



Stony Brook University  
School of Health Professions  
Health Science Major  
Anesthesia Technology Program

ANESTHESIA TECHNOLOGIST (AT) INTERN  
STUDENT CLINICAL YEAR POLICIES AND  
PROCEDURES

9/7/2022-6/9/2023\*

\*schedule is subject to change without prior warning

Students are bound by the academic standards, policies and procedures listed in this handbook as well as the policies and procedures in the handbook below:

School of Health Professions Policies and Procedure manual

[SHP STUDENT ORIENTATION HANDBOOK- Professional Programs.pdf  
\(stonybrookmedicine.edu\)](#)

Stony Brook University's Student Conduct Code

<https://www.stonybrook.edu/commcms/studentaffairs/ucs/conduct.php?accordion=undefined>

## **Anesthesia Technology Program: Mission Statement and Student Learning Outcomes**

The anesthesia technology program is two years in length. The first year of the anesthesia technology program (the Health Science senior year) is designed to provide the didactic foundation required for the ASATT national certification. The second year is a continuation of study in a clinical non-credit, non-degree certificate program which is designed to foster clinical competency at the level of an anesthesia technologist. Successful completion of both years is an eligibility requirement to qualify for the ASATT national certification examination.

The overarching vision of the Health Science major is to provide the highest quality undergraduate education that integrates the principles of scholarship, ethics, cultural competency, communication skills, critical thinking, evidence-based practice, and civic orientation to meet the diverse regional needs of the evolving health care industry.

**Anesthesia Technology (AT) Program Mission Statement:** The mission of the AT program is to develop the knowledge, attitudes, skills and competencies required to function as an integral member of an anesthesia team in diverse surgical settings. Through didactic lessons and clinical work students will hone their skills that are required to provide the highest quality patient care while maintaining the ethical standards and professionalism required in this dynamic profession. To that end, students are encouraged to become members of the ASATT ([www.ASATT.org](http://www.ASATT.org)).

**Goal 1:** Students will demonstrate clinical competence of an entry-level anesthesia technologist.

### **Student Learning Outcomes:**

- Students will demonstrate basic knowledge relative to the surgical procedures conducted in each surgical service.
- Students will demonstrate technologist level skills relative to the surgical procedures conducted in each surgical service.

**Goal 2:** Students will possess critical thinking skills

### **Student Learning Outcomes:**

- Students will adequately respond to challenges faced during a surgical procedure.
- Students will show the ability to perform multiple tasks in a timely manner.
- Students will learn to prioritize multiple tasks that may need to be accomplished quickly in a rapidly changing clinical situation.

**Goal 3:** Students will practice with professional values

### **Student Learning Outcomes:**

- Students will display professional conduct.
- Students demonstrate life-long learning

**Goal 4:** Students will display effective communication skills

**Student Learning Outcomes:**

- Students will demonstrate effective written communication skills
- Students will demonstrate effective oral communication skills

The anesthesia technology program is two years in length. The first year of the anesthesia technology program (the Health Science major senior year curriculum) is designed to provide the didactic foundation required for the American Society of Anesthesia Technologists & Technicians (ASATT) national certification. The second, non-credit clinical certificate program is designed to foster clinical competency at the level of an anesthesia technologist. Successful completion of both years is an eligibility requirement to qualify for the ASATT national certification examination.

**ASATT national certification exam (NCE)**

To successfully complete the program students must register for the NCE program no later than the end of May 2023 and pass the certification exam. The program will pay for student membership in ASATT and the ASATT NCE exam fee for the first exam. Students who do not pass the exam on the first attempt will be required to pay for the second attempt of the NCE.

A student who does not get a passing grade on the ASATT NCE will not receive their certificate of completion of the internship program (or will not receive the certificate of completion until they successfully complete the exam).

**ACLS/BLS:** American Heart Association ACLS/BLS-HCP classes are done towards the end of the clinical year so program graduates will have current AHA-ACLS/BLS course completion cards. Obtaining ACLS and BLS cards is now a requirement for successful completion of the program.

**General Information:**

- 1) The Anesthesia Technologist Clinical Program is considered to be a full-time program
  - a. Sign in: 0600-0615 & Sign out: 1400-1415, 5 days a week. In ambulatory sign out time is 1430pm.
    - i. Students must be in a clean set of scrubs prior to signing in and students cannot change into their street clothes until after they have sign out for the day.
  - b. Students (AT Interns) are expected to complete the program by 6/9/23\*. The program consists of clinical rotations in the operating rooms, obstetric suite and other clinical locations at Stony Brook University Medical Center as well as didactic (classroom) teaching sessions. The AT Intern will be expected to participate fully and actively in the clinical rotations and teaching sessions.

\*Please note, due to COVID the clinical rotation schedule can change suddenly if Stony Brook University Hospital (SBUH), SHP, or the SBUH Department of Anesthesia need to alter clinical rotation schedules.

- 2) As per the School of Health Professions, students participating in clinical programs must provide evidence of health insurance.
  - a. **'Gaps in health insurance coverage are not permitted'** see more detail at this website  
<https://www.stonybrook.edu/commcms/studentaffairs/shs/insurance/domestic>
  
- 3) NO STUDENT WILL BE PERMITTED TO ENTER THE CLINICAL SETTING WITHOUT MEDICAL CLEARANCE/BACKGROUND CHECK/DRUG SCREENING.
  - a. Students are required to submit all documents to CastleBranch and follow up on any additional information that is requests.
    - i. The only medical clearance that can be delayed is the flu vaccine and Fit Testing (which is done at our facility).
      1. Must upload the signed medical Fit Testing form into Castle Branch and bring that form with you when scheduled for Fit Testing.
    - ii. You have until October to have the Flu vaccine documentation completed in CastleBranch with a hard copy submitted to the department.
  - b. Within the bulletin is the information on the background checks -  
<https://www.stonybrook.edu/hsbulletin/admissions/Background-Checks.php>
  - c. The New York State Department of Health (DOH) has issued an order that all hospitals and nursing homes “continuously require all covered personnel to be fully vaccinated against COVID-19, with the first dose for current personnel received by September 27, 2021.” The order broadly defines “covered personnel” as “all persons employed or affiliated with a covered entity, whether paid or unpaid, including but not limited to employees, members of the medical and nursing staff, contract staff, students, and volunteers, who engage in activities such that if they were infected with COVID-19, they could potentially expose patients, residents, or personnel working for such entity to the disease.”
  
- 4) Students will not be permitted to enter the clinical setting without proper identification (student identification badge). Badges will not be issued to students if there is a hold (e.g., outstanding balance, lack of medical clearance, etc.) on their account.
  - a. You are required to bring your west campus ID card (the one with the swipe stripe on the back) with you every day. That is the card that you will use that card to swipe in and out of the HSC, hospital and the OR.
  - b. Students will be issued a student ID badge and holder; you put the swipe card in the holder behind your student ID badge. Both cards must be with you at all times in the hospital.

- 5) Students must abide by University Hospital policies and procedures including but not limited to accessing clinical areas, use of equipment and medical records, infection control, influenza vaccinations (or other approved procedures for infection control), etc. More detail will be provided by your program director and clinical faculty.

**Tuition and Refund Policy:**

- 1) Tuition will be charged at the rate of \$8,000.00 plus university fees for the clinical year. This tuition must be paid in full one week prior to the start of the program. Students will not be permitted to attend classes or clinical education beyond the posted tuition deadline date. See the following website for more detailed information on the program fees: <https://www.stonybrook.edu/commcms/sfs/tuition/certificate-program>

- 2) Students who withdraw from the Anesthesia Technology Program are liable for payment of tuition in accordance with the following schedule:

<u>Withdrawal</u>	<u>Liability</u>
First Week	0%
Second Week	30%
Third Week	50%
Fourth Week	70%
Fifth Week	100%

- 3) Orientation will be held on the first day of the program 9/7/22. Absence from classes does not constitute an official withdrawal and does not relieve the student of their financial obligation or entitle the student to a refund. Students must officially request to withdraw, in writing, to the Dean’s office.
- 4) Students will be responsible for other fees incurred during the duration of the program. Such fees include, but are not limited to, background checks or drug testing required by clinical affiliates, books, N95 masks or other PEP, hospital parking fees, etc.

<b>Other Program and Professional Estimated Required Expenses*</b>	
Textbook(s)	\$150.00
Laptop	\$750.00
Castle Branch screening and compliance platform - general access**	\$43.00
Castle Branch screening and compliance platform - drug screening**	\$35.00

Castle Branch screening and compliance platform - background check**	\$135.00
ACLS Certification	\$100.00
Professional liability insurance	\$33.00
Trajecsys	\$100.00
<b>Note: * There will be transportation expenses (vehicle, parking fees, fuel, etc.); **these prices have been negotiated and discounted with Castlebranch; students may be required to purchase surgical and N-95 masks</b>	

### **Masks**

Mask mandates are in effect at all times in common areas of the building.

Fit testing is conducted on South Campus: Environmental Health & Safety, 110 Suffolk Hall  
Stony Brook, NY 11794-6200

Department will notify the student of their Fit Testing appointment

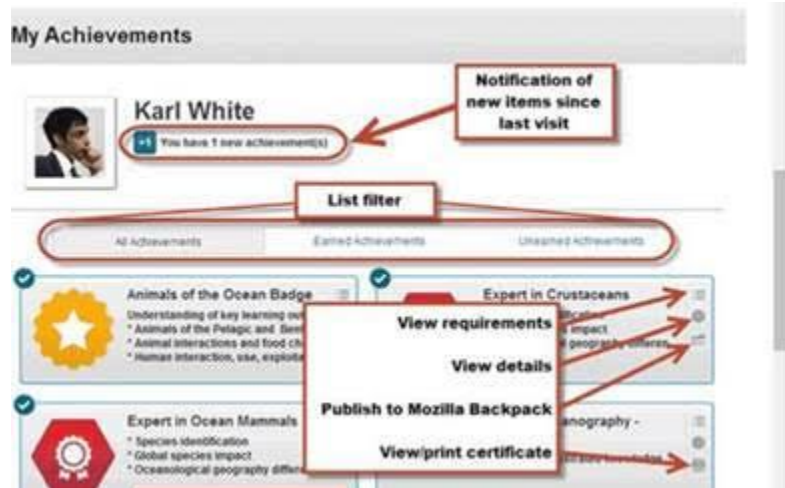
N95 are required while in clinical cases.

Students are required to keep their FitTest card with them while in clinical area and to show it when requesting an N95 mask

Surgical masks at other times in the Hospital. Requirements for masks and other Personal Protective Equipment may change due to changes in NY State DOH or CDC recommendations related to COVID or other similar situations.

### **SHP Annual HIPAA & Compliance Training.**

1. Select "Content" at the left of the screen
2. Open and read all attached files
3. Read the "Confidentiality Acknowledgment Statement."; you will be signing that document during orientation.
4. After reading all of the material, hit the "Mark Reviewed" button next to each section of the training
5. Complete two tests (passing score is 90%):
  - a. HIPAA-FERPA Test
  - b. Health Sciences Schools Health Care Compliance Test
6. After reading all of the material, hitting the "Mark Reviewed" buttons, and passing the tests, you may print your certificate
  - a. Select "Tools" at the left of the screen
  - b. Select "Achievements"



## Parking

You are being given permission to purchase a monthly parking card for the HSC lot, not the hospital parking lot. You can pay electronically month by month – your access to e-payment for parking will be delayed a few days into the start of the month. Your card will continue to work for the first couple of days of the new month.

Free parking can be found at Tabler lot, the paid lots behind the union are also open to park, and South P lot.

DO NOT pay for the whole year – parking lot privileges can be rescinded by the university hospital at any time – pay month to month.

## Performance Skills and Attitudes – Assessment Procedures

In addition to mastery of cognitive skills and knowledge, students will be evaluated on their performance skills and attitudes. These include:

- Adherence to the University Code of Conduct and University Hospital policies and procedures
- Ability to work with and relate to peers, patients, faculty and other members of the health care team
- Attitude
- Attendance and punctuality
- Appearance and professional demeanor

**In addition to the General Rules of Conduct:**

Only designated faculty (such as the Attending Anesthesiologist assigned to the case, the Program Director, the Co-director, the Clinical Director, or the AT Interns Preceptors) can document and/ or authorize time and sign your request to be released from clinical responsibilities.

In the Ambulatory Surgical Center, only the Attending Anesthesiologist present at 1430 can document and/or authorize time and sign your request to be released from clinical responsibilities.

- It should be within the AT program faculty's discretion to determine if an intern has earned the credit for that day based on their clinical performance, productivity, and professionalism.
- After set-ups interns should meet with the anesthesia team to discuss their cases. This is to communicate and learn more about the cases.
- No hanging in the hallways between case set-ups and start-ups, in the name of "waiting".
- No such thing as "my rooms are done for the day". In days wherein the case schedule in the assigned room/s is completed or cancelled prior 1400-1415, the student (AT intern) is required to communicate immediately with the clinical faculty (AT preceptor or Drs. Vitkun or Tateosian) to be reassigned to other room/s.
- Anticipate and judge the beginning/finish of the cases before taking breaks or leaving rooms.
- Interns should remain visible and productive in the assigned clinical area for the entire 8 hours unless they are scheduled break.
- Signing in or signing out for any other student other than yourself is considered to be academic dishonesty and will result in action being taken which may include separation from the program.
- Off Site rotation, an intern should report to the main OR whenever case schedule is not in progress or cancelled.

L & D rotation (0700-1200), an intern should report at 1230 to the main OR after lunch (1200-1230).

ASC rotation, an intern should report to ASC on MTRF. On Wednesdays, attendance to morning teaching sessions, then an intern should report to Endoscopy Suite.

- Cell phones should not be visible while in the OR.



- Cellphones must be set on vibrate.
  - Only acceptable use of a cell phone in clinical setting is to communicate with AT intern preceptor (i.e., receive messages from program director and faculty).
  - Students using cellphones for other purposes during the clinical hours will be subject to probation/dismissal.
- No hanging out, sitting inside or passing by the Anesthesia work room without related purposes.
  - Interns are not permitted to use the computer inside the Anesthesia work room or anywhere in the OR. Instead, use it in the library after signing out from your clinical hours.

Successful completion of each sub-specialty rotation requires that the student continuously maintain high standards. This means that regardless of one's level of achievement in cognitive skills and knowledge, if one's professional behavior is not appropriate, he/she may not meet minimum requirements for successful completion of the sub-specialty rotation.

#### **Logging cases and Clinical Competency\*\***

Documentation of cases and critical elements: a spreadsheet will be sent to you so you might document your cases on a daily basis (sample copy at end of the handbook)

Students must submit weekly electronic documentation of clinical cases to the program director. The electronic submission will be date and time stamped, cases submitted after the rotation has ended will not be considered toward the national certification exam required number of cases.

When a student is ready to demonstrate competency on one or more of the critical elements – they will provide the medical staff with a critical competency link – submissions record date, time, and who signed off on the competency.

See page 20 in the Student Handbook for a sample of the critical elements.

See this web address for a copy of the student transcript that documents completion of the required number of cases to be eligible for the national certificate exam.

[https://www.asatt.org/images/Certification/ASATT\\_CE\\_Student\\_Transcript\\_Form\\_editable.pdf](https://www.asatt.org/images/Certification/ASATT_CE_Student_Transcript_Form_editable.pdf)

\*\* these procedures are subject to change, student will be notified of new procedures during Weds meetings if they change.

#### **Unsatisfactory Performance Skills or Attitudes**

Unsatisfactory behavior, such as disruption of class activities during seminars and workshops, expression of derogatory, disrespectful remarks to the clinical staff, faculty, peers, or patients,

inability to work with peers, or excessive unexcused absences or lateness (full or partial days and returning late from breaks) may be cause for warning or further action.

A student who has exhibited unsatisfactory behavior that may affect their final evaluation and academic standing shall receive a warning from the clinical faculty that stated behavior may jeopardize successful completion and lead to failure of the sub-specialty rotation. If the student does not amend behavior subsequent to verbal warning they will be placed on probation.

- Clinical staff include the Attending Physicians, Residents, Nurses, Nurse Anesthetist, CRNA educator, Anesthesia technologists and technicians, and OR staff.
- Clinical faculty include: Dr. Vitkun (Program Director and Medical Director), Dr. Tateosian (Clinical Director). AT Student Intern Preceptors: Shoba Sanu, CRNA and Melissa Day, CRNA. The clinical faculty also includes the Chair of the department, Dr. Deborah Zelizer.

### **General Rules of Conduct and Safety in Hospital**

Students are expected to conduct themselves in a professional manner, adhere to all hospital policy and procedure safety guidelines at all times.

#### **OR Attire in all semi restricted (OR/Procedure Hallways) and restricted (ORs/Procedure rooms) areas**

Any student not complying with the policy below will be removed from the procedural area, and May result in dismissal from the program.

In accordance with our existing policy:

- OR Attire in all semi restricted (OR/Procedure Hallways) and restricted (OR's/Procedure rooms) areas
- Only hospital issued and hospital laundered scrubs may be worn in OR/Procedure rooms and must be returned daily.
- All Head & Facial Hair must be covered – NO EXCEPTIONS. Knight hoods and masks required for facial hair.
- All head and neck jewelry except stud earrings must be removed – NO EXCEPTIONS
  - Stud earrings may remain only if they are covered at all times
- No Cover Jackets from outside the operating/procedure rooms may be worn
- No personal belongings including but not limited to purses/backpacks/computer bags are to be taken into the OR/procedural restricted and semi restricted areas. It is recommended that any personal valuable items (jewelry, laptop computer, ipad, etc.) should be left at

home to avoid the risk of theft while students are in the OR. The program, SHP, Dept. of Anesthesiology, SOM or SUNYSB are not responsible for items stolen from lockers or the OR.

- When leaving a procedural suite, scrub must be covered by a closed single use gown.
- No lanyards may be worn.
- Only hospital supplied disposable head coverings may be worn.

Leadership surveillance will be conducted during all shifts to ensure compliance with this immediate corrective action. This surveillance begins at the point of the semi-restricted area. This surveillance will also include roaming observations.

**Conduct:**

- Students will address the staff, faculty, patients, and fellow students by their appropriate title and/or last name.
- Sign in time is from 0600-0615 and Sign out time is 1400-1415. Students will document their time using the punch machine.
  - Punching in or out for someone is considered an incident of academic dishonesty.
  - Students must be in scrubs ready to work by 0615. [Note: students are not permitted to wear scrubs home and must obtain a clean pair of scrubs each morning from the scrub machine before entering the clinical setting].
  - Students are not to leave their clinical duties until 1400 or 1430 based on the rotation.
  - If a student signs in at any time other than the designated time, without prior approval, student will under no circumstances be given credit for that day.
- Students may not work through lunch breaks in order to leave clinic early.
- Only designated faculty (such as the AT Student Intern Preceptor) can document and/or authorize your request to be released from your clinical responsibilities. In the absence of the AT Student Intern Preceptors: Shoba Sanu, CRNA and Melissa Day, CRNA students must contact Dr. Vitkun or Dr. Tateosian.
- Students cannot work at their assigned unit for more than eight (8) hours in any single day.
- Signing in or out for a fellow student will be considered a case of academic dishonesty and will result in a recommendation to the Dean for the student(s) termination.
- Eating and drinking are permitted in designated areas only. Students are required to complete the 30-minute lunch break by 1200. Students permitted one 15-minute break which must be completed prior to 10am. Smoking is prohibited.

- *A student who fails to return on time from break or lunch break may be sent home at the discretion of the clinical faculty (Drs. Vitkun and Tateosian or AT Student Intern Preceptors: Shoba Sanu, CRNA and Melissa Day, CRNA) and not be credited with time for that day.*
- Students are expected to remain visible and productive in the clinical arena at all other times.
  - For an AT intern to learn they must be present in cases, therefore, student are expected to set-up cases and remain in that case unless otherwise directed. Students are expected to participate in numerous cases, in at least but not limited to 2 to 3 rooms, within their sub-specialty rotation per day unless otherwise directed by clinical staff or clinical faculty.
  - Note if the student believes they have completed the required number of cases for the day, they are to report to the preceptor so they may be assigned additional cases.
- Personal relationships between students and clinical staff, faculty, or patients are forbidden. Engaging in personal relationships will be considered unprofessional conduct and will result in a recommendation to the Dean for dismissal.
- Personal conversation and discussions with classmates or staff are in poor taste and should be limited to off duty hours.
- Grievances and personal dislikes should be aired in private and with the appropriate persons.
  - Grievance policy can be found on page 16.

### **Accidents:**

Accidents involving students or patients must be reported immediately according to SBUH policies.

For example, if the student is injured during the clinical rotation, students must immediately report the incident to the Attending Physician, notify the preceptors, complete an Incident Report, and if warranted be seen in the emergency department.

Please make sure to make it clear you are a student (not an employee) and provide the emergency department with your healthcare insurance information.

### **Sickness:**

- 1) AT Interns who are ill are expected to call before 2200 (10:00pm) the night before or between 0500-0530 the morning of the scheduled start time. This is the same process for informing program faculty of lateness. For **all illness related absences/lateness** students

will need to provide documentation (a physician's note stating the student could not be in clinic).

- a. Repeated illness/lateness may require an extension of time in the program or may result in dismissal from the program.
- b. Students are limited to a total of 2 weeks of combined excused absence time; excused absences must be made up immediately following the program end (this will amend your completion date of the program).
  - i. For COVID related absences (follow the directions you are given when reporting illness to the university).
- c. Students that have combined excused absences that exceed two weeks may subject to a leave of absence or dismissal from the program.

**Failure to contact program:**

- 1) If you do not call at the appropriate time, your lateness or absence will be considered Unexcused. You will be counseled for unexcused lateness or absence and a note will be placed in your file. TWO (2) UNEXCUSED LATENESS episodes will count as ONE (1) UNEXCUSED ABSENCE.
- 2) Students with ONE (1) UNEXCUSED ABSENCE will be placed on PROBATION. TWO (2) UNEXCUSED ABSENCES will result in DISMISSAL from the program.
- 3) More than THREE (3) EXCUSED ABSENCES will require students to make-up the missing clinical hours at the conclusion of the program.
  - a. All students are required to submit an excused absence petition with appropriate documentation to Dr. Zelizer, if they want to petition for an excused absence.

**Rotation Schedules and Vacation Time**

- 1) Clinical rotations begin on Wednesday, September 7, 2022 and end on Friday, June 9, 2023.
- 2) There is no release time from clinical hours. THERE ARE NO EXCEPTIONS! You are expected to remain in your assigned area for the entire clinical day.
- 3) The Vacation/Holiday Schedule:

Fall Break	Mon, Oct. 10, 2022
Thanksgiving Break	Nov 23- 27, 2022. Return on Monday, Nov. 28, 2022
Winter Break	Leave Dec 19, 2022- January 2, 2023. Return on Tuesday, January 3, 2023

Martin Luther King	Mon, Jan 16, 2023
Spring Break	Leave March 13 – 19, 2023. Return on March 20, 2023
Memorial Day	Mon, May 29, 2023

- 4) Students may request an excused absence (from Dr. Zelizer) for religious observance; otherwise, there are NO other scheduled or unscheduled vacation times for personal reasons.
- 5) Returning late from a scheduled vacation during Vacation/Holiday time will be considered an UNEXCUSED absence. All other vacation or other personal leave requests will NOT be approved.

### **Clinical Education Policies and Procedures**

The application of theory learned in the classroom is applied to the clinical environment throughout the student's clinical education.

### **Evaluation of Performance**

**Academic assignments:** Students will be submitting weekly journals in Blackboard.

AT Interns Journal Report Guidelines, this journal report is part of your evaluation grade.

1. Log all your cases to file for the week.
2. Select an interesting case to research (read in depth about) and prepare a case report
3. Written case report must include:
  - a. Detailed overview of the case
  - b. Detailed discussion of the case
  - c. Summary
  - d. References

**Clinical rotation performance\*\*:** Students are expected to request an evaluation(s) at the end of each clinical rotation from separate individuals (i.e., different Attending physicians, CRNA educator, and the AT preceptor) at the start of the third week of the rotation.

Each student will be given a personalized link to an electronic evaluation form. You will receive your link one week after orientation.

- Only date/timestamped evaluation will be accepted
- Hardcopy of the form is on page 18 for your review.

You will be issued a google form link to send to your evaluators

Tampering with a clinical evaluation is considered academic dishonesty will result in a recommendation to the Dean for dismissal. Failure to submit evaluations in two rotations can result in a recommendation for dismissal.

The following procedures are to be utilized when a student attempts to satisfy all Performance Objectives:

- The student will observe the clinical staff/faculty perform the specific procedure before assisting in the procedure. Once the student is deemed ready to perform the procedure the clinical staff will:
  - Observe the student enact the same procedure.
  - Critique and correct any possible errors.
  - Provide remediation, if deemed necessary, from the clinical staff/faculty which the student must accept.
- Prior to the student's attempt to satisfy a specific performance objective, the clinical staff/faculty must observe the student successfully perform the procedure a minimum of three (3) times.
  - Having satisfied the above criteria, the student can request (at their own discretion), that the clinical staff evaluates their performance of Objective(s) (a maximum of one (1) per day).
  - The student must perform (unaided) each step of the procedure correctly, consistently, and within an optimal time frame to be deemed successful in satisfying any attempted objective at the technologist level.
- Clinical evaluation forms must be completed by Attending physicians, the CRNA educator, and the AT preceptor by the conclusion of the rotation. Students should avoid repeated evaluations from any individual clinical faculty or staff. This means students should work with numerous clinical staff and faculty during their sub-specialty rotation. A summative evaluation, which determines if the student has passed the clinical rotation, will be completed by clinical faculty.
- In addition, performance may be measured by unscheduled written and/or oral examinations as well as participation in didactic sessions, evidence of preparedness (e.g., completion of readings or other assignments in a timely manner) and the level of involvement in the clinical rotations. Lateness and absence will have a negative impact on performance evaluation.

Clinical competency evaluation forms are maintained to record student grades and progress and to communicate their performance. A student not successful in completing their clinical requirements will be **ineligible** for graduation. The program uses the clinical behavioral

evaluation form, performance objectives, and clinical testing to document and evaluate the clinical practicum.

- Methods of evaluation include, but are not limited to, submitted evaluation forms, visits by the Program Director, Program Director requesting feedback from AT preceptors, formal and informal feedback from the clinical staff, and unscheduled testing.

The student will be provided with a written summary of performance at the end of each clinical rotation, subsequent to review of clinical evaluation forms. If a student's performance in a clinical rotation is unsatisfactory at the technologist level, they will be required to retake (and pass) that rotation at the conclusion of the clinical non-credit, non-degree certificate program. Failure to perform at the technologist level (technologist level includes all basic competency of technician level) in two rotations will result in the request for termination. Note: it is expected that by January students are performing at the technologist level by the conclusion of each clinical rotation.

\*\* these procedures are subject to change, student will be notified of new procedures during Weds meetings if they change.

### **Clinical Supervision:**

All clinical activities involving patients require appropriate supervision by a clinical faculty or staff as follows:

- Until a student achieves and documents competency in any given procedure, all clinical assignments shall be carried out under the *direct supervision* of a qualified clinical faculty or staff.
- After demonstrating competency, students may perform patient related procedures only with *direct supervision*.
- In support of professional responsibility for provisions of quality patient care, **unsatisfactory procedures shall be repeated only in the presence of a qualified clinical faculty or staff, regardless of the student's level of competency.**

## **ACADEMIC POLICIES AND PROCEDURES**

### **Academic Standing, Probation and Dismissal Policy:**

Procedure follows the SHP Policies and Procedures on probation and dismissal: [SHP STUDENT ORIENTATION HANDBOOK- Professional Programs.pdf](http://shp.stonybrookmedicine.edu) ([shp.stonybrookmedicine.edu](http://shp.stonybrookmedicine.edu))



- A student will be recommended for probation if a grade of less than satisfactory (equals minimum passing grade of “C”) in any required clinical rotation or on any academic assignments.

### **Student Grievance Policy and Procedure**

See the Policies and Procedures in the SHP student handbook.

If a student believes there has been a violation, misinterpretation, or inequitable application of any existing policy, procedure, or regulation the student has the following avenues to pursue grievances.

Informal Process: The student is encouraged to meet with the individual whose behavior warranted the grievance. If this action is not feasible, the student should contact the Program Director to discuss the issue and develop a resolution plan. The informal meeting must take place within two weeks of the occurrence that caused the grievance.

Another avenue of informal grievance is to contact the university’s Ombudsman Office at <https://www.stonybrook.edu/ombuds/>

Formal Process:

- Within two weeks, the student must submit to the program director in writing a detailed description of the grievance. Upon review of the written grievance, the Program Director will discuss the issue with the student and provide the student with a written resolution within 5 business days. Note: If the grievance is with the Program Director, the student should submit the written description of the grievance directly to the Chair of the department.
- If the student believes their concern has not been adequately addressed/resolved by the Program Director, within 5 business they must email the Chair of the department to request an appoint to discuss the issue. The Chair will discuss the issue with the student and provide the student with a written resolution within 5 business days (with a copy to the Program Director as appropriate).
- If the student believes their concern has not been adequately addressed/resolved by the department Chair, within 5 business days they must contact the Assistant Dean for Academic and Student Affairs. The assistant dean will discuss the issue with the student and provide the student with a written resolution within 5 business days (with a copy to the program director or Chair as appropriate).
- If the student believes their concern has not been adequately addressed/resolved by the Assistant Dean for Academic and Student Affairs, they must contact Dr. Stacy Jaffe Gropack, Dean of SHP (with a copy to the program director or Chair as appropriate). The Dean will discuss the issue with the student and provide the student with a written resolution within 5 business days.

The Program Director will monitor formal grievances and informal complaints and concerns to determine whether there is a pattern of complaints that could negatively affect the quality of the educational program.


The Program Director will maintain a secure file, located in her office, of all formal grievances and their resolution.

The Program Director review grievances and ensure that resolutions are implemented. She will also monitor the nature of grievances and resolutions to ensure that there are no trends that could negatively affect the quality of the educational program.

If the grievance involves racial/ethnic or gender discrimination the student may also contact Office of Institutional Diversity and Equity (OIDE) or the Title IX Coordinator.

- OIDE: <https://www.stonybrook.edu/commcms/oide/>
- Title IX Coordinator: <https://www.stonybrook.edu/commcms/oide-titleix/>
- ReportIt: Ending sexual misconduct:  
<https://www.stonybrook.edu/commcms/oea/training/reportit>

Sample of the google evaluation form

		<div style="border: 1px solid black; padding: 5px; text-align: center;">Insert Photo</div>				
<b>Department of Anesthesiology AT Intern Evaluation Form</b>						
Date:		Subspecialty Rotation:				
AT Intern Name:						
Evaluator Name		Length of Interaction:	<u>        </u> days			
Evaluator's Title:	<i>Circle:</i> <i>Attending</i> <i>Resident</i> <i>CRNA Educator</i> <i>Anes. Tech Preceptor</i>					
Level of contact with this intern: (circle):    0 = none    1 = minimal    2 = moderate    3 = extensive						
<b>0 = No basis to grade    1 = Poor    2 = Average    3 = Above Average    4 = Excellent    5 = Outstanding</b>						
Knowledge	0	1	2	3	4	5
Ability to synthesize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to interpret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to make decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to solve problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn over time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic Clinical Skills	0	1	2	3	4	5
Evaluate room set ups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate anesthesia machine and equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate infusion pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate invasive monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist the licensed anesthesia provider with patient assessments, evaluations, transport and positioning of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist the licensed anesthesia provider in the setup of warming fluid, warming blankets apparatus, and in various settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and assemble appropriate supplies and equipment to support the anesthesia care plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure all monitoring equipment, IV tubing, solutions warmers, etc., as requested by the clinical faculty and staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare and label syringes for anesthetic and adjunctive drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced Clinical Skills	0	1	2	3	4	5
Evaluate IV catheterization and related procedural skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate practical knowledge and expertise in the operation of anesthesia delivery systems and monitoring equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate practical knowledge and expertise in the troubleshooting of anesthesia delivery systems and monitoring equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assist the licensed anesthesia provider in the setup and the insertion of noninvasive and invasive monitoring procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist the licensed anesthesia provider in the setup of airway equipment and the airway management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain anesthesia equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean, sterilize, disinfect, stock, order, and maintain anesthesia equipment and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate practical knowledge and expertise in the setup and application of the cell saver apparatus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate practical knowledge and expertise in the setup of the intra-aortic balloon pump.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate warming blanket apparatus setup and adjustment in accordance with the instructions to regulate proper temperature.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Interpersonal Skills</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Evaluate ability to communicate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professionalism</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Evaluate commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate professional conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FINAL GRADE (Please Circle)**

Unsatisfactory                  Satisfactory                  Excellent                  Outstanding

Summary/Additional Comments:

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**STONY BROOK UNIVERSITY HOSPITAL**  
**DEPARTMENT OF ANESTHESIA**  
**ANESTHESIA TECHNICIAN INTERN CRITICAL ELEMENTS**

**Anesthesia Technician Intern:** \_\_\_\_\_

**Anesthesia Technician Intern Signature:** \_\_\_\_\_  
**Date: September 2021 – June 2022** \_\_\_\_\_

**Evaluator Name:** \_\_\_\_\_ **Evaluator Signature:** \_\_\_\_\_

**DEPARTMENT: ANESTHESIA**

**CRITICAL ELEMENT #1: Demonstrates Standard Anesthesia Set-up, Monitor Set-up and adequate Anesthesia Machine supplies in drawers.**

CRITICAL ELEMENTS	DATE YES	NO
<b><u>A. Demonstrates Standard Anesthesia Set-up</u></b>		
a. Disposable handle and blades Mac #3,4 / Miller #3,4		
b. ETT #7.0/ 7.5, Stylet, 10cc syringe, tape		
c. Twitch monitor, 9V Battery		
d. Gauze, Tegaderms (2), alcohol pads		
e. #80/ 90 Oral airway, tongue depressor		
f. BIS monitor		
g. Esophageal temperature probe		
h. Blue Towels		
i. Ranger fluid warmer		
j. Alaris pump with brain and channel		
k. Syringe pump		
l. 2 Poles – one on each side of the bed with drape clips on each pole		
m. Bair Hugger-upper and lower body blankets		
n. Chair		
o. Coordinate with Clinical Assistant to ensure arm boards are present in room.		
p. Donut for bed		
q. Remove additional equipment and unnecessary supplies from room		
r. Ensures all items sealed until use		
<b><u>B. Demonstrates Standard Anesthesia Monitor Set-up</u></b>		
a. EKG – 5 leads, ensure all working		
b. Blood Pressure Cuffs-Sm, Med, Lg		
c. Pulse oximeter-finger probe Knowledge of where to find nasal probe		
d. Temperature probe-brown cable/blue temperature cable		
e. Arterial Transducer cable- ensure all in proper working order		
<b><u>C. Demonstrates Anesthesia Machine Drawers have supplies needed for case</u></b>		
a. Drawer 1 – Handles, Mac #3,4 Miller #3,4, Twitch monitor/extra 9V battery/ Scissors		
b. Drawer 2 – Suction tubing/Yankaur present		
c. Drawer 3 – LMA/I-Gel #3,4,5 Minimum 1 each of Desflurane, Isoflurane, Sevoflurane		
d. Drawer 4 – Head strap, spare flow sensor’s, pressure bag, Transducer Holder		

CRITICAL ELEMENTS	DATE YES	NO
<b><u>CRITICAL ELEMENT # 2: Demonstrates proper checkout of Anesthesia Machine</u></b>		
A. Verify Auxiliary Oxygen Cylinder is available and functioning		
B. Verify Ambu Bags and bougies are available		
C. Verify patient suction is adequate to clear the airway, yankaur suction attached.		
D. Turn on the anesthesia delivery system and confirm that AC Power is available		
E. Verify availability of required monitors, including alarms		
F. Verify that pressure is adequate on the spare oxygen cylinder (Full Tank) mounted on the anesthesia machine.		
G. Verify that the piped gas pressures are $\geq 50$ psi		
H. Verify that vaporizers are adequately filled and, if applicable, that the filler ports are tightly closed. Spare anesthesia gases available to fill		
I. Verify that there are no leaks in the gas supply lines (between flowmeters and common gas outlet)		
J. Calibrate, or verify calibration of, the oxygen monitor and check the low oxygen alarm.		
K. Verify carbon dioxide absorbent is not exhausted (Spare available)		
L. Breathing system pressure and leak testing.		
M. Verify that gas flows properly through the breathing circuit during both inspiration and exhalation.		
N. Perform Low Peep Test		
O. Test Scavenging system function		
P. Knowledge to contact Biomedical Engineering (BME) when issues encountered with Anesthesia Machine		
Q. Initial Interval Review of Anesthesia Machine		
a. 3 month Anesthesia Machine Review		
b. 6 month Anesthesia Machine Review		
c. 9 month Anesthesia Machine Review		
<b><u>CRITICAL ELEMENT #3: Demonstrates the knowledge of different Anesthesia Machines</u></b>		
A. Drager – Fabius: ECT, Specials		
B. GE Aestiva: EP #4, 5, TAVR		
C. GE Aestiva: MRI Compatible Anesthesia Machine		
D. GE Ayesis: Main Operating Room		
E. GE Aisys CS2: Hybrid Room		
F. GE Aespire: Endoscopy, TEE		
<b><u>CRITICAL ELEMENT #4: Demonstrates the knowledge of airway devices and advanced airway equipment.</u></b>		
A. Oral airway, tongue blade		
B. Glide scope, Stylet, Monitor, Blades #3, #4		
C. C-Mac #3, #4		
D. McGrath – disposable blades #1,2,3,4		
E. McGrath – demonstrate ability to change battery		
<b><u>F. Intubating Scopes</u></b>		
1. <b><u>Fiber-optic Scope</u></b> Set-up → used scope to central sterile Scopes - #LFGP, LFDP, LFP		
2. <b><u>Digital Scopes</u></b> → BFP 190, BFXP 190		

CRITICAL ELEMENTS	DATE YES	NO
G. Knowledge of setting up Jet Blender with Hunsaker Mon-Jet Ventilation-> 1. Jet Blender – located in equipment room #3, across from OR #2 2. Hunsaker Mon-Jet Ventilation Tube – as requested by Provider, located in Anesthesia Tech room. 3. Y-connector – attached for oxygen and air		
H. Knowledge of Tube Exchanger - #11, #14, #19		
I. Knowledge of Difficult Airway Blade sign out process sign-out, retrieval of blades, sending to Central Sterile, retrieval from Central Sterile		
J. Knowledge of Difficult Airway Cart – Checking and replacing supplies		
<b><u>CRITICAL ELEMENT #5: Demonstrates the knowledge of different Endotracheal Tubes</u></b>		
A. Standard Endotracheal Tube		
B. Oral Rae, Nasal Rae Tube		
C. Armored Tube/Reinforced Tube/Anode Tube		
D. Laser Tube / Laser Resistant Endotracheal Tubes		
E. Microlaryngoscopy Tube (MLT)		
F. Nerve Integrity Monitor (NIM) Tube		
G. Nasal Cannula/ Non-rebreather/ Extension tubing		
<b><u>CRITICAL ELEMENT #6: Demonstrate the ability to provide items for Peripheral IV set-up</u></b>		
A. Tourniquet, alcohol pads, #16, 18, 20g angio-catheters, gauze		
B. NS flush, clave, tegaderm		
<b><u>CRITICAL ELEMENT #7: Demonstrate the ability to provide items for Arterial Line set-up</u></b>		
A. Wrist roll, tape, chloraprep. Gauze, sterile gloves		
B. #20g Arrow catheter, guide wire, tegaderm		
C. Transducer set, NS 500cc, Pressure bag		
D. Extension available		
E. Micropuncture kit available		
F. Ultrasound available		
<b><u>CRITICAL ELEMENT #8: Demonstrate the ability to provide items for Central Line set-up</u></b>		
A. Central Line pack – Sterile drape, gown, gloves		
B. Ultrasound available		
<b><u>CRITICAL ELEMENT #9: Demonstrates the ability to anticipate equipment needs:</u></b>		
<b><u>A. Ultrasound</u></b>		
a. Probe covers, lubricant		
b. Chloroprep, Sterile gloves as per Provider		
c. Micro-puncture catheter, guidewire, tegaderm		
d. Clean ultrasound after use		
<b><u>B. TEE Machine</u></b>		
a. TEE Probe by OR #8, lubricant		
b. Put dirty TEE probe in plastic cylinder → dirty utility room OR #2 or #8		
c. RN retrieves probe after use		
d. Wipe TEE Machine down with approved disinfectant		
Sani-Cloth AF3 Germicidal Disposable wipe (Gray top) - probe		
Sani-Cloth Plus Germicidal Disposable wipe (Red top) - machine		

CRITICAL ELEMENTS	DATE YES	NO
<b><u>CRITICAL ELEMENT #10: Demonstrates the ability to set-up for Pediatric Cases</u></b>		
A. Able to set up age appropriate pediatric airway equipment – blades (Phillips blade 1 &2), handle, ETT’s (oral, rae tubes)		
B. Masks - #2,3,4, suction catheter connected to suction with 1 inch tape to vent port.		
C. 1 liter circuit for machine, < 8 years old		
D. Make sure Sevoflurane filled for inhalation induction		
E. Age appropriate set-up utilizing Pediatric Guide		
F. Pediatric – EKG leads, B/P cuff, Pulse oximeter, skin temp.		
G. Able to set-up necessary pediatric supplies for case		
H. Buretrol with LR for infants < 2 years of age		
I. Microdrip with LR > 2 years of age		
J. Pediatric IV set up with connection/extension. (#16g/#18g short)		
K. #20, 22, 24g catheters, arm board, 2” Kling		
L. Pediatric Fluid warmer upon request by Provider – located in Pediatric cabinet, with LR		
M. Pediatric Bair hugger – warming blankets in Pediatric cabinet		
N. Ability to set-up for hemo-dilution – T-connector for arterial line w/blood bank bags for blood. Stopcocks available.		
O. Complex spine cases – Alaris pump with 4 -6 channels.		
P. 60gtt IV w/500ccNS w/6 stopcocks and extension.		
Q. Syringe pump available		
R. Arterial line set-up as requested. Make sure stopcock and 6 inch extension closest to patient)		
S. Able to check Pediatric cart and re-stock according to par levels.		
T. Room warmed for patient		
<b><u>CRITICAL ELEMENT #11: Demonstrates the ability to set-up for Kidney Transplant Cases</u></b>		
A. Central Line pack as requested by Provider		
B. Sterile gown, gloves, drapes for line insertion		
C. Chloraprep available		
D. Arterial line set-up/ Micro-puncture kit available		
E. Additional PIV set-ups		
F. Direct Provider to Yellow tackle box ( off-shift)		
G. Alaris pump with 4 channels/ syringe pump		
H. Fluid warmer		
I. Ultrasound available for line insertion.		
<b><u>CRITICAL ELEMENT #12: Demonstrates the ability to set-up for Trauma Cases</u></b>		
A. Airway Set-up: Blades #3,4 ETT-#7.0, 7.5, 8.0 Oral Airways #80,90		
B. Peripheral IV Supplies; #14, 16, 18g angiocatheters		
C. IV tubing/ Fluid Warmer tubing and supplies		
D. Arterial Line set-up		
E. Central line set-up		
F. Belmont/ or Level 1 Rapid Infuser present – Tubing attached to unit with tourniquet		
G. Trauma Cart – ability to check and restock according to par levels		
H. Ultrasound available as requested with micro-puncture kit available.		



CRITICAL ELEMENTS	DATE YES	NO
<b><u>CRITICAL ELEMENT #13: Demonstrates the ability to set-up for Complex Cases – Crani, General, Robotic, Spine, Vascular.</u></b>		
A. Standard set-up, additional PIV set-up		
B. Arterial line/Micro-puncture available/Ultrasound available – per Provider request		
C. Fluid warmer w/NS		
D. Additional Bair Hugger available as requested		
E. Central line pack per Provider request		
F. Alaris pump with 3-4 channels for vasoactive drips		
G. Syringe pump available		
H. Hemo-chron cassettes available		
I. ERAS Monitor / Set-up – as requested by Provider		
J. ***Cell Saver available, 225 bowl*** for Open AAA’s – Cell Saver per Surgeon Request		
K. Crani’s – NS with micro drip tubing and extension		
L. Robotic cases – IVF lines with extensions, Goggles and Prone pillow		
<b><u>CRITICAL ELEMENT #14: Demonstrates the ability to set-up for Dental Cases</u></b>		
A. Nasal Rae Tube (#6.5, 7.0,7.5) – ask Provider size preference. Warm saline soak for tubes. Lubricant.		
B. Handle, Blade		
C. Magill Forceps – Adult or Peds dependent on case		
D. Nasal Trumpets - #26, 28, 30 with lubricant – used to dilate nares		
E. Alaris with 1 channel		
F. 1-2 Syringe pumps – Provider dependent		
<b><u>CRITICAL ELEMENT #15: Demonstrates the ability to check Off-Site and Specialty Carts</u></b>		
A. Check Block cart and restock according to par levels		
B. Check Off-site cart and restock according to par levels a. Knowledge of Off-site communication form and appropriate report to each shift.		
C. Check Pediatric Cart and restock according to par levels.		
D. Check Trauma Cart and restock according to par levels.		
<b><u>CRITICAL ELEMENT #16: Demonstrates the ability to set-up for Thoracotomy/ Video Assisted Thoracotomy (VAT’s ) case</u></b>		
A. Double Lumen Tube - #35, 37, 39. 41		
B. Fiber-optic Scope set-up		
C. Bronchoscope – per Provider request		
D. Bronchial Blocker use		
E. EZ Blocker use		
F. Arterial line as requested by Provider		
<b><u>CRITICAL ELEMENT #17: Demonstrates the ability to set-up for TAVR case</u></b>		
A. Arterial line / Micro-puncture catheter		
B. Central line as requested by Provider		
C. Ultrasound available as needed		
D. 3-4 Channels with pump		
E. Fluid warmer as requested		
F. Micro-drip line with 3-4 stopcocks		

CRITICAL ELEMENTS	DATE YES	NO
<b><u>CRITICAL ELEMENT #18: Demonstrates the ability to set-up for Cardiac Cases</u></b>		
<b>A. <u>2 IV Poles</u></b> a. 1 with Ranger – Fluid warmer with 2 extensions b. 1 with 2 – Alaris Pumps with 6-8 channels.		
<b>B. <u>Cables</u></b> a. Triple Cable plugged in A-line and CVP in splitter P1, P2 respectively, PA in P3 slot b. Cardiac Output Cable- ensure the cable has black end to plug in cable		
<b>C. <u>TEE Machine with Probe</u></b> a. Always check for expiration date → earliest expiration date first b. Try not to use Probe #4 unless absolutely necessary.		
<b>D. <u>Cardiac Anesthesia Machine set-up</u></b> a. Gauze, alcohol pads, 2-tegaderms, 1” tape b. #90 oral airway, tongue blade c. Mac #3 blade and handle d. #7.5, 8.0 ETT, Stylet, 10cc syringe e. BIS f. Esophageal temp probe g. Cerebral Oximetry Pads X 2 – as requested		
<b>E. <u>Lines</u></b> a. CritAkit for NS 500cc b. Arterial Line c. CVP line d. Fluid warmer / Hot line set – Y-tubing, 2 stopcocks, Ranger, extension, 2 stopcocks, extension e. 1 – 60 drop with 6 stopcocks and 48” arterial line extension attached, for NS 500cc f. 1 – 60 drop with 2 stopcocks and extension for NS 500cc (this line varies among Cardiac Anesthesia Attending’s)		
<b>F. <u>Cardiac Tray – (Arterial line and Peripheral line insertion) set-up and ready to go</u></b> a. Micro-puncture kit (1) b. #20g Arrow Radial Artery Catheter (2) c. Arrow Guide Wire (1) d. Sorba View Shield (1) e. Sterile Gauze (2) f. Medium Tegaderms (3) g. Small Tegaderms (5) h. Alcohol prep pads (5) i. Stack of non-sterile gauze j. 3” Tape (1) k. 1” Tape (1) l. Gauze wrist roll (1) m. Tourniquets (3) n. 3cc syringe (1) o. 12” Arterial line pressure tubing (1) p. Stopcock (1) q. #14g 1.75 Angiocatheter (1) r. #16g 1.77 Angiocatheter (1) s. #18g 1.16 Angiocatheter (2) t. #16g 1.16 Angiocatheter (2) u. Clave with NS Flush (1) v. Small Chloro-prep tint stick (1)		

CRITICAL ELEMENTS	DATE YES	NO
<p><b>G. <u>Central Lines</u></b></p> <p>a. <b><u>Mac Two-Lumen Central Venous Access Catheter Kit</u></b> – Duel Lumen 9fr distal lumen 11cm</p> <ol style="list-style-type: none"> <li>1. Contains a gown and sterile dressing to cover central line.</li> <li>2. Second gown, 2 sets of gloves for Provider</li> <li>3. Full size drape – as requested</li> <li>4. A Swan-Ganz catheter or Single Lumen Infusion Catheter (SLIC) may be used with this.</li> <li>5. Knowledge of when to use SLIC catheter.</li> <li>6. Catheters as requested by Provider.</li> </ol> <p>b. <b><u>#8.5 10cm Introducer (PSI Kit) with Integral Hemostasis Valve/ Side Port (Percutaneous Sheath) may be used with</u></b></p> <ol style="list-style-type: none"> <li>1. #7fr 3 lumen 16cm Multi-Lumen (Triple Lumen) or SLIC Catheter</li> <li>2. Swan-Ganz Catheter / PA line</li> <li>3. Sterile gown and gloves for Provider</li> <li>4. Full size drape</li> <li>5. Large Chloro-prep tint stick (1)</li> <li>6. Knowledge of when catheter is used.</li> </ol>		
H. Transcutaneous Pacemaker pads available		
I. Pacemaker and AV cables available		
J. Ultrasound Machine with sterile probe covers		
K. Balloon pump / TEE cable		
L. Transport Monitor		
a. 1:1 exchange of all items that are brought to CTICU		
<b><u>CRITICAL ELEMENT #19: Demonstrates the ability to set-up for Cerebral Vascular (CVC) cases CVC #1 &amp; 7</u></b>		
A. Standard set-up		
B. Additional PIV set-up with extensions		
C. IVF line for NS push line / IVF line for LR		
D. Alaris with 2 channels / Syringe pump		
E. Arterial line set-up with extension – per Provider request		
F. 100% NRB with extenders, angio cath to ETCO2		
G. Extra stylet to suspend tubes		
<b><u>CRITICAL ELEMENT #20: Demonstrates the ability to set-up in Off-site locations</u></b>		
A. Anesthesia Machine –knowledge and ability to check various machines in Off-site		
B. Computer Set – up – able to set-up with instructions		
C. Anesthesia Off-Site Cart – check and stock according to par levels		
D. Standard Anesthesia set-up, communicate with Provider if arterial line, difficult airway items needed.		
<p><b>1. <u>TEE – Room#5-737, 5<sup>th</sup> floor Heart Center</u></b></p> <ol style="list-style-type: none"> <li>a. Aisys machine check</li> <li>b. McGrath present with #3,5 blades (4 each)</li> <li>c. Standard airway set-up, PIV set-up</li> <li>d. Anesthesia cart stocked</li> </ol>		
<p><b>2. <u>EP Rooms #4 &amp; #5</u></b></p> <ol style="list-style-type: none"> <li>a. Datex-Ohmeda: Aestiva machine check, extra soda lyme</li> <li>b. McGrath present with #3,4 blades (4 each)</li> <li>c. McGrath spare battery</li> </ol>		

CRITICAL ELEMENTS	DATE YES	NO
<ul style="list-style-type: none"> <li>d. Standard set-up, extension for suction tubing</li> <li>e. Additional PIV set-ups/ IVF tubing – NS 500ml w/15ggt Alaris tubing</li> <li>f. Arterial line set-ups with extension</li> <li>g. Alaris pump with 2-3 channels (EP #5)</li> <li>h. Fluid warmer as requested by Provider</li> <li>i. Bair Hugger present with upper body blankets</li> <li>j. Restock Anesthesia supplies on cart</li> <li>k. Check to make sure Jet-Vent equipment available</li> </ul>		
<p><b>3. <u>TAVR</u></b></p> <ul style="list-style-type: none"> <li>a. Datex-Ohmeda Aestiva machine check, extra soda lyme.</li> <li>b. TAVR cart – checked and stocked according to par levels</li> </ul>		
<p><b>4. <u>MRI</u></b></p> <p><b>**Need to be signed off to enter MRI** Remove ALL metallic items**</b></p> <ul style="list-style-type: none"> <li>a. GE Aestiva –MRI compatible anesthesia machine. Sevoflurane used primarily.</li> <li>b. MRI cart</li> <li>c. MRI compatible handles and blades in box</li> <li>d. <b><u>For SAFETY – NOTHING</u></b> in Anesthesia Machine drawer except gases, flow sensor, suction set-up</li> <li>e. Check schedule for # Pediatric cases – 10 circuits, #2, 2.5 LMA’s, #60/70 oral airways, NC, NRB, Suction</li> <li>f. Micro-drip tubing – NS/LR IVF set-up</li> <li>g. MRI compatible syringe pump and tubing available</li> </ul> <p><b>***NO REGULAR BLADES OR HANDLES ALLOWED IN MRI SUITE***</b></p>		
<p><b>5. <u>Special Procedure Rooms #1-5</u></b></p> <ul style="list-style-type: none"> <li>a. Anesthesia Machine</li> <li>b. Anesthesia Off-site cart</li> <li>c. Anesthesia Monitor</li> </ul>		
<p><b>6. <u>Special Procedures</u></b></p> <ul style="list-style-type: none"> <li>a. Ability to set-up assigned specials room, biplane room</li> <li>b. Nuclear Medicine</li> </ul>		
<p><b>7. <u>CT Scan</u></b></p> <ul style="list-style-type: none"> <li>a. Small compatible Anesthesia machine and off-site cart</li> </ul>		
<p><b>8. <u>Radiation Oncology</u></b></p> <ul style="list-style-type: none"> <li>a. Small Anesthesia machine and off-site cart</li> </ul>		
<p><b>9. <u>Ultrasound</u></b></p> <ul style="list-style-type: none"> <li>a. Anesthesia Cart</li> <li>b. Items dependent on Anesthesia Provider</li> </ul>		
<p><b>10. <u>Burn ICU</u></b></p> <ul style="list-style-type: none"> <li>a. Anesthesia Cart</li> <li>b. Syringe pump</li> <li>c. Paper record</li> <li>d. Items dependent on Anesthesia Provider</li> </ul>		
<b>**Critical Element #21: Cell Saver removed**</b>		
<b><u>CRITICAL ELEMENT #22: Demonstrates an understanding of Malignant Hyperthermia</u></b>		
A. Annual Inservice – Malignant Hyperthermia		
B. Protocol for flushing Anesthesia Machine and where to find		
C. Location of Malignant Hyperthermia Cart		
D. Knowledge to place sign on wall with Operating Room Number when Malignant Hyperthermia Cart is brought to the specific Operating room		
E. Responsibilities of Anesthesia Technician during Malignant Hyperthermia Crisis		
F. Malignant Hyperthermia Contact Number in phone		



**Evaluation Date:** \_\_\_\_\_

**Evaluator/Evaluators:** \_\_\_\_\_

**Rotation:** \_\_\_\_\_

**Critical Elements (#'s) Met:**

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**If Critical Elements (#'s) have not been met please identify learning needs:**

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**Stony Brook Anesthesiology Technology Program  
Anes Tech Intern Clinical Experience Worksheet 2022**

Record of Clinical Experience (Check as Many Categories as Appropriate for Every Case)

Name:

Rotation:

Dates:

**ASA Physical Status:**

Total (Number)

ASA I

ASA II

ASA III

ASA III or IV

ASA V

**Special Cases:**

Geriatric (65+ years)

Pediatric

    2 to 12 yrs

    Under 2 years

    Neonate (under 4 weeks)

Trauma or Emergency Case

Ambulatory/Outpatient

Obstetrical Patient:

    Caesarean Delivery

    Analgesia for Labor

        Epidural

        Spinal

**Positioning:**

Prone

Lithotomy

Lateral

Sitting

**Anatomical Category:**

Intra-Abdominal

Extrathoracic

Extremities

Perineal

Head

Extracranial

Intracranial

Oropharyngeal

Intrathoracic

Heart

Lung

Other

Neck

Neuroskeletal

Vascular

Other

**Pharmacological Agents (observe/assist for Induction):**

Inhalation Agents

Intravenous Induction Agents

Muscle Relaxants

Opioids

General Anesthesia

Induction/Maintenance/Emergence

Inhalation induction

Mask Management

Laryngeal Mask Airway or Similar

Tracheal Intubation

Oral

Nasal

Total Intravenous Anesthesia (TIVA)

Emergence from Anesthesia

Monitored Anesthesia Care

Regional Techniques: Setup & Assist

Spinal

Epidural

Peripheral

**Arterial Technique (Setup & Assist):**

Arterial Puncture / Catheter Insertion

Intro-Arterial Blood Pressure Monitoring

**Central Venous Pressure (CVP) Setup & Assist:**

Actual

Simulated

**Pulmonary Arterial Catheter (Swan-Ganz) Setup & Assist:**

Placement

Monitoring

**Other:**

Intravenous (IV) Catheter Placement

ACLS

Pain Management (Acute/Chronic)

Alternate Airway management Technique

Fiberoptic (Setup & Assist)

Actual Placement

Simulated Placement

Airway Assessment

Other Techniques

Notes: