Student Clinical Handbook

Master of Medical Science in Anesthesiology Program

University of Colorado School of Medicine

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CLINICAL POLICIES AND EXPECTATIONS

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

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

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

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

FIRST YEAR CLINICAL ACTIVITIES
During the first year of the Program, students progressively develop knowledge and skills in patient evaluation, vascular access, airway management, and clinical anesthesia. Clinical assignments are for partial days during each week so that clinical activity is interspersed with classroom work and laboratory sessions on a day-to-day basis.

Knowledge and clinical skills to be obtained are outlined in this Clinical Handbook. Three general comprehensive examinations are administered each semester. Knowledge demonstrated on the examinations and the clinical milestones set forth in this Clinical Handbook must be met before the student may advance to the next semester. Failure to meet the milestones can result in re-testing, and/or remedial work, and/or probation, and/or extension of the degree program.

SECOND YEAR CLINICAL ACTIVITIES
During the senior clinical year, clinical rotations are assigned in all subspecialty areas of anesthesia practice (general surgery, pediatrics, obstetrics, gynecology, orthopedics, neurosurgery, ophthalmology, genito-urinary surgery, vascular surgery, cardiac surgery,
thoracic surgery, transplantation, trauma). Mandatory subspecialty rotations include pediatrics, obstetrics, cardiac, neurosurgery and pre-op. All specialty rotations will be conducted at University of Colorado, with exception to pediatrics, which will be performed at Children’s Hospital Colorado.

DAILY CLINICAL ACTIVITIES

Daily Case Assignments
Student clinical assignments will be made based upon constraints of the clinical site and the student's knowledge and abilities. It is the student's responsibility to optimize his/her learning experience and case mix by requesting specific clinical assignments through the clinical coordinator – not passively waiting for assignments.

Initial Daily Activities
For elective OR day schedules, the student is expected to be at his/her clinical site no later than 6:00 AM unless the clinical coordinator states otherwise or a different time is published in the Clinical Rotations Handbook for that clinical rotation. As a student begins to participate more fully in the anesthesia care team, the student is expected to allow sufficient time at the beginning of each clinical day to accomplish all of the following prior to entering the operating room with the patient:
- complete the anesthesia set up in the operating room
- perform the anesthesia apparatus checkout
- prepare all necessary monitoring
- prepare all needed drugs
- meet the patient with your preceptor
- review and update the anesthesiology consultation
- review the patient’s current medical record
- review the patient’s old chart (if available)
- perform all indicated vascular access
- administer pre-op medications, including antibiotics (if ordered)
- obtain blood for laboratory tests, if needed.

Anesthesia Case Record
Each student is required to keep an accurate daily log of clinical activities in the case record book provided by the program. Each semester students will meet individually with the Program Director to review completed procedures and clinical cases.

Students are required to complete the minimum clinical standards (as listed on the following page) by the end of the second year, in order to be recommended for graduation. Students who have not satisfactorily completed the minimum clinical standards will be required to complete a maximum of one semester of clinical remediation in order to be recommended for graduation.
ATTENDANCE, OPERATIONAL TIME, AND ABSENCE

Operational Time and Activities
Operational time for the Anesthesiologist Assistant Program is from 5:30 AM until 6:00 PM Monday through Friday, and for any hours during nights and weekends for clinical assignments or other activities scheduled by the Program. University holidays and Program break periods are excluded from Program operational time.

Program activities include, but are not limited to, lectures, labs, practica, workshops, examinations, and clinical assignments.

Attendance
Attendance to and availability for all Program activities during Program operational days are mandatory.

If a student must schedule non-program activities during Program operational hours, then he/she must submit a Request to be Absent form to the Assistant Program Director for approval. The student will be responsible for any Program activities that are missed during the time of absence. Each approved absence will count as one Personal Leave Day. The Program monitors attendance on a daily basis.

Days of absence that are not requested or are not approved represent poor conduct. Non-illness absences during the degree program represent poor conduct. Poor conduct may result in a student being placed on probation. Failure to rectify conduct-based probation by the end of any semester represents grounds for dismissal from the Program.

Clinical Hours
The Master of Medical Science Program in Anesthesiology offers a clinical masters degree without thesis. Award of the master’s degree is based upon the student’s successful completion of didactic, laboratory, and simulation courses, development of techniques and motor skills necessary to complete the tasks that are integral to anesthesia practice, development and use of sound clinical judgment, good conduct and ethical practice, and completion of a MINIMUM of 2,500 clinical hours in clinical rotations assigned by the Program.

The schedule for a student’s time within the educational program is such that the student can complete 500 clinical hours during the first year and 2,000 clinical hours during the senior year. Senior-year clinical hours are based on an average clinical day of 9.5 hours, which will vary depending upon clinical rotations, some of which have call, night, and weekend opportunities and obligations.

Attendance and completion of each day at assigned clinical rotations is monitored and evaluated separately from clinical hours. Failure to attend and complete clinical assignments
will result in grade reduction. Repeated failure to attend and complete clinical assignments will result in review as a conduct issue.

Clinical hours and daily clinical evaluations are used to compute clinical grades. During the senior year, the student must be on target to date for clinical hours in order to receive a grade in Clinical Anesthesia, otherwise an incomplete (I) will be assigned until clinical hours are on target for that semester.

The student must have attained the MINIMUM of 2,500 clinical hours in order to be eligible for graduation. During summer semester of the senior year, any student who is deficient in clinical hours will receive a letter and counseling concerning alternatives available in order to become up to date, options for which include the following:

Increase clinical time each day at assigned clinical sites for the months remaining in the Program. There would be no additional cost associated with this option.

Continue in clinical until the date of graduation from University of Colorado. There would be no additional cost associated with this option because University of Colorado’s liability coverage would be in effect through that date.

Enroll as a student in special standing for spring semester and continue clinical until the 2,500 clinical hours have been attained. The cost will be prorated based on the graduate residence fee in effect at that time.

Acknowledging receipt and reading of the Student Handbook indicates your having read and understood the information in the Clinical Hours section and your acknowledge that you must complete the MINIMUM of 2,500 clinical hours in order to be eligible for graduation from the Master of Medical Science in Anesthesiology Program.

**Communication about Clinical Hours**
If a student believes that a discrepancy exists between recorded hours and reported hours, then he/she should carefully compare the Program’s posted hours to the student’s personal log of hours, and then discuss with the Clinical Coordinator and/or Program Director.

**Personal Leave Days**
Each student has two days available during each academic semester of the educational program (ie, two days in fall semester, two days in spring semester, and two days in summer semester of each year) to use as Personal Leave Days under the following rules:

- An academic year runs from August through the following July, unless extended by leave of absence or probation.
- Days not used during one semester do not carry over into the following semesters.
- Total days absent from program activities may not exceed two days per semester without penalty. For each day exceeding the two-day limit, an accruing one-point penalty will be applied to the student’s clinical grade for that semester. That is, the
student’s numeric clinical grade will have one point deducted for the third day; two points deducted for the fourth day; three points deducted for the fifth day, et cetera. For example, the student who has five approved absences during a semester will incur a six-point deduction in their clinical grade, so a clinical grade that would have been 80 [B] will be reduced to 74 [C]; and a clinical grade that would have been 74 [C] will be reduced to 68 [D].

- The policy regarding personal leave days in no way affects the minimum clinical hour requirement of 2500 hours necessary to graduate from the Program.
- For an absence to be considered as an illness-based absence, the Program requires written explanatory communication from a licensed healthcare provider. The written or email communication must be received by the Assistant Program Director within three business days of the student’s return to program activities following the illness. The written or email communication must include contact information for the licensed healthcare provider and must include a written release from the student so that a Program Director can contact the licensed healthcare provider. Absences for illness may not incur a clinical-grade penalty, depending upon review by a Program Director. Extended illness may require the student to take a medical leave of absence.

Requests to be Absent
If a student must schedule a non-program activity during Program operational hours, then he/she must submit a Request to be Absent form per the following rules:
- For each Program operational day that a student is absent from Program activities, the student must submit a Request to be Absent form to the Assistant Program Director for approval.
- A personal leave day not for illness must be requested at least one business day in advance of the day of absence (ie, weekends and holidays excluded). That is, the Program Office must receive the request during office hours at least one business day before the day of absence. Failure to request a non-illness personal day in advance will result in a penalty of one point being deducted from that semester’s clinical grade.
- By submitting a Request to be Absent, the student acknowledges that he/she is responsible for any Program activities that are missed during the time of absence.
- By submitting a Request to be Absent, the student acknowledges that each approved absence will count as one Personal Leave Day.

Timekeeping System
The Program will keep track of clinical hours using clinical evaluations. There will be a time slot at the bottom of your daily clinical evaluations where you will enter arrival and departure times. Your clinical preceptor that you worked with for the majority of the day will sign your evaluation, acknowledging the times you stated. Your preceptor MUST sign over the seal of the envelope that encloses the evaluation. Unsigned envelopes will not be accepted for clinical grades.
## CLINICAL STANDARDS

Minimal clinical requirements to be eligible for graduation from the Master of Medical Science in Anesthesiology Program at the University of Colorado

<table>
<thead>
<tr>
<th>Minimum Requirements</th>
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</thead>
<tbody>
<tr>
<td>Total Anesthesia Cases</td>
<td>650</td>
</tr>
<tr>
<td>Total Hours Clinical Anesthesia</td>
<td>2,500</td>
</tr>
<tr>
<td>Patient ASA Class III &amp; IV</td>
<td>150</td>
</tr>
<tr>
<td>Emergent/Trauma Cases</td>
<td>25</td>
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<tr>
<td>Ambulatory</td>
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### Patient Population

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<tbody>
<tr>
<td>Geriatric (65 + years)</td>
<td>125</td>
</tr>
<tr>
<td>Pediatric (0 - 18)</td>
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### Patient Position

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<thead>
<tr>
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<th></th>
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<tbody>
<tr>
<td>Prone Position</td>
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<tr>
<td>Lithotomy</td>
<td>35</td>
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<tr>
<td>Lateral</td>
<td>15</td>
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<tr>
<td>Sitting</td>
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<tr>
<td>Trendelenburg</td>
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### Anatomical Location Surgery

<table>
<thead>
<tr>
<th>Anatomical Location Surgery</th>
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<tbody>
<tr>
<td>Intra-abdominal</td>
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<tr>
<td>Intracranial</td>
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<tr>
<td>Intrathoracic</td>
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<tr>
<td>Heart</td>
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<tr>
<td>Lung</td>
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</tr>
<tr>
<td>Obstetrical Cases</td>
<td>50</td>
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<tr>
<td>Vascular</td>
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### Methods of Anesthesia

<table>
<thead>
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<th>Methods of Anesthesia</th>
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<tr>
<td>General</td>
<td>400</td>
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<tr>
<td>Induction, Maintenance &amp; Emergence</td>
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<tr>
<td>Mask Induction</td>
<td>50</td>
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<tr>
<td>Mask Management</td>
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<tr>
<td>Adults</td>
<td>10</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>30</td>
</tr>
<tr>
<td>Laryngeal Mask Airways</td>
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<tr>
<td>Procedure</td>
<td>Adults</td>
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<td>----------------------------------------------</td>
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<td>Tracheal Intubation</td>
<td>20</td>
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<td>Oral</td>
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<td>Adults</td>
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<td>Pediatrics</td>
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<td>Nasal</td>
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<td>Emergence from Anesthesia</td>
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<tr>
<td>Regional Techniques</td>
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<td>Management</td>
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<td>Administration</td>
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<td>Spinal</td>
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<td>Epidural</td>
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<td>Peripheral Nerve Block</td>
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<td>Pediatric Caudal</td>
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<td>Monitored Anesthesia Care</td>
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<tr>
<td>Arterial Technique</td>
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<tr>
<td>Arterial Puncture/Catheter Insertion</td>
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<td>Intra-arterial BP monitoring</td>
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<tr>
<td>Central Venous Pressure Catheter</td>
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<td>Placement</td>
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<tr>
<td>Monitoring</td>
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<tr>
<td>Pulmonary Artery Catheter</td>
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<td>Placement</td>
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<tr>
<td>Monitoring</td>
<td>15</td>
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<tr>
<td>Other</td>
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</tr>
<tr>
<td>Intravenous Catheter Placement</td>
<td></td>
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<tr>
<td>Adults</td>
<td>200</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>40</td>
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<tr>
<td>Nasogastric Tube Placement</td>
<td>5</td>
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<tr>
<td>Endobronchial Tube Placement</td>
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</tbody>
</table>

**CLINICAL PERFORMANCE GOALS**
Each Master of Medical Science in Anesthesiology student is expected to aspire to clinical excellence by attaining performance goals and standards set forth by the Clinical Review.
Committee. Successful completion of clinical goals should be measurable, thereby giving the student meaningful feedback concerning clinical performance.

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

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

FALL SEMESTER - FIRST YEAR
By the end of the fall semester, the first year Master of Medical Science in Anesthesiology student should strive to be 70% successful when performing the following tasks with frequent assistance (defined as “supervision 100% of the time and technical support 75% of the time given by a clinical instructor”):

- Venous cannulation and fluid therapy on healthy adult patients.
- Airway management on anesthetized, healthy adult patients.
- Laryngoscopy and endotracheal intubation on anesthetized, healthy adult patients with Mallampati Class I or II airways.
- Timely and accurate completion of the intraoperative record with no blank spaces.
- Anesthesia machine checkout and appropriate room setup for healthy (ASA I & II) adult general anesthesia management.
- Placement of laryngeal mask airways (LMAs) in healthy adult patients.

The performance checklist for the fall semester - first year contains the following items:

- 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.
• Successful completion of general anesthetics on healthy adult patients managed with mask assisted spontaneous respiration given the following criteria:
  o An appropriate patient is chosen for mask maintenance.
  o An appropriate mask size is chosen.
  o Assisted spontaneous ventilation is achieved and managed.
  o Airway obstruction is recognized and appropriate maneuvers to correct are taken.
  o The student responds appropriately and promptly to changes in the patient’s status (ΔBP, ΔHR, ↓Sat, etc.).
• Successful endotracheal intubation on healthy adult patients with Mallampati Class I or II airways given the following criteria:
  o An appropriately sized OETT is chosen.
  o An appropriate style and size of blade is chosen.
  o The tube is atraumatically inserted by the second tube pass.
  o Tube placement and position is verified using at least two acceptable methods (breath sounds, capnography, etc.).
  o The tube is adequately secured to the patient in a timely fashion.
  o The transition to adequate mechanical ventilation is achieved.
• Adequate completion of intra-operative records for uncomplicated cases given the following criteria:
  o The record is neat and legible.
  o All drug therapy, patient intervention, vital signs, etc. are recorded accurately and completely.
  o The student keeps current with charting and does not lag behind.
  o No “blank spaces” inappropriately exist on the finished product.
  o The records are filed in the appropriate area postoperatively.
  o The student continues monitoring while charting.
• Appropriate setup of the anesthesia machine and tabletop for healthy (ASA I & II) adult general anesthetics given the following criteria:
  o Check for adequate suction.
  o Check O2 cylinder supply.
  o Check O2 pipeline supply.
  o Check vaporizer fill level.
  o Calibrate O2 monitor sensor to room air.
  o Check flowmeters.
  o Install and check the patency of an appropriate breathing circuit.
  o Verify that CO2 absorber is adequate.
  o Verify the integrity of the APL valve and the scavenging system.
  o Test the integrity of the ventilator.
  o Check the integrity of the monitors (capnograph, ECG, pulse oximeter, temperature probe, etc.)
  o Have appropriate emergency drugs available.
  o Have appropriate anesthetics and narcotics available.
  o Have appropriate airway equipment available.
Have appropriate intravenous therapy available.

- 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.

**SPRING SEMESTER - FIRST YEAR**

By the end of the fall semester, the first year AA student should strive to be 80% successful when performing the following tasks *with moderate assistance* (defined as “supervision 100% of the time with technical support 50% of the time given by a clinical instructor”):

- Venous cannulation and fluid therapy on healthy *adult* patients.
- Airway management on anesthetized, healthy *adult* patients.
- Laryngoscopy and endotracheal intubation on anesthetized, healthy *adult* patients with Mallampati Class I or II airways.
- Accurate completion of the intraoperative record with no blank spaces.
- Anesthesia machine checkout and appropriate room setup for healthy (ASA I & II) *adult* general anesthesia management.
- Placement of laryngeal mask airways in healthy *adult* patients.
- *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 - first year, contains the following items:

- Successful placement of intravenous cannulas with calculation of fluid deficit/replacement and maximum allowable blood loss for healthy adult patients given the previously mentioned criteria.
- Successful completion of general anesthetics on healthy adult patients managed with mask assisted spontaneous respirations, given the previously mentioned criteria.
- Successful endotracheal intubations on healthy adult patients (Mallampati Class I or II) given the previously mentioned criteria.
- Adequate completion of intraoperative records for uncomplicated cases given the previously mentioned criteria.
- Appropriate setup of the anesthesia machine and tabletop for uncomplicated (ASA I & II) adult general anesthetics given the previously mentioned criteria.
- Successful placement of laryngeal mask airways in healthy adult patients given the previously mentioned criteria.

**SUMMER SEMESTER - FIRST YEAR**

By the end of the summer semester, the first year AA student should strive to be 90% successful when performing the following tasks *with minimal assistance* (defined as
“supervision 100% of the time with technical support 10% of the time given by a clinical instructor”):

- Venous cannulation and fluid therapy on all adult and pediatric patients.
- Airway management on all awake and anesthetized, adult and pediatric patients.
- Laryngoscopy and endotracheal intubation on all anesthetized adult and pediatric patients.
- Anesthesia machine checkout and appropriate room setup for all adult and pediatric general anesthesia management.
- Preoperative interview/physical examination and subsequent development of the anesthetic plan in conjunction with the attending anesthesiologist and anesthetist/resident for uncomplicated (ASA I & II) adult and pediatric patients.
- Placement of laryngeal mask airways (LMAs) in healthy pediatric patients.

The performance checklist for the summer semester - first year, contains the following items:

- Successful placement of intravenous cannulas on healthy pediatric patients given the previously mentioned criteria for adult IV placement.
- Successful completion of general anesthetics on healthy pediatric patients managed with mask assisted spontaneous respirations given the previously mentioned criteria for adult airway management.
- Successful endotracheal intubations on healthy pediatric patients given the previously mentioned criteria for adult endotracheal intubation.
- Appropriate setup of the anesthesia machine and tabletop for healthy pediatric patients given the previously mentioned criteria for adult room setup.
- Completed preoperative interviews/physical examinations on uncomplicated (ASA I & II) adult and/or pediatric patients given the following criteria:
  - Complete review of all physiologic systems by patient interview and review of old/current chart including previous medical history, history of present illness, current vital statistics, blood chemistries, diagnostic tests and pertinent medical consultations.
  - 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/benefits for each option.
  - Development of the anesthetic plan in conjunction with the attending anesthesiologist, anesthetist, and/or resident.
- Successful placement of laryngeal mask airways (LMAs) in healthy pediatric patients given the previously mentioned criteria for adult.

**CLINICAL (SECOND) YEAR**
By the end of the summer semester of the second year and having completed the entire didactic and clinical programs of study, the Master of Medical Science in Anesthesiology
graduate candidate should strive to be at least 95% successful when performing all of the previously mentioned tasks, in addition to the following tasks with rare assistance (defined as “supervision 100% of the time with technical support 5% of the time given by a clinical instructor”):

- Arterial vessel cannulation.
- Central venous cannulation.
- Lumbar epidural catheter placement and management.
- Placement and management of pediatric caudal blocks.
- Placement and management of IV perfusion (Bier) blocks.
- Nasotracheal intubation.
- Endobronchial tube placement.
- Nasogastric tube placement.
- Management of monitored anesthesia care (MAC).
- Management of anesthesia for outpatient surgery.
- Management of anesthesia for cardiac surgery.
- Management of anesthesia for thoracic surgery.
- Management of anesthesia for obstetrics.
- Management of anesthesia for pediatric surgery.
- Management of anesthesia for neurosurgery.
- Management of anesthesia for trauma surgery.
- Management of anesthesia for vascular surgery.
- Management of anesthesia for geriatric patients.

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

- Successful placement of arterial catheters by the second needle stick given the following criteria:
  - 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.

- 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).

- 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.

• Successful placement of **pediatric caudal blocks** by the **second** needle stick given the following criteria:
  • Aseptic technique is used.
  • No CSF, heme or stool is aspirated.
  • An appropriate local anesthetic/dosage & volume is chosen.
  • An adequate level of analgesia is obtained.

• 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.

• 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.

• 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.

• 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.

• Anesthetic management of patients for **monitored anesthesia care** as a member of an anesthesia care team.
• Anesthesia management of **adult** patients for **outpatient** surgery as a member of an anesthesia care team.
• Anesthetic management of patients for cardiac surgery as a member of an anesthesia care team.
• Anesthetic management of patients for thoracic surgery as a member of an anesthesia care team.
• Anesthetic management of patients for obstetrical procedures as a member of an anesthesia care team given the following criteria:
  o Vaginal deliveries including:
    ▪ placement of epidural
    ▪ management of labor
    ▪ present for delivery
  o Cesarean sections including:
    ▪ placement of epidural and/or induction of general anesthesia
    ▪ management of the case
• Anesthetic management of pediatric patients for all types of surgery as a member of an anesthesia care team (patients included in this category can also be counted toward requirements in other categories).
• Anesthetic management of patients for neurosurgery as a member of an anesthesia care team.
• Anesthetic management of patients for trauma surgery as a member of an anesthesia care team.
• Anesthetic management of patients for vascular surgery as a member of an anesthesia care team.
• Anesthetic management of geriatric patients for all types of surgery as a member of an anesthesia care team (patients included in this category can also be counted toward requirements in other categories).

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

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

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

PROCESS

Paper Evaluations
Clinical evaluations must be performed each day that a student is on a clinical rotation. The evaluation system utilizes a daily evaluation form that is distributed to the student each semester. Each day of clinical assignment, the student must complete the student section of the evaluation form and then give the form to the preceptor for completion of his/her section. The preceptor must sign the evaluation, and then seal the envelope, and sign over the seal. Evaluations that are not signed over the seal will NOT be counted into your grade. Students are responsible for following-up with individual instructors to be sure all evaluations are completed and turned in.

There are seven forms for evaluation of students:
- First year fall semester
- First year spring semester
- First year summer semester
- Second year
- Second year, OB rotation
- Second year, Pediatric rotation
- Second year, Neurosurgery rotation

Daily Case Logs
Each student will be provided with Daily Case Log Books. Students should document every case and procedure performed, which will be reviewed by the Clinical Coordinator and Program Director. Your preceptor must sign off on these tasks in your log book to count towards graduation totals.

Clinical Grades and Scoring
The evaluation scores are entered into a program that averages them daily, weekly and over the semester, per category and on a whole. The evaluation comments are also entered into a program that weights negative and positive comments. The semester average is then weighted with the comments and the results of the clinical comprehensive examinations, which yields
the final semester grade. Students will be given a printout of their evaluations every week to help identify areas needing focus, and will be discussed with the Program Director weekly.

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

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

Student grades are determined by completed evaluations and averaged weekly. It is imperative that an evaluation is completed for every day a student is assigned to the OR. A composite grade is the result of averaging each item’s weekly average score. For example:

<table>
<thead>
<tr>
<th></th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Semester Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item 1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>3.0</td>
</tr>
<tr>
<td>Item 2</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>3.33</td>
</tr>
<tr>
<td>Item 3</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3.0</td>
</tr>
</tbody>
</table>

3.11 = B

The final grade will be determined as follows:

3.60 through 5.00 = A
2.90 through 3.59 = B
2.00 through 2.89 = C
1.00 through 1.99 = F

**CLINICAL COURSE GRADES**

Clinical anesthesia training begins during the first week and continues through the last week of the program. Clinical anesthesia training is a continuum during which evaluations occur daily, weekly, and monthly – depending upon the evaluation tools.

**Comprehensive Examinations**

Comprehensive examinations are an integral part of clinical grading. Three comprehensive exams will be administered throughout each semester. These examination grades are computed into the Clinical Anesthesiology grade for each semester. A list of topics for each comprehensive exam will be distributed to students at the beginning of the program, as well as suggested reading materials.
**Grade Scale**

The following letter grades, their indication of performance, and assigned quality points are used by the Master of Medical Science in Anesthesiology Program:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
<th>Quality Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>excellent</td>
<td>4</td>
</tr>
<tr>
<td>B</td>
<td>above average</td>
<td>3</td>
</tr>
<tr>
<td>C</td>
<td>average</td>
<td>2</td>
</tr>
<tr>
<td>D</td>
<td>below average</td>
<td>1</td>
</tr>
<tr>
<td>F</td>
<td>failing</td>
<td>0 - no course credit or residence credit</td>
</tr>
<tr>
<td>W</td>
<td>withdrawal without penalty</td>
<td>0 - no course credit or residence credit</td>
</tr>
<tr>
<td>WF</td>
<td>withdrawal while failing</td>
<td>0 - no course credit or residence credit</td>
</tr>
<tr>
<td>S</td>
<td>satisfactory</td>
<td></td>
</tr>
<tr>
<td>U</td>
<td>unsatisfactory</td>
<td>0 - use restricted to certain courses</td>
</tr>
<tr>
<td>P</td>
<td>in progress</td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>incomplete</td>
<td></td>
</tr>
</tbody>
</table>

The notation P for *in progress* will be submitted to the Registrar’s Office when work in a course extends beyond one semester. The notation I for *incomplete* will be submitted when assigned work has not been satisfactorily completed within a semester. If the work is not completed within one year, a final grade of F will be assigned.

**Grade Assignments**

The Anesthesiology Program reserves the right to have clinical grades assigned by the Program Directors and faculty based upon their review of a student’s clinical evaluations, clinical comments, conduct, and other communications. Overall evaluation, including conduct issues, may override the usual, weighted calculation of clinical course grades.

**Reconciliation of Evaluation and Attendance Systems**

The Program uses daily evaluation data to monitor progress in clinical education and to monitor attendance. Each student must submit an evaluation for every day that he/she has a clinical rotation assignment. Failure to submit all daily evaluations by the first day of finals week will result in the reduction of that semester’s clinical grade by one letter grade. Failure to submit all daily evaluations by the last day of finals week will result in assignment of Incomplete (I) for that semester’s clinical grade. Failure to rectify the Incomplete (I) by the end of the following semester will result in probation which automatically removes the student from clinical rotations until the evaluation deficiency has been resolved. If probation extends more than two weeks, then one or more months may be added to the student’s degree program.
Clinical Evaluation First Year - Fall
1 = Unacceptable performance  2 = Performed below expectations  3 = Met expectations  
4 = Exceeded expectations  5 = Exemplar  
Expected= 70% success when performing a task with FREQUENT assistance.

Operating Room Set-up
Is thoroughly prepared, on time, with appropriate checks performed
Performs complete machine checkout
Checks patency of the breathing circuit before each case
Has appropriate airway equipment available for each case
Has appropriate emergency drugs available for each case

IV Placement and Fluid Therapy
Selects most appropriate vein and catheter
Successfully places IV within 2 tries
Uses good aseptic technique and cleans up afterwards
Can calculate patient fluid deficit, replacement and allowable blood loss

Perioperative skills
Applies and removes monitors appropriately and in a timely manner
Adequately manages the airway and recognizes airway problems
Successfully intubates the patient by the second attempt
Can recognize correct or incorrect placement of ETT
Continually monitors patient and is attentive to the case (incision, EBL)
Responds appropriately and promptly to changes in patient’s status
Completes anesthetic record completely and in a timely manner

Professionalism
Eager to gain hands-on experience and knowledge
Demonstrates openness to constructive criticism and works to improve
Asks for assistance at appropriate times

Comments:

Instructor Name: ___________________________  Signature: ___________________________
Anesthesiologist Assistant Program
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Student: ____________________________________ Date: ________________

Hospital: ________________________________ Rotation: ________________

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

Please Circle One In Each Category

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

IV Placement and Fluid Therapy
Successfully places IV within 2 tries 1 2 3 4 5 n/a
Selects appropriate rate for fluid infusion 1 2 3 4 5 n/a
Can calculate patient fluid deficit, replacement and allowable blood loss 1 2 3 4 5 n/a

Perioperative skills
Helps formulate the anesthetic plan based on pre-op assessment 1 2 3 4 5 n/a
Understands pharmacology of drugs/agents: doses, side effects, actions 1 2 3 4 5 n/a
Demonstrates skill in airway management & choice of airway 1 2 3 4 5 n/a
Recognizes airway obstruction and corrects problem in appropriate time 1 2 3 4 5 n/a
Successfully intubates the patient by the second attempt 1 2 3 4 5 n/a
Can recognize correct or incorrect placement of ETT 1 2 3 4 5 n/a
Continually monitors patient and is attentive to the case (incision, EBL) 1 2 3 4 5 n/a
Responds appropriately and promptly to changes in patient’s status 1 2 3 4 5 n/a
Completes anesthetic record completely and in a timely manner 1 2 3 4 5 n/a
Extubates/emerges patient appropriately and monitors to PACU 1 2 3 4 5 n/a

Professionalism
Eager to gain hands-on experience and knowledge 1 2 3 4 5 n/a
Demonstrates openness to constructive criticism and works to improve 1 2 3 4 5 n/a

Comments:

Instructor Name: __________________________ Signature: ________________________
### Clinical Evaluation First Year - Summer

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

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

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Operating Room Set-up</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs the appropriate room set up on time for each case</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Checks patency of the breathing circuit and suction before each case</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Has airway equipment, circuit, emergency drugs available for each case</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Preop Assessment and Anesthetic Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducts complete review of all physiologic systems through interview</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Obtains and records pertinent information from old chart/nurses notes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Understands medical conditions which require specific intervention</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Develops and can defend an appropriate anesthetic plan</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Thoroughly discusses anesthetic options with patients</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Perioperative skills</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Successfully places IV within 2 tries</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Demonstrates understanding of anesthetic drugs and agents</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Demonstrates skill in airway management &amp; choice of airway</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Recognizes airway obstruction and corrects problem in appropriate time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Successfully intubates the patient by the second attempt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Continually monitors patient and is attentive to the case (incision, EBL)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Responds appropriately and promptly to changes in patient’s status</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Extubates/emerges patient appropriately and monitors to PACU</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eager to gain hands-on experience and knowledge</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Demonstrates openness to constructive criticism and works to improve</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Researches cases independently and understands pertinent physiology</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Functions calmly and appropriately in all situations and prioritizes well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

**Comments:**

Instructor Name:_________________________ Signature:_________________________

23
Student: ____________________________________________  Date: __________________

Hospital: ___________________________________________  Rotation: ____________

Clinical Evaluation Second Year-General

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

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

Please Circle One In Each Category

### Technical and Manual Skills

<table>
<thead>
<tr>
<th>Skill Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs the appropriate room set up on time for each case</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates skill in airway management &amp; choice of airway</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates skill with IV placement and fluid therapy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates organization and efficiency in case management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Clinical Knowledge and Reasoning

<table>
<thead>
<tr>
<th>Skill Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs preanesthetic assessment correctly and in a timely manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands medical conditions which require specific intervention</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develops and can defend an appropriate anesthetic plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administers appropriate anesthetic agents and doses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continually monitors patient and is attentive to the case (incision, EBL)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can apply cognitive learning to clinical setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extubates/emerges patient appropriately and monitors to PACU</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds appropriately and promptly to changes in patient’s status</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates understanding of anesthetic drugs and agents</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

### Advanced Techniques

<table>
<thead>
<tr>
<th>Skill Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates understanding and skill in advanced monitoring</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates understanding and skill with regional anesthesia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates understanding and skill with advanced A/W management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Professionalism

<table>
<thead>
<tr>
<th>Skill Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eager to gain hands-on experience and knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates openness to constructive criticism and works to improve</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Researches cases independently and understands pertinent physiology</td>
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<td>Functions calmly and appropriately in all situations and prioritizes well</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Instructor Name: ____________________________  Signature: __________________________

24
Clinical Evaluation Second Year-OB Rotation

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

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

<table>
<thead>
<tr>
<th>Clinical Knowledge and Reasoning</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understands OB conditions which might require intervention</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Demonstrates appropriate knowledge of patient's history</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Demonstrates understanding of regional anesthesia and drugs</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Demonstrates organization and efficiency in case management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Knowledgeable of anatomy and landmarks for regional anesthesia</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Technical and Manual Skills</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performs preanesthetic assessment correctly with physical exam</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Understands medical conditions which require specific intervention</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Follows direction from supervising AA, resident or attending</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Uses appropriate sterile technique</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Demonstrates familiarity with equipment</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Displays adequate technical knowledge of the procedure</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Management</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administers appropriate regional anesthesia and doses</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Continually monitors patient and is attentive to patient changes (BP, EBL)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Demonstrates understanding and skill with advanced A/W management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Demonstrates organization and efficiency in case management</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Displays appropriate bedside manner with patients and family</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Demonstrates openness to constructive criticism and works to improve</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Eager to learn about various obstetric complications and procedures</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Functions calmly and appropriately in all situations and prioritizes well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Comments:
### Student Evaluation Form

**Anesthesiologist Assistant Program**  
**UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS**  

**Student:** ___________________________  
**Date:** ___________________________

**Clinical Evaluation Second Year – Pediatric Rotation**

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

**Expected: 80% success when performing a task with OCCASIONAL assistance.**

<table>
<thead>
<tr>
<th>Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Care:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs appropriate preoperative evaluation of pediatric patient</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Describes anesthesia care to patient and family &amp; answers questions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Evaluates need for preoperative sedation and administers safely</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Participates in anesthesia induction, maintenance, and emergence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Applies and utilizes age-appropriate monitors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Adequately manages the airway and recognizes airway problems</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Responds to intraoperative problems and assists with management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Plans ahead to avoid postoperative problems (pain/nausea/vomiting)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Completes anesthetic record completely and in a timely manner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Basic Skills</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selects most appropriate vein/artery and catheter size</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Successfully places IV within 2 tries</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Effectively performs bag-mask ventilation, despite patient age/size</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Successfully intubates by the 2nd attempt and performs leak test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Medical Knowledge</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understands changes in anatomy &amp; physiology as a function of age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Understands anesthetic implications of congenital defects &amp; syndromes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Selects appropriately-sized airway equipment (Oral AW, ETT, LMA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Appropriately doses &amp; understands effects of anesthetic drugs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Calculates patient fluid deficit, replacement, and allowable blood loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compassionate &amp; age-appropriate interactions with patients</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Demonstrates openness to constructive criticism &amp; works to improve</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Asks for assistance at appropriate times</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Is punctual and appropriately prepared for each day’s cases</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
<tr>
<td>Communicates well with other members of the OR care team</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n/a</td>
</tr>
</tbody>
</table>

Please comment below on any additional skills observed (central/arterial lines, regional/nerve blocks)

**Comments:**

**Instructor Name:** ___________________________  
**Signature:** ___________________________
Anesthesiologist Assistant Program
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Student: ___________________________________________  Date: _________________

Hospital: ___________________________________________  Rotation: _______________

Clinical Evaluation Second Year- Cardiothoracic Rotation
1 = Unacceptable performance  2 = Performed below expectations  3 = Met expectations
4 = Exceeded expectations  5 = Exemplary performance

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

Please Circle One In Each Category

Patient Care:
Performs appropriate preoperative evaluation of patient 1 2 3 4 5 n/a
Monitors and maintains cardiovascular stability throughout case 1 2 3 4 5 n/a
Responds appropriately and promptly to changes in patient’s status 1 2 3 4 5 n/a
Manages the airway & recognizes/corrects problems with ventilation 1 2 3 4 5 n/a
Responds to intraoperative problems and assists with management 1 2 3 4 5 n/a
Plans ahead to prepare for ICU transport 1 2 3 4 5 n/a
Completes anesthetic record completely and in a timely manner 1 2 3 4 5 n/a

Skills
Selects most appropriate vein/artery and catheter size 1 2 3 4 5 n/a
Utilizes aseptic/sterile technique for invasive line placement 1 2 3 4 5 n/a
Successfully places IVs and invasive lines within 2 tries 1 2 3 4 5 n/a
Places, confirms, and manages double-lumen ETT 1 2 3 4 5 n/a
Uses ultrasound for invasive line placement, as needed 1 2 3 4 5 n/a
Understands and assists with intraoperative TEE 1 2 3 4 5 n/a

Medical Knowledge
Understands anesthetic implications for cardiothoracic disease states 1 2 3 4 5 n/a
 Appropriately doses & understands effects of cardiac drugs 1 2 3 4 5 n/a
Calculates patient fluid deficit, replacement, and allowable blood loss 1 2 3 4 5 n/a
Understands physiological changes throughout phases of procedure 1 2 3 4 5 n/a
 Appropriately manages patients coming on/off pump for CPB 1 2 3 4 5 n/a

Professionalism
Compassionate interactions with patients and families 1 2 3 4 5 n/a
Demonstrates openness to constructive criticism & works to improve 1 2 3 4 5 n/a
Asks for assistance at appropriate times 1 2 3 4 5 n/a
Is punctual and appropriately prepared for each day’s cases 1 2 3 4 5 n/a
Communicates well with other members of the OR care team 1 2 3 4 5 n/a

Comments:

Instructor Name: ________________________  Signature: ________________________
Clinical Instructor Evaluation
Circle the appropriate response: 1= Poor  5= Excellent  Please Circle One In Each Category

<table>
<thead>
<tr>
<th>Organization Skills</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summarizes and presents case information clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Sets clear goals, responsibilities and expectations for the student</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Emphasizes important points of the case</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Encourages participation, and establishes rapport with the student</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instruction Skills, Resourcefulness</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates respect for students quizzes in an appropriate manner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Listens attentively, encourages and answers student questions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Remains accessible, takes a personal interest in student's progress</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Returns evaluations in a timely manner</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Demonstrates teaching ability and patience</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Directs students to useful resources, supports statements with data</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Supervision</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervises student adequately, provides practice opportunities</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Provides positive reinforcement, criticizes without belittling student</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Has reasonable expectations for student</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Maintains a constant 1:1 supervisory position with the student</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Works effectively with members of the health care team</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Confident, but not arrogant</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Shows respect for colleagues, patients and students</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
<tr>
<td>Outstanding overall teaching effectiveness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Comments:
CLINICAL INSTRUCTOR EVALUATION

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

There is one form used for evaluation of instructors. The evaluation is confidential and anonymous. The student is asked to complete an evaluation on the instructor with whom he/she most closely worked.

The data from instructor evaluations is collected weekly and reports are generated which provide valuable feedback to the Program Director, to each individual clinical instructor, and to the students. At a yearly instructor meeting, strategies for improving clinical teaching techniques are discussed based on the criteria which students used to evaluate instruction in the OR. Consistently poor scores exhibited by an individual instructor may warrant removal from the pool of potential clinical teachers. The data is also used to determine year-end performance awards given to clinical instructors as voted by the Master of Medical Science in Anesthesiology students.

CONDUCT

Clinical Conduct
It is the expectation of the Master of Medical Science in Anesthesiology Program and the clinical rotation sites that students will conduct themselves in a professional manner at all times, including being primarily focused on patients and the well-being of the patients. To this end, cell phones, computers, PDAs, and other electronic devices are NOT to be used for personal reasons in operating rooms or other patient care locations. Use of any of these devices for personal reasons in the operating room or other patient care location is grounds for dismissal from the clinical rotation with resulting grade penalty. Any clinical use of electronic information devices must be approved by the clinical preceptor at the time of use.

Remedial Clinical Work
Each student's clinical performance is evaluated each semester. Based upon review of evaluations and discussions with clinical faculty, the Clinical Review Committee may recommend that the Program Director assign remedial clinical work to a student in the semester following a semester in which the student's clinical performance did not meet requisite standards. All remedial clinical time must be scheduled through the Program Office. This remedial work may require extending the duration of the student's degree program by one semester or longer. Students may NOT arrange remedial clinical time on their own with any clinical site.
**Misconduct: Clinical**

In the practice of anesthesia, the safety and well-being of patients is every practitioner’s first and foremost concern. The confidential acquisition and maintenance of patient data are also of paramount importance. To these ends, students must always appropriately interact with patients and patients’ families, review medical records, and obtain and honestly record data.

The student is responsible for his/her conduct at all times. Conduct can be reviewed and the privilege of working with patients can be withdrawn at any time.

Examples of clinical misconduct include but are not limited to the following:
- commission of a felony under local, state, or federal laws
- deceit in verbal or written communications
- drug abuse
- failure to maintain patient data in an appropriate, honest, confidential manner
- falsifying or intentionally misrecording data in a drug-reporting form, including but not limited to DEA forms for scheduled substances
- falsifying or intentionally misrecording patient data in any medical record, including but not limited to the anesthesia record and preoperative consultation
- falsifying clinical attendance records, including the timekeeping system
- falsifying evaluation records or case log books
- forging data or signatures in a medical record or healthcare document
- inappropriate behavior in a clinical setting
- inappropriate interaction with a patient or patient's family
- vandalism
- violation of the Health Insurance Portability and Accountability Act
- violation of conduct regulations of a healthcare facility while on rotation

**CLINICAL PROGRESS AND ADVANCEMENT**

The Progress and Promotions Committee reviews the grades and academic conduct of each student during each semester. The Clinical Review Committee reviews the clinical performance and clinical conduct of each student during each semester. Throughout the degree program, each student’s advancement to the next semester must be approved by the Progress and Promotions Committee and the Clinical Review Committee.

The results of these meetings will be discussed at individual student conferences held each semester. A conference may be scheduled at any time during the program if special circumstances warrant such a meeting. Students may also schedule individual conferences with the Program Director, if the need arises.
ATTENDANCE EXCEPTION REPORT

Complete all parts in the Student Section. Have your clinical preceptor or clinical coordinator complete their part. Submit form to the Assistant Program Director in person or via email within 24 hours of your clinical exception time.

If you fail to properly document your clinical arrival or departure time on your evaluation, or work in the OR outside of your scheduled clinical day, every section of this form must be completed. You must have it signed by your clinical coordinator, and you must submit it to the Program Office within 24 hours of your clinical time exception.

The Program Office will contact the clinical coordinator to verify your reported clinical attendance.

STUDENT SECTION

Print Name _________________________________

Clinical Site _______________________________

Date Missed or Date of Unscheduled Clinical Time ____/____/____

Arrival Time _____:_____ Departure Time _____:_____

Student Signature ________________________________________ Date ___/___/___

CLINICAL PRECEPTOR OR COORDINATOR

The information in the student section above is correct.

Preceptor’s Signature ________________________________ Date ___/___/___

Print Preceptor Name ________________________________
MASTER OF MEDICAL SCIENCE IN ANESTHESIOLOGY PROGRAM
University of Colorado School of Medicine

ALTERNATE CLINICAL ATTENDANCE FORM
A clinical rotation site may make clinical assignments other than the traditional clinical hours of 6 AM to 4 PM Monday - Friday; eg, four ten-hour shifts; split shifts, shifts or call on weekends, evenings, or nights. In order for the student to receive credit for clinical work during an alternate clinical assignment, this form must be completed, dated, and signed by the site’s clinical coordinator or chief of service and by the student, and returned to the Assistant Program Director before the end of the clinical rotation. This form is in no way intended to permit students to negotiate scheduled clinical hours, but is a method for the site to confirm their plan for alternate clinical attendance.

Print Student Name _________________________________

Clinical Rotation _________________________________ Month / Year _____/_____

Print Clinical Coordinator or Chief of Service Name _________________________________

Indicate alternate clinical assignment:
Four 10-hour days/week for weeks of ______, ______, ______, ______

Split shifts during weeks of ______, ______, ______, ______

Call/shift - evenings for days of ______, ______, ______, ______

Call/shift - nights for days of ______, ______, ______, ______

Call/shift - weekends for weekends of ______, ______, ______, ______

Other ___________________________________________________________________

____________________________________ _____/_____/_____
STUDENT SIGNATURE DATE

____________________________________ _____/_____/_____
COORDINATOR OR CHIEF SIGNATURE DATE