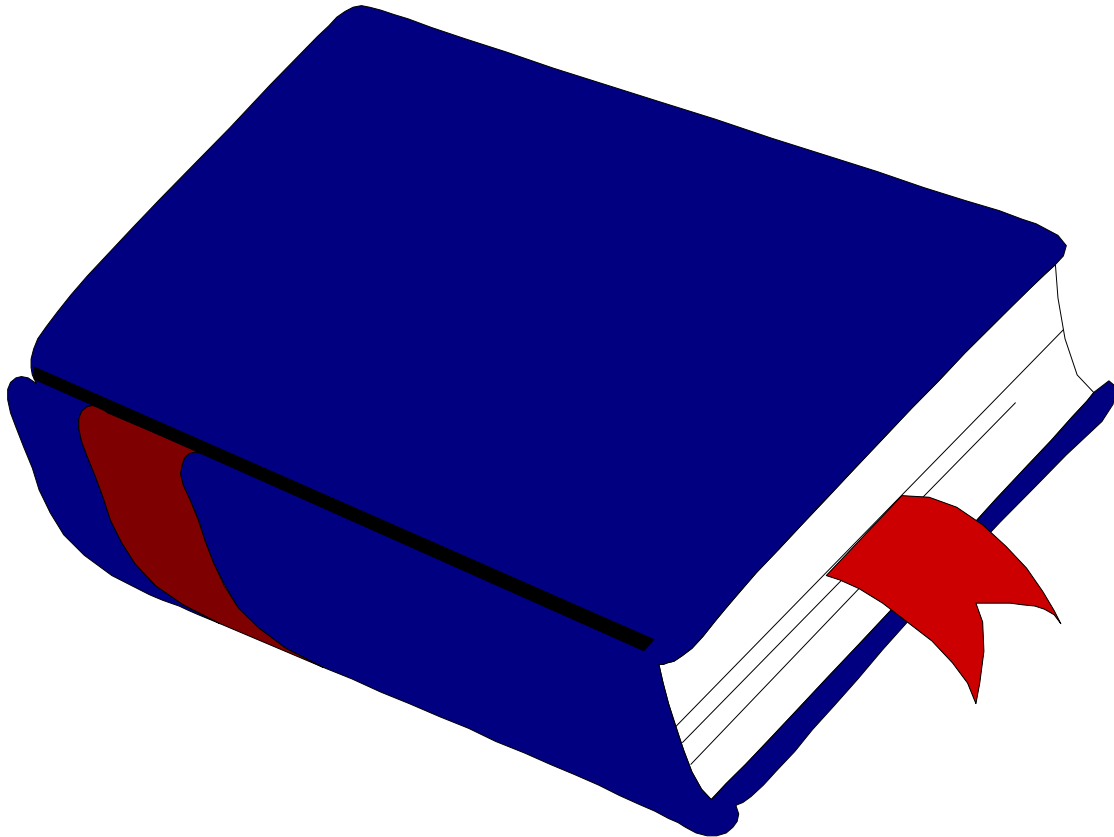
I hereby voluntarily consent to being tested for drugs. I voluntarily consent to testing by any method that CWRU deems reasonable and reliable, including blood analyses and urinalysis. I also consent to the release of the test results to CWRU and to any agency or facility that is affiliated with CWRU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

Signature

Date

Print Full Name

Academic Policies



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

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

I. Classroom and Lecture

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

- A. Anesthesia Clinical Correlation (ANES 462, ANES 464, ANES 468, ANES 470). This includes attendance at MSA Case Presentations. (MSAS I and MSAS II)
- B. Journal Club (MSAS II)
- C. Wednesday Morning Conference (MSAS I and MSAS II, as directed)

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

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

II. Clinical Rotations

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

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

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

- **University Holidays**

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

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

- **University Emergency Closure/ Delay**

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

- **Vacation Days**

A student in good academic standing will be granted a total of six (6) vacation days in the first year. A student in good academic standing will be granted fifteen (15) vacation days in the second year. Students must call in and submit a time-off request form to the Education Coordinator by 7:00 AM **ONE WEEK** prior to the vacation day requested. In case the Education Coordinator is out for the day, please also make sure the Education Manager knows that you have submitted a time-off request. The best thing to do would be to submit the time-off request, and also to call the MSA office to let them know you have submitted a request. Time off taken in excess of that which is allotted is not looked upon favorably by the Education Committee and abuse will prompt disciplinary action (a one-letter drop in grade for *Clinical Experience*). Excessive abuse will prompt a recommendation for separation from the university. If a leave of absence is required,

please see the Case Leave of Absence policy.

- **Note 1:** MSAS II students are only permitted to take 5 clinical days off during any specific rotation. These 5 days **INCLUDE** program holidays. For example, for November rotations, students may only take 3 elective days off in addition to the 2 days granted by the program for Thanksgiving.
- **Note 2:** One day equals eight (8) hours. If a student is on a different clinical schedule where clinical days are longer than eight hours, they may need to use multiple vacation days to take this time off. Accounting of clinical time off is left to discretion of each program location.

The student will have the responsibility to contact their rotation site's clinical contact to let them know of their day off at least 24 hours prior to the scheduled day off.

IMPORTANT Note to Second Year Students: Once the call schedule is distributed, a student may not request a vacation day when they are assigned to take call. Students are strongly discouraged from taking time off during specialty rotations: Neuro, Trauma, Obstetrics, Pediatrics, and Cardiac.

- **Sick Days**

In order to protect the safety and health of their patients, it is imperative that students refrain from attending clinicals, didactic, and simulation activities if they are ill. When a student takes a sick day this counts against the student's vacation time. For example, if a student has 15 vacation days and then takes a sick day, she or he will have 14 vacation days to use for the rest of the school year. If a student must take a sick day and does not have any remaining vacation time, he or she will be required to make-up the sick day.

For the **Cleveland MSA Program**, all sick days that cannot be applied to vacation time, no matter where the days are incurred, must be made up at University Hospitals Cleveland Medical Center (UHCMC), or MetroHealth Medical Center (only if you are currently rotating at Metro). It is the responsibility of the student to request a make-up day at UHCMC or the MetroHealth Medical Center by contacting the appropriate clinical coordinator. For the **Houston and DC MSA Programs**, the Education Manager and/or the Clinical Director will notify the student of the date and location for their makeup day(s). The student **must** inform all parties when they are sick, including the Affiliate Rotation Institution contact and the Education Coordinator **EACH** morning of illness. A doctor's excuse—a legitimate excuse written by a physician documenting illness—is required of any student who takes more than 3 sick days. Failure to provide a physician's excuse will result in a failing clinical evaluation score of "1" for each clinical day missed without a physician's written excuse.

Students should schedule their make-up days within two weeks of their absence. To fulfill the make up day requirement, the student must spend at least 5 hours in the OR on cases. If there are not enough cases, the student must come in for a second make-up day to log the time. For **Cleveland students** on out-of-town rotations, sick day(s) must be made up immediately upon return to Cleveland.

- **Note 1:** During their second year, students may take call shifts to make-up sick days. One 24-hour weekend call shift can be used to make up a maximum of two (2) sick days if the student has logged at least ten (10) patient contact hours. One 12-hour weekend call shift can be used to make up one (1) sick day provided that the student has logged at least five (5) patient contact hours.

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

Procedure for Calling in Sick

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

- a. Call to notify the anesthesia coordinator at the OR control desk* at your clinical rotation **before** 6:30 a.m. that day. Give your full name to the person staffing the phones and explain that you are ill for that day. Give them the full name of your clinical instructor so that the message is relayed to the appropriate person. Students **MUST** reach someone via phone at their clinical site; leaving a voicemail will not be sufficient.
*You must contact the administrative anesthesia office in addition to the site's OR control desk, depending on your rotation site. Make sure you get the correct information for calling in sick to your clinical site at your clinical orientation.
- b. Get the name of the person with whom you are speaking for future verification.
- c. Call the MSA office. You **MUST** call and leave a message on the main office phone; emails will not be sufficient. Leave your first and last name and a phone number where you can be reached.
- d. Call in **each** day you are ill.
- e. Failure to appear for scheduled clinical day without notifying clinical site and program's administrative office will be considered a "no call-no show" event. If student has two (2) "no call-no show" occurrences in an academic year, will warrant a drop in letter grade for the semester in which this second occurrence is documented. In addition to the second occurrence, the student will receive a final warning of record. If the student has a third occurrence of "no-call-no show", this will result in a disciplinary action or separation at the discretion of the program director.

- f. The Education Coordinator will complete an **MSA Time Off Request Form** for **each** occurrence. If you have to make-up your sick day due to lack of vacation time, you must obtain a copy of the Time Off Request Form so that the preceptor/instructors' signature can be obtained when the time is made up.
- **Days off at Facilities (Reading Days or Different Work Hours)**

For both first- and second-year students, if you are given a reading day at a hospital, you **MUST** tell the office within **one (1) week** of the given day, and please ask the Clinical Coordinator at your site to confirm. We have no way of knowing that you were given a reading day unless you tell us.

Also, for second year students, if you are working a schedule that is NOT a typical five day, 8-hour, M-F schedule (i.e., you are working four 10-hour shifts Monday through Thursday, and have Fridays off), you **MUST** let the office know within **one (1) week** of starting your new rotation.

- **Bereavement Days**

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

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

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

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

- **Interview Days**

Up to three (3) interview days are permitted and do not need to be made up. Time-off requests for interviews must be submitted to the Education Coordinator on the Time-Off Request Form by 7:00 a.m. ONE WEEK prior to the requested day off. Time-off requests submitted with less than one week's notice (due to late notification from the employer,

etc.) will be evaluated on a case-by-case basis. The student must indicate on the form the location at which they are interviewing (name of facility, city, state). The student must inform the affiliate hospital contact (Clinical Coordinator) at their current rotation of their planned time off. If a student fails to inform all parties, the clinical time must be made up without exception. Interview days will not be granted after the student has formally accepted a job offer.

2nd Year TIME OFF REQUEST

Name: _____ Date: _____

Clinical Date Off	Reason *	Hospital Rotation	Site Notified	

Total Days Requested _____

*Vacation or Sick – 15 Days

*Bereavement (up to 3 days)

*Interview (up to 3 days)

Hospital Location _____

City and State _____

Office Use Only

Time Off Used to Date:

Vacation/Sick Day	_____
Interview Day	_____
Bereavement Day	_____

Entered database: _____ Update UHMC Spreadsheet _____

Rotation Site Notified _____ Approved By: _____ Date _____

Make-Up Date(s):

Date: _____ # Hours: _____ _____

Attending Name (please print)

Date: _____ # Hours: _____ _____

Attending Name (please print)

Request form must be given to the appropriate person at each hospital. At least 5 total patient contact hours must be logged. The completed original goes to the MSA Education Coordinator.

EXAM CONDUCT AND PROCEDURES

iPad Policy

The MSA program requires that certain exams be taken using ExamSoft educational and assessment software. As such, students are required to purchase an iPad that meets or exceeds the following specifications:

- Hardware = iPad 3+, iPad Air+, iPad Mini+, iPad Pro
- Operating System = iOS 8, iOS 9 and iOS 10 (Only genuine versions of iOS are supported)
- 500 MB of free space required to commence an exam
- iPad must not be Jailbroken

Conduct in the Exam Room

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

Submitting Exam Materials

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

Conduct Outside of the Exam Room

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

Illness or Other Emergency

If you have an illness or other emergency that prevents you from taking an exam, you must notify your instructor prior to the start of the exam. You may leave a message at any time at the MSA office. Someone will call you back or e-mail you to confirm receipt of your message. No-shows for exams will receive a failing grade for the exam, so you must notify us if you have to be absent from a scheduled exam. Your instructor will determine if you will be authorized for a make-up exam.

Exams During Elective Out-of-Town Rotations

If you are completing an elective out-of-town rotation during a scheduled exam and are unable to make arrangements to travel back to your program location to take the exam, you may be responsible for making arrangements to take the exam at a testing center. You are responsible for all costs associated with taking an exam while rotating out-of-town, including additional travel costs and/ or testing center fees.

Academic Integrity

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

<http://studentaffairs.case.edu/groups/aiboard/policysummary.html>.

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

Disability Services

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

GRADUATION, SEPARATION AND ACADEMIC PERFORMANCE

POLICIES AND PROCEDURES

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

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

- (1) systematic analysis of numerical performance evaluations and of written comments submitted by clinical instructors,
 - (2) analysis of the trends in these comments,
 - (3) the numerical grading of a comprehensive exam given at the end of the semester.
- b) A committee of senior clinical instructors regularly (once per semester or as needed) evaluates students and can make a single letter grade adjustment (up or down) based on their unanimous and collective expertise in reviewing clinical “comments” and “trends.”
- (1) Deliberations of these meetings are documented by a scribe.
- C. If a didactic or clinical/didactic course grade is unsatisfactory (D, F, or NP), then the course **MUST** be repeated **ONCE AND ONLY ONCE**. If a student earns a C in any one semester of Physiology and/or Pharmacology they will be required to follow the student performance policy (see section IV).
- D. If a clinical experience course grade is unsatisfactory (C, D, F, or NP), then the course **MUST** be repeated **ONCE AND ONLY ONCE** using remediation courses 499 or 599 with university credit as arranged by the department (tuition payable).
- E. If, over the duration of the program of study, the student accumulates **more than one** unsatisfactory grade separately in either the didactic, clinical/didactic or the clinical course work, the result would be a recommendation for **separation** from the university. If a student does not earn a cumulative GPA of at least 2.5 over the course of 2 semesters in either Pharmacology or Physiology, the result would be a recommendation of separation from the university.
- F. Students are able to view clinical performance data online via the MSA case log evaluation database.
- G. Students are counseled personally once per semester, and they receive expert feedback of academic/clinical performance and potential as clinical practitioners.
1. These reviews can lead to recommendations for the need for specific improvements with time limitations.
 2. It is at this time that candidates with mounting, serious problems in clinical practice and didactic course work may be advised to voluntarily withdraw from the program.

IV. Student Performance Policy

A. A student will be required to follow the student performance policy if he/she has met any of the following criteria:

1. Cumulative GPA less than 3.25
2. Semester GPA of less than 3.0
3. More than 2 credit hours at or below C level in one semester
4. More than one C in any one semester
5. C in any one semester of Physiology and/or Pharmacology
6. More than three course grades at or below C throughout the program
7. Any student placed on probation by the academic committee
8. C in any Anesthesia Clinical Experience at any point in the program
9. D or F or I, in any class
10. Anytime program administration deems necessary

B. The student will follow the student performance policy, in each of the following categories until:

1. Cumulative GPA 3.25
 - a. The cumulative GPA is higher than 3.25
2. Semester GPA of 3.0 or less
 - a. The following semester ends, and all other criteria for student in good standing are met
3. More than 2 credit hours at or below C level in one semester
 - a. The following semester ends, and all other criteria for student in good standing are met
4. More than one C in any one semester
 - a. The following semester ends, and all other criteria for student in good standing are met
5. C in any core basic science class
 - a. The following semester ends, and all other criteria for student in good standing are met
6. More than three course grades at or below C throughout the program
 - a. For the duration of the program
7. Any student placed on probation by the academic committee
 - a. While on probation, or as the Academic Committee instructs
8. C in any Anesthesia Clinical Experience at any point in the program
 - a. For the duration of the program
9. Anytime program administration deems necessary
 - a. Until Program administration deems appropriate

C. Program administration may notify a student of his/her requirement to follow the student performance policy, but students are responsible for knowing if they need to follow the student performance policy and should begin following protocol outlined in Section D.

- If a student fails to follow student performance protocol one or more of the following will occur:

1. The first instance will result in a written warning
2. Any instance following a written warning will result in action by the Academic Committee, including possible separation from the program

D. A student required to follow the student performance policy will:

1. Submit a learning plan to program administration for approval, prior to the beginning of the semester.
 - Learning plan shall include
 - a. Learning goals for a specific period of time
 - b. Each learning goal shall have a series of actions known as the action plan
 - c. Each action shall have one or more resources
 - Resources can be mentors, instructors, textbooks, websites, etc.
 - d. Learning plans are most effective when reviewed and maintained daily, therefore, the student shall keep a daily activity log, tracking all daily activity associated with each learning goal in the approved learning plan. All anesthetic learning activities; reading, studying, clinical, classroom, conferences, and grand rounds, should be tracked and logged.
 - i. This daily activity log is to be maintained daily, and is subject to audit by program administration.
 - ii. When asked for a daily activity log, student shall produce log within the time frame administration has asked (no sooner than the time it would take to travel to his/her home, print/copy/download daily log and return to the program).
2. Schedule with program director or assistant program director at least one meeting to discuss progress in relation to the learning plan prior to mid-semester conferences, preferably after the first didactic exams, and at least one meeting after mid-semester conferences at least two weeks before finals week.
 - a. During this meeting, Daily Activity logs will be checked, and Learning Plans will be evaluated based on the *Learning Plan Assessment Sheet* criteria.
 - b. Students must score a passing score on this assessment, defined by a 3.0/5.0

E. Students who fail to perform, or fail assessment of, any of the student performance protocols listed in section IV will be brought to an Academic Committee Meeting.

F. The Academic Committee will make one or more of the following recommendations based on information gathered and presented during the investigation and Academic Committee meeting:

1. No reprimand
2. Reprimand
3. Reprimand and sanctions
4. Separation from the program

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

A. If it is necessary for a student to withdraw formally from the program, a letter stating this fact must be submitted, by the student, to the department and to the graduate school.

B. If a student does **NOT** withdraw formally and does **NOT** request a leave of absence and does **NOT** register for a required semester, then the department will send a registered letter to the student at the last known address advising of the need to submit a withdrawal letter.

1. If no response is received in 2 weeks, then the department will advise the graduate school of the situation, and the student will be withdrawn from the program “in-absentia.”

C. Students who withdraw must reapply if they wish to reenter the program.

1. Their records are not adversely altered by this event, but they must compete with all other applicants for the program slots.
2. Slots will **NOT** be held open under these circumstances.

D. Students may be encouraged to take a LOA instead of withdrawing if the program leadership deems this appropriate and if studies can be resumed in one year.

1. The student must petition in writing for LOA and the program leadership must accept the petition.
2. Acceptance of the petition will contain requirements for reentering the program within one year after leave of absence is granted.
3. The student remains in good standing with the university and need **NOT** reapply for admission into the program.
4. The student must rejoin in the proper sequence so that all required work is taken and any preparatory (review) work will be the responsibility of the student as arranged with the program leadership.

5. A position will be **HELD** open for a LOA student who declares intent to rejoin the program and reaffirms that intent every semester during the period of the leave of absence.

a) For students taking an LOA, the dates for students to reaffirm are as follows:

1. Before the end of the Summer Semester (the first week in July), if applicable.
2. At the end of the Fall Semester (the first week in December).
3. Before admissions decisions are made during the Spring Semester (the first week in February).

NOTE 1: Students will also be required to submit a new tuition deposit of \$3,000 by March 1 prior to the academic year in which the student plans to return. For example, if the plan is to return Fall semester of year 20XX, then tuition deposit is due March 1, 20XX.

If the student fails to meet any of these reaffirmation deadlines, the LOA will be canceled and the held position will be opened for general application.

VI. Definition of “Separation”:

- A. “Separation” is the termination of the academic relationship between the student and the university.
 1. If a decision to separate has been made, the student will be counseled to withdraw voluntarily from the program before a recommendation for separation is sent to the Dean of Graduate Studies.
 2. A formal withdrawal by the student will avoid the separation procedure.
 3. Once the decision to separate a student is final, a recommendation is sent to the Dean accompanied by supporting documentation.
 4. Separation will then terminate the student’s academic record and relationship with the university.
 5. A notation on the transcript records the academic separation without affecting GPA.
 6. Separation may result from the failure to maintain good standing as defined by the School of Graduate Studies.

- B. The MSA Admission Committee will generally **not** consider for readmission a student who has been separated from the MSA Program by the university.

VI. Grievances

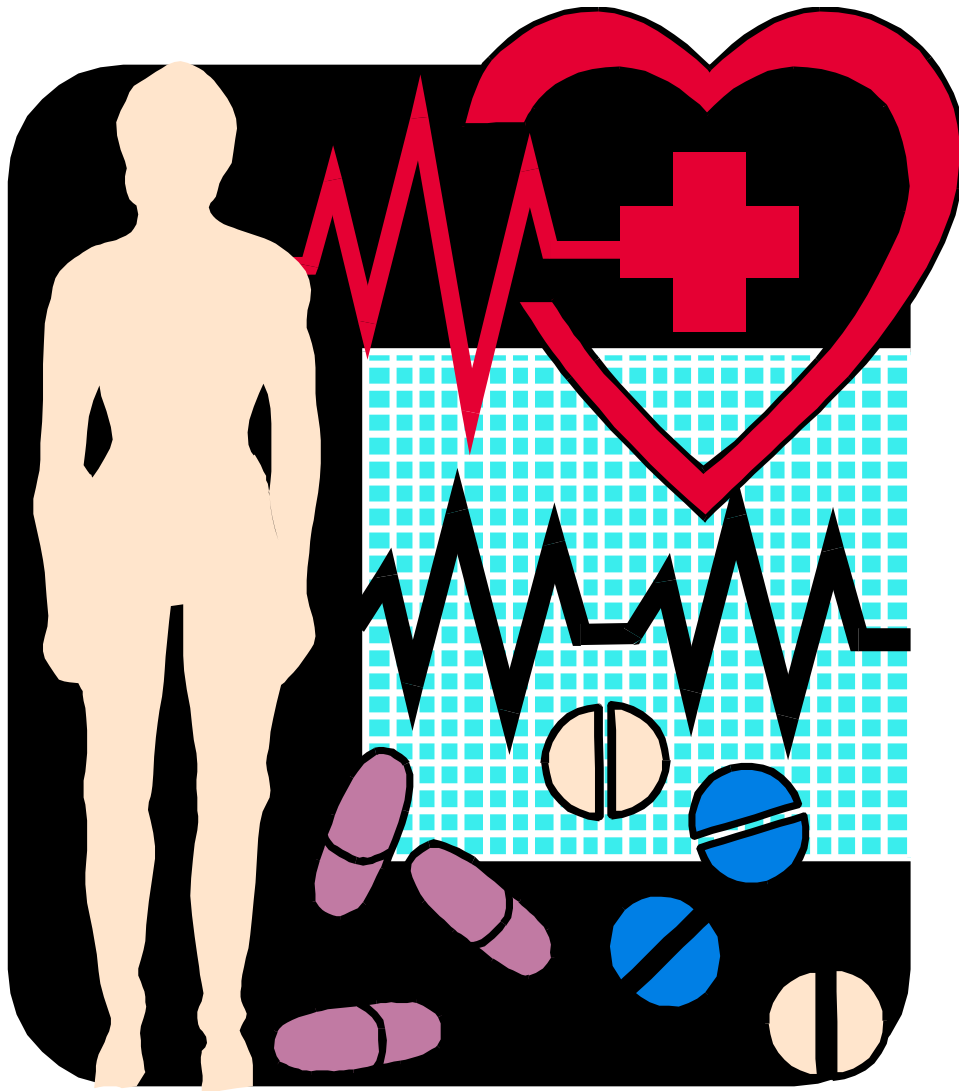
Students should feel comfortable with filing grievances through the department if appropriate.

- A. All student grievances of any nature should be submitted in writing to the MSA Program Co-Directors (Program Director and Medical Director).
 - 1. The grievance, subsequently, will be presented to the MSA Education Committee which consists of the Program Co-Directors, MSA Faculty, Clinical Coordinators, and the Education Manager.
 - 2. If the decision of the MSA Education Committee is unsatisfactory, student grievances regarding grading and academic evaluation will then be submitted to the Chair of the Department of Anesthesiology.
 - 3. In the event that the grievance remains unresolved it will be sent to the Dean of Graduate Studies and will be handled according to Graduate School policy.

VII. Delayed Graduation

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

Clinical Policies



EXPECTATIONS FOR STUDENTS FOR CLINICAL EXPERIENCE

PROGRAM OVERVIEW

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

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

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

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

I. Operating Room Time

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

During their **summer** semester, **first year students** are expected to be in the OR between 6:00 a.m. and 2:00 p.m. During their **fall** semester, **first year students** are expected to be in the OR between 6:00 a.m. and 4:00 p.m. if no formal classes, lectures or meetings are scheduled. For the **spring** semester of the first year and for all semesters during the second year, **students are expected to finish the daily caseload (not usually extending past 7:00 p.m.)**. When a case is interrupted by a required lecture or meeting, students should return to the operating room to finish the caseload for the day. Students are **not** dismissed from clinical duties until permission is received from that day's clinical instructor or the clinical coordinator who is responsible for your clinical scheduling. No student is excused from clinical duties prior to 2:00 p.m. each day without permission from the site clinical coordinator. Schedule conflicts may be accommodated

upon approval of the Program Director. *Excessive late starts or early departures will result in dismissal from the program.*

II. On-Call Requirement (Cleveland students only)

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

Second year students may be required to have on-call responsibilities during the following rotations: Trauma, Pediatrics, Cardiac, Obstetrics, the S/CTICU, Neuro, and any general rotation site as determined by the site clinical coordinator. On-call responsibilities for UH and Metro are for twenty-four (24) hours; they begin at 7:00 a.m. and end at 7:00 a.m. the following day unless otherwise specified. Students are excused from clinical duties the day following a call shift (post-night call) only if they are present at the hospital after midnight. For example, if you are on call from 7:00 am on Sunday-7:00 am on Monday, you **will not** have to attend clinicals on Monday. If you are on call from 7:00 am on Sunday-10:00 pm on Sunday, you **will** be required to attend clinicals on Monday. Students will **not** receive post-night call on Monday if they take call on Friday or Saturday.

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

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

Each student is required to keep an accurate **daily** log of clinical activities on the Online Clinical Tracker in the **Anesthesia Case Log Database**. On a **daily** basis, all students are required to enter their case information into the main database for review by the Program Director. After three (3) days, if a student has not entered cases for a day when he/she was in the OR, the system will give the student a failing grade of 1 for that day. Each semester students will meet individually with the Program Director to review completed procedures and clinical cases as documented in the Online Clinical Tracker.

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

Case Log Policy

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

This section applies to the case log system used by the Master of Science in Anesthesia Program.

I. Logging data into the case log system used by the Master of Science in Anesthesia Program is considered an exercise in the students' medical record keeping. For each case, information is logged, including, but not limited to: the medical record number, patient age, ASA classification, procedure, attending physician, clinical instructor, surgery type and description, patient weight, patient position, procedures performed (including but not limited to- IV, arterial line, NG tube, spinal, epidural, central line, pulmonary artery, endotracheal, endo-bronchial, and laryngeal mask placement), as well as any other pertinent information needed to track student progress and case load.

II. The case log system data entry is the students' responsibility. Accuracy and detail are paramount, as anesthesiologist assistants must maintain the highest level of documentation skills and accuracy. This case log is one of the students' first opportunities to build the skills needed to accurately document medical procedures.

III. Documentation accuracy and integrity are absolute in the CAA profession and subsequently the accuracy and integrity of student case logs at Case Western Reserve University must be maintained.

IV. Case log accuracy: Errors in case log data entry will only be tolerated in the summer semester of the first year in the program. During that first semester in the program, case logs will be audited, corrections made, and case log remediation given when needed.

- a. Beyond the first semester in the program, the expectation is fully accurate case logs.
- b. Errors brought to program administration's attention by the student will be afforded more leniency than those found by program administration in a case log audit.
- c. Repeated counseling and reprimands for case log errors is considered conduct unbecoming an anesthesiologist assistant student and can result in separation from the program.
 - i. The first instance will result in a written warning
 - ii. Any instance following a written warning will result in action by the Academic Committee, including possible separation from the program.

V. Case log integrity: Any student suspected of falsifying case log data based on evidence discovered by program administration will be:

- a. Immediately suspended pending investigation
- b. Brought in front of the Academic Committee, to explain his/her case log data discrepancies.
- c. The Academic Committee will make one or more of the following recommendations based on information gathered and presented during the investigation and Academic Committee meeting:
 - i. Reinstatement, no reprimand
 - ii. Reinstatement with reprimand
 - iii. Reinstatement with reprimand and sanctions
 - iv. Referral to the University Academic Integrity Board with a recommendation for separation from the University.
- d. Student will be responsible for any make up days while suspended during investigation and Academic Committee deliberations

I _____, have read the above case log policy. I have been given chances to ask questions and to clarify anything I did not understand. I fully understand the case log policy and all ramifications of inaccurate, or dishonest case logs.

Signature Date _____

Program Director Date _____

Education Manager Date _____

CLINICAL STANDARDS FOR CASE MSA STUDENTS

Minimal clinical requirements to be eligible for graduation from the
Master of Science in Anesthesia/Anesthesiologist Assistant Program at
Case Western Reserve University, 2018-2019 Academic Year

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

CLINICAL PERFORMANCE GOALS FOR THE MSA STUDENT

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

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

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

I. SUMMER SEMESTER - BASIC SCIENCE (FIRST) YEAR

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

- f) The work area should be cleaned as needed.
 - g) The patient's fluid deficit and a fluid replacement plan are calculated and presented.
 - h) The maximum allowable blood loss for the case is calculated and presented.
2. Successful completion of general anesthetics on healthy adult patients managed with mask assisted spontaneous respirations given the following criteria:
 - a) An appropriate patient is chosen for mask maintenance.
 - b) An appropriate mask size is chosen.
 - c) Assisted spontaneous ventilation is achieved and managed.
 - d) Airway obstruction is recognized and appropriate maneuvers to correct are taken.
 - e) The student responds appropriately and promptly to changes in the patient's status (Δ BP, Δ HR, \downarrow Sat, etc.).
 3. Successful endotracheal intubation on healthy adult patients with Mallampati Class I or II airways given the following criteria:
 - a) An appropriately sized OETT is chosen.
 - b) An appropriate style and size of blade is chosen.
 - c) The tube is atraumatically inserted by the *second* tube pass.
 - d) Tube placement and position is verified using at least two acceptable methods (breath sounds, capnography, etc.).
 - e) The tube is adequately secured to the patient in a timely fashion.
 - f) The transition to adequate mechanical ventilation is achieved.
 4. Adequate completion of intraoperative records for uncomplicated cases given the following criteria:
 - a) The record is neat and legible.
 - b) All drug therapy, patient intervention, vital signs, etc. are recorded accurately and completely.
 - c) The student keeps current with charting and does not lag behind.
 - d) No "blank spaces" inappropriately exist on the finished product.
 - e) The records are filed in the appropriate area postoperatively.
 - f) The student continues monitoring while charting.
 5. Appropriate setup of the anesthesia machine and tabletop for healthy (ASA I & II) adult general anesthetics given the following criteria:
 - a) Check for adequate suction.
 - b) Check O₂ cylinder supply.
 - c) Check O₂ pipeline supply.
 - d) Check vaporizer fill level.
 - e) Calibrate O₂ monitor sensor to room air.
 - f) Check flowmeters.
 - g) Install and check the patency of an appropriate breathing circuit.
 - h) Verify that CO₂ absorber is adequate.

- i) Verify the integrity of the APL valve and the scavenging system.
 - j) Test the integrity of the ventilator.
 - k) Check the integrity of the monitors (capnograph, ECG, pulse oximeter, temperature probe, etc.)
 - l) Have appropriate emergency drugs available.
 - m) Have appropriate anesthetics and narcotics available.
 - n) Have appropriate airway equipment available.
 - o) Have appropriate intravenous therapy available.
6. Successful placement of laryngeal mask airways (LMAs) in healthy (ASA I & II) adult patients given the following criteria:
- a) The LMA is placed without trauma to the teeth or pharynx.
 - b) No leak is present after the cuff is inflated.
 - c) The LMA is securely taped.
 - d) Assisted spontaneous ventilation is achieved and appropriately managed.

II. FALL SEMESTER - BASIC SCIENCE YEAR

- A. By the end of the fall semester, the first year MSA student should strive to be **80%** successful when performing the following tasks *with moderate assistance* (defined as “**supervision 100%** of the time with **technical support 50%** of the time given by a clinical instructor”):
- 1. Venous cannulation and fluid therapy on healthy *adult* patients.
 - 2. Airway management on anesthetized, healthy *adult* patients.
 - 3. Laryngoscopy and endotracheal intubation on anesthetized, healthy *adult* patients with Mallampati Class I or II airways.
 - 4. Accurate completion of the intraoperative record with no blank spaces.
 - 5. Anesthesia machine checkout and appropriate room setup for healthy (ASA I & II) *adult* general anesthesia management.
 - 6. Placement of laryngeal mask airways in healthy *adult* patients.
 - 7. *Closely supervised* involvement with *pediatric* airway management and venous cannulation in preparation for performance testing by the end of the first year.
- B. The performance checklist for the fall semester - basic science year contains the following items:
- 1. Successful placement of intravenous cannulas with calculation of fluid deficit/replacement and maximum allowable blood loss for healthy adult patients given the previously mentioned criteria (see I.B.1.).
 - 2. Successful completion of general anesthetics on healthy adult patients managed with mask assisted spontaneous respirations given the previously mentioned criteria (see I.B.2.).

3. Successful endotracheal intubations on healthy adult patients (Mallampati Class I or II) given the previously mentioned criteria (see I.B.3.).
4. Adequate completion of intraoperative records for uncomplicated cases given the previously mentioned criteria (see I.B.4.).
5. Appropriate setup of the anesthesia machine and tabletop for uncomplicated (ASA I & II) adult general anesthetics given the previously mentioned criteria (see I.B.5.).
6. Successful placement of laryngeal mask airways in healthy adult patients given the previously mentioned criteria (see I.B.6.).

III. SPRING SEMESTER - BASIC SCIENCE YEAR

- A. By the end of the spring semester, the first year MSA student should strive to be **90%** successful when performing the following tasks *with minimal assistance* (defined as “**supervision 100%** of the time with **technical support 10%** of the time given by a clinical instructor”):
 1. Venous cannulation and fluid therapy on *all adult and pediatric* patients.
 2. Airway management on *all* awake and anesthetized, *adult and pediatric* patients.
 3. Laryngoscopy and endotracheal intubation on *all* anesthetized *adult and pediatric* patients.
 4. Anesthesia machine checkout and appropriate room setup for *all adult and pediatric* general anesthesia management.
 5. Preoperative interview/physical examination and subsequent development of the anesthetic plan in conjunction with the attending anesthesiologist and anesthesiologist/resident for *uncomplicated* (ASA I & II) *adult and pediatric* patients.
 6. Placement of laryngeal mask airways (LMAs) in healthy *pediatric* patients.
- B. The performance checklist for the spring semester - basic science year contains the following items:
 1. Successful placement of intravenous cannulas on healthy pediatric patients given the previously mentioned criteria for adult IV placement (see I.B.1.).
 2. Successful completion of general anesthetics on healthy pediatric patients managed with mask assisted spontaneous respirations given the previously mentioned criteria for adult airway management (see I.B.2.).
 3. Successful endotracheal intubations on healthy pediatric patients given the previously mentioned criteria for adult endotracheal intubation (see I.B.3.).

4. Appropriate setup of the anesthesia machine and tabletop for healthy pediatric patients given the previously mentioned criteria for adult room setup (see I.B.5.).
5. Completed preoperative interviews/physical examinations on uncomplicated (ASA I & II) adult and/or pediatric patients given the following criteria:
 - a) Complete review of all physiologic systems by patient interview and review of old/current chart including previous medical history, history of present illness, current vital statistics, blood chemistries, diagnostic tests and pertinent medical consultations.
 - b) Physical examination of the patient focusing on the lungs, heart and airway.
 - c) Patient interview focusing on NPO status, drug allergies, previous surgeries noting anesthetic complications, family history of anesthetic complications and current pharmaceutical therapies.
 - d) Thorough discussion of the anesthetic options including risks/benefits for each option.
 - e) Development of the anesthetic plan in conjunction with the attending anesthesiologist, anesthetist, and/or resident.
6. Successful placement of laryngeal mask airways (LMAs) in healthy pediatric patients given the previously mentioned criteria for adult LMAs (see I.B.6.).

IV. CLINICAL (SECOND) YEAR

- A. By the end of the spring semester of the second year and having completed the entire didactic and clinical programs of study, the MSA graduate candidate should strive to be at least **95%** successful when performing all of the previously mentioned tasks in addition to the following tasks *with rare assistance* (defined as “**supervision 100%** of the time with **technical support 5%** of the time given by a clinical instructor”):
 1. Arterial vessel cannulation.
 2. Central venous cannulation.
 3. Lumbar epidural catheter placement and management.
 4. Placement and management of pediatric caudal blocks.
 5. Placement and management of IV perfusion (Bier) blocks.
 6. Nasotracheal intubation.
 7. Endobronchial tube placement.
 8. Nasogastric tube placement.
 9. Management of monitored anesthesia care (MAC).
 10. Management of anesthesia for outpatient surgery.

11. Management of anesthesia for cardiac surgery.
12. Management of anesthesia for thoracic surgery.
13. Management of anesthesia for obstetrics.
14. Management of anesthesia for pediatric surgery.
15. Management of anesthesia for neurosurgery.
16. Management of anesthesia for trauma surgery.
17. Management of anesthesia for vascular surgery.
18. Management of anesthesia for geriatric patients.

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

1. Successful placement of **arterial catheters** by the *second* needle stick given the following criteria:
 - a) An appropriate vessel is chosen for insertion.
 - b) An appropriate catheter is chosen.
 - c) Aseptic technique is used.
 - d) The transducer tubing is connected with minimal blood loss.
 - e) The catheter and tubing are secured adequately.
 - f) The transducer is zeroed properly.
2. Successful placement of subclavian or internal jugular **central venous catheters** by the *second* needle stick given the following criteria:
 - a) An appropriate vessel is chosen.
 - b) An appropriate catheter is chosen.
 - c) Aseptic technique is used.
 - d) Tubing is connected with minimal blood loss.
 - e) The catheter and tubing are secured properly.
 - f) The transducer is zeroed properly (when appropriate).
 - g) The Swan-Ganz catheter is inserted properly (when appropriate).
3. Successful placement of **lumbar epidural catheters** by the *second* Touhy needle stick given the following criteria:
 - a) Aseptic technique is used.
 - b) The appropriate level for insertion is chosen.
 - c) The dura is **not** punctured.
 - d) No persistent paresthesia is elicited.
 - e) An appropriate local anesthetic/dosage is chosen.
 - f) No intravascular injection is evident.
 - g) The level of analgesia is deemed adequate.
 - h) Follow up management of the block is appropriate.
4. Successful placement of **pediatric caudal blocks** by the *second* needle stick given the following criteria:
 - a) Aseptic technique is used.

- b) No CSF, ~~heme~~ blood or stool is aspirated.
 - c) An appropriate local anesthetic/dosage & volume is chosen.
 - d) An adequate level of analgesia is obtained.
5. Successful placement of intravenous perfusion (**Bier**) **blocks** given the following criteria:
- a) Standard practice is followed.
 - b) Adequate surgical analgesia is achieved without the need for follow up general anesthesia.
6. Successful placement of adult or pediatric **nasotracheal tubes** by the **second** tube pass given the following criteria:
- a) An appropriately sized endotracheal tube is chosen.
 - b) Magill forceps are used effectively when needed.
 - c) Tube insertion is atraumatic.
 - d) No epistaxis is noted.
 - e) The tube is secured adequately.
7. Successful placement of **endobronchial tubes** by the **second** tube pass given the following criteria:
- a) An appropriately sized tube is chosen.
 - b) Proper tube placement is verified by fiberoptic endoscopy.
 - c) The tube is secured adequately.
 - d) The student shows a working knowledge of endobronchial tube ventilation principles.
8. Successful placement of **nasogastric tubes** by the **second** tube pass given the following criteria:
- a) The appropriate size tube is chosen.
 - b) The appropriate nares is chosen.
 - c) No epistaxis is noted.
 - d) The tube is secured adequately at the appropriate depth.
9. Anesthetic management of patients for **monitored anesthesia care** as a member of an anesthesia care team.
10. Anesthesia management of **adult** patients for **outpatient** surgery as a member of an anesthesia care team.
11. Anesthetic management of patients for **cardiac** surgery as a member of an anesthesia care team.
12. Anesthetic management of patients for **thoracic** surgery as a member of an anesthesia care team.
13. Anesthetic management of patients for **obstetrical** procedures as a member of an anesthesia care team given the following criteria:
- a) **Vaginal deliveries** including:
 - (1) placement of epidural
 - (2) management of labor
 - (3) present for delivery
 - b) **Cesarean sections** including:

- (1) placement of epidural and/or induction of general anesthesia
 - (2) management of the case
14. Anesthetic management of **pediatric** patients for all types of surgery as a member of an anesthesia care team (patients included in this category can also be counted toward requirements in other categories).
 15. Anesthetic management of patients for **neurosurgery** as a member of an anesthesia care team.
 16. Anesthetic management of patients for **trauma** surgery as a member of an anesthesia care team.
 17. Anesthetic management of patients for **vascular** surgery as a member of an anesthesia care team.
 18. Anesthetic management of **geriatric** patients for all types of surgery as a member of an anesthesia care team (patients included in this category can also be counted toward requirements in other categories).

V. CONCLUSIONS

Once per semester, each student **must** meet individually with the Program Director to track progress of goal attainment (Progress and Promotions meeting). Clinical rotations and/or specific requirements are adjusted as needed if circumstances dictate such a change. Students are encouraged to keep the clinical coordinators informed of potential problems with meeting goals so that these issues can be rectified expeditiously.

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

STUDENT CLINICAL PERFORMANCE EVALUATION

I. OVERVIEW

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

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

II. PROCESS

Online Evaluation Process

The new online evaluation system allows instructors to complete and submit evaluations for students from any computer or mobile device that is connected to the Internet. Paper evaluations are not given out by the student. Instead, instructors will receive an e-mail prompt to complete an evaluation for the student, after the student has logged the cases in the system. The e-mail will contain a link, which will take the instructor to the evaluation web site. The instructor may also go directly to the evaluation web site instead of waiting for an e-mail prompt.

Note to students: In order to be graded and to receive credit for your case logs, follow these guidelines:

- Enter your case logs at the end of each clinical day, when the cases and procedures are fresh in your mind (and your clinical instructor's mind for evaluating you).
- Case logs cannot be edited by the student after they are entered and saved. Enter all data accurately—especially the clinical date and the name of your instructor. The system is designed to help and guide you as you enter your case logs, so pay close attention to the prompts and warnings on the screen as you enter your data.

Paper Evaluation Process

Very few clinical rotation sites use paper evaluations; if a site asks a student to provide them with paper evaluation forms, the student should alert their Education Manager. These requests are considered on a case-by-case basis.

Students are responsible for following-up with individual instructors to be sure all evaluations are completed and turned in.

III. SCORING AND GRADING

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

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

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

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

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

	Week 1	Week 2	Week 3	Semester Average
item 1	2	3	4	3.00
item 2	3	3	4	3.33
item 3	3	4	4	3.67
				3.33 = B

The final grade will be determined as follows:

- 4.00 through 5.00 = A
- 3.00 through 3.99 = B
- 2.00 through 2.99 = C
- 0.80 through 1.99 = F

Copies of the evaluation sheets follow.

Student: _____

Date: _____

Hospital: _____

Rotation: _____

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

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

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

Please Circle One In Each Category

Operating Room Set-up

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

IV Placement and Fluid Therapy

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

Peri-operative skills

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

Professionalism

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

Comments:

Instructor

PRINT NAME: _____

Signature: _____

Student: _____

Date: _____

Hospital: _____

Rotation: _____

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

1 = Unacceptable performance 2 = Performed below expectations 3 = Met expectations
4 = Exceeded expectations 5 = Exemplary performance
Expected= 80% success when performing a task with MODERATE assistance.

Please Circle One In Each Category

Operating Room Set-up

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

IV Placement and Fluid Therapy

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

Peri-operative skills

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

Professionalism

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

Comments:

Instructor
PRINT NAME: _____

Signature: _____

Student: _____

Date: _____

Hospital: _____

Rotation: _____

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

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

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

Please Circle One In Each Category

Operating Room Set-up

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

IV Placement and Fluid Therapy

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

Preop Assessment and Anesthetic Plan

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

Peri-operative skills

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

Professionalism

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

Comments:

Instructor
PRINT NAME: _____

Signature: _____

Student: _____

Date: _____

Hospital: _____

Rotation: _____

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

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

4 = Exceeded expectations 5 = Exemplary performance

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

Please Circle One In Each Category

Technical and Manual Skills

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

Clinical Knowledge and Reasoning

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

Professionalism

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

Advanced Techniques in Anesthesia

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

Comments:

Instructor

PRINT NAME: _____

Signature: _____

Student: _____

Date: _____

Hospital: _____

Rotation: _____

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

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

4 = Exceeded expectations 5 = Exemplary performance

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

Please Circle One In Each Category

Professionalism

Appropriately sets up OR before 7am	1	2	3	4	5	n/a	1
Displays appropriate bedside manner with patients and family	1	2	3	4	5	n/a	2
Displays willingness to help with writing H&Ps for patients admitted to L&D1	1	2	3	4	5	n/a	3
Adequately completes H&P and presents patient to senior resident/AA/Attending	1	2	3	4	5	n/a	4
Participates in daily lectures	1	2	3	4	5	n/a	5
Interacts appropriately with awake patients	1	2	3	4	5	n/a	6
Eager to learn about various obstetric complications and procedures	1	2	3	4	5	n/a	7
Generally helpful and positively adds to team atmosphere	1	2	3	4	5	n/a	8
Accepts feedback from other team members	1	2	3	4	5	n/a	9
Communicates effectively with the rest of the team	1	2	3	4	5	n/a	10

Clinical Knowledge and Reasoning

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

Technical and Manual Skills

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

Patient Management

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

Comments:

Instructor

PRINT NAME: _____

Signature: _____

Student: _____

Date: _____

Hospital: _____

Rotation: _____

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

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

4 = Exceeded expectations 5 = Exemplary performance

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

Please Circle One In Each Category

Professionalism

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

Line Placement/Invasive Procedures

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

Patient Management

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

Comments:

Instructor
PRINT NAME: _____

Signature: _____

CLINICAL INSTRUCTOR EVALUATION

I. OVERVIEW

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

II. PROCESS

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

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

Compliance with this process is mandatory and much appreciated!

Instructor: _____ 1st: _____ 2nd: _____ Date: _____

Institution: UH _____ Metro _____ Lakewood _____ Other _____ -

Master of Science in Anesthesia
Clinical Instructor Evaluation

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

Please Circle One In Each Category

Organization Skills

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

Instruction Skills, Resourcefulness

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

Clinical Supervision

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

Models Professionalism

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

Comments:

III. CLINICAL PROGRESS

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

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

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

IV. SATELLITE ROTATION

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

Code of Conduct

MSA STUDENT CODE OF CONDUCT

Students and faculty of the Case MSA Program are committed to the study of anesthesia and the development and maintenance of a high sense of integrity. *The principles set forth below are applicable to all MSA students.*

General Code of Conduct

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

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

1. **Code of Medical Ethics:** To the extent it is applicable, all MSA students must abide by the Code of Medical Ethics adopted by the American Medical Association. The Code of Medical Ethics is available online at:
<http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>
2. **University Standards of Conduct:** All members of the University community, including MSA students, are subject to the University Standards of Conduct. This is a general code designed to reaffirm the civil, personal and property rights of the University and its members. These standards are included in the Case Student Handbook.
3. **Social Media Policy:** It is the duty of future AAs to uphold the standards of the profession beyond the classroom and the OR, including on the Internet.

Students MAY NOT demean or degrade any individual associated with Case Western Reserve University on any social media platform. This includes, but is not limited to, inappropriate or offensive postings or publications of sexism, racism, obscenity, and libel on platforms including, but not limited to, Facebook, Twitter, Instagram, YouTube, personal blogs, and social news networking sites.

Students MAY NOT post any sensitive information, PHI, or patient encounters on any personal website, media-share site, or social networking site. Removal of an individual or patient's name is not proper de-identification.

As a Case MSA student, you are personally responsible for the content you publish online. You should assume that the image you project on the Internet is the image you project to the public. You are encouraged to uphold the values and mission of the Case MSA program at all times, including during your interactions on social media.

Any violation of this social media policy may result in disciplinary action at the discretion of program administration. Depending on the circumstances involved, the Master of Science in Anesthesia Program may impose any of the University disciplinary **sanctions** listed in the Case Student Handbook, up to and including dismissal. (<https://students.case.edu/handbook/judicial/university/sanctions.html>)

General Rules

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

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

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

An Oath

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

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

PROFESSIONAL APPEARANCE POLICY

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

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

Please note:

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

We expect you to read and abide by these appearance policies.

Policies Specific To Second Year Students

Rotation Schedule

A second year MSA student (MSAS II) is expected to complete 8 rotations in specialty areas at specific hospitals. These dates, specialties, and hospitals are listed on the rotation schedule. Specialties include Pediatrics, Trauma, OB, Neuro, Cardiac, Outpatient, Block, and ICU. For example, if a student has a cardiac rotation, it is expected that the majority of the cases assigned to the student (>60%) will be cardiac. The cases should also reflect a degree of difficulty that is consistent with the student's level of experience. General rotations should consist of a good mix of all the specialties.

The second-year rotation schedule will be developed in a manner that best fits the needs of the student, program and clinical sites. Program and clinical site adjustments may require alterations in the second-year rotation schedule. The program will make every effort to timely inform those affected and will make adjustments that permit a student to complete required rotations for graduation.

Rotation Hours

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

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

Live stream video of Wednesday Case Presentations

***Instructions for Cleveland only**

A live stream video is available for our Wednesday Case Presentations. This means that you can watch case presentations live, while they are happening, and participate in the discussion that follows the presentation. **NOTE: Students rotating out of town MUST attend the WCP sessions remotely via the livestream.**

This is the web address to access a live stream video of the presentations: <http://case.edu/livestream/som-aa/>. To the right of the video, you will see a Chat box. Be sure to sign-in here with your first and last name to receive credit for attending the presentation. If you would like to participate in the discussion by making a comment or asking a question, you may do so in the Chat stream as well.

- Simply type in your question or comment in the Chat stream. Enter your name so that we know who is talking.
- The Education Coordinator will relay your question or comment to the presenter.
- Please sign in at the start of the presentation and sign out at the end of it using the Chat stream. The Education Coordinator will let you know that he or she has received your sign-in, sign-out, and comments.

You must find a computer to watch the presentation. You can always use a computer at a public library if there is no other available. As a backup—in the event that you run into unforeseen problems—you may call in to the MSA office for assistance.

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

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

On-Call Responsibilities (Cleveland students only)

Neuro	Call will be taken at Metro and coordinated by Joe Peachman. You will take call a minimum of 2 times during this rotation (maximum of 4 times). You may be assigned to one weekend (Saturday or Sunday) call.
OB	Call will be taken at UH during the last two weeks of your rotation. Depending on your procedural counts, you may be required to take call on a Friday or Saturday. If your counts are high, you will be able to take call on other days of the week.
SICU/CTICU	The ICU rotator will also take call for liver transplants during their rotation. What this means is that if a big liver case comes in you will be paged and expected to show up to work the case. If the case continues past midnight you will have the following day off.
Trauma	Call will be taken at Metro or UHCMC. You will be notified of your call schedule.

On-Call Protocols

All rotations:

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

Clinical Instructor / Preceptor Policy

There is a designated Clinical Coordinator at each site to orient the student to the affiliate hospital policies and procedures (including such items as lockers, scrubs, parking, etc). This contact is an objective resource if the student should also require assistance with a conflict.

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

Student Evaluations

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

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

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

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

Rotation & Clinical Instructor Evaluations

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

Elective Rotations

How to request a satellite rotation:

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

Note 1: If it was decided in a previous semester to promote a student with reservations, that student will need to complete all rotations locally in Cleveland/Houston/DC until approved to rotate out-of-town by the Program Director.

Clinical Standards for CWRU MSA Students

Students are required to complete specific minimum requirements prior to graduation. This information **MUST** be accurately documented in the Anesthesia Case Log Database in the

individual student's Online Clinical Tracker.

Student Responsibilities

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