### Daily Clinical Evaluation

**Name of Resident Nurse Anesthetist:**

**Affiliate:**

**Date:**

**Number & Type of Case(s):**

1) ____________________________ 2) ____________________________

Use additional evaluation forms if more than two cases are done per day.

**Current Semester:**

1\(^{ST}\) (Jun-Aug) 2\(^{nd}\) (Sept-Dec) 3\(^{rd}\) (Jan-May) 4\(^{th}\) (Jun-Aug) 5\(^{th}\) (Sept-Dec)

**Numerical values** listed for evaluating clinical performance (1, 2, 3) are relative to the Semester Clinical Objectives found in the clinical site’s Resource Manual for UAB Resident Management (e.g., expectations are different for the first year vs second year students).

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<th>Area of Assessment</th>
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**Signatures:**

Clinical Faculty ____________________________ Resident Nurse Anesthetist ____________________________

Check here if □ a conference between Clinical Faculty & Resident is requested.

Check here if □ a conference between the Nurse Anesthesia Resident Manager, SRNA, & Director of Clinical Education is recommended.

Resident comments: check here □ if any additional comments are included on the back side of this form.

Consistent (i.e., 55% of the total daily evaluations) Below Expectations performance is the Overall Evaluation category will result in the initiation of clinical probation. Subsequently, the resident’s next clinical rotation will be at UAB Hospital for continued evaluation by UAB Nurse Anesthesia Program faculty.

5/21/03
Detailed - AREA OF ASSESSMENT - Criteria

Anesthesia Management Plan
Uses information gathered in preanesthetic assessment and study to: describe anatomy related to the scheduled procedure; describe physiology and pathophysiology related to the patient's diagnosis; describe patient positioning with attention to potential for neural injuries and cardiopulmonary effects; describe the dose range and major organ system effects of anesthetic agents and adjuvant drugs; formulate a safe anesthetic management plan with respect to the patients ASA physical status including IV fluid management, blood loss, agents, techniques, and potential problems.

Preanesthetic Assessment
Gathering data: chart review. Interpretation of data and its significance to management; patient interview deciding what data should be collected during the interview, conducting interview efficiently, perform appropriate physical assessment assign ASA physical status class; record data, write preanesthetic note; if appropriate, select premedication and write preoperative orders.

Physical Set Up
Select, assemble, and set-up equipment necessary for any and all general, regional and MAC anesthetic cases. Select assemble, and set-up specialized equipment specific to complex procedures.

Patient Preparation
Applies appropriate non-invasive and invasive monitoring devices including: blood pressure cuff, ECG, temperature, CVP and arterial line. Employs universal precautions (goggles & gloves). Institutes appropriate IV fluid management by: selecting IV fluids with consideration for NPO deficit volume status blood loss, and anticipated third space and evaporative losses.

Induction of Anesthesia
Describe in advance the sequence of steps proposed for anesthetic induction and appropriate airway management. Performs a smooth organized: IV induction, Inhalation induction, rapid sequence IV induction and regional block as applicable.

Maintenance & Monitoring
Accurately assesses and monitors: the anesthetic interventions affecting the patient, the effect of anesthesia interventions on the patient (e.g., including depth of anesthesia), the patient's physiologic state (e.g., blood and fluid losses and effectiveness of replacement therapy), and the progress of the operative procedure. Uses assessment information to tailor anesthetic maintenance to specific patient on a moment-by-moment basis. Constructs an accurate, legible, and extemporaneous record of the course of anesthesia.

Emergence from Anesthesia
Demonstrates knowledge of appropriate sequencing and technique for emergence. Demonstrates knowledge of reversal drugs including appropriate dose and administration. Performs safe, appropriately timed extubation, Recognizes emergence problems, Transports the patient to post anesthesia care unit safely.

Postoperative Management
Provides an accurate and complete report to PACU personnel. Checks on patient in PACU when possible. Performs and documents a postoperative visit. Notifies appropriate personnel immediately of any problems or potential for patient hazards. Discusses postoperative patient status with clinical instructor.

Knowledge Base
Demonstrates physiologic, pathophysiologic, anatomic, pharmacologic, and anesthetic knowledge necessary to plan, execute, maintain, evaluate, and modify a safe anesthetic for a specific patient.

Manual Skills
Demonstrates proper technique, coordination, prioritization, universal precautions and judgment in performance of manual tasks including (but not limited to) endotracheal intubation, laryngeal mask airway insertion, mask airway management, peripheral IV insertion, and invasive procedures.

Interpersonal Relationships
Demonstrates reliability, punctuality, maturity, professionalism, and effective communication, acceptance of instruction, cooperation and motivation. Seeks out varied learning experiences. Functions effectively among anesthesia and surgical team members when stressed.

Knows Limitations
Consults with clinical faculty on relevant case information (e.g., EBL assessment and the subsequent need/desire to administer blood products) before implementing clinical decisions; seeks assistance when needed.

OVERALL EVALUATION
Final score should be a composite of sub scores.