

*Nurse Anesthesia Pre-Applicant Shadowing Experience (~16 hours)**

Shadowing a Certified Registered Nurse Anesthetist (CRNA) is an important portion of the FPB Nurse Anesthesia program application. Approximately 16 hours of shadowing are required.

Applicants may shadow a CRNA practicing at their place of employment or at any location where clearance/privileges can be obtained. FPB Nurse Anesthesia's three primary sites also offer a limited number of shadowing opportunities for those who have difficulty making other arrangements or would like to view our facilities. Their contact information/instructions are listed below:

CLEVELAND CLINIC

Requests for shadowing at Cleveland Clinic should be submitted to the CCF/FPB Nurse Anesthesia program office by contacting Zoni Madison – 216-444-2612 or MADISOZ@ccf.org.

SUMMA HEALTH SYSTEMS

Requests for Shadowing at Summa should be submitted to Melody Betts, DNP, CRNA via email at melody.a.betts@gmail.com

UNIVERSITY HOSPITALS (CASE MEDICAL CENTER)

If you are interested in shadowing at UHCMC, please contact a member of the FPB CRNA Clinical Coordination team regarding their availability to act as your hospital sponsor at a date and time that works for you before starting the application process. You are then required to complete an application and training, adhere to all health screening requirements, and show proof of health care coverage.

Please follow the steps below to obtain access:

1. Watch the **UH-CMC OR Video** and print and complete the attached **OR quiz**.
Video: <https://youtu.be/80gw-wYMyDs>
2. Proceed to www.uhhospitals.org/case/observer
3. Complete the **Compliance Training**. Print the certificate of completion.
4. Download the **Observation Application Form**, complete, and return with the Compliance Training confirmation page.
5. Submit paperwork to Peggy Sams, via email at peggy.sams@uhhospitals.org or via fax to 216-844-8796. For questions, call 216-844-1504.

PLEASE NOTE: Incomplete paperwork is not accepted and will be returned. In order to observe in the OR you will receive a green paper ID and not the standard pink ID.

UH CRNA Clinical Coordinators:

Colleen Spencer, MSN, CRNA
Elizabeth Demko, MSN, CRNA

Colleen.Thaxton-Spencer@uhhospitals.org
Elizabeth.Demko@uhhospitals.org



Nurse Anesthesia Shadowing Verification Form

Dear Colleague,

As part of the admission process for our Nurse Anesthesia program, we require students to complete approximately 16 hours of shadow experience with a CRNA. We hope that spending time with an experienced anesthesia provider will give them insight into the profession.

Please complete the information below and return this form to the applicant, who is responsible for submitting it with their other application materials. Thank you for taking the time to share our profession with a potential nurse anesthesia student.

Sincerely,

Nurse Anesthesia Admissions Committee

Applicant Name: _____

Experience

The applicant:

- ☐ Discussed a typical day for a CRNA in the practice setting of
(Unit Name) _____
- ☐ Discussed the roles and responsibilities of the CRNA shadowed
- ☐ Observed preoperative interview and preparation of patient
- ☐ Observed induction of general anesthesia
- ☐ Observed invasive line placement
- ☐ Observed regional techniques
- ☐ Observed emergence from general anesthesia
- ☐ Observed PACU report
- ☐ Other unique experience: _____

I verify that the above named applicant has completed _____ hrs of nurse anesthesia shadowing in the OR and has had the opportunity to observe and ask questions about the Nurse Anesthesia profession.

Facility/Hospital Name: _____

CRNA Name: (please print) _____

CRNA Signature: _____ Date(s): _____