



SCHOOL OF
MEDICINE

Master of Science in Anesthesia

**Network Student Handbook
2019-2020**

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Introduction

The information and policies contained in this handbook apply to students in the Master of Science in Anesthesia Program at Case Western Reserve University School of Medicine. The Program maintains locations of study in Cleveland, Ohio; Houston, Texas; and Washington, D.C.

All MSA Program students are covered by the general policies of Case Western Reserve University, which apply to all students at the University, and any applicable policies of the School of Medicine and the School of Graduate Studies.

This publication has the limited purpose of providing information concerning the Master of Science in Anesthesia Program of Case Western Reserve University School of Medicine. This publication should not be construed as an offer or contract between the University and any person. The University has the right to amend, add, or delete any information in this publication, including any course of study, program fee, or regulation of the University. Policies and regulations listed in this handbook are subject to change at any time throughout the academic year. Announcements of such changes are made on a routine basis by the MSA Program.

Any questions regarding the policies and regulations listed in this handbook should be directed to the program director or administrative operations manager at the location of study.

More information regarding policies, programs, and support services can be found at the following sites:

- Case Western Reserve University Polices at <https://students.case.edu/policy/>
- CWRU Master of Science in Anesthesia Program Policies at <https://case.edu/medicine/msa-program/curriculum/program-policies>

Additional resources are listed throughout this handbook.

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Program Overview

The objective of the MSA Program is to train the student in the competent delivery of anesthesia under the medical direction of a licensed physician anesthesiologist. The didactic curriculum is designed to introduce clinical correlation concurrently and appropriately. An intentional effort is made to relate didactic lectures 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 should be prepared to work effectively as a certified anesthesiologist assistant within any type of anesthesia care team. A major goal of the Program is to promote the team approach to healthcare as defined by the American Society of Anesthesiologists at www.asahq.org. Physicians, anesthesiologists, nurses, and ancillary workers operate as a team to provide the highest possible quality of care to the patient at the lowest possible cost.

The education of certified anesthesiologist assistants 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.

Academic Policies

The vision of the MSA Program is to educate the finest anesthetists in the world. The MSA Program is clinically-oriented, and is designed to provide superior clinical training, including elective rotations in the second year that assure our graduates are on the cutting edge of the national trend in CAA education. At the completion of the program, each student earns a master's degree in anesthesia.

Attendance 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 administrative operations manager at each location. Excessive absenteeism or tardiness warrant disciplinary action, a one-letter drop in grade, and counseling by the instructor. Counseling followed by repeated instances may result in dismissal from the Program.

Students are required to contact the course instructor to request an approved absence prior to the class.¹ Make-up policies for missed assignments are established by individual instructors at the start of each semester and are outlined in the respective course syllabus. Make-up sessions will be assigned by the instructor as appropriate.

Classroom and Lecture

On time attendance is mandatory for all clinical didactic courses, including but not limited to:

- ANES 462
- ANES 464
- ANES 468
- ANES 470

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 or separation from the Program and University.

All three locations host additional mandatory sessions and colloquiums, including journal club, and partner with affiliate hospitals so that students may be included in hospital conferences. These additional mandatory sessions are communicated locally, and requirements are determined at the discretion of program locations.

If a student is unable to attend a didactic conference, lecture, or other mandatory session for any reason, they must call the MSA Office. An appropriate make-up assignment will be determined by the local program director.

¹ The time-off policy that follows is the minimum requirement for the Master of Science in Anesthesia Network. Local programs may establish policies above and beyond the requirements outlined here. Refer to the Policies Specific to Cleveland Students and Policies Specific to Washington Students sections for more information regarding attendance, and confirm all local procedures with the local administrative operations manager.

Clinical Rotations

The clinical experience is the focus of student training; therefore, attendance in the operating room is mandatory. The MSA Program recognizes an occasional need to be away from clinical duties, including but not limited to:

1. University Holidays

The MSA Program is clinically based; consequently, the program's academic calendar (including holidays and breaks) do not generally coincide with the University's academic calendar. Consult the Program's academic calendar, which is distributed at the beginning of the semester, or rotation schedule for time off and important dates. University holidays such as Fall Break are not Program holidays unless indicated on the Program's academic calendar; in some instances, the local Program Office will be closed but didactic, clinical didactic, or clinical courses will remain in session.

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 operating room as scheduled, even on University holidays. If you are uncertain as to whether you are expected to be in the operating room on a particular day, ask the administrative operations manager for clarification.

2. University Emergency Closures or Delays

If the University closes due to inclement weather or any other emergent reason, classes may be delayed or cancelled at the discretion of the instructor and the local Program Office may close.

Clinical days are never cancelled. Students should exercise their best judgment in determining whether to attend clinicals during inclement weather. The vital nature of hospital service requires all anesthesia personnel to arrive as scheduled in spite of severe weather and this program requires students to do the same. Calling off due to inclement weather will count as a sick day with the exception of a state-issued weather emergency.

3. Vacation Days

A student in good academic standing will be granted a total of six (6) vacation days² in the first year and fifteen (15) vacation days in the second year.³ Unused vacation days may not be carried over from the first year to the second year.

Students must submit a time-off request form to the education specialist and administrative operations manager by 7:00 AM one week prior to the vacation day requested.

The student will be responsible for contacting their rotation site's clinical coordinator to inform them of their vacation day; clinical coordinators should be informed at least 24 hours prior to the vacation day.

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 for clinical time off is left to discretion of each program location.

³ MSAS II are only permitted to take five (5) clinical days off during any specific rotation. These 5 days include Program holidays. For example, in November, students may only take three (3) elective days off in addition to the two (2) days granted by the Program for Thanksgiving.

MSAS II are strongly discouraged from taking time off during all specialty rotations, including but not limited to neuro, trauma, obstetrics, pediatrics, and cardiac.

Once the call schedule is distributed, MSAS II may not request a vacation day when they are assigned to take call.

Time off taken in excess of that which is allotted is not looked upon favorably by the education committee, and abuse of vacation allowances will prompt a one-letter drop in grade for Clinical Experience. Excessive abuse may result in recommendation for separation from the University.

If a student believes a leave of absence is required, they should consult the Case Leave of Absence policy and discuss next steps with their local program director.

4. Sick Days

In order to protect the safety and health of their patients and colleagues, 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 MSAS II has fifteen (15) vacation days and takes a sick day, they will have fourteen (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.

The student must inform all parties when they are sick, including the affiliate rotation site contact and the local education specialist each morning of illness. Procedures for calling in sick are outlined in the following section. A doctor's excuse, written by a physician documenting illness, is required of any student who takes more than three (3) consecutive sick days.⁴ Failure to provide a physician's excuse will result in a failing clinical evaluation score of one (1) for each clinical day missed without a physician's written excuse.

For Cleveland Students

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 (if the student is rotating at MetroHealth at that time).

It is the responsibility of the student to request a make-up day by contacting the appropriate clinical coordinator. Students should schedule their make-up days within two (2) weeks of their absence.

For students on out-of-town rotations, sick day(s) must be made up immediately upon return to Cleveland.

⁴ In Washington, a doctor's excuse is required of any student who takes more than two (2) sick days or unscheduled time-off per semester or for any student whose time-off is requested without available time-off. More information on scheduled and unscheduled time off requests can be found in the Policies Specific to Washington Students section, and all local procedures should be confirmed with the local administrative operations manager.

For Houston Students

The Houston administrative operations manager will notify the student of the date and location for their make-up day(s).

For Washington Students

Unscheduled days off and make-up time are handled and rescheduled on an individual basis at the discretion of the Washington clinical director.

To fulfill the make-up day requirement,⁵ the student must spend at least five (5) hours in the operating room on cases. If there are not enough cases, the student must come in for a second make-up day to log the time.

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.⁶ In the case of a major illness or absence exceeding five (5) days in length, make-up time will be handled on an individual basis at the discretion of the local program director.

5. Days Off at Facilities

Days off at facilities may include reading days and different work hours.

MSA students must report to the local Program Office that they have been given a reading day at the hospital within one (1) week of the given day. Students must ask the clinical coordinator to confirm, and must inform the local administrative operations manager.

MSAS II that are working non-typical schedules⁷ (such as 10-hour shifts Monday through Thursday) must inform the local Program Office within one (1) week of starting their rotation.

6. Bereavement Days and Leaves

Bereavement days and leaves provide students with time away from clinical responsibilities for bereavement and for the purpose of attending the funeral in the event of the death of a student's family member; student's spouse or domestic partner; or student's spouse's or domestic partner's family member.⁸

⁵ MSAS II 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.

⁶ In Washington, the consequence for failing to make up unscheduled time off by the end of the break between semesters is different. More information making up unscheduled time off can be found in the Policies Specific to Washington Students section, and all local procedures should be confirmed with the local administrative operations manager.

⁷ A typical schedule is understood to be 8-hour shifts Monday through Friday.

⁸ Family member is defined as a child, parent, sibling, grandparent, or grandchild.

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; 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 is permitted per year.

The student must notify the local 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 date of the funeral by providing the local 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 must be made up.

7. Interview Days

MSAS II are permitted up to three (3) days to use for interviewing, which do not need to be made up. The allotment includes travel time that may be required for traveling to out-of-town or out-of-state sites, and do not need to be made up. Students must submit a time-off request form for interviews to the education specialist and administrative operations manager by 7:00 AM one week prior to the interview day. Requests submitted with less than one week's notice due to late notification from the employer will be evaluated on a case-by-case basis. The student must indicate in their request the location at which they are interviewing, including the name of facility, city, and state. The student must inform the clinical coordinator at their current rotation site 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.

Procedure for Calling in Sick

Students at all locations must follow the procedures for their location of study outlined below each day that they are ill. Sick days cannot be requested in advance.

For Cleveland Students

- 1. Complete the Student Time-Off Request form online.**
Students are responsible for submitting their requests online by 6:30 am the day of their illness. The link is distributed to students at the beginning of each year from the administrative operations manager.
- 2. Notify the clinical site.**
Students are responsible for notifying the anesthesia coordinator at the operating room control desk at your clinical rotation site by 6:30 am the day of your illness. Students should give their full name to the person staffing the phones, the full name of their clinical instructor, and explain that they are ill. Students must reach someone by phone; leaving a voicemail is not considered sufficient. Students should take down the name of the person with whom they speak for future verification.

Depending on the student's rotation site, they may also be required to contact the administrative anesthesia office in addition to the site's operating room control desk. Students should make sure they have the correct information for calling in sick at their clinical orientation for their clinical site.

For Houston Students

- 1. Complete the Student Time-Off Request form online.**
Students are responsible for submitting their requests online by 6:30 am the day of their illness. The link is distributed to students at the beginning of each year from the administrative operations manager.
- 2. Notify the clinical site.**
Students are responsible for notifying the MSA Program, their instructor, and their site coordinator at your clinical rotation site by 6:30 am the day of your illness. Students should give their full name to the person staffing the phones, the full name of their clinical instructor, and explain that they are ill. Students must reach someone by phone; leaving a voicemail is not considered sufficient. Students should take down the name of the person with whom they speak for future verification.

Depending on the student's rotation site, they may also be required to contact the administrative anesthesia office in addition to the site's operating room control desk. Students should make sure they have the correct information for calling in sick at their clinical orientation for their clinical site.

- 3. Enter sick day in eAnesthesiology.**
Students should log into the homepage in eAnesthesiology. Click Academics tab, then Attendance. Select "New Request" at the bottom of the page. Select the date and reason for not attending clinicals. Click submit.

For Washington Students

- 1. Complete the SAA1 or SAA2 Time-Off Request Form online.**
Students are responsible for submitting the corresponding form to the local administrative operations manager the morning of each and every unscheduled day-off.
- 2. Notify all program and clinical administrators.**
Students are responsible for immediately notifying by emailing Washington program administrators, including the education specialist, administrative operations manager, clinical director, and program director as well as the clinical site coordinator and, if known, the clinical instructor the morning of each and every unscheduled day-off. Failure to email all parties will result in a failing clinical evaluation score of one (1).
- 3. Request any missed coursework.**
Students must immediately email course directors to receive any missed coursework when taking unscheduled time off from didactic, clinical didactic, or simulation courses.

Failure to appear for a scheduled clinical day without notifying the clinical site and local Program Office will be considered a “no call-no show” event. If a student has two (2) “no call-no show” occurrences in an academic year, this 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 local program director.

Exam Conduct and Procedures

iPad and Laptop Policy

The MSA Program requires that certain exams be taken using ExamSoft educational and assessment software. To complete these exams, students must purchase a laptop computer or iPad for use.

ExamSoft can be used on virtually any modern computer purchased within the last three years. Minimum system requirements for Windows, Mac, and iPad can be found at <https://examsoft.force.com/emcommunity/s/article/Examplify-Minimum-System-Requirements>.

Please note that only genuine versions of an operating system on any device will be supported. Devices, such as jailbroken iPads, will not be functional.

Conduct in the Exam Room

All exams will be monitored by the course instructor or a designated proctor. Any violation of appropriate exam conduct will be reported to the local 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. Calculator policy will vary. Students will be notified before each exam is given whether they may use a calculator during the exam. The use of notes, books, formula sheets, or other materials will not be permitted for any exam and may not be brought into the exam room.

Other than a student’s laptop or iPad (described above and necessary for applicable exams), no personal electronic devices of any kind are allowed in the exam room. Personal electronic devices include but are not limited to cell phones, pagers, personal stereos, MP3 players, and headphones. If a student believes that someone may need to reach them due to an emergency while they are taking an exam, the person should be instructed to contact the local 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. During exams, students must not engage in any conduct that disrupts other students’ concentration.

Bathroom breaks are permitted during exams. Student must leave all materials in the exam room, and may not use consult any materials or person at that time.

All 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, students should double-check that they have submitted both their answer sheet and exam or that they have successfully submitted their exam in ExamSoft.

Conduct Outside of the Exam Room

Students should refrain from loud noises after an exam, and should not congregate outside of the exam room.

Illness or Other Emergency

If a student experiences an illness or other emergency that prevents them from taking an exam, they must notify their instructor prior to the start of the exam. The student must leave a message at any time at the local Program Office. An administrator will return the student's call or email the student to confirm receipt of their message.

No-shows for exams will receive a failing grade for the exam. Instructors will determine if the student is authorized for a make-up exam.

Exams During Elective Out-of-Town Rotations

If a student is completing an elective out-of-town rotation during a scheduled exam and is unable to make arrangements to travel back to their location of study to take the exam, they may be responsible for making arrangements to take the exam at a testing center. In the event a student cannot find an appropriate testing center, the local administrative operations manager may intercede to assist the student.

Students will be responsible for all costs associated with taking an exam while rotating out-of-town, including but not limited to additional travel costs or testing center fees.

Academic Integrity

Students' behavior at all times must coincide with the 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 risk dismissal from the University. The University's complete Statement of Ethics and the Academic Integrity Policy can be reviewed at <http://studentaffairs.case.edu/groups/aiboard/policysummary.html>.

In compliance with the University'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 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 Educational Services for Students (ESS, Sears 470) to document their disability. The student is also encouraged to inform their instructors as soon as possible so that these needs may be met in a timely manner.

For additional information for students with disabilities, please review the Master of Science in Anesthesia Program's Non-Discrimination Policy at <https://case.edu/medicine/msa-program/curriculum/program-policies> or review the Program's Physical and Technical Requirements in the Appendix.

Graduation, Separation, and Academic Performance

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.⁹ 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, the below section defines these standards for the Department of Anesthesiology in relation to its Master of Science in Anesthesia Program.

The standards set forth here in the Network Student Handbook shall be given in writing to all students enrolled in the program in their first year. The handbook is updated annually and made available online. The digital version is distributed at the beginning of each year to all students. In the event an amendment to the handbook is necessary at any point in the Academic Year, the amendment will be added to the digital version and distributed to all students by the Program.

Graduation Standards

Graduation from the MSA Program requires that all of the following standards and special requirements be met:

- 1. Students must maintain a grade point average (GPA) of 2.5 or higher over a 12-hour or 2 semester period, whichever comes first.**
- 2. Students must maintain a GPA of 2.75 or higher over a 21-hour or 4 semester period, whichever comes first.**
- 3. Students must finish the program of study in 5 years or less, including any leaves of absence, with a minimum GPA of 2.75.**
- 4. Overall performance is measured as a weighted sum of didactic courses¹⁰ (numerically graded) and clinical courses¹¹ (graded by evaluations and comprehensive examinations).**
- 5. Graded (A/B/C/D/F) courses and P/NP (Pass/No Pass) courses are considered in evaluations.**

Evaluations and Grades

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; and (3) the numerical grading of a comprehensive exam given at the end of the semester.

A committee of clinical instructors evaluates individual student clinical performance and progression once per semester or as needed, and can make a recommendation based on their unanimous and

⁹ Minimum standards for maintenance of good standing and graduation for the University's School of Graduate Studies can be reviewed at <http://bulletin.case.edu/schoolofgraduatestudies/>.

¹⁰ 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.

¹¹ The clinical courses are: ANES 461, ANES 463, ANES 465, ANES 467, ANES 469, ANES 471.

collective expertise in reviewing clinical comments and trends. Deliberations of these meetings are documented by a scribe, and taken into consideration for the final recommendation of the Progress and Promotions Committee.

If a didactic or clinical didactic course grade is unsatisfactory (D, F, or NP), then the course must be repeated. Students are able to repeat the course once and only once. If a student earns a C in any one semester of Physiology or Pharmacology they will be required to follow the student performance policy, outlined below.

If a clinical experience course grade is unsatisfactory (C, D, F, or NP), then the course must be repeated. Students are able to repeat the course once and only once using remediation courses 499 or 599 with university credit as arranged by the department.

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 coursework, 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.

Progress and Promotions

Students are able to view clinical performance data online via the case log systems, and may request a meeting with the local program director to discuss their clinical progress at any time. Students are counseled mid-semester in meetings with their faculty advisor, and at the end of the semester in reviews with the local program director. During these meetings, they receive expert feedback regarding their academic performance, clinical performance, and potential as clinical practitioners. The local program director will also communicate the findings and recommendations of the Progress and Promotions Committee.

The Progress and Promotions Committee is comprised of the local program director, local medical director, and key clinical and didactic faculty. The committee reviews each student as well as the deliberations of the committee of clinical instructors, and unanimously determines if a student is promoted to the next semester, promoted with reservations, not promoted and must remediate, or recommended for separation. In the final semester of the second year, the committee will also determine if a student is recommended for graduation.

These reviews can lead to recommendations for the need for specific improvements with time limitations, repeated coursework, or other individualized learning plans as deemed necessary by the Progress and Promotions Committee and in accordance with the Student Performance Policy. Additional meetings with individual students may be scheduled at any time during the course of study if special circumstances warrant such a meeting.

At any time, students with mounting, serious problems in clinical practice and didactic coursework may be advised to voluntarily withdraw from the Program.

Student Performance Policy

Students will be required to follow the student performance policy if they meet any of the following criteria, or if it is deemed necessary by the Program administration:

- Cumulative GPA less than 3.25

- Semester GPA of less than 3.0
- More than two (2) credit hours at or below C level in one semester
- More than one C in any one semester
- C in any one semester of a core class, which includes ANES 456, 458, 475, and 476
- More than three (3) course grades at or below C throughout the Program
- Probation by the academic committee
- C in any anesthesia clinical experience at any point in the Program
- D, F, or I in any class

The student will follow the student performance policy, in each of the following categories, for the corresponding duration, outlined in the table below:

Criteria	Duration of Student Performance Policy
Deemed necessary by the Program administration	Until the Program administration deems appropriate
Cumulative GPA of 3.25 or less	Until cumulative GPA is increased to 3.25 or above
Semester GPA of 3.0 or less	Until the following semester ends; all other criteria for the student to be in good standing must be met
More than two (2) credit hours at or below C level in one semester	Until the following semester ends; all other criteria for the student to be in good standing must be met
More than one C in any semester	Until the following semester ends; all other criteria for the student to be in good standing must be met
C in any core class	Until the following semester ends; all other criteria for the student to be in good standing must be met
More than three (3) course grades at or below C throughout the Program	For the duration of the program
Probation by the academic committee	While on probation or as the academic committee instructs
C in any anesthesia clinical experience at any point in the Program	For the duration of the program
D, F, or I, in any class	At the discretion of the local program director

Program administration may notify a student of their 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 the protocol outlined here:

1. Submit a learning plan to program administration for approval prior to the start of the semester.

Learning plans must include: (1) learning goals for a specific period of time; (2) a series of actions, known as the action plan, outlined for each learning goal; and (3) one or more resources assigned to each action, including but not limited to mentors, instructors, textbooks, and websites.

Learning plans are most effective when reviewed and maintained daily. Therefore, the student shall also 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 rounds should be tracked and logged. This daily

activity log is to be maintained daily, and is subject to audit by program administration.¹²

- 2. Schedule at least one meeting with program director or assistant program director 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.**

During this meeting, daily activity logs will be checked and learning plans will be evaluated using the learning plan assessment rubric. Students must earn a passing score on this assessment, defined as a 3.0 out of 5.0 or above.

Students who fail to perform or fail assessment of any of the student performance protocols listed here will be brought to an academic committee meeting for further review. The academic committee will make one or more of the following recommendations based on information gathered and presented during the investigation and subsequent meeting: (1) no reprimand; (2) reprimand; (3) reprimand and sanctions; or (4) separation from the Program.

If a student fails to follow student performance protocol, the first instance will result in a written warning. Any instance following a written warning will result in action by the Progress and Promotions Committee, including possible separation from the Program.

Remediation

In extreme cases where a student does not meet expectations and the student performance policy does not suffice, a student must remediate.

The reason(s) for the student's need for remediation shall be presented to the student in writing with supporting documentation and personal counseling. The duration and type of remediation shall be specified in writing. The criteria for graduation or separation shall be specified in writing.

No more than one remediation period shall be offered to a student.

Withdrawal and Leave of Absence Policy

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 MSA Program and to the School of Graduate Studies.

A student who withdrew must reapply if they wish to reenter the program. Their records are not adversely altered by this event, but they must compete with all other applicants for the program slots and will be held to the admissions standards. A position will not be held open under these circumstances.

Students may be encouraged to take a leave of absence (LOA) instead of withdrawing if the Program leadership deems this appropriate and if studies can be resumed within one year's time. The student must submit a petition in writing for LOA status, and the program leadership must accept the petition.

Acceptance of the petition will contain requirements for reentering the program within one year after

¹² If audited or otherwise asked to produce the daily activity log, the student must produce the log within the timeframe set by the administration, which may be defined as the total time required to travel to the student's home; print, copy, or download the log; and return to the local Program office.

LOA status is granted. The student remains in good standing with the University and need not reapply for admission into the Program. 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. The dates for reaffirmation for a LOA student are:

- **Summer semester:** the first week of July
- **Fall semester:** the first week of December
- **Spring semester:** the first week of February

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

A LOA student is 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 LOA student plans to return Fall semester 2018, then tuition deposit is due March 1, 2018. Tuition deposits are applied to the first semester's tuition, and are forfeited if the student ultimately determines they cannot return.

The student must rejoin in the proper sequence so that all required work is taken; any necessary preparatory or review work will be the responsibility of the student and may be arranged with the help of Program leadership.

If a student does not withdraw formally, 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 the student to submit a withdrawal letter. If no response is received in two (2) weeks, then the Department will advise the School of Graduate Studies of the situation, and the student will be withdrawn from the Program in absentia.

Separation

Separation is the termination of the academic relationship between the student and the University. Separation may result from the failure to maintain good standing as defined by the School of Graduate Studies.

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 the School of Graduate Studies. A formal withdrawal by the student will avoid the separation procedure.

Once the decision to separate a student is final, a recommendation is sent to the Dean accompanied by supporting documentation. Separation will then terminate the student's academic record and relationship with the University. A notation on the transcript records the academic separation, but does not affect the GPA.

Separated students may not contact their clinical or didactic instructors directly to discuss the University's decision to separate or the results of the Progress and Promotions Committee. All questions regarding the separation process should be directed to the Dean.

The admission committee generally does not consider students for readmission who have been separated from the MSA Program by the University.

Grievances

Students should feel comfortable filing grievances of any nature. Student grievances should be submitted in writing to both the local program director and medical director. The grievance, subsequently, will be presented to the education committee, which consists of the local MSA program director, medical director, faculty, clinical coordinators, and administrative operations manager. If the decision of the education committee is unsatisfactory after presentation, student grievances regarding grading, academic evaluation, or other matters will then be submitted to the Chair of the Department of Anesthesiology. In the event that the grievance remains unresolved it will be sent to the Dean of Graduate Studies and will be handled according to School of Graduate Studies policy.

Delayed Graduation

The education committee has the authority to delay graduation based on its unanimous, documented concern about a student's clinical expertise or safety. The committee must unanimously decide that a student is not ready to graduate, and then communicate that decision to the student and recommend remediation for a specified period of time.

The options of LOA or withdrawal are open to such students, but should be discussed in individual counseling sessions prior to remediation and should not be used to offset bad performance.

Clinical Policies

Operating Room Time

Students are required to arrive early enough to allow for proper setup for the day's cases and discussion of the anesthetic plan with teaching staff, including but not limited to the attending anesthesiologist, senior anesthetist, or 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. When possible and appropriate, 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 the Summer semester, first-year students are expected to be in the operating between 6:00 am and 2:00 pm. During the Fall semester, first-year students are expected to be in the operating room between 6:00 am and 4:00 pm if no formal classes, lectures, or meetings are scheduled. During the Spring semester of the first-year and for all semesters of the second-year, students are expected to finish the daily caseload.¹³ When a case is interrupted by a required lecture or meeting, students should leave for the required lecture or meeting and return to the operating room afterwards 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 the student's clinical scheduling. No student is excused from clinical duties prior to 2:00 pm on any day without express permission from the site's clinical coordinator. Schedule conflicts may be accommodated upon approval of the local program director. Excessive late starts or early departures will result in dismissal from the Program.

On-Call Requirement

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

For Cleveland Students

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.

¹³ The caseload does not typically extend past 7:00 pm.

For Houston Students

Second-year students may be required to have on-call responsibilities during the trauma rotation at Memorial Hermann-Texas Medical Center or an elective rotation at Dallas Children's Hospital. The call is determined by the site clinical coordinator.

On-call responsibilities for MH 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.

For Washington Students

Site clinical coordinators will schedule twelve (12) or twenty-four (24) hours on-call clinical training for second-year students during specialty and general rotations. The on-call responsibilities of second-year students are determined by site clinical coordinators and vary for each clinical site.

On-Call Protocols

Protocol for on-call assignments are determined by the individual hospital, and may differ from site to site. On-call shifts could take place in the day, evenings, or overnight. Students may be required to cover a pager. When covering a pager, students may be required to stay at the hospital for the duration of their call or they may be allowed to take the pager off-site with them. Policies and protocols are determined by the hospital, and students should be aware of the facility's procedures in preparation for their first on-call assignment.

Typically, when students are scheduled for 24-hour call, they will be on-call from 7:00 am to 7:00 am the following day.¹⁴ Students will be off the day following their scheduled call day if they are at the hospital past midnight. For example, if a student is on-call from 7:00 am Thursday to 7:00 am Friday, then the student is off on Friday after 7:00 am and does not have to report to the operating room until Monday. Students are not off on Monday if they took call on Saturday; however, students are off on Monday if they take call on Sunday and are at the hospital past midnight.

Students will be expected to report to the operating room for clinical duties the following day if call duties do not keep them in the hospital past midnight.

Students will be scheduled individually for call per day per hospital. Only one MSA student will be scheduled per day per hospital. Students may not request a vacation day when they are assigned to take call once the call schedule is distributed. They will receive their on-call assignments as early as possible in the month, but scheduling difficulties may cause late distribution.

¹⁴ In Cleveland, there is one exception. At UH, on-call schedules for Saturday and Sunday run from 7:30 am to 7:30 am the following day.

Clinical Performance Goals and Logging Clinical Case Data

All students are required to keep an accurate daily log of clinical activities in the case log systems, eAnesthesiology and e*Value. On a daily basis, students must enter their case information into the main database for review by the local program director. After 72 hours, if a student has not entered cases for a day when they were in the operating room, the system will give the student a failing grade of one (1) for that day. Each semester, students will meet individually with the local program director to review completed procedures and documented clinical cases.

Students are required to complete the minimum clinical standards, as listed below, 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 face delayed graduation and may be required to complete up to one semester of clinical remediation in order to be recommended for graduation.

Clinical Case Log Policy

As noted above, the University permits individual departments and programs to set standards for graduation and separation that are above and beyond the minimums prescribed by the School of Graduate Studies. The following section applies to the case log and clinical evaluation systems used by the Master of Science in Anesthesia Program.

Logging Data

Logging data into the case log and evaluation systems used by the Master of Science in the Anesthesia Program is considered an exercise in the students' medical record keeping. For each clinical day, the student is responsible for entering:

1. **A clinical evaluation case log summary**, which includes but is not limited to the clinical experience date, clinical instructor, cases performed, and rotation experience.
2. **A full case log for each case performed in the case log system**, which includes but is 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 (such as 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.

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

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

Case Log Systems

The Program utilizes two case log systems, eAnesthesiology and e*Value. The systems fulfill separate functions for the Program. eAnesthesiology tracks student progress against the clinical

standards, outlined in the following section. e*Value enables clinical instructors to submit evaluations of the student's clinical performance.

Case logs should be submitted in both systems for each clinical experience.

Case Log Timeliness

Students are responsible for entering case log summaries in the clinical evaluation system and full case logs in the case log system as outlined in the Logging Data section above. All case logs must be submitted in the system by the end of each scheduled clinical day. Grace periods of 24 hours for clinical evaluation case log summaries and 72 hours for full case logs are given to students to account for exceptional circumstances that may prevent a student from case logging by the end of the scheduled clinical day. If the student does not enter case logs in the clinical evaluation and case log systems within the periods of time outlined herein, it will be considered a "missed case log."

Missed Case Logs

Any students with a total of two (2) missed case logs in either the clinical evaluation system or the case log system within a single semester will be required to meet with the academic committee, and for each missed case log occurrence thereafter.

Any students with a total of three (3) missed case logs in either the clinical evaluation system or the case log system within a single semester may have their clinical experience course grade lowered by one (1) letter grade for that corresponding semester.

Any students with a total of four (4) missed case logs in either the clinical evaluation system or the case log system within a single semester may have their clinical experience course grade lowered by two (2) letter grades for that corresponding semester.

In addition to the letter grade penalties outlined above, students who miss three (3) or more case logs in either the clinical evaluation system or the case log system within a single semester may be subject to repeating the clinical experience course as outlined in Graduation, Separation, and Academic Performance section of this manual.

Case Log Accuracy

Errors in case log entry will only be tolerated in the Summer semester of the first year in the Program. During that first semester, case logs will be audited, corrections made, and case log remediation given when needed.

Beyond the first semester in the program, the expectation is fully accurate case logs. Errors brought to the attention of the Program administration by the student will be afforded more leniency than those found by the Program in case log audits. The first instance will result in a written warning. Any instance following a written warning will result in action by the academic committee, and may result in separation from the Program. Repeated counseling and reprimands for case log errors is considered conduct unbecoming an MSA student.

Case Log Integrity

Any student suspected of falsifying case log data based on evidence discovered by Program administration will be immediately suspended pending investigation. The student will be brought in front of the Progress and Promotion Committee to explain their case log data discrepancies. The committee will make one or more of the following recommendations based on information gathered

during the investigation and presented at the meeting: (1) reinstatement, no reprimand; (2) reinstatement with reprimand; (3) reinstatement with reprimand and sanctions; and (4) referral to the University academic integrity board with a recommendation for separation from the University.

If the student is reinstated, they will be responsible for any make-up days while suspended during investigation and academic committee deliberations

Clinical Standards

The minimum clinical requirements for a student to be eligible for graduation from the MSA Program for the 2019-2020 Academic Year are outlined in the table below.

Clinical competency is not determined by completing a specific number of skills. As such, the program director in consultation with senior clinical instructors may waive or extend specific skill requirements.

Clinical Standard	Minimum Requirements
<i>Case Type</i>	
Clinical Year Hours	2000
Total Cases	650
Patient ASA Class III and IV	200
Geriatric	150
Pediatric	100
Emergent and Trauma Cases	25
Ambulatory	200
<i>Patient Position</i>	
Prone	25
Lithotomy	35
Lateral	25
Sitting	0
Supine	0
Trendelenburg	5
Reverse Trendelenburg	5
Left Uterine Displacement	5
Beach Chair	2
<i>Anatomical Location Surgery</i>	
Intracranial	10
Heart	15
Lung	5
Intra-Abdominal	75
Extremity	50
Other	0
Head and Neck	25
<i>Type of Surgery</i>	
Cardiac with CPB	10
Cardiac without CPB	0

Dental	5
ENT	10
GU	10
GYN	10
General	50
Neuro	10
OB Cases (including Deliveries, C-Sections, and Procedures)	25
Ophthalmology	10
Ortho	50
Out of OR	50
Plastics	10
Thoracic	5
Vascular	15
<i>Patient Population</i>	
General Anesthesia	400
Mask Induction	0
Adult	0
Pediatric	10
Adult Insertion	25
Pediatric Insertion	15
Oral Adult	150
Oral Pediatric	25
Nasal	10
Emergence from Anesthesia	300
Management	25
Spinal ¹⁵	10
Epidural ¹⁶	10
Peripheral Nerve Block ¹⁷	5
Pediatric Caudal	0
MAC	0
<i>Arterial Techniques¹⁸</i>	
Arterial Puncture or Catheter Insert	25
Intra-Arterial PB Monitoring	50
<i>Central Venous Pressure Catheter¹⁹</i>	
Placement	10
Monitoring	15

¹⁵ Spinals: For clinical skills to be successfully completed and recorded, CSF return must occur.

¹⁶ Epidurals: For clinical skills to be successfully completed and recorded, loss of resistance must occur.

¹⁷ Nerve blocks: For clinical skills to be successfully completed and recorded, the needle must be identified under ultrasound.

¹⁸ Arterial Lines: For clinical skills to be successfully completed and recorded, arterial blood return must occur.

¹⁹ Venous Access in IVs and Central Lines: For clinical skills to be successfully completed and recorded, venous blood return must occur.

<i>Pulmonary Artery Catheter</i>	
Placement	0
Monitoring	0
<i>Other</i>	
Adults	50
Pediatrics	10
Nasogastric Tube Placement	5
Endobronchial Tube Placement	0

The specific minimum requirements and all related information must be accurately documented in the case log systems described in the Case Log Policy section above as proof that the student has met the requirement and can be recommended for graduation.

Clinical Performance Goals

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 and to be successfully promoted to the next semester.

The following sections outline minimum standards for clinical performance at distinct intervals of training. A novice level of training should not limit participation in procedures or tasks that are considered more appropriate for advanced students. Demonstrated clinical excellence allows for participation in more complicated cases, including but not limited to pediatric, ASA III, and ASA IV cases. Subsequently, the student may work ahead toward completing the checklist, providing all applicable requirements are fulfilled by semester's end.

First Year: Basic Science, Summer Semester

By the end of the Summer semester, the first-year student should strive to be 70% successful when performing the following tasks with frequent assistance:²⁰

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.

²⁰ Frequent assistance is defined as supervision 100% of the time and technical support 75% of the time given by a clinical instructor.

6. Placement of laryngeal mask airways (LMAs) in healthy adult patients.

The performance checklist for the Summer semester also includes:

1. Successful placement of intravenous cannulas in adult patients given the following criteria:

- An appropriate vein and catheter size should be chosen.
- The catheter must be inserted successfully by the second needle stick.
- The field should be relatively blood-free during and after insertion.
- Tubing connections should be tight with no blood or fluid leakage.
- The fluid infusion should be run at an appropriate rate.
- The work area should be cleaned as needed.
- The patient's fluid deficit and a fluid replacement plan are calculated and presented.
- 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:

- An appropriate patient is chosen for mask maintenance.
- An appropriate mask size is chosen.
- Assisted spontaneous ventilation is achieved and managed.
- Airway obstruction is recognized and appropriate maneuvers to correct are taken.
- 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:

- An appropriately sized OETT is chosen.
- An appropriate style and size of blade is chosen.
- The tube is atraumatically inserted by the second tube pass.
- Tube placement and position is verified using at least two acceptable methods (breath sounds, capnography, etc.).
- The tube is adequately secured to the patient in a timely fashion.
- The transition to adequate mechanical ventilation is achieved.

4. Adequate completion of intraoperative records for uncomplicated cases given the following criteria:

- The record is neat and legible.
- All drug therapy, patient intervention, vital signs, etc. are recorded accurately and completely.
- The student keeps current with charting and does not lag behind.
- No "blank spaces" inappropriately exist on the finished product.
- The records are filed in the appropriate area postoperatively.
- 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:

- Check for adequate suction.
- Check O₂ cylinder supply.
- Check O₂ pipeline supply.

- Check vaporizer fill level.
 - Calibrate O2 monitor sensor to room air.
 - Check flowmeters.
 - Install and check the patency of an appropriate breathing circuit.
 - Verify that CO2 absorber is adequate.
 - Verify the integrity of the APL valve and the scavenging system.
 - Test the integrity of the ventilator.
 - Check the integrity of the monitors (capnograph, ECG, pulse oximeter, temperature probe, etc.)
 - Have appropriate emergency drugs available.
 - Have appropriate anesthetics and narcotics available.
 - Have appropriate airway equipment available.
 - Have appropriate intravenous therapy available.
6. **Successful placement of laryngeal mask airways (LMAs) in healthy (ASA I & II) adult patients given the following criteria:**
- The LMA is placed without trauma to the teeth or pharynx.
 - No leak is present after the cuff is inflated.
 - The LMA is securely taped.
 - Assisted spontaneous ventilation is achieved and appropriately managed.

First Year: Basic Science, Fall Semester

By the end of the Fall semester, the first-year student should strive to be 80% successful when performing the following tasks with moderate assistance:²¹

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 LMAs** 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.

The performance checklist for the Fall semester also includes, and correlates to the previously mentioned criteria in the preceding Summer semester checklist:

²¹ Moderate assistance is defined as supervision 100% of the time with technical support 50% of the time given by a clinical instructor.

1. **Successful placement of intravenous cannulas with calculation of fluid deficit and replacement and maximum allowable blood loss** for healthy adult patients.
2. **Successful completion of general anesthetics on healthy adult patients managed with mask assisted spontaneous respirations.**
3. **Successful endotracheal intubations** on healthy adult patients with Mallampati Class I or II airways.
4. **Adequate completion of intraoperative records** for uncomplicated cases.
5. **Appropriate setup of the anesthesia machine and tabletop** for uncomplicated (ASA I & II) adult general anesthetics.
6. **Successful placement of laryngeal mask airways** in healthy adult patients.

First Year: Basic Science, Spring Semester

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:²²

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 and physical examination, and subsequent development of the anesthetic plan in conjunction with the attending anesthesiologist and anesthesiologist or resident** for uncomplicated (ASA I & II) adult and pediatric patients.
6. **Placement of LMAs** in healthy pediatric patients.

The performance checklist for the Spring semester also includes, and correlates to the previously mentioned criteria in the preceding Summer semester checklist:

1. **Successful placement of intravenous cannulas** on healthy pediatric patients.
2. **Successful completion of general anesthetics on healthy pediatric patients managed with mask assisted spontaneous respirations.**
3. **Successful endotracheal intubations on healthy pediatric patients.**

²² Minimal assistant is defined as supervision 100% of the time with technical support 10% of the time given by a clinical instructor.

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

Second Year: Clinical, All Semesters

By the end of the spring semester of the second year, having completed the entire didactic and clinical course of study, the MSA graduate should be at least 95% successful when performing all of the previously mentioned tasks in addition to the following tasks with rare assistance:²³

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.**

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:**

²³ Rare assistance is defined as supervision 100% of the time with technical support 5% of the time given by a clinical instructor.

- An appropriate vessel is chosen for insertion.
 - An appropriate catheter is chosen.
 - Aseptic technique is used.
 - The transducer tubing is connected with minimal blood loss.
 - The catheter and tubing are secured adequately.
 - 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:**
- An appropriate vessel is chosen.
 - An appropriate catheter is chosen.
 - Aseptic technique is used.
 - Tubing is connected with minimal blood loss.
 - The catheter and tubing are secured properly.
 - The transducer is zeroed properly (when appropriate).
 - 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:**
- Aseptic technique is used.
 - The appropriate level for insertion is chosen.
 - The dura is not punctured.
 - No persistent paresthesia is elicited.
 - An appropriate local anesthetic/dosage is chosen.
 - No intravascular injection is evident.
 - The level of analgesia is deemed adequate.
 - Follow up management of the block is appropriate.
- 4. Successful placement of pediatric caudal blocks by the second needle stick given the following criteria:**
- Aseptic technique is used.
 - No CSF, heme blood or stool is aspirated.
 - An appropriate local anesthetic/dosage & volume is chosen.
 - An adequate level of analgesia is obtained.
- 5. Successful placement of intravenous perfusion (Bier) blocks given the following criteria:**
- Standard practice is followed.
 - 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:**
- An appropriately sized endotracheal tube is chosen.

- Magill forceps are used effectively when needed.
 - Tube insertion is atraumatic.
 - No epistaxis is noted.
 - The tube is secured adequately.
7. **Successful placement of endobronchial tubes by the second tube pass given the following criteria:**
- An appropriately sized tube is chosen.
 - Proper tube placement is verified by fiberoptic endoscopy.
 - The tube is secured adequately.
 - 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:**
- The appropriate size tube is chosen.
 - The appropriate nares is chosen.
 - No epistaxis is noted.
 - 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. **Anesthetic management of patients as a member of the anesthesia care team for the following specialty surgeries:**
- Cardiac
 - Neurosurgery
 - Outpatient
 - Thoracic
 - Trauma
 - Vascular
11. **Anesthetic management of pediatric patients²⁴ for all types of surgery as a member of an anesthesia care team.**
12. **Anesthetic management of geriatric patients²⁵ for all types of 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:**
- Vaginal deliveries, including: (1) placement of epidural; (2) management of labor; and (3) present for delivery.
 - Cesarean sections, including: (1) placement of epidural and induction of general anesthesia, and (2) management of the case

²⁴ Patients included in this category can also be counted toward requirements in other categories.

²⁵ Patients included in this category can also be counted toward requirements in other categories.

Student Clinical Performance Evaluation

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 that coincides with the student's level of education in anesthesia. The completion of these evaluations is vital to grading accuracy. All students are required to enter their case information into the case log systems daily, as noted in the Case Log Policy section above. 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 MSA Program transitioned from a paper evaluation system to an electronic one in 2017. All attendings and clinical instructors should be set up in the online system.²⁶

Online Evaluation Process

The online evaluation system, e*Value, allows instructors to complete and submit evaluations for students from any computer or mobile device that is connected to the internet. Instructors will receive an email prompt to complete an evaluation for the student after the student has logged the case in the system. The email will contain a link, which will take the instructor to the evaluation website. The instructor may also go directly to the evaluation web site instead of waiting for an email prompt.

In order to be graded and to receive credit for the case logs, the student must:

- Enter their case logs at the end of each clinical day.
- Enter all data accurately. Case logs cannot be edited by the student after they are entered and saved. Students must submit the correct clinical date and the name of their instructor. The system is designed to guide users as they enter their case logs; pay close attention to the prompts and warnings on the screen. Errors or missed case log entries are subject to the penalties outlined in the Case Log Policy section above.

Scoring and Grading

Students are expected to achieve 95% success when performing a task with rare assistance. When these conditions are met, students should expect to receive an evaluation score of "3" or above.

The evaluation scores are entered into a program that averages them daily, weekly, and over the semester per category and holistically. Evaluation comments are regularly reviewed by the local program director, and these evaluations are used to calculate 60% of the clinical grade.²⁷ Both negative and positive comments are considered by the program. The semester average is weighted

²⁶ Very few clinical rotation sites use paper evaluations. Paper evaluations are not given out by the student; if a site asks a student to provide them with paper evaluation forms, the student should alert their local administrative operations manager. These requests are considered on a case-by-case basis. Students are responsible for following-up with individual instructors to be sure all paper evaluations are completed and turned in.

²⁷ It is the responsibility of the clinical coordinator to familiarize the clinical instructors with the evaluation process. Items on the evaluation are scored on a scale for 1 to 5, with the scale described as follows: N/A = not applicable to the case; 1 = unacceptable performance; 2 = performed below expectations; 3 = met expectations; 4 = exceeded expectations; and 5 = exemplary performance.

with the comments and the results of the clinical comprehensive examinations, which yields the final semester grade.

Items on each evaluation are scored on a scale for 1 to 5, with the scale described as follows:

- N/A = not applicable to the case;
- 1 = unacceptable performance;
- 2 = performed below expectations;
- 3 = met expectations;
- 4 = exceeded expectations;
- and 5 = exemplary performance.

Students may view their non-confidential²⁸ clinical evaluations at any time online via e*Value and may request a meeting with the local program director to discuss their evaluations at any time, though students are formally presented with the information mid-semester in meetings with their faculty advisor and at the end of the semester in reviews with the local program director. A selection of evaluations can be found in the appendix.

It is imperative that an evaluation is completed for every day a student is assigned to the operating room. Grades are determined by completed evaluations and are averaged weekly. The averages correspond to a letter grade, as follows:

- **A:** 4.00 to 5.00
- **B:** 3.00 to 3.99
- **C:** 2.00 to 2.99
- **F:** 0.80 to 1.99

Reviews

Students are counseled mid-semester in meetings with their faculty advisor, and at the end of the semester in reviews with the local program director. The purpose of these reviews is to track progress of the attainment of the clinical performance goals, as outlined in the above section. Clinical rotations and specific requirements are adjusted as needed if circumstances dictate 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.

The student will not proceed to the next level of clinical competence until the clinical performance requirements for each semester are satisfactorily met.

Pregnancy Termination Disclaimer

Students in the Master of Science in Anesthesia Program may be assigned to clinical cases in which pregnancy terminations are being performed by the surgical team.

There are two types of pregnancy terminations: therapeutic and elective. Therapeutic terminations are performed for maternal health reasons or for fetal anomalies that may or may not be life

²⁸ All evaluations scored with a 1 or 5 require a confidential comment to be entered by the clinical instructor and, thus, will not be available for view by the student.

threatening. Elective terminations are those initiated by personal choice. Laws governing pregnancy terminations differ by state, and policies may differ from hospital to hospital.

Students are given the opportunity to state what they are and are not willing to participate in by completing the Pregnancy Termination Survey at the time of orientation, and will be assigned to cases accordingly. Students who do not complete the form will be expected to participate in all types of pregnancy terminations.

Additional Student Policies

The MSA Program 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.

Program Goals and Learning Domains

An advisory committee assists the MSA Program in formulating appropriate goals and learning domains. The advisory committee is comprised of representatives from the communities of interest, including students, graduates, faculty, CAAs, physicians, program and hospital administration, employers, clinical preceptors, clinical rotation sites, and the public.

Program's Goal

The overarching goal of the MSA Network is:

- To prepare competent entry-level anesthesiologists in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Learning Domains

The learning domains of the MSA Program are the core competencies of the curriculum, defined by the Accreditation Council for Graduate Medical Education (ACGME) and including:

- **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.
- **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.
- **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.
- **Interpersonal and communication skills** that result in effective information exchange and teaming with patients, their families, and other health professionals.
- **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, advocacy, adherence to ethical principles, and sensitivity to a diverse patient population.
- **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.

Student Code of Conduct

MSA students and faculty are committed to the study of anesthesia and the development and maintenance of a high sense of integrity. For students, it is important to realize that your career as an anesthesiologist assistant begins on the first day of your graduate coursework. An exemplary professional reputation will be an asset for each student and for the Program. Students' conduct and appearance should reflect a dedication to professionalism and concern for patients and 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.

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 at <http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics.page>

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 CWRU Student Handbook at <https://students.case.edu/policy/conduct/>.

Social Media Policy

It is the duty of all MSA students and future certified anesthesiologist assistants to uphold the standards of the Program, the University, and the profession beyond the classroom and the operating room, including on the internet. All MSA students will be held personally responsible for the content they publish online.

Students may not demean or degrade any individual associated with the University on any social media platform. This includes, but is not limited to, inappropriate or offensive postings, publications, or comments of sexism, racism, obscenity, and libel on platforms including, but not limited to, Facebook, Twitter, Instagram, SnapChat, 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.

Any violation of this social media policy may result in disciplinary action at the discretion of program administration. Depending on the circumstances involved, the MSA Program may impose any of the University disciplinary sanctions, up to and including dismissal, as described at <https://students.case.edu/handbook/judicial/university/sanctions.html>.

Adherence to professional standards of conduct and behavior throughout the course of study and in all Program activities is a requisite for graduation.

Student Responsibilities

MSA students are expected to abide by all the network-wide and location-specific policies, and may face dismissal from a rotation or from the Program for noncompliance.

Students must not identify themselves as a certified anesthesiologist assistant or any other healthcare professional other than an anesthesiologist assistant student. Students must wear their CWRU identification badge during all clinical encounters, in addition to any identification badges required by rotation site. Students should not leave the hospital grounds wearing or carrying operating room apparel, including scrubs.

Students are responsible for completing clinical instructor evaluations in a timely manner.

Students are responsible for timely, accurate documentation of clinical cases in the case log systems. Students should make every effort to enter their case logs the same day.

Students are responsible for turning in all paperwork related to time-off requests and elective satellite rotations.

Registration

Registration for all MSA coursework will be accessible through the Student Information System (SIS).

The MSA Program will notify students when it is time to register for classes, and will provide information and instructions. Students should not register until they receive instructions from the Program. MSA courses are available to MSA students exclusively; all students will be able to register for classes.

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

Holds

There are various holds, including financial holds due to past-due balances, that can be applied to a student's record that may prevent registration in SIS. Students will not be able to register for classes if holds have been applied. Students must resolve the issue directly with the Bursar's Office before the start of the semester.

Health Insurance Policy

All Case Western Reserve University students who are enrolled in one or more credit hours are required to have health insurance during their time at CWRU. All MSA students are automatically enrolled in CWRU's Student Medical Plan and the fee is placed on the student's tuition account. However, if you currently have health insurance coverage comparable to the Student Medical Plan, you may elect to waive this fee. Comparable personal insurance must meet the waiver criteria outlined at <https://students.case.edu/wellness/medicalplan/waiver/criteria.html>. Students with comparable personal insurance must complete the waiver process. More information

on the process can be found at <https://students.case.edu/wellness/medicalplan/waiver/>.

All waivers are subject to audit by Case Western Reserve University & Aetna Student Health. Any student's plan found to not meet the requirements will be charged for the Student Health Insurance Plan. Effective as of Fall Semester 2016, students who waive the CWRU Student Medical Plan fee will be waiving for the full academic year, as opposed to being required to waive two times during the academic year.

Neither the MSA Program nor the University will cover any cost associated with illness, accident, or injury incurred in the clinical education setting.

Tuberculosis Test, Influenza Vaccine, and Other Required Immunizations

All students are required to obtain a tuberculosis (TB) screening and an influenza vaccine each year of enrollment in the MSA Program. Additional instructions for submitting vaccination records and required immunizations will be provided for first-year students in their welcome packet.

For Cleveland Students

The TB screening and flu shot are offered free of charge through the University Health Service. Flu shots for the current year are made available in October.

For Houston Students

The TB screening and flu shot are offered free of charge through University of Texas Health Center, which is located on the first floor of the UT Professional Building. Flu shots for the current year are made available in October.

For Washington Students

TB screening and flu shots are available at local pharmacies. The cost is the responsibility of the student. Students may also be treated at Occupational Health at MedStar Washington Hospital Center on a case-by-case basis.

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

Pregnancy While in the Program

The MSA Program will work with any student who may become pregnant while in the Program to ensure she is able to complete the course of study.

If a student becomes pregnant while in the MSA Program, it is imperative that she informs the local program director immediately so that the necessary precautions may be taken to assure her safety and the safety of her child in the clinical setting.

Work Policy

The MSA Program is designed exclusively for full-time study. Due to the intensive nature of the Program, students are strongly advised against holding employment while completing the first year of the Program.

Employment during the second year is prohibited.

Drug and Alcohol Policy

Students in the MSA Program must be knowledgeable about and adhere to federal, state, and local laws regarding alcohol and illegal drug use as well as the alcohol and drug policies of Case Western Reserve University, as set forth in the Case Western Reserve University Policies, available for review at <http://students.case.edu/handbook/policy/substances/>.

Due to the nature of anesthesia practice, the safety and well-being of patients is every practitioner's first and foremost concern. To this end, physical or mental impairment due to drug or alcohol abuse will not be tolerated. Any student found to be in violation of federal law, state law, local law, or University policy is subject to internal discipline or referral to the appropriate authorities for legal prosecution. Depending on the circumstances involved, the MSA Program may impose any of the University disciplinary sanctions listed in the CWRU Policies, up to and including dismissal. A full list of sanctions is available at <https://students.case.edu/handbook/judicial/university/sanctions.html>.

MSA students will be subjected to random drug testing throughout their enrollment in the Program, as outlined in the Authorization for Random Drug Testing and Release of Drug Test Results. 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.

Professional Appearance Policy

MSA students will adhere to the professional appearance policy of University Hospitals Cleveland Medical Center, Memorial Hermann-Texas Medical Center, or MedStar Washington Hospital Center. The Program expects each student to read and abide by these appearance policies, as a well-dressed and groomed healthcare provider can substantially and positively impact patient care.

The professional appearance policy supersedes all rotation site policies unless the rotation site policy is more restrictive than the aforementioned policies. It is expected that while students are in any patient contact area including preop, postop/PACU, the OR, or any additional patient area, students will abide by this policy. This policy will remain in effect when on the premises of Case Western Reserve University, at any of affiliated rotation sites, and while participating in any program sanctioned educational or social event.

The policy will not be enforced while in direct transport to and from clinical duties.

Full OR scrub apparel is also required when participating in learning activities in the simulation laboratory.

Licensure and Employment Disclaimer

The Master of Science in Anesthesia Program's sole purpose is to train competent and compassionate anesthetists. While the course of study is designed to support preparation for the certifying exam, the Program does not guarantee that students will pass the exam, obtain professional licensure, or maintain licensure.

Furthermore, while the Program supports networking and job search opportunities and assists in finding employment for graduates, the Program does not guarantee that graduates will be employed upon or after graduation.

If admitted, a prior felony conviction may restrict a student's ability to obtain or disqualify a student from obtaining professional licensure or employment.

Clinical Instructor and 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, and parking. This contact also serves as an impartial resource if the student should also require assistance with a conflict.

In the operating room, the student may be assigned to an individual 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. A clinical instructor must be immediately available to monitor the student at all times. At no time is a student to be without 1:1 pairing with a clinical instructor.

Clinical Instructor Evaluations

Students are asked to complete clinical instructor performance evaluations daily for each instructor they are paired with in the operating room. The evaluations can be completed online in eAnesthesiology.

These evaluations provide feedback regarding the effectiveness of the instruction and the rotation. Data from these reports are required for ARC-AA accreditation.

MSA administrators will complete aggregate reports of all clinical instructor performance evaluations by hospital. These reports are reviewed internally and shared with the head of the respective anesthesiology department annually to ensure effectiveness.

Policies Specific to Second-Year Students

Rotation Schedule

Second-year MSA students are expected to complete eight (8) rotations in specialty areas at specific hospitals. Specialties include Pediatrics, Trauma, OB, Neuro, Cardiac, Outpatient, Block, and ICU. These dates, corresponding specialties, and clinical sites are listed on the rotation schedule.

In a specialty rotation, the majority (more than 60%) of cases assigned to a student should be in the specialty. For example, if a student has a cardiac rotation, it is expected that at least 6 out of 10 assigned cases will be cardiac. The cases should also reflect a degree of difficulty that is consistent with the student's level of experience. General rotations, in contrast, 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 inform those affected in a timely manner and will make adjustments that permit a student to complete all required rotations for graduation.

Rotation Hours

MSA students are expected to 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, Monday through Friday. 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 an MSA Program lecture or conference is scheduled.

For Cleveland Students

Standing MSA Program conferences include Wednesday Morning Conference from 7:00 am to 8:00 am on Wednesdays as scheduled by University Hospitals Cleveland Medical Center, and ANES 464 and ANES 470 on most Wednesdays from 4:00 pm to 5:30 pm.

For Houston Students

Standing MSA Program conferences include ANES 464 and ANES 470 on most Wednesdays from 4:00 pm to 5:30 pm.

For Washington Students

Standing MSA Program conferences include ANES 464 and ANES 470 on most Fridays from 2:00 pm to 5:30 pm.

The dates and times of standing conferences are subject to change, and will be communicated locally. Students can confirm the schedule for ANES 464 and ANES 470 in Canvas.

Clinical coordinators will be notified of other schedule conflicts. Cleveland, Houston, and Washington students completing out-of-town rotations will be required to attend all standing conferences, and should follow location-specific directions for accessing the conference. Attendance is mandatory.

Livestream of ANES 464 and 470

Students are required to attend and participate in ANES 464 and 470. For students rotating out of town or unable to get to campus, livestream is available.

For Cleveland Students

For the Cleveland ANES 464 and 470, the livestream can be accessed at <http://case.edu/livestream/som-aa/>.

On this page, to the right of the video, is a chat box. Online attendees must sign-in here by entering their first and last name to receive credit for attending the presentation; please sign-out of the stream using the same process at the end of the presentation. The chat is also available for attendees to enter comments or ask questions. Questions or comments will be relayed to the presenter by the education specialist.

Students must use an electronic device to watch the presentation. The device should have Flash Player 10.0 or newer installed. Internet Explorer or Safari is recommended; Google Chrome will not support the livestream. MediaVision recommends 1MB of bandwidth for viewing the presentation, and students are encouraged to log into the VPN for greater bandwidth. Students should not use the internet to check email or browse while attending the case presentations; this will disrupt the stream and prevent the student from following along. Students can use public computers at a local library if they do not have access to a personal computer.

For Houston and Washington Students

For Houston and Washington ANES 464 and 470, the livestream will be made accessible via Zoom and the appropriate link will be distributed by the local program.

In the event that a student runs into unforeseen problems, they may call in to the local MSA Office for assistance.

Elective Satellite Rotations

Students may complete the permitted number of elective satellite rotations for their location of study. Students may choose external general rotations from the network list or propose an external clinical site. Satellite rotations are defined as any rotations outside of the those listed on the Clinical Rotation Schedule, starting with Rotation 2. These elective rotations must be scheduled during one of the possible elective rotations, and will only be completed in place of a general rotation.

To request an elective satellite rotation, students must first receive prior approval from the local program director. Students should follow all steps for proposing an elective satellite rotation as outlined in the Network Guidelines for Satellite Rotation Proposals, which is provided to students upon request and included in the Appendix.

The process for proposing a satellite rotation site may take several months, and students should follow the timeline outlined in the Network Guidelines for Satellite Rotation Proposals for their location of study. If an MSA student or proposed satellite rotation site fails to complete all necessary steps and paperwork within the timeframe, then the request for an elective satellite rotation will be null and void.

To complete the request, personal information regarding the student may be required by the elective satellite rotation site. The program's ability to release a student's personal information is granted by

the student in the first year, when they complete and return the Release of Information form included in the Forms section below.

All MSA policies apply during an elective satellite rotation.

If a student was promoted with reservations, then the student will need to complete all rotations at their location of study until approved to rotate out-of-town by the local program director.

Policies Specific to Cleveland Students

Additional On-Call Protocols

Cleveland students will not be excused from Wednesday Case Presentations 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.

Attend at Wednesday Morning Conference is also mandatory if the student is on call at University Hospitals the night before. However, students do not have to attend Wednesday Morning Conference if they are on call at MetroHealth the night before.

On-Call Responsibilities by Specialty

For Cleveland Second-Year Students	
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.

Policies Specific to Washington Students

Time-Off Allowance Overview

As stated in the Attendance Policy for Didactic, Clinical Didactic, and Clinical Courses section, a student in good academic standing will be granted a total of six (6) vacation days in the first year and fifteen (15) vacation days in the second year. Unused vacation days may not be carried over from the first year to the second year.

For MSAS I in Washington, four (4) of the six (6) days off are allotted to the summer and fall semesters and two (2) of the six (6) days off are allotted to the spring semester. No remaining days

may be carried over from the summer and fall semesters to the spring semester.

MSAS II in Washington are limited to five (5) total days off for any monthly general rotation. This includes but is not limited to program holidays, clinical site holidays, interview days, illness, and scheduled time-off.

Scheduled Time-Off Requests

Students must schedule time-off by submitting a time-off request form by the 15th of the month prior to the month in which time is requested off. For example, all time-off requests for March must be submitted by February 15. Requests will be approved or denied following the receipt of the time-off request form.

Students must email course instructors within one week of the scheduled time-off to receive coursework missed when taking scheduled time-off from didactic, clinical didactic, and simulation courses.

MSAS II must email clinical site coordinators by the 15th of the month prior to the month in which time is requested off to notify the clinical site of approved scheduled time-off during the rotation. Washington program administrators, including the education specialist, administrative operations manager, clinical director, and program director, must be copied on all email communication with the clinical site coordinators.

MSAS II are strongly discouraged from taking time off during specialty rotations including but not limited to neuro, trauma, obstetrics, pediatrics, and cardiac. Time-off requests during specialty rotations are only considered for extraordinary situations.

Unscheduled Time-Off Requests

In addition to the policies and procedures outlined in the Attendance Policy for Didactic, Clinical Didactic, and Clinical Courses section above, Washington students should not that an unscheduled day-off will count against the number of days off allotted per semester(s). For example, if a student has three (3) days off remaining and then takes an unscheduled day-off, they will have two (2) days remaining.

If an unscheduled time-off request is not made-up before the end of the semester, it must be made up during the break between semesters. Failure to do so will negatively impact a student's status, prompt a performance review, and could lead to probation, a delay of graduation, or separation from the program. In the case of a major illness or an absence over five consecutive days, make-up time will be handled on an individual basis at the discretion of the program director.

Additional Policies Applying to Clinical Experience for First-Year Students

First-year students are paired with second-year students in the operating room from 6:00 am to 7:00 am during the 2nd, 3rd, and 4th weeks of the summer immersion program. Second-year students will demonstrate summer clinical performance goals: first-case preparation, operating room set-up, and clinical readiness. First-year students will show an understanding of each goal by completing the clinical performance goals, as outlined in the above section.

First-year students are assigned to clinical instructors after the summer immersion program. Students must arrive no earlier or later than 60 minutes prior to their clinical instructors' scheduled shift to begin their clinical training, unless instructed otherwise by the clinical instructor, clinical site

coordinator, clinical director, or program director. Students must page their clinical instructors no earlier than the start of their clinical instructors' scheduled shift or email their instructors the day before.

Students must immediately email the clinical site coordinator and clinical director of an absent clinical instructor soon after arriving at the clinical site. If the clinical site coordinator or clinical director is working at the clinical site, ask them for a new instructor assignment. If a response is not received and program faculty are working at the clinical site, ask program faculty for a new instructor assignment. If a new clinical instructor is not assigned by 8:00 am, then students are excused and assigned a reading day. Students must refrain from asking non-faculty clinical instructors for a new instructor assignment.

Students will perform the pre-anesthesia checkout guidelines; a basic drug set-up under direct supervision of the clinical instructor; airway and monitoring equipment set-up; IV set assembly; and discuss planned surgery, patient medical history, and anesthetic plans with anesthesiologists, attending anesthesiologists, and anesthesia residents prior to the first scheduled case.

Students will have homework assigned to them during their clinical training. Homework is defined as any anesthesia-related topic discussed or anesthesia-related skill performed which the student did not understand or demonstrate during the clinical day. The only acceptable sources for homework answers are those references used for the NCCAA Board Exam. Students must use correct reference APA formatting when sources are used. The following is an example of homework submission:

Glucagon can be used for the treatment of refractory β -adrenergic blocker toxicity besides its effect on relaxing the duodenal or choledochal sphincter (Wilton C. Levine, 2010, p641). Glucagon can increase myocardial contractility, heart rate, and AV conduction by increasing the cyclic adenosine monophosphate (cAMP) levels through stimulating the glucagon-specific receptors on the myocardium (Roberta L. Hines, 2012, p87). Since glucagon's effect is not directly mediated by β -receptors, its effect is not affected by β blockade or catecholamine depletion. Also, "glucagon may possess antidysrhythmic activity in digitalis toxicity because it has been shown to enhance AV nodal conduction in patients with varying degrees of AV block" (Paul G. Barash, 2013, p394). Glucagon may be also useful for the bradycardia caused by calcium channel blocker overdose (Roberta L. Hines, 2012, p87). "The suggested dosing of glucagon is 50 to 70 mcg/kg (3 to 5 mg in a 70-kg patient) every 3 to 5 minutes until clinical response is achieved or a total dose of 10 mg is reached. To maintain clinical effect, this should be followed with a continuous infusion at 2 to 10 mg/hr" (Roberta L. Hines, 2012, p87).

References:

Paul G. Barash, B. F. C., Robert K. Stoelting, et al. (2013). *Clinical Anesthesia, 7th ed.*
Roberta L. Hines, K. E. M. E. (2012). *Stoelting's anesthesia and co-existing disease, 6th ed.*
Wilton C. Levine, R. M. A., Theodore A. Alston, et al. (2010). *Handbook of Clinical Anesthesia Procedures of the Massachusetts General Hospital, 8th ed.*

Additional Policies Applying to Clinical Experiences for Second-Year Students

Second-year students will review patient medical records and create preoperative evaluations for in-patients the day before scheduled surgery. Students will complete an intra-operative anesthesia record and post-operative anesthesia evaluations. Assessment of all medical documentation must be inspected and evaluated by clinical instructors.

Students will follow the program's clinical experience student guide concurrently with the clinical expectations set forth by the external clinical site. The clinical expectations of the external clinical site

may include but are not limited to presenting at a morbidity and mortality conference, discussing an anesthesia-related journal article, discussing anesthetic plans with an attending anesthesiologist the day before, taking an on-call, or 12- or 24-hour clinical training opportunity.

Students will receive pre-rotation formative assessments on the 15th of the month prior to the month in which the clinical rotation starts for most specialty rotations. Senior students must complete and email responses to the administrative operations manager, clinical director, and program director prior to the rotation start date or students will receive a failing grade of one (1) on clinical evaluations.

Pagers and Other Electronic Devices

Students are required to use MedStar Washington Hospital Center pagers daily. Any non-working MWHC pager must be replaced immediately by exchanging the non-working pager at the second-floor medical library. The education specialist must receive current and updated pager numbers by email.

Students must refrain from the casual use of personal electronic devices whether for email, text, telephone, or Internet browsing during clinical training. The undisciplined use of personal electronic devices pose a distraction and may jeopardize patient safety. Students may ask clinical instructors to briefly use devices when the technology supports clinical instruction when there is a scheduled break. Failure to follow these guidelines will result in a failing clinical evaluation score of one (1).

Email Correspondence

Students must reply to email correspondence from the administrative operations manager, education specialist, program director, clinical director, and clinical faculty, including clinical site coordinators and clinical instructors, within 24 hours of the sender's email timestamp. The clinical director must be copied on all email communication with clinical faculty.

Additional Policies Applying to Clinical Schedules for First-Year Students

First-year students must be available for clinical training on any given day of the program calendar, including weekends, evenings, and nights. In addition, students are expected to attend clinical training at short notice. All scheduled time-off requests must be submitted in accordance with the time-off policy outline above.

Students will follow the SAA1 clinical schedule, which shows assigned clinical rotation sites, clinical instructors, and clinical hours. The clinical director will email and announce the clinical schedule after it is approved by program and site administrators. The clinical director may email the clinical schedule or announce changes to a current schedule up to the day prior to clinical training; the clinical schedule is subject to change daily. Students must view the clinical schedule each day to account for any changes.

Students must refrain from making changes to the clinical schedule by swapping clinical assignments or asking clinical instructors for schedule privileges. The scheduling of clinical days and hours is influenced by many factors, none the least of which is clinical site accommodations. After the clinical schedule is announced, the clinical director will only consider clinical schedule changes under extraordinary conditions.

Additional Policies Applying to Clinical Schedules for Second-Year Students

Students will follow the SAA2 clinical schedule put forward by the administrative operations

manager, clinical director, program director, and clinical sites.

Students scheduled at Medstar Washington Hospital Center during general, trauma, neuro, outpatient, and obstetrics rotations will follow the clinical schedule posted on SpinFusion. Students assigned to their cardiac rotations will follow the cardiac clinical schedule set forth by the cardiac anesthesiologist in charge of scheduling.

Students are granted one (1) day for travel to the destination of an elective satellite rotation site and one (1) day for travel to the destination of the next clinical site. If the clinical rotation ends on a Friday, students are expected to use Saturday or Sunday as a travel day and begin their next clinical rotation on Monday. The rotation end date at an elective satellite site is the clinical day prior to the travel day to the next clinical site.

Students must arrive 30 minutes prior to their scheduled clinical training and page their assigned attending anesthesiologist at least 30 minutes prior to the first case start time to discuss case preparations. For unscheduled absences at MedStar Washington Hospital Center on the day of clinical training, students must notify the anesthesiologist in charge by calling 202.877.8679 at least 60 minutes prior to the start of their clinical training and follow the unscheduled time-off policy as outlined above.

Scheduled Dismissal from Clinical Training

First- and second-year students are not dismissed from their clinical training until permission is received from the anesthesiologists in charge or the clinical coordinators.

Students may be dismissed from their clinical training to attend formal classes, lectures, or meetings at the program no earlier than 60 minutes prior to the start of class. After formal classes, lectures, or meetings, students must return to the operating room or clinical assignment to finish their clinical training unless otherwise directed by the clinical instructor. Students are not dismissed from their clinical training until permission is received from the clinical instructor or the site clinical coordinator.

Appendix

Admission Policies

The mission of the Master of Science in Anesthesia Program is to graduate skilled and compassionate anesthetists. The admission policy reflects this goal. Applicants are considered on a variety of parameters that measure academic ability, interpersonal skills, clinical aptitude, and qualities such as professionalism, empathy, and leadership ability. It does so without regard to race, religion, age, sex, color, sexual orientation, national or ethnic origin, or political affiliation.

Admissions Requirements

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

1. Bachelor's degree from an accredited college or university

Applicants for admission must complete a course of study leading to a baccalaureate degree at an accredited U.S. or Canadian college or university, or its equivalent, prior to matriculation.

2. Prerequisite courses

Documentation of each of the prerequisites having been completed with a grade of B- or higher at an accredited U.S. or Canadian institution of higher learning is required.

Prerequisites must be taken within five years of the application deadline. For those courses that have been repeated, the highest grade will be used in the calculation. Prerequisites include:

- **one semester of biochemistry:** advanced course preferred. Bioengineering courses will not fulfill this requirement.
- **one year of biology with laboratory:*** a year-long biology course sequence with lab that stresses general concepts required. Bioengineering courses as well as courses in micro- or molecular biology, cellular biology, genetics and histology will not fulfill this requirement.
- **one semester of human anatomy with laboratory:** advanced course preferred. Courses in vertebrate embryology and developmental anatomy will not fulfill this requirement.
- **one semester of human physiology:** advanced course preferred. Courses in mammalian physiology and embryology will not fulfill this requirement.
- **one year of chemistry with laboratory:*** a year-long course sequence in general chemistry with lab required.
- **one year of organic chemistry with laboratory:*** a year-long course sequence in organic chemistry with lab required.
- **one year of physics with laboratory:*** a year-long course sequence in general physics with lab required.
- **one semester of calculus:*** precalculus will not fulfill this requirement.
- **one semester of advanced statistics:*** preferably for the life sciences. Introductory or basic courses will not fulfill this requirement.
- **one semester of English with expository writing:*** can also be fulfilled with other expository writing courses in the humanities. Science courses with extensive writing components can fulfill this requirement as well.

3. Medical College Admissions Test (MCAT)

Applicants must earn a minimum composite score of 493 on the MCAT, and the test must be taken within three years of the application deadline. When an applicant has taken the MCAT more than once, component scores will not be combined.

Notes on Prerequisites

Substitutions are not permitted, and survey courses for non-science majors are not acceptable. Online prerequisite courses are also not acceptable.

The program will accept Advanced Placement (AP) exam credit for a prerequisite course if the applicant received a score of 4 or 5 on the exam and a grade of B- or higher in the course. If an applicant wishes to use AP credit to fulfill a prerequisite course, the MSA Program requires the applicant submit their AP Score Report and high school transcript in the Documents page of CASAA.

A one-semester course in human anatomy and physiology with lab will fulfill both human anatomy with lab and human physiology prerequisites. You may take these two prerequisites separately or combined. These are the only two prerequisites that may be combined.

If a lab was included in a course but is not listed on your transcript, you must provide proof that the lab was completed. An official course description from your institution's website showing that a lab was included with the course will be sufficient. You can upload lab backup on the Documents page in CASAA.

All admission requirements must be completed satisfactorily before matriculation. In addition to inclusion here, the admission requirements are distributed in program literature and are viewable online at <https://case.edu/medicine/msa-program/admissions>.

International Admissions Requirements

Applicants with international undergraduate, graduate, or advanced degrees must meet the standard admission requirements, including the necessary prerequisite courses, outlined above and obtained from an accredited United States or Canadian college or university, and the MCAT.

No exceptions will be made for required prerequisite coursework or the MCAT, regardless of degrees or certification received outside the United States or Canada, prior experience, work background, or education.

International students must also submit:

1. **An Education Credential Evaluation and Authentication Report for foreign transcripts:** the report is required in order to verify that the international degree earned is equivalent to a bachelor's degree received at a U.S. or Canadian college or university.
2. **Language scores:** international students whose first language is not English must demonstrate English proficiency by taking the IELTS, PTE, or TOEFL. Scores are valid for two years from the date of the test, and the minimum scores required are:
 - IELTS: 7.0
 - PTE-Academic: 61

- TOEFL (internet-based): 90
- TOEFL (paper-based): 577

The language test requirement will be waived if you have earned a bachelor's or master's degree from an institution where English is the primary language of instruction.

Transfer Admission

The primary responsibility of the MSA Program is to offer anesthesiologist assistant training to any person who meets the admission requirements and is accepted to the Program. However, program format and enrollment constraints typically do not permit acceptance of transfer applicants.

Credit Conversion Policy

Case Western Reserve University uses a semester system. The University does accept quarter credit hours. Quarter credit hours are worth two-thirds (2/3) of one (1) semester hour.

However, quarter credit hours may be rounded to the nearest whole number at the discretion of the MSA Program Admissions Committee with consideration given to the coursework and grade earned.

Shadowing Experience

A clinical shadowing experience may be offered to prospective students interested in applying to the MSA Program at Case Western Reserve University. To inquire about shadowing opportunities available in Cleveland, Houston, and Washington, please contact the respective MSA Office. Procedures for scheduling a shadowing experience differ per site and per hospital.

Shadowing provides prospective students an excellent opportunity to learn what a certified anesthesiologist assistant does on a daily basis and to gain clinical experience. Clinical shadowing experience with a certified anesthesiologist assistant is highly encouraged prior to application. The MSA Program Admissions Committee will look favorably upon anesthesia shadowing experience obtained through the MSA Network or with an anesthesia professional²⁹ outside of the MSA Network. Shadowing verification documents received from the MSA Network or another institution should be uploaded with the application for consideration.

Interviews

Competitive candidates will be invited to participate in interviews at their preferred location of study. Interviews will be conducted by members of the MSA Program Admission Committee, and may include program leadership, faculty, and staff.

²⁹ Shadowing experience with an anesthesiologists or nurse anesthetist can provide valuable insight, particularly for prospective students who do not live in a state where certified anesthesiologist assistants can currently practice. However, it is highly encouraged that all prospective students shadow with a CAA if possible.

Acceptance

Selected candidates receive written notification of their acceptance, or offer letter, via email. Candidates who would like to accept the MSA Program's offer of admission must respond in writing and submit a \$3,000 non-refundable deposit within 10 business days of receipt of the offer letter. The non-refundable deposit will be applied to the candidate's summer tuition.

If a response is not received from the candidate within 10 business days, the offer is void and the candidate's seat may be offered to another candidate.

Though it may have no bearing on acceptance, candidates wishing to enter the MSA Program should be aware that a prior felony conviction may restrict their ability to obtain professional licensure or employment. Acceptance into the MSA Program and completion of study does not imply or guarantee that any candidate will be able to obtain such licensure or employment.

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.

Detailed instructions for completing the background screening are shared directly with accepted students via email as soon as the deposit is received.

Physical and Technical Requirements

The following section is excerpted from the Master of Science in Anesthesia Program's Non-Discrimination Policy, which can be viewed in full at <https://case.edu/medicine/msa-program/curriculum/program-policies>

Students in the Master of Science in Anesthesia Program at Case Western Reserve University function as an integral part of a patient's anesthesia care team. Certain essential abilities are considered necessary for the safe execution of these duties. These include general abilities required of most healthcare practitioners, and specific abilities that relate more directly to the practice of anesthesia. The essential requirements include but are not limited to those detailed below.

General Requirements

Motor Skills

- Physical dexterity to master all technical and procedural aspects of patient care, and adequate motor capability to perform complex two-handed tasks.
- Ability to lift and support patients.
- Adequate physical stamina and energy to carry out taxing duties over long periods of up to 24 hours of continuous duty.
- Adequate motor function to stand and walk for prolonged periods.
- Ability to, on occasion, run to emergent situations, such as codes and trauma emergencies.

Sensory Abilities

- The ability to gather all relevant information about a patient's physical and psychosocial status with all five senses, especially sight, hearing, and touch.
- Students must be able to obtain a full medical and psychosocial history.
- Perform a physical examination.
- Make an accurate diagnosis and treat patients in an appropriate and timely way.
- Students must be capable of perceiving the signs of disease as manifested through the physical examination.
- Students must be capable of gathering and synthesizing information derived from direct observation of the body surfaces, palpable changes in organs and limbs, auditory information (such as patient voice, heart tones, bowel and lung sounds), and detection of the presence or absence of densities in the chest, masses in the abdomen and deformities of the extremities.
- Students' hearing and sight must be adequate enough to be able to gather information from patient monitors a short distance away in a moderately noisy environment, and be able to detect and respond promptly to auditory and visual patient alarm systems.

Intellectual Abilities

- Medical training requires essential abilities in information acquisition. A student must have the ability to understand information presented in the form of lectures, written material, and projected images.
- Students must also have the cognitive abilities necessary to master relevant content in basic science and advanced anesthesia knowledge at a level considered appropriate by the faculty. These skills can be described as the ability to comprehend, memorize, analyze and synthesize material.
- Students must be able to discern and comprehend dimensional and spatial relationships of structures, and be able to develop reasoning and decision-making skills appropriate to the practice of medicine and anesthesia.
- Students must be accurate and careful in all dealings with their patients.
- Students must develop the habits of life-long learning.

Communication Skills

- Students must have the ability to take a medical history and perform a directed physical examination; this requires an ability to communicate fully with the patient, using language translation when necessary.
- Students must be able to communicate effectively with patients and families. They must also be able to communicate effectively with other anesthesia personnel, physicians, technicians, nurses and operating room personnel.
- Students should be able to maintain a congenial atmosphere within their work environment, which promotes optimum patient care.
- Students should communicate appropriately with their supervising attending or instructors in all aspects of patient care.
- Students must have the ability to assess all pertinent information, including the ability to recognize the significance of non-verbal responses.
- Students must be able to make an immediate assessment of information provided to allow for appropriate, well-focused, rapid follow-up inquiry.
- Students must be capable of responsive, empathetic listening to establish rapport in a way that promotes openness on issues of concern and sensitivity to potential cultural differences.
- Students must be able to process and communicate information on the patient's status with accuracy in a timely manner to other anesthesia personnel, physician colleagues and other members of the health care team; this requires an ability to communicate in a succinct yet comprehensive manner and in a setting in which the time available is limited.
- Written or dictated patient assessments, prescriptions, and other documentation must be complete, legible, and accurate.
- Adequate communication may also rely on a student's ability to make a correct judgment in seeking supervision and consultation in a timely manner.

Professional Behavior

- All students must exhibit professional behaviors, including the ability to place others' needs ahead of their own; display compassion, empathy, altruism, tolerance, integrity, and responsibility; and possess an ability to exercise the requisite judgment in the practice of medicine and anesthesia.
- Students should possess the necessary emotional maturity and stability to function effectively under the stress that is inherent in medicine and to adapt to circumstances that are unpredictable or that change rapidly.
- Students must be able to interact productively, cooperatively, and in a collegial manner with individuals of differing personalities and backgrounds. They must also be an active contributor to the process of providing health care by demonstrating the ability to engage in teamwork and team building.
- Students must demonstrate a clear ability to identify and set priorities in patient management and in all aspects of their professional work.
- Students must be dependable, punctual, and perform work in a timely manner.

Specific Requirements

There are several essential functions specific to the task of providing anesthesiology services. The ability to carry out these functions is a requirement for admission to, retention in, and graduation from the Master of Science in Anesthesia Program at Case Western Reserve University. It is the responsibility of any student with disabilities to request specific accommodations that seem reasonable; more information for students with disabilities follows. These accommodations will be evaluated in a fair and objective manner to ensure no compromise in patient safety.

MSA students shall be capable of:

- Being on call and working in-house for up to 24 hours.
- Performing modest lifting at the height of a typical operating room stretcher (e.g., controlling a patient's head during patient transfer from operating room table to transport bed; lifting bags of intravenous fluid and blood to the top of an IV pole; or lifting infusion pumps).
- Standing for several minutes at a time (e.g., observing surgery over the surgical drapes at critical points in the surgery).
- Walking and pushing a patient stretcher for long distances (e.g., moving patient from patient holding areas to the operating rooms and back to the post-anesthesia care facility or moving patients to and from critical care units which may be distant from the operating room).
- Reaching to a height of six to seven feet (e.g., to place intravenous fluid bags on IV poles) Kneeling, bending, stooping, and crouching (e.g., to check lines below the level of the operating room table).
- Reading patient monitors from a distance of six to eight feet.

- Hearing and understanding spoken requests, and being able to detect and discriminate patient monitor alarms.
- Hearing adequately enough to assess the lung and heart sounds of patients.
- Comprehending and speaking English fluently, including medical terminology.
- Responding to cardiac arrests and urgent calls in a timely fashion (e.g., running or walking quickly to any floor in the hospital, at times without the aid of the elevators if that would cause an undue delay.)
- Assuming unusual positions while caring for patients on the wards and in the ICU (e.g., lying on the floor to intubate patients who have experienced cardiac arrest or leaning over equipment at the head of the patient beds to intubate patients or place central lines)
- Reporting to work promptly, and maintaining a high level of personal hygiene.
- Responding to all pager or telephone calls promptly during a period of duty.
- Refraining from the use of alcohol, sedatives, and narcotics within eight hours of reporting to work and throughout the clinical shift. There is no tolerance for violation of this requirement.

Network Guidelines for Satellite Rotation Proposals

In accordance with the Case Western Reserve University Master of Science in Anesthesia Network Student Handbook, second-year students may complete the permitted number of elective satellite rotations for their location of study. Students may choose external general rotations from the network list or propose an external clinical site.

If you would prefer to propose an external site, you must complete the following steps:

1. Schedule a meeting with local leadership.

You must schedule a meeting with the local program director or administrative operations manager to discuss the proposed external site. MSA leadership will provide guidance on moving forward with the request.

2. Contact your proposed external site.

Following your meeting with local leadership, you may reach out to your proposed external site to request your rotation and collect key information on the site, necessary for completing the Satellite Rotation Proposal form.

You should not contact the proposed site without the express permission of the local program director or administrative operations manager. In some instances, the site may prefer initial contact is made by program administration. You will be advised by leadership accordingly. Additional steps may be necessary prior to the completion of the Satellite Rotation Proposal form, and you will be advised by leadership on the best course of action.

3. Complete the Satellite Rotation Proposal form online.

You can complete the form at <https://www.surveymonkey.com/r/3759L6H>.

Once completed, you must contact the administrative operations manager by email to inform them you have submitted the form for their review. The system will not automatically notify the administrative operations manager.

Timeline

In Cleveland and Houston, the above steps must be completed at least sixty days prior to the start of the proposed elective satellite rotation.

In Washington, the above steps must be completed by the 15th of the month at least two months prior to the month of the proposed rotation start date. For example, the administrative operations manager must receive all forms on January 15 for a rotation start date of March 1.

If a MSA student or proposed satellite rotation site fails to complete all necessary steps and paperwork at least one month prior to the start of the proposed elective satellite rotation, then the request for an elective satellite rotation will be null and void.

These are internal requirements, and may not accurately reflect the timelines for individual hospitals. In some instances, hospitals have taken up to four months to process student requests and the associated paperwork. If you are interested in requesting a satellite rotation, we recommend beginning the process early in your second year to ensure you meet all internal and external requirements.

Notification of Decision

The local program director will review the submitted form, and will either approve or deny the request. Once approved or denied, the administrative operations manager will notify the student and the rotation site. Elective satellite rotations are not guaranteed and may not be approved. Do not purchase an airline ticket or make any additional plans for the elective rotation until you receive notification from the administrative operations manager .

All MSA policies apply during an elective satellite rotation. For the complete policy regarding elective satellite rotations, please review the Elective Satellite Rotations section under Policies Specific to Second-Year Students in the Network Student Handbook.

Evaluation Form Examples

A selection of evaluation forms follows. These forms are completed online by clinical instructors. These are provided as an example, and are not meant to be exhaustive.

First Year Summer – Clinical Rotation

Subject:	_____
Evaluator:	_____
Site:	_____
Period:	_____
Dates of Rotation:	_____
Rotation:	First Year - Summer - Rotation
Form:	First Year - Summer - Clinical Evaluation

(Question 1 of 4 - Mandatory)

	Exemplary Performance	Exceeded Expectation	Met Expectation	Below Expectation	Unacceptable	N/A
Operating Room Setup - Thoroughly prepared, on time, appropriate checks performed	5.0	4.0	3.0	2.0	1.0	0
Operating Room Setup - Checks patency of breathing circuit and suction before each case	5.0	4.0	3.0	2.0	1.0	0
Operating Room Setup - Has appropriate airway equipment available for each case	5.0	4.0	3.0	2.0	1.0	0
Operating Room Setup - Has appropriate emergency drugs available for each case	5.0	4.0	3.0	2.0	1.0	0
Operating Room Setup - Chooses appropriate breathing circuit (mask and bag size)	5.0	4.0	3.0	2.0	1.0	0
IV Placement - Selects most appropriate vein and catheter	5.0	4.0	3.0	2.0	1.0	0
IV Placement - Successfully places IV within 2 tries	5.0	4.0	3.0	2.0	1.0	0

IV Placement - Uses good aseptic technique and cleans up afterwards	5.0	4.0	3.0	2.0	1.0	0
IV Placement - Selects appropriate rate for fluid infusion and monitors throughout case	5.0	4.0	3.0	2.0	1.0	0
IV Placement - Can calculate patient fluid deficit, replacement and allowable bloodloss	5.0	4.0	3.0	2.0	1.0	0

(Question 2 of 4 - Mandatory)

	Exemplary Performance	Exceeded Expectation	Met Expectation	Below Expectation	Unacceptable	N/A
Perioperative skills - Applies and removes monitors appropriately and in a timely manner	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Adequately manages the airway and recognizes airway problems	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Successfully intubates patient by second attempt	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Continually monitors patient and attentive to case (incision, EBL)	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Responds appropriately and promptly to changes in patient status	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Completes anesthetic record neatly, completely, and in timely matter	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Eager to gain hands on experience and knowledge	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Demonstrates openness to constructive criticism and works to improve	5.0	4.0	3.0	2.0	1.0	0

Professionalism - Asks for assistance at appropriate times	5.0	4.0	3.0	2.0	1.0	0
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Comments *(Question 3 of 4 - Mandatory)*

Please enter comments for program and student to read.

Confidential Comments: *(Question 4 of 4, Confidential)*

Please enter confidential comments for program director only. Not viewable by student. (Required if scores of Unacceptable or Exemplary Performance were given)

First Year – Fall Clinical Rotation

Subject:	_____					
Evaluator:	_____					
Site:	_____					
Period:	_____					
Dates of Rotation:	_____					
Rotation:	First Year - Fall - Rotation					
Form:	First Year - Fall - Clinical Evaluation					
<i>(Question 1 of 4 - Mandatory)</i>						
	Exemplary Performance	Exceeded Expectation	Met Expectation	Below Expectation	Unacceptable	N/A
Operating room set-up - Performs the appropriate room set up on time for each case	5.0	4.0	3.0	2.0	1.0	0
Operating room set-up - Checks patency of breathing circuit and suction before each case	5.0	4.0	3.0	2.0	1.0	0
Operating room set-up - Has airway equipment, circuit, emergency drugs available for each case	5.0	4.0	3.0	2.0	1.0	0
Operating room set-up - Keeps room and table top organized with essentials conveniently located	5.0	4.0	3.0	2.0	1.0	0
IV Placement - Successfully places IV in appropriate vein within 3 attempts	5.0	4.0	3.0	2.0	1.0	0

IV Placement - Selects appropriate rate for fluid infusion and monitors throughout case	5.0	4.0	3.0	2.0	1.0	0
IV Placement - Can calculate patient fluid deficit, replacement and allowable bloodloss	5.0	4.0	3.0	2.0	1.0	0

(Question 2 of 4 - Mandatory)

	Exemplary Performance	Exceeded Expectation	Met Expectation	Below Expectation	Unacceptable	N/A
Perioperative skills - Recognizes airway obstruction and appropriately corrects problems	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Successfully intubates patient by second attempt	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Can recognize correct or incorrect placement of ETT	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Continually monitors patient and attentive to case (incision, EBL)	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Responds appropriately and promptly to changes in patient status	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Completes anesthetic record neatly, completely, and in timely matter	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Extubates/emerges patient appropriately and monitors to PACU	5.0	4.0	3.0	2.0	1.0	0

Perioperative skills - Helps formulate the anesthetic plan based on preop assessment	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Understands pharmacology of drugs/agents: doses, side effects, actions	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Demonstrates skill in airway management & choice of airway, LMA, etc.	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Eager to gain hands on experience and knowledge	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Demonstrates openness to constructive criticism and works to improve	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Asks for assistance at appropriate times	5.0	4.0	3.0	2.0	1.0	0

Comments (Question 3 of 4 - Mandatory)

Please enter comments for program and student to read.

Confidential Comments: (Question 4 of 4, Confidential)

Please enter confidential comments for program director only. Not viewable by student. (Required if scores of Unacceptable or Exemplary Performance were given)

First Year Spring – Clinical Rotation

Subject:	_____
Evaluator:	_____
Site:	_____
Period:	_____
Dates of Rotation:	_____
Rotation:	First Year - Spring - Rotation
Form:	First Year - Spring - Clinical Evaluation

(Question 1 of 4 - Mandatory)

	Exemplary Performance	Exceeded Expectation	Met Expectation	Below Expectation	Unacceptable	N/A
Operating room set-up - Performs the appropriate room set up on time for each case	5.0	4.0	3.0	2.0	1.0	0
Operating room set-up - Has airway equipment, circuit, emergency drugs available for each case	5.0	4.0	3.0	2.0	1.0	0
Operating room set-up - Keeps room and table top organized with essentials conveniently located	5.0	4.0	3.0	2.0	1.0	0
IV Placement - Successfully places IV in appropriate vein within 3 attempts	5.0	4.0	3.0	2.0	1.0	0
IV Placement - Selects appropriate rate for fluid infusion and monitors throughout case	5.0	4.0	3.0	2.0	1.0	0
IV Placement - Can calculate patient fluid deficit, replacement and allowable blood loss	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Helps formulate the anesthetic plan based on preop assessment	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Understands pharmacology of	5.0	4.0	3.0	2.0	1.0	0

drugs/agents: doses, side effects, actions						
Perioperative skills - Demonstrates skill in airway management & choice of airway, LMA, etc.	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Recognizes airway obstruction and appropriately corrects problems	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Successfully intubates patient with smooth transition to mechanical ventilation	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Can recognize correct or incorrect placement of ETT	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Continually monitors patient and attentive to case (incision, EBL)	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Responds appropriately and promptly to changes in patient status	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Completes anesthetic record neatly, completely and in a timely manner	5.0	4.0	3.0	2.0	1.0	0
Perioperative skills - Extubates/emerges patient appropriately and monitors to PACU	5.0	4.0	3.0	2.0	1.0	0

(Question 2 of 4 - Mandatory)

	Exemplary Performance	Exceeded Expectation	Met Expectation	Below Expectation	Unacceptable	N/A
Professionalism - Eager to gain hands on experience and knowledge	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Demonstrates	5.0	4.0	3.0	2.0	1.0	0

openness to constructive criticism and works to improve						
Professionalism - Asks for assistance at appropriate times	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Functions calmly and appropriately in ALL situations and prioritizes well	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Researches cases independently and understands pertinent physiology	5.0	4.0	3.0	2.0	1.0	0
Preop assessment and anesthetic plan - Conduct complete review of all physiologic systems through interview	5.0	4.0	3.0	2.0	1.0	0
Preop assessment and anesthetic plan - Obtains and records pertinent information from old chart/nurses notes	5.0	4.0	3.0	2.0	1.0	0
Preop assessment and anesthetic plan - Performs physical exam of patient and records appropriate findings	5.0	4.0	3.0	2.0	1.0	0
Preop assessment and anesthetic plan - Understands medical conditions which require specific intervention	5.0	4.0	3.0	2.0	1.0	0
Preop assessment and anesthetic plan - Develops and can defend an appropriate anesthetic plan	5.0	4.0	3.0	2.0	1.0	0
Preop assessment and anesthetic plan - Thoroughly discusses anesthetic options with patient in timely manner	5.0	4.0	3.0	2.0	1.0	0

Comments (Question 3 of 4 - Mandatory)

Please enter comments for program and student to read.

Confidential Comments: (Question 4 of 4, Confidential)

Please enter confidential comments for program director only. Not viewable by student. (Required if scores of Unacceptable or Exemplary Performance were given)

Clinical Evaluation Second Year – General

Subject:	_____
Evaluator:	_____
Site:	_____
Period:	_____
Dates of Rotation:	_____
Rotation:	Second Year - General Rotation
Form:	Clinical Evaluation Second Year - General

(Question 1 of 4 - Mandatory)

	Exemplary Performance	Exceeded Expectation	Met Expectation	Below Expectation	Unacceptable	N/A
Technical and Manual Skills - Demonstrates organization and efficiency in case management	5.0	4.0	3.0	2.0	1.0	0
Technical and Manual Skills - Demonstrates skill with IV placement and fluid management	5.0	4.0	3.0	2.0	1.0	0
Technical and Manual Skills - Demonstrates skill with airway management and choice of airway	5.0	4.0	3.0	2.0	1.0	0
Technical and Manual Skills - Recognize airway obstruction and appropriately corrects problem	5.0	4.0	3.0	2.0	1.0	0
Technical and Manual Skills - Successfully intubates with smooth transition to mechanical ventilation	5.0	4.0	3.0	2.0	1.0	0
Technical and Manual Skills - Completes anesthetic record neatly, completely and in timely manner	5.0	4.0	3.0	2.0	1.0	0
Technical and Manual Skills - Appropriate, on	5.0	4.0	3.0	2.0	1.0	0

time, room set up for each case						
Clinical Knowledge and Reasoning - Performs preanesthetic assessment correctly and in a timely manner	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Understands medical conditions which require specific intervention	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Develops and can defend an appropriate anesthetic plan	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Demonstrates understanding of anesthetic agents/drugs	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Administrates appropriate anesthetic agents and dosages	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Demonstrates understanding of physiology related to anesthesia	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Continually monitors patient and is attentive to the case (incision, EBL)	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Responds appropriately and promptly to changes in patient status	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Extubates/emerges patient	5.0	4.0	3.0	2.0	1.0	0

appropriately and monitors to PACU						
Clinical Knowledge and Reasoning - Can apply cognitive learning to clinical setting	5.0	4.0	3.0	2.0	1.0	0

(Question 2 of 4 - Mandatory)

	Exemplary Performance	Exceeded Expectation	Met Expectation	Below Expectation	Unacceptable	N/A
Professionalism - Eager to gain hands on experience and knowledge	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Functions calmly and appropriately in ALL situations and prioritizes well	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Demonstrates openness to constructive criticism and works to improve	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Researches cases independently and understands pertinent physiology	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Asks for assistance at appropriate times	5.0	4.0	3.0	2.0	1.0	0
Advanced Techniques in Anesthesia - Demonstrates understanding and skill in advanced monitoring (A-line, Swan, CVP, Echo, etc)	5.0	4.0	3.0	2.0	1.0	0
Advanced Techniques in Anesthesia - Demonstrates understanding and skill with regional anesthesia (Spinal, Epidural, Caudal, Bier Block, Axillary Block, etc.)	5.0	4.0	3.0	2.0	1.0	0
Advanced Techniques in Anesthesia - Demonstrates understanding and skill with advanced airway management	5.0	4.0	3.0	2.0	1.0	0

(Nasal intubation, Endobronchial, Fiberoptics, CPR)						
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Comments *(Question 3 of 4 - Mandatory)*

Please enter comments for program and student to read.

Confidential Comments: *(Question 4 of 4, Confidential)*

Please enter confidential comments for program director only. Not viewable by student. (Required if scores of Unacceptable or Exemplary Performance were given)

Clinical Evaluation Second Year – OB

Subject:	_____					
Evaluator:	_____					
Site:	_____					
Period:	_____					
Dates of Rotation:	_____					
Rotation:	Second Year - OB Rotation					
Form:	Clinical Evaluation Second Year - Specialty					
(Question 1 of 4)						
	Exemplary Performance	Exceeded Expectation	Met Expectation	Below Expectation	Unacceptable	N/A
Professionalism - Appropriately sets up OR before 7am	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Displays appropriate bedside manner with patients and family	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Displays willingness to help with writing H & Ps for L & D patients	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Adequately completes Pre-Op and presents to Attending/AA/Sr. Resident	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Participates in daily lectures	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Interacts appropriately with awake patients	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Eager to learn about various obstetric complications and procedures	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Generally helpful and	5.0	4.0	3.0	2.0	1.0	0

positively adds to team atmosphere						
Professionalism - Accepts feedback from other team members	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Communicates effectively with the rest of team	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Prepares a thorough presentation of admitted patients	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Demonstrates appropriate knowledge of patient history	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Understands various obstetric conditions which might require specific intervention	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Displays adequate knowledge of anatomy and landmarks for neuraxial anesthesia	5.0	4.0	3.0	2.0	1.0	0
Clinical Knowledge and Reasoning - Demonstrates understanding of neuraxial anesthesia and drugs	5.0	4.0	3.0	2.0	1.0	0

(Question 2 of 4)

	Exemplary Performance	Exceeded Expectation	Met Expectation	Below Expectation	Unacceptable	N/A
Technical and Manual Skills - Demonstrates familiarity with equipment	5.0	4.0	3.0	2.0	1.0	0

Technical and Manual Skills - Uses appropriate sterile technique	5.0	4.0	3.0	2.0	1.0	0
Technical and Manual Skills - Follows directions/guidance from supervising AA, Attending or Resident	5.0	4.0	3.0	2.0	1.0	0
Technical and Manual Skills - Demonstrates adequate physical examination skills	5.0	4.0	3.0	2.0	1.0	0
Technical and Manual Skills - Completes anesthetic record neatly, completely and in timely manner	5.0	4.0	3.0	2.0	1.0	0
Technical and Manual Skills - Demonstrates skill with IV placement and fluid management	5.0	4.0	3.0	2.0	1.0	0
Patient Management - Administers appropriate neuraxial anesthesia and doses	5.0	4.0	3.0	2.0	1.0	0
Patient Management - Continually monitors patient and is attentive to patient changes (BP, fetal heart rate, incision, EBL)	5.0	4.0	3.0	2.0	1.0	0
Patient Management - Administers appropriate general anesthesia and doses	5.0	4.0	3.0	2.0	1.0	0
Patient Management - Demonstrates organization and efficiency in case management	5.0	4.0	3.0	2.0	1.0	0
Patient Management - Demonstrates appropriate fluid therapy	5.0	4.0	3.0	2.0	1.0	0

Patient Management - Asks relevant questions	5.0	4.0	3.0	2.0	1.0	0
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Comments *(Question 3 of 4 - Mandatory)*

Please enter comments for program and student to read.

Confidential Comments: *(Question 4 of 4, Confidential)*

Please enter confidential comments for program director only. Not viewable by student. (Required if scores of Unacceptable or Exemplary Performance were given)

Clinical Evaluation Second Year – SICU

Subject:	_____
Evaluator:	_____
Site:	_____
Period:	_____
Dates of Rotation:	_____
Rotation:	Second Year - SICU
Form:	Clinical Evaluation Second Year - Specialty

(Question 1 of 4)

	Exemplary Performance	Exceeded Expectation	Met Expectation	Below Expectation	Unacceptable	N/A
Professionalism - Arrives no later than 7am to evaluate assigned patients	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Displays appropriate bedside manner with patients and family	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Displays willingness to help with writing H&Ps for patients admitted to ICU	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Actively participates in discussions about each patient's care	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Participates in afternoon lectures, board reviews, and journal clubs	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Communicates effectively with the rest of the team	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Generally helpful and positively adds to team atmosphere	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Accepts feedback from other team members	5.0	4.0	3.0	2.0	1.0	0
Professionalism - Eager to learn about various disease processes	5.0	4.0	3.0	2.0	1.0	0

(Question 2 of 4 - Mandatory)

	Exemplary Performance	Exceeded Expectation	Met Expectation	Below Expectation	Unacceptable	N/A
Line Placement/ Invasive procedures - Displays adequate technical knowledge of the procedure	5.0	4.0	3.0	2.0	1.0	0
Line Placement/ Invasive procedures - Demonstrates familiarity with equipment	5.0	4.0	3.0	2.0	1.0	0
Line Placement/ Invasive procedures - Uses appropriate sterile technique	5.0	4.0	3.0	2.0	1.0	0
Line Placement/ Invasive procedures - Follows direction/guidance from supervising resident	5.0	4.0	3.0	2.0	1.0	0
Line Placement/ Invasive procedures - Displays adequate knowledge of anatomy and landmarks	5.0	4.0	3.0	2.0	1.0	0
Patient Management - Adequately completes H&P and presents incoming patient to Attending/Sr. Resident	5.0	4.0	3.0	2.0	1.0	0
Patient Management - Presents complete symptoms based plan for the day	5.0	4.0	3.0	2.0	1.0	0

Patient Management - Prepares a thorough presentation of assigned patient(s)	5.0	4.0	3.0	2.0	1.0	0
Patient Management - Asks relevant questions	5.0	4.0	3.0	2.0	1.0	0
Patient Management - Demonstrates adequate physical examination skills	5.0	4.0	3.0	2.0	1.0	0
Patient Management - Demonstrates appropriate knowledge of patient history	5.0	4.0	3.0	2.0	1.0	0
Patient Management - Demonstrates knowledge of the patient medications	5.0	4.0	3.0	2.0	1.0	0

Comments *(Question 3 of 4 - Mandatory)*

Please enter comments for program and student to read.

Confidential Comments: *(Question 4 of 4, Confidential)*

Please enter confidential comments for program director only. Not viewable by student. (Required if scores of Unacceptable or Exemplary Performance were given)

Forms

The following forms must be completed and returned to the local administrative operations manager during first-year orientation.



Acknowledgment of Receipt

I, _____, have read the Case Western Reserve University Master of Science in Anesthesia Network Student Handbook. I have been given the opportunity to ask questions and to clarify anything I did not understand. I fully understand that the policies outlined in the handbook apply to me as a Master of Science in Anesthesia student and that failure to abide by these policies may result in disciplinary action or separation from the Program and University.

Student Signature

Date

Administrative Operations Manager Signature

Date



Emergency Information

Please complete the following form, and print clearly. If you have any changes to the below information at any time, please notify the local Education Specialist immediately.

Personal Information

Name: _____ Date of Birth: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Personal Email: _____
Please provide an alternative to your @case.edu email.

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Personal Email: _____



Release of Information Authorization

I, _____, a student in the Master of Science in Anesthesia Program at Case Western Reserve University (CWRU MSA Program), do hereby authorize the release of information to clinical affiliates of the CWRU MSA Program for the purposes of conducting clinical rotations at the assigned facilities during my enrollment in the program.

I understand that the information released may include but is not limited to clinical and didactic performance information, transcripts, personal identifying information, immunization records, background check and drug screen information, and personal contact information. I hereby release Case Western Reserve University, the Master of Science in Anesthesia Program, and its clinical affiliates from any claims that may result from the release of such information.

Student Signature

Date

Witness Signature

Date

Witness Signature

Date



Authorization for Random Drug Testing and Release of Drug Test Results

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

Student Signature

Date

Student Printed Name



All Media Release and Clearance Form

I, _____ give Case Western Reserve University, its assigns, licensees and representatives the worldwide, perpetual, and irrevocable right to create recordings of my image (including my picture, portrait or photograph), likeness, and/or voice (hereby referred to as "recordings"). I agree the recordings may take the form of photographs, films, video and audio tapes, CD-ROMs, DVDs, digital files, or any other media.

I further authorize Case Western Reserve University to exhibit or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose that Case Western Reserve University and those acting pursuant to its authority deem appropriate.

I understand that once information and/or materials are released to the public information media – including but not limited to television, newspaper, magazine, radio and the Internet – Case Western Reserve University no longer has control over their use.

I hereby release and discharge Case Western Reserve University, as well as their trustees, officers, employees, and representatives from any and all claims and demands arising out of or in connection with the use of the recordings.

I further acknowledge that I will not be compensated for any uses made of the recordings. I also waive any rights of privacy in the recordings, including but not limited to any rights that might otherwise be protected by the Family Educational Rights and Privacy Act.

I have had opportunity to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. I voluntarily and irrevocably give my consent and agree to this Release and Waiver. I represent that am eighteen (18) years of age or older.

Printed Name _____

Signature _____

Date _____

If subject is under the age of 18:

Legal guardian _____

Media Relations representative/witness: _____

Legal Approved 08.10.10



Pregnancy Termination Survey

It is important for the Master of Science in Anesthesia Program to keep a list of who is willing and who is not willing to give anesthesia for pregnancy terminations. All students will need to complete this form.

There are two types of pregnancy terminations: therapeutic and elective. Therapeutic terminations are performed for maternal health reasons or for fetal anomalies that may or may not be life threatening. Elective terminations are those initiated by personal choice. Laws governing pregnancy terminations differ by state, and policies may differ from hospital to hospital.

Please indicate below what you are or are not willing to participate in by circling the appropriate response, and return the form to your local education specialist **by Thursday, May 30.**

If the Program does not hear from you by the deadline, **the Program will assume you are willing to participate in all types of pregnancy terminations and will list you as such.** If this is not true, you must respond by the deadline.

Name: _____

First Trimester: Elective	Yes	No
First Trimester: Therapeutic	Yes	No
Second Trimester: Elective	Yes	No
Second Trimester: Therapeutic	Yes	No



SCHOOL OF MEDICINE

CASE WESTERN RESERVE
UNIVERSITY

Master of Science in Anesthesia Program

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