

# 2011 DMPNA Program Assessment Yearly Report

## INTRODUCTION

There are significant differences between the 2010 and the 2011 DMPNA Program Assessment Yearly Reports. The major changes include:

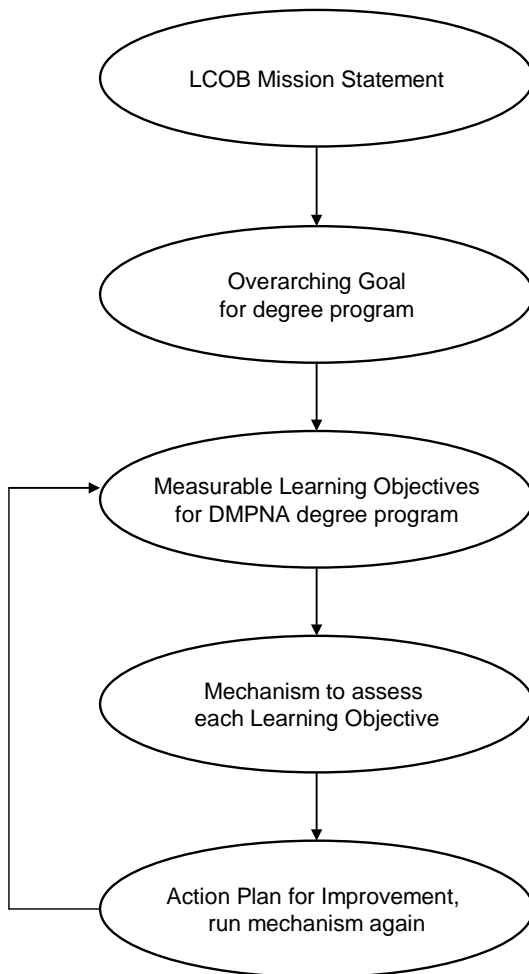
1. Revised one Learning Objective (#5).
2. Revised one assessment measure and added one new assessment measure to Learning Objective #2.
3. Revised one assessment and one assessment measure for Learning Objective #3.
4. Revised one assessment for Learning Objective #5.

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## I. Program's Mission and II. Program's Student Learning Objectives

### STRUCTURE OF THE DMPNA AOL PROGRAM



The Mission of the LCOB is to be a leading state institution for the education of business students, and a contributor to the region's economic development. The College is committed to an overall balance among teaching, scholarly activity, and service. The LCOB is dedicated to graduating individuals who possess the communication, critical thinking, and problem solving skills necessary to meet the Tri State area's needs for the demands of the global marketplace.

Produce graduates who will become respected nurse anesthesia healthcare leaders who promote and enhance the delivery of healthcare to the public that is cost efficient, high quality and evidence based.

#### **Learning Objectives**

1. The student will be able to clarify, personally, the importance of high individual ethical standards in the delivery of health care and nurse anesthesia services.
2. The student will be able to communicate appropriately, orally and in writing, within a professional healthcare delivery environment.
3. The student will demonstrate evidence based research competence.
4. The student will demonstrate skills and knowledge required for advanced nurse anesthesia practice.
5. The student will collaborate within interdisciplinary teams to plan, provide, manage and evaluate patient care.
6. The student will integrate health care policy into the departmental management of health care services.

**ASSESSMENT OF LEARNING OBJECTIVES**

<b>Learning Objective</b>	<b>Assessment</b>	<b>Measures</b>	<b>Benchmarks</b>	<b>Responsible Party</b>	<b>Cycle</b>	<b>Results</b>	<b>Analysis/Planned Actions</b>
1. The student will be able to clarify, personally, the importance of high individual ethical standards in the delivery of health care and nurse anesthesia services.	<p>a.1. MPNA 777 Credo term paper</p> <p>a.2. MPNA 777 Credo term paper</p> <p>b. Clinical performance</p>	<p>Credo paper evaluation rubric</p> <p>Credo syllabus instructions</p> <p>Clinical <b>summative</b> evaluation forms (Item "Demonstrates responsibility")</p>	<p>Score of at least 90</p> <p>10 typed pages</p> <p>Avg. score 2 or higher</p>	<p>MPNA 777 professor</p> <p>MPNA 777 professor</p> <p>SNA Program Director</p>	2011 and every other year	<p><b>Half of class got As and half got Bs</b></p> <p><b>Changed syllabus language</b></p> <p><b>KEY</b>  <b>3 – Above Standard</b>  <b>2 – At Standard</b>  <b>1 – Below Standard</b></p> <p><b><u>Class of 2012 (26 students)</u></b>  <b>93% - Score 3</b>  <b>7% - Score 2</b>  <b>0% - Score 1</b></p> <p><b>Range 1 - 3</b></p> <p><b><u>Class of 2013 (26 students)</u></b>  <b>83% - Score 3</b>  <b>17% - Score 2</b>  <b>0% - Score 1</b></p> <p><b>Range 1 – 3</b></p>	<p><b>Need better integration of personal and professional ethics</b></p> <p><b>Too much biographical information. Limit of 3 pages maximum for bio</b></p> <p><b>Increase benchmark for next cycle to 84% of students will score 3</b></p>

		Clinical <b>self evaluation</b> forms (Item "Demonstrates responsibility")	Avg. score 2 or higher	SNA Program Director		<p><b>KEY</b>  <b>3 – Above Standard</b>  <b>2 – At Standard</b>  <b>1 – Below Standard</b></p> <p><b>Class of 2012 (26 students)</b>  <b>62% - Score 3</b>  <b>38% - Score 2</b>  <b>0% - Score 1</b></p> <p><b>Range 1 - 3</b></p> <p><b>Class of 2013 (26 students)</b>  <b>77% - Score 3</b>  <b>23% - Score 2</b>  <b>0% - Score 1</b></p> <p><b>Range 1 - 3</b></p>	<p><b>Increase benchmark for next cycle to 63% of students will score 3</b></p>
	c. Academic honesty	Student academic dishonesty reports	0% incidence	DMPNA and SNA Program Director		<b>No reports of dishonesty</b>	<b>Continue present policy</b>
	d. Alumni clinical performance	<b>Employer</b> satisfaction surveys (Item "Professional ethics")	Avg. score 3 or higher	SNA Evaluation Committee		<b>No action</b>	<b>No alumni at 1 year post graduation</b>
2. The student will be able to communicate appropriately, orally and in writing, within a professional	a. MPNA 711 Case analysis	Case analysis evaluation rubric		MPNA 711 professors	2012 and every other year		

healthcare delivery environment.	<p>b. Clinical anesthesia department education meetings</p> <p>c. Professional meetings</p> <p>d. NUR 743 presentation</p>	<p>Meeting records of student-led presentation</p> <p><b><i>REVISED</i></b> <b><i>Inservice education program evaluation form</i></b></p> <p>Meeting planning and presentation</p> <p>Presentation evaluation rubric</p>	<p>95% lead one meeting per year</p> <p><b><i>REVISED</i></b> <b><i>Avg. score 2 or higher</i></b></p> <p>25% participate in the planning or presentation of a local, state, regional or national meeting</p> <p>95% score A or B</p>	<p>SNA Program Director</p> <p>SNA Program Director</p> <p>NUR 743 professor</p>			
3. The student will demonstrate evidence based research competence.	a. Research project	Research project report	100% successful Research Project, Oral Defense and Presentation	DMPNA and SNA Program Director	2011 and every three years	<p><u>Class of 2011 (24 students)</u></p> <p><b>96% (23) – successful completion of Research Project – graduated on time</b></p> <p><b>4% (1) did not complete Research Project</b></p>	<p><b>The sequencing of Research Classes have been changed to allow more time for students to complete their Research Projects and graduate on time. For the Class of 2011, the first Research Class (MPNA 724) was held in the Summer Term, Session One, Third Year. For the Class of 2012 and subsequent classes, MPNA 724 was moved to the Spring Semester, Second Year, giving students one more semester to complete research project.</b></p>

	<p>b. Journal club</p>	<p>Journal article evaluation forms</p>	<p>95% article evaluations receive credit</p>	<p>SNA Journal club professor</p>		<table border="1"> <thead> <tr> <th><u>Journal Club Dates</u></th> <th><u>% Pass</u></th> <th><u>% Fail</u></th> </tr> </thead> <tbody> <tr> <td>09/20/2011</td> <td>99%</td> <td>1%</td> </tr> <tr> <td>10/04/2011</td> <td>95%</td> <td>5%</td> </tr> <tr> <td>10/17/2011</td> <td>95%</td> <td>5%</td> </tr> <tr> <td>11/01/2011</td> <td>96%</td> <td>4%</td> </tr> <tr> <td>11/15/2011</td> <td>97%</td> <td>3%</td> </tr> <tr> <td>01/10/2012</td> <td>100%</td> <td>0%</td> </tr> <tr> <td>01/24/2012</td> <td>100%</td> <td>0%</td> </tr> </tbody> </table> <p>avg./mean 97.4% passed avg./mean 3% failed</p>	<u>Journal Club Dates</u>	<u>% Pass</u>	<u>% Fail</u>	09/20/2011	99%	1%	10/04/2011	95%	5%	10/17/2011	95%	5%	11/01/2011	96%	4%	11/15/2011	97%	3%	01/10/2012	100%	0%	01/24/2012	100%	0%	<p><b>Increase benchmark for next cycle to 97%</b></p> <p><b><u>New policy:</u></b> Students who do not pass a particular Journal Club will receive individual feedback and will be required to re-critique articles presented at that particular Journal Club</p>
<u>Journal Club Dates</u>	<u>% Pass</u>	<u>% Fail</u>																													
09/20/2011	99%	1%																													
10/04/2011	95%	5%																													
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11/15/2011	97%	3%																													
01/10/2012	100%	0%																													
01/24/2012	100%	0%																													
	<p>c. NUR 735 Article critique</p> <p><b><u>REVISED</u></b> <b><i>c. NUR 735 Best Practice Presentation</i></b></p>	<p>Article critique evaluation rubric</p> <p><b><u>REVISED</u></b> <b><i>Best Practice evaluation rubric</i></b></p>	<p>95% score A or B</p>	<p>NUR 735 professor</p>		<p><b><u>Class of 2011 (24 students)</u></b> <b><u>NUR 735</u></b></p> <table border="1"> <thead> <tr> <th><u># of Students</u></th> <th><u>Grade</u></th> </tr> </thead> <tbody> <tr> <td>22</td> <td>A</td> </tr> <tr> <td>2</td> <td>C</td> </tr> </tbody> </table> <p>92% received A 8% received C</p>	<u># of Students</u>	<u>Grade</u>	22	A	2	C	<p>Students who achieved a C grade are those that failed to hand in a written summary of their presentation which is listed as a requirement on the syllabus. This year the instructor revised the syllabus to add emphasis to this requirement. Students are given an opportunity to discuss the syllabus and assignment requirements on the first day of class and the instructor will repeat the announcement of the expectation for a written summary prior to the first student Best Practices assignment presentation.</p>																		
<u># of Students</u>	<u>Grade</u>																														
22	A																														
2	C																														

	d. Clinical performance	Clinical <b>summative</b> evaluation forms (Item "Incorporates evidenced-based research into Planning/Patient care")	Avg. score 2 or higher	SNA Program Director		<p><b>KEY</b>  <b>3 – Above Standard</b>  <b>2 – At Standard</b>  <b>1 – Below Standard</b></p> <p><b>Class of 2012 (26 students)</b>  <b>90% - Score 3</b>  <b>10% - Score 2</b>  <b>0% - Score 1</b></p> <p><b>Range 1 – 3</b></p> <p><b>Class of 2013 (26 students)</b>  <b>75% - Score 3</b>  <b>25% - Score 2</b>  <b>0% - Score 1</b></p> <p><b>Range 1 – 3</b></p>	<b>Increase benchmark for next cycle to 76% of class score 3</b>						
4. The student will demonstrate skills and knowledge required for advanced nurse anesthesia practice.	a. MPNA 734-A clinical competencies	MPNA 734-A clinical competency check lists	100% (25 students) complete all competencies	MPNA 734-A professor	2011 and every three years	<b>All 25 students in class of 2014 completed all competencies with a passing grade</b>	<b>Students experiencing any difficulty with any competency is given additional time and additional instruction (outside of regular class time) in the Simulation Lab</b>						
	b. Self evaluation examination	<b>Self Evaluation (SEE)</b> Examination total score results	<u>Class of 2011</u> (24 students) 100% - a minimum score of 350 on the national Self Evaluation Examination (SEE)	SNA Program Director		<p><b>Class of 2011 (24 students)</b></p> <table border="0"> <tr> <td><b>Student</b></td> <td><b>Total</b></td> </tr> <tr> <td><b><u>AANA ID</u></b></td> <td><b><u>Score</u></b></td> </tr> <tr> <td><b>085348</b></td> <td><b>366</b></td> </tr> </table>	<b>Student</b>	<b>Total</b>	<b><u>AANA ID</u></b>	<b><u>Score</u></b>	<b>085348</b>	<b>366</b>	<b>New Policy:</b> <b>Any student scoring below 350 is required to take an outside review</b>
<b>Student</b>	<b>Total</b>												
<b><u>AANA ID</u></b>	<b><u>Score</u></b>												
<b>085348</b>	<b>366</b>												



		Clinical <b>self evaluation</b> forms	Avg. score 2 or higher	SNA Program Director		<p><b>KEY</b>  <b>3 – Above Standard</b>  <b>2 – At Standard</b>  <b>1 – Below Standard</b></p> <p><b>Class of 2013 (26 students)</b>  <b>74% - Score 3</b>  <b>26% - Score 2</b>  <b>0% - Score 1</b></p> <p><b>Range 1-3</b></p> <p><b>Class of 2012 (26 students)</b>  <b>2.49 avg./mean</b></p> <p><b>Range 0 – 4</b>  <b>No student received a score below 2</b>  <i>(individual evaluation forms for each student on file in School of Nurse Anesthesia offices)</i></p> <p><b>Class of 2013 (26 students)</b>  <b>2.3 avg. mean</b></p> <p><b>Range 0 - 4</b>  <b>No student received a score below 2</b>  <i>(individual evaluation forms for each student on file in School of Nurse Anesthesia offices)</i></p>	<b>Increase benchmark for next cycle to 2.5</b>
	d. Advanced Cardiac Life Support	ACLS certification	95% of third year students attain certification	SNA Program Director		<b>100% (26 students) attained certification</b>	<b>Increase benchmark for next cycle to 100% attain certification</b>

	<p>e. Pediatric Advanced Life Support</p> <p>f. Certification examination for Nurse Anesthetists</p> <p>g. Alumni clinical performance</p>	<p>PALS certification</p> <p>Certification examination for Nurse Anesthetists scores</p> <p><b>Graduate</b> program evaluation forms (First 6 items under "How well did our program prepare you for the following")</p>	<p>95% of third year students attain certification</p> <p>Graduating class meets or exceeds current Council on Accreditation standard for first time pass rate on Certification Exam</p> <p>Avg. score 3 or higher</p>	<p>SNA Program Director</p> <p>SNA Program Director</p> <p>SNA Program Director</p>		<p><b>100% (26 students) attained certification</b></p> <p><b>No official results at this time</b></p> <p><b>KEY</b>  <b>4 – Excellent</b>  <b>3 – Good</b>  <b>2 – Fair</b>  <b>1 – Below Average</b></p> <p><b><u>Class of 2011 (24 students)</u></b>  <b><u>20 out of 24 student graduates responding</u></b></p> <p><b>1. Administering anesthesia for elective surgery</b>  17 – 4  3 – 3  0 – 2  0 – 1  <b><u>3.85 avg./mean</u></b></p> <p><b>2. Administering anesthesia for emergency surgery</b>  14 – 4  6 – 3  0 – 2  0 – 1  <b><u>3.7 avg./mean</u></b></p>	<p><b>Increase benchmark for next cycle to 100% attain certification</b></p> <p><b>Final report on first DMPNA class (2011) will not be received from the Council on Accreditation (COA) until June, 2012</b></p> <p><b>Areas to improve:</b>  <b>#5 – Assuming responsibility in teaching roles</b>  <b>#7 – Department Management</b></p> <p><b>Difficult to understand the negative reports. Students have taken 41Semester hours of healthcare management classes and they don't think we have prepared them for a middle management position.</b></p> <p><b>Will work on both of these in MPNA 743 – Applied Nurse Anesthesia Management, Leadership, Professional Aspects of Nurse Anesthesia Practice</b></p>
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						<p><b>3. Adjustments to graduate status</b></p> <p>12 – 4 8 – 3 0 – 2 0 – 1</p> <p><u>3.6 avg./mean</u></p> <p><b>4. Independent and self-reliant performance</b></p> <p>14 – 4 6 – 3 0 – 2 0 – 1</p> <p><u>3.7 avg./mean</u></p> <p><b>5. Assuming responsibility in teaching roles</b></p> <p>12 – 4 7 – 3 1 – 2 0 – 1</p> <p><u>3.55 avg./mean</u></p> <p><b>6. Self-motivation for continuing education</b></p> <p>14 – 4 6 – 3 0 – 2 0 – 1</p> <p><u>3.7 avg./mean</u></p> <p><b>7. Department Management</b></p> <p>10 – 4 8 – 3 1 – 2 1 – 1</p> <p><u>2.91 avg./mean</u></p>	
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		(Item "Would you seek admission to our program if you had it to do over")	90% of graduates would choose program again	SNA Program Director		<b>Range 1 – 4</b> <b>avg./mean – 3.57</b>	
		<b>Alumni</b> one year post graduation self evaluation surveys (First 6 items under "How well did our program prepare you for the following")	Avg. score 3 or higher	SNA Evaluation Committee		<b>63% (15) - yes</b> <b>4% ( 1) - no</b> <b>32%( 8) - no answer</b>	<b>Faculty will encourage all students to take time to answer this question on the Program Evaluation form.</b>
		(Item "Would you seek admissions to our program if you had it to do over")	90% of graduates would choose program again	SNA Evaluation Committee		<b>The first DMPNA class will not receive forms to fill out until they are 1-year post-graduation in June, 2012</b>	<b>No alumni at 1 year post graduate</b>
		<b>Employer</b> satisfaction surveys 1 year post graduation	Avg. score 3 or higher	SNA Evaluation Committee		<b>The first DMPNA class will not receive forms to fill out until they are 1-year post-graduation in June, 2012</b>	<b>No alumni at 1 year post graduate</b>
		<b>Employer</b> satisfaction surveys 3 years post graduation	Avg. score 3 or higher	SNA Evaluation Committee		<b>Employers will not be sent forms to fill out until June, 2012</b>	<b>No alumni at 1 year post graduate</b>
		<b>Employer</b> satisfaction surveys 5	Avg. score 3 or higher				

		years post graduation					
<p>5. The student will participate and lead interdisciplinary teams.</p> <p><b><i>REVISED</i></b>  <b><i>5. The student will collaborate within interdisciplinary teams to plan, provide, manage and evaluate patient care.</i></b></p>	<p>a. Clinical interdisciplinary teamwork</p> <p>b. MPNA 745-A Group care plan</p> <p>c. Non-clinical interdisciplinary teamwork</p>	<p>Clinical <b>summative</b> evaluation forms (Item “Collaborates effectively as a member of an interdisciplinary team”)</p> <p>Group care plan evaluation rubric</p> <p><b><i>REVISED</i></b>  <b><i>Scoring rubric for Pediatric case management</i></b></p> <p>Non-clinical teamwork participation forms</p>	<p>Avg. score 2 or higher</p> <p>95% will score A or B</p> <p>30% will submit non-clinical team work participation form</p>	<p>SNA Program Director</p> <p>MPNA 745-A professor</p> <p>SNA Program Director</p>	<p>2013 and every third year</p>		
<p>6. The student will integrate health care policy into the departmental management of health care services.</p>	<p>a. NUR 743 change project</p> <p>b. Graduate preparedness for management role</p>	<p>Change project evaluation rubric</p> <p><b>Graduate</b> Program evaluation forms (Item “How well did our program prepare you for department management”)</p>	<p>95% score A or B</p> <p>Avg. score 3 or higher</p>	<p>NUR 743 professor</p> <p>SNA Program Director</p>	<p>2012 and every third year</p>		

	a. Alumni performance in management role	<p><b>Alumni</b> self evaluation surveys (Item “How well did our program prepare you for department management”)</p> <p>(Item “Are you presently or have you been engaged in administrative duties”)</p> <p>(Item “Are you presently or have you been engaged in the business of anesthesia”)</p> <p><b>Employer</b> satisfaction surveys (Item “Involvement in departmental activities”)</p> <p>(Item “Leadership potential”)</p>	<p>Avg. score 3 or higher</p> <p>Avg. score 3 or higher</p> <p>Avg. score 3 or higher</p> <p>Avg. score 3 or higher</p> <p>Avg. score 3 or higher</p>	<p>SNA Evaluation Committee</p> <p>SNA Evaluation Committee</p> <p>SNA Evaluation Committee</p> <p>SNA Evaluation Committee</p> <p>SNA Evaluation Committee</p>			
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**CONTINUOUS IMPROVEMENT-CLOSING THE GAP**

Data measurement assessments will be reported to SNA Director, during the appropriate AOL cycle.

The SNA Director will compare the measurement assessments to the benchmark, and report the results to the SNA Curriculum Committee for review and analysis. The SNA Curriculum Committee will formulate an action plan for change, which will be submitted to the SNA Director for consideration.

**VI. Assistance Needed: None**

**VIII. DMPNA AOL Cycles**

<b>DMPNA AOL Cycles</b>												
	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
<b>1</b>	<b>x</b>		<b>x</b>		<b>x</b>		<b>x</b>		<b>x</b>		<b>x</b>	
<b>2</b>				<b>x</b>		<b>x</b>		<b>x</b>		<b>x</b>		<b>x</b>
<b>3</b>			<b>x</b>			<b>x</b>			<b>x</b>			<b>x</b>
<b>4</b>			<b>x</b>			<b>x</b>			<b>x</b>			<b>x</b>
<b>5</b>		<b>x</b>			<b>x</b>			<b>x</b>			<b>x</b>	
<b>6</b>				<b>x</b>			<b>x</b>			<b>x</b>		

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### AOL Appendices

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## MPNA 777 Credo paper evaluation rubric

RUBRIC CRITERIA	AOL SCALE				STUDENT NUMBER	POINTS RECEIVED
	Advanced 4	Proficient 3	Needs Improvement 2	Unacceptable 1		
APPEARANCE (grammar, spelling, index, headings, mechanics)	English mechanics are excellent and very few mistakes seen	Occasional misspelling and punctuation problems	No topic sentences, paragraphs or headings	Paper stretched with wide margins and several half pages		
CREATIVITY/ORIGINALITY (own ideas vs. others)	No overlap with outside sources	Predominately own ideas but supplemented with outside views	Borrows heavily from outside sources	Simply repeats values of others		
DEPTH (soul searching, sources)	Thoughtful soul-searching and self-evaluation	Integrates past, present and future behavior	Basically only a biographical sketch	Very little self-analysis of behavior		
FEASIBILITY (workable, realistic)	Is down to earth, implementable and with high standards	Actionable but not lofty, reasonable expectations but integrity questionable	Overly moralistic and very hard to put into practice	Pie-in-the-sky; not real-world oriented		
ORGANIZATION (arrangement, flow & linkage of ideas)	Logical arrangement, ideas flow smoothly and are linked	Uses topic sentences and distinct paragraphs. Ideas arranged but order is sometimes questionable. For the most part, the reader can follow the line of reasoning	Lacks page numbers, topic sentences and subheadings. Writing not arranged properly, ideas do not fit together well. Takes effort to understand idea flows and linkages	No table of contents or headings. Rambles. Writing lacks logical and organization. Reader cannot identify a line of reasoning		

## CAMC SCHOOL OF NURSE ANESTHESIA CLINICAL SUMMATIVE REVIEW

Clinical Performance Code:

3=Above Standard    2=Meets Standard    1=Below Standard

Student Evaluation	Comments
1. Formulates/Presents/Discusses Plan of care.	
2. Assembles and checks equipment.	
3. Collaborates effectively as a member of an interdisciplinary team.	
4. Airway management.	
5. Correct positioning.	
6. Utilized appropriate monitoring devices.	
7. Induction.	
8. Maintenance.	
9. Emergence.	
10. Recognized levels of anesthesia changes and reports to instructor.	
11. Appropriately transitions patient care to PACU team.	
12. Demonstrates responsibility.	
13. Demonstrates initiative.	
14. Incorporates evidenced-based research into Planning/Patient care.	

Overall Performance: \_\_\_\_\_

Course No. \_\_\_\_\_

\_\_\_\_\_  
**Instructor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Date**

**CAMC School of Nurse Anesthesia**  
**Student Self-Evaluation**  
 Clinical

**Code:**      **3 = Above Standard**      **2 = Meets Standard**      **1 = Below Standard**

**Total APC:** \_\_\_\_\_      **Total Cases:** \_\_\_\_\_

		(Circle appropriate rating)		
1.	Formulates/Presents/Discusses Plan of care	3	2	1
2.	Assembles and checks equipment	3	2	1
3.	Collaborates effectively as a member of an interdisciplinary team	3	2	1
4.	Airway management	3	2	1
5.	Correct positioning of patient	3	2	1
6.	Utilizes appropriate monitoring	3	2	1
7.	Induction	3	2	1
8.	Maintenance	3	2	1
9.	Emergence	3	2	1
10.	Recognizes levels of anesthesia change and reports to Instructor	3	2	1
11.	Appropriately transitions patient care to PACU team	3	2	1
12.	Demonstrates responsibility	3	2	1
13.	Demonstrates initiative	3	2	1
14.	Incorporates evidenced-based research into Planning/Patient care	3	2	1

**Student Signature:** \_\_\_\_\_

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

**Instructor Signature:** \_\_\_\_\_

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

**CHARLESTON AREA MEDICAL CENTER  
SCHOOL OF NURSE ANESTHESIA**

**Document No: 601  
Reviewed: Mar 10**

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**Student Conduct**

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Students will not willingly provide, receive or otherwise utilize unauthorized aid on examinations, assignments, projects, research papers, or other learning activities.

Students must not knowingly or unknowingly misrepresent the source of their academic work.

Students involved in clinical education will not place a patient in jeopardy by acting or performing inappropriately.

Students must adhere to accepted norms of ethical practice as concerns confidence of a patient. Any breach or violation of confidence of a patient, verbal or written, will not be tolerated.

Unethical alteration, elimination or inadequate reporting and documentation in a patient's chart or on a clinical evaluation form is strictly prohibited.

Academic misconduct may subject the student to reduction of grade, disciplinary probation or expulsion from the program. Students may appeal adverse decisions through the student (Due Process/Grievance Procedure – Document No: 418).

Students should conduct themselves in a professional manner. Their behavior should reflect a high degree of ethical standards as defined by the profession. They should exhibit responsibility toward their patients, colleagues, faculty, and visitors.

In the WVU Building and at Marshall University Graduate College (MUGC), where most classes are held, we ask that students not sit in the hallways or gather as groups outside of the classroom, or talk loudly when class is not in session. Other classes and conferences are being conducted and this behavior is disruptive. Respect for others must be displayed at all times while in these buildings.

## Employer's Evaluation of Doctoral Graduates from CAMC School of Nurse Anesthesia

1. Size of your hospital (beds)? \_\_\_\_\_
2. Daily case load? \_\_\_\_\_
3. Position of graduate? \_\_\_\_\_
4. Number of anesthetists on your staff? \_\_\_\_\_
5. Types of surgeries performed at your facility? \_\_\_\_\_
6. Does your facility conduct a School of Anesthesia?  Yes  No

Please rate according to the following scale:

4 = Excellent	3 = Good	2 = Fair	1 = Below Average	0 = Poor
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### Clinical Judgment

1.	Application of knowledge	4	3	2	1	0
2.	Knows own limitations	4	3	2	1	0
3.	Independent judgment and case management	4	3	2	1	0
4.	Performance under stress	4	3	2	1	0

### Technical Competence

1.	Adaptability	4	3	2	1	0
2.	Knowledge and maintenance of equipment	4	3	2	1	0

### Administrative Management

1.	Professional ethics	4	3	2	1	0
2.	Attitude, cooperation	4	3	2	1	0
3.	Interpersonal relationships	4	3	2	1	0
4.	Involvement in Department activities	4	3	2	1	0
5.	Leadership potential	4	3	2	1	0

### Educational Activities

1.	Adaptability to new trends and techniques	4	3	2	1	0
2.	Attendance at conferences and lectures	4	3	2	1	0
3.	Attendance at regional workshops/meetings	4	3	2	1	0
4.	Continuation of education	4	3	2	1	0

Comments/Suggestions:

Position of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: CAMC School of Nurse Anesthesia, 3`110 MacCorkle Avenue, SE, Charleston, WV 25304

## MPNA 711 Case Analysis Evaluation Rubric (Under development)

Student's Name: \_\_\_\_\_ Evaluator's Name: \_\_\_\_\_  
 Date: \_\_\_\_\_ Course: \_\_\_\_\_

### GRADUATE ANALYTICAL & PROBLEM-SOLVING ASSESSMENT RUBRIC (MGMT 700 Case Analysis- 100 points available)

	<b>Exceeds Standards</b>	<b>Meets Standards</b>	<b>Fails to Meet Standards</b>
<p><b>Identification of Symptoms (10%) ½ page maximum</b>                      Symptoms are indicators of problems. "Clusters" of symptoms aid in pointing toward underlying problems.</p>	<p><u>Identifies symptoms clearly, with no confusion between symptoms and problems (5 or more).</u> There is no confusion between symptoms and problems. Symptoms are clustered, with each group of symptoms pointing toward an underlying problem.</p> <p style="text-align: center;"><b>(10)</b></p>	<p><u>Identifies majority of symptoms (at least 5).</u> There is little confusion between symptoms and problems.</p> <p style="text-align: center;"><b>(8)</b></p>	<p><u>Identifies few, if any symptoms (4 or less).</u> There may be confusion between symptoms, problems and/ or recommendations.</p> <p style="text-align: center;"><b>(6)</b></p>
<p><b>Problem Statements (20%) ½ page maximum</b>                      Problems should be stated in terms that are <i>actionable</i> by the decision-maker for the analysis.</p> <p>A good problem definition keeps the case analysis tightly structured because everything discussed after this point must be related to the problem(s) stated in this section.</p> <p>Each problem is stated in one sentence, and is not given in the form of a question. <i>There should be no more than 3 problems.</i></p>	<p><u>2-3 substantial problems</u> faced by the company's decision-makers are identified, and stated in terms that are actionable by the company's leadership.</p> <p style="text-align: center;"><b>(20)</b></p>	<p><u>At least 1 of the company's substantial problems is identified and stated in terms that are actionable by the company's leadership</u></p> <p style="text-align: center;"><b>(15)</b></p>	<p><u>2 or more of the following errors apply:</u></p> <ul style="list-style-type: none"> <li>*Problems stated may refer to environmental conditions</li> <li>*Symptoms are stated as the problems.</li> <li>*Recommendations are stated as problems.</li> <li>* Problems may not be stated in single, concise, complete sentences.</li> <li>* More than 3 problems stated may be included.</li> </ul> <p style="text-align: center;"><b>(12)</b></p>
<p><b>Problem Analysis (15%) ¾ page maximum</b>                      Problems are dissected to analyze key factors.</p>	<p><u>Analysis includes all of the following:</u></p> <ul style="list-style-type: none"> <li>* 2-3 stated problems are analyzed thoughtfully</li> <li>* At least 1 strategic analysis tool applied</li> <li>* Relevant financial analysis is applied (Financial ratios or other financial analysis approach)</li> </ul> <p style="text-align: center;"><b>(15)</b></p>	<p><u>Analysis includes 2 of the following:</u></p> <ul style="list-style-type: none"> <li>* 1 problem is analyzed thoughtfully OR 2 or more problems are covered superficially.</li> <li>* At least 1 strategic analysis tool applied</li> <li>* Relevant financial analysis is applied (Financial ratios or other financial analysis approach) <b>(10)</b></li> </ul>	<p><u>Analysis includes 1 of the items listed in the next column.</u></p> <p style="text-align: center;"><b>(5)</b></p>
<p><b>Identification of Alternatives (15%)</b>                      This is for brainstorming.</p>	<p><u>Identifies a comprehensive set of thoughtful alternatives, excluding "Do Nothing" alternatives (6 alternatives).</u>                      There is a set of alternatives for each problem.</p> <p style="text-align: center;"><b>(15)</b></p>	<p><u>Identifies majority of alternatives (4-5 alternatives), excluding "Do Nothing" alternatives.</u>                      May have only 1 set of alternatives for more than one problem.</p> <p style="text-align: center;"><b>(12)</b></p>	<p><u>Identifies few, if any alternatives (3 or less alternatives) listed or not all aspects of identified problems are addressed.</u></p> <p style="text-align: center;"><b>(10)</b></p>



# CAMC School of Nurse Anesthesia Inservice Education Program Evaluation Form

Program Title: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Please rate the following areas of the inservice program by circling the appropriate number:  
(4=excellent, 3=very good, 2=good, 1=poor)

A. Learner achievement of each stated outcome objective.	4	3	2	1
B. Teaching effectiveness of instructor	4	3	2	1
C. Relevance of content to outcomes	4	3	2	1
D. Effectiveness of teaching methods	4	3	2	1
E. Appropriateness of physical facilities	4	3	2	1
F. Achievement of personal outcomes by learner	4	3	2	1

Comments:

## PRESENTER EVALUATION

### MPNA – Applied Nurse Anesthesia Management, Leadership, Professional Aspects

Date: \_\_\_\_\_

Presenter: \_\_\_\_\_

Topic: \_\_\_\_\_

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4 – Excellent	3 – Good	2 – Fair	1 - Poor
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**(1) Preparation and Research of Subject**

The objectives of the presentation were well explained 4 3 2 1

The presentation was well organized 4 3 2 1

The presenter presented material in a clear manner 4 3 2 1

**(2) Knowledge of Subject**

The presenter gave clear explanations to clarify concepts 4 3 2 1

The presenter's use of examples helped to get points across 4 3 2 1

The presenter adequately explained the material presented 4 3 2 1

The presenter was enthusiastic about the subject matter 4 3 2 1

The presenter carefully answered questions raised by participants 4 3 2 1

**(3) Stimulates Discussion**

The presenter showed enthusiasm when presenting subject matter 4 3 2 1

The presenter encouraged participants to ask questions 4 3 2 1

The presenter provided me with an effective array of challenges 4 3 2 1

The presenter challenged me intellectually 4 3 2 1

**(4) Achievement of Goal**

I believe I learned from this presentation 4 3 2 1

The presenter treated participants with respect 4 3 2 1

I have become more competent in this area because of this presentation 4 3 2 1

The presenter used time well 4 3 2 1

The presenter seemed genuinely interested in wanting me to learn 4 3 2 1

Objective of presentation was achieved 4 3 2 1

Comments \_\_\_\_\_

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Journal Club Article  
Evaluation tool

<b>Research Purpose</b>	Correctly identifies one of following: research purpose, research problem, or hypothesis.	Yes/No
<b>Design</b>	Correctly identifies research design as descriptive, correlational, quasi experimental, or experimental.	Yes/No
<b>Dependent Variable</b>	Correctly identifies dependent variable.	Yes/No
<b>Independent Variables</b>	Correctly identifies independent variables.	Yes/No
<b>Research Results</b>	Correctly identifies both of the following: statistically significant and clinically significant results.	Yes/No
<p>3-5 Yes = Credit 0-2 Yes = No credit</p>		Credit/No credit

NUR 735  
Best practice guidelines individual presentation  
Evaluation tool

<b>Background</b> (20 points)	Describes clinical controversy and significant factors- patient population, management choices, potential patient outcomes, etc.	
<b>Quality of Communication</b> (20 points)	Presentation clear, organized, and logical. Best practice recommendations summarized clearly.	
<b>Critical, Creative, Reflective Thinking</b> (20 points)	Clear evidence of critical, creative, reflective thinking. Incorporates clinical expertise. Addresses how to influence the practice of others (students and/or peers).	
<b>Content Quality</b> (20 points)	Content is complete and well supported with appropriate evidence. Strength of argument reflects strength of evidence. Risks compared to benefits as determination of recommendations.	
<b>Quality of Evidence</b> (20 points)	References are from current, peer reviewed publications.	
<b>Total Score (possible 100 points)</b>		

MPNA 734-A

Name \_\_\_\_\_

Date \_\_\_\_\_

Student will demonstrate correct performance of the following airway management techniques (simulated).

(1 point each)

- \_\_\_\_ Face mask ventilation with one person technique
- \_\_\_\_ Face mask ventilation with two person technique
- \_\_\_\_ Oral airway insertion
- \_\_\_\_ Nasal airway insertion
- \_\_\_\_ Combitube insertion
- \_\_\_\_ LMA insertion
- \_\_\_\_ Airway positioning for intubation
- \_\_\_\_ Use of cricoid pressure
- \_\_\_\_ Intubation with MAC blade
- \_\_\_\_ Intubation with Miller blade
- \_\_\_\_ Nasal intubation
- \_\_\_\_ Intubation with oral RAE tube
- \_\_\_\_ Intubation with nasal RAE tube
- \_\_\_\_ Intubation with assistance of intubating stylet
- \_\_\_\_ Intubation with Fastrach LMA
- \_\_\_\_ Reintubation with Cook airway exchange catheter or tube changer
- \_\_\_\_ Intubation with light wand
- \_\_\_\_ Intubation with fiberoptic scope
- \_\_\_\_ Perform simulated fiberoptic intubations on Immersion trainer
- \_\_\_\_ Perform retrograde intubation
- \_\_\_\_ Perform cricothyrotomy
- \_\_\_\_ Ventilate with jet ventilator
- \_\_\_\_ Double lumen tube insertion
- \_\_\_\_ Double lumen tube checking for placement
- \_\_\_\_ Bronchial blocker insertion

(25 points)

- 1 pt \_\_\_\_\_ Verify backup ventilation equipment available and functioning (Item #1)  
Auxiliary oxygen cylinder and ambu bag

## High pressure system

- 1 pt \_\_\_\_\_ Check the oxygen cylinder supply (Item #5)  
Open cylinder and verify at least half full  
Close cylinder
- 1 pt \_\_\_\_\_ Check the central pipeline supplies (Item #6)  
Verify that pipeline pressures are  $\geq 50$  psi

## Low pressure system

- 1 pt \_\_\_\_\_ Check initial status of low-pressure system  
Close flow control valves and turn vaporizers off  
**Check vaporizer fill levels and tighten caps (Item #7)**
- 2.5 pts \_\_\_\_\_ Perform leak check of low pressure system (Item #8)  
Verify that master switch and flow control valves are off  
Attach "suction bulb" to common gas outlet  
Squeeze bulb until fully collapsed  
Verify that bulb stays collapsed for at least 10 seconds  
Open one vaporizer at a time and repeat previous steps  
Remove "suction bulb" and reconnect fresh gas hose
- 1 pt \_\_\_\_\_ Turn on master switch and all other necessary electrical equipment (verify that AC power is on) (Item #3)
- 1 pt \_\_\_\_\_ Test the flowmeters  
Adjust gases through full range checking for smooth operation  
Attempt to create a hypoxic mixture

## Scavenging system (Item # 9)

- 1 pt \_\_\_\_\_ Adjust and check the scavenging system  
Ensure proper connection between scavenging system and APL valve and ventilator relief valve  
Adjust waste gas vacuum
- 1 pt \_\_\_\_\_ Check the negative pressure relief valve  
Fully open APL valve and occlude Y-piece  
With minimum O<sub>2</sub> flow, allow scavenger bag to collapse completely and verify pressure reads about zero
- 1 pt \_\_\_\_\_ Check the positive pressure relief valve  
Fully open APL valve and occlude Y-piece  
With O<sub>2</sub> flush activated, allow scavenger bag to distend fully and verify pressure reads  $< 10$ cm

Breathing system

- 3 pts \_\_\_\_\_ Calibrate the monitor (Item # 10)  
Ensure monitor reads 21% in room air  
Calibrate monitor in room air  
Verify the low O<sub>2</sub> alarm is enabled and functioning (Item #10)  
Reinstall sensor and flush breathing system with O<sub>2</sub>  
Verify that monitor now reads > 90%  
Calibrate in 100% if necessary
- 2 pts \_\_\_\_\_ **Check initial status of the breathing system**  
**Check that breathing circuit is complete, undamaged, unobstructed**  
**Verify that CO<sub>2</sub> absorbent is fresh and not exhausted (Item #11)**  
**Install accessory equipment if applicable**
- 1 pt \_\_\_\_\_ **Perform pressure and leak check of the breathing system (Item #12)**  
**Set all gas flows to zero (or minimum)**  
**Close APL valve and occlude Y-piece**  
**Pressurize system with O<sub>2</sub> flush to about 30cm**  
**Ensure that pressure remains fixed for at least 10 seconds**  
**Open APL valve and ensure that pressure decreases**

Manual and automatic ventilation systems

- 3.5 pts \_\_\_\_\_ Test the ventilation systems and unidirectional valves (Item #13)  
Place a breathing bag on the Y-piece  
**Set appropriate ventilator parameters for the next patient (Item #15)**  
Switch to ventilator mode  
Turn ventilator on and fill bellows and breathing bag with O<sub>2</sub> flush  
Set O<sub>2</sub> flow to minimum and other gas flows to zero  
Verify that on inspiration bellows delivers appropriate tidal volume and on expiration bellows fills completely
- Set gas flow to about 5L/min  
Verify that bellows and simulated lung fill and empty appropriately without sustained pressure at end expiration  
**Check for proper action of unidirectional valves**  
Switch to manual ventilation mode  
Ventilate manually and assure appropriate feel of resistance and compliance

Final checks

- 1 pt \_\_\_\_\_ **Check, calibrate, and/or set the alarm limits of all monitors (Item #4)**  
1 pt \_\_\_\_\_ **Verify that suction is adequate to clear the airway (Item #2)**
- 1 pt \_\_\_\_\_ **Check the final status of the machine**  
**Vaporizers off**  
**APL valve open**  
**Set on manual mode**  
**All flowmeters to zero or minimum**  
**Breathing system ready to use**
- 1 pt \_\_\_\_\_ **Document completion of check-out procedure (Item #14)**

MPNA 734-A

Name \_\_\_\_\_

Date \_\_\_\_\_

(1 point each)

Student will demonstrate correct technique of the following skills and/or proper use of the equipment

\_\_\_\_\_ Sterile gowning and gloving

\_\_\_\_\_ Correct use of radial arterial catheter

\_\_\_\_\_ Right internal jugular central line placement (simulated)

\_\_\_\_\_ Right subclavian needle stick (simulated)

\_\_\_\_\_ Pulmonary artery catheter placement (simulated)

\_\_\_\_\_ Ultrasound use in locating vessels (simulated)

Induction – 10 points total (2 points for each of the following)

1. Placing monitors on patient
  - a. Pulse oximeter
  - b. EKG
  - c. BP
2. Assessment of vital signs and preoxygenation
  - a. Room air O2 sat
  - b. BP
  - c. Heart rate and rhythm
  - d. Preoxygenation with 100% oxygen by face mask
3. Induction
  - a. Giving drugs (know appropriate dose and time of onset)
    - i. Fentanyl
    - ii. Lidocaine
    - iii. Propofol or etomidate
    - iv. Neuromuscular blocking agent
4. Securing airway
  - a. Adequately mask ventilating until appropriate time to intubate
    - i. Appropriate rate and tidal volume
  - b. Intubating with correct technique
5. Assessment of tube placement
  - a. Bilateral chest movement
  - b. Presence of ETCO2
  - c. Bilateral breath sounds
  - d. O2 sat

Emergence and extubation – 10 points total (2 points for each of the following)

1. Assessment and management of reversal of neuromuscular blocking agent
  - a. Assessment of TO4 and tetanus
  - b. Giving reversal drugs (know appropriate dose and when it is appropriate to administer)
    - i. Neostigmine
    - ii. Glycopyrrolate
  - c. Assessment of other parameters
    - i. Head lift for 5 seconds
    - ii. Hand grips for 5 seconds
2. Assessment of respiratory parameters
  - a. Rate and rhythm
  - b. Tidal volume
  - c. ETCO2
  - d. O2 sat
3. Assessment of anesthesia level, signs that patient is awake
  - a. Pupils not dilated
  - b. Follows commands
4. Extubation and application of oxygen
  - a. Suctioning oropharyngeal airway
  - b. Extubating at the appropriate time
  - c. Applying oxygen
5. Assessment of respiratory status
  - a. Respiratory rate
  - b. Tidal volume
  - c. O2 sat

Name \_\_\_\_\_

Date \_\_\_\_\_

Student will demonstrate correct performance of the following pediatric airway management techniques (simulated)

(1 point each)

\_\_\_\_\_ Positioning for airway management

\_\_\_\_\_ Intubation

\_\_\_\_\_ LMA placement

\_\_\_\_\_ Mask ventilation

Student will participate in correct placement of simulated patients in the following positions.

(1 point each)

\_\_\_\_\_Supine

\_\_\_\_\_Trendelenburg and reverse Trendelenburg

\_\_\_\_\_Lithotomy

\_\_\_\_\_Lateral decubitus

\_\_\_\_\_Prone

\_\_\_\_\_Sitting

## CAMC SCHOOL OF NURSE ANESTHESIA PROGRAM EVALUATION

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Please rate questions below regarding your experience at CAMC School of Nurse Anesthesia using the following scale:

4 = Excellent

3 = Good

2 = Fair

1 = Below Average

0 = Poor

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- |     |   |     |
|-----|---|-----|
| 1.  | Program philosophy and objectives                   | [ ] |
| 2.  | Program content                                     | [ ] |
| 3.  | Program design                                      | [ ] |
| 4.  | Learning resources                                  | [ ] |
| 5.  | Teaching/supervision                                | [ ] |
| 6.  | Student evaluation/counseling                       | [ ] |
| 7.  | Equipment available                                 | [ ] |
| 8.  | Accepts student as important team member            | [ ] |
| 9.  | Promotes a positive learning environment            | [ ] |
| 10. | Involves student in case management/decision making | [ ] |
| 11. | Fosters autonomy                                    | [ ] |
| 12. | Evaluates the student fairly                        | [ ] |
| 13. | Respects student's confidentiality                  | [ ] |
| 14. | Responds to student's concerns                      | [ ] |

HOW WELL DID OUR PROGRAM PREPARE YOU FOR THE FOLLOWING:

- 1. Administering anesthesia for elective surgery [ ]
- 2. Administering anesthesia for emergency surgery [ ]
- 3. Adjustments to graduate status [ ]
- 4. Independent and self-reliant performance [ ]
- 5. Assuming responsibility in teaching roles [ ]
- 6. Self-motivation for continuing education [ ]
- 7. Department Management [ ]

Would you seek admission to our program, if you had it to do over? (Explain)

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Suggestions and/or comments relative to the program strengths and weaknesses (Please list in order of priorities)

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Signature (optional) \_\_\_\_\_ Date \_\_\_\_\_

## Scoring Rubric for Pediatric Case Management

<b>1. <u>Premedication</u></b> <b>(5 points)</b>	<b>Name</b> 0.5 points	<b>Dose</b> 0.5 points	<b>2. <u>Induction</u></b> <b>(8 points)</b>	<b>Name</b> 1 point	<b>Dose</b> 1 point
Benzodiazepine			Opioid		
Beta agonist			Lidocaine		
H <sub>2</sub> antagonist			Sedative/hypnotic		
Prokinetic			Neuromuscular blocker		
Nonparticulate antacid					
<b>3. <u>Maintenance</u></b> <b>(6 points)</b>	<b>Name</b> 1 point	<b>Dose</b> 1 point	<b>4. <u>Emergence</u></b> <b>(3 points)</b>	<b>Name</b> 0.5 points	<b>Dose</b> 0.5 points
Inhalation/TIVA			Anticholinesterase		
Neuromuscular blocker			Anticholinergic		
Opioid/NSAID			Antiemetic		
<b>5. <u>Meds to avoid</u></b> <b>(8 points)</b>	<b>Name</b> 2 points	<b>Reason</b> 2 points			
Beta blockers					
Histamine releaser					
<b>Subtotals</b>			<b>Total (30 points possible)</b>		

CAMC School of Nurse Anesthesia  
Non-clinical Teamwork Participation

Student \_\_\_\_\_ Date \_\_\_\_\_

Purpose or work of team \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Time spent in team activities \_\_\_\_\_

Nature of team:                      Education                      Management

   Research                      Other

Signature: \_\_\_\_\_

Sponsoring faculty

Signature: \_\_\_\_\_

Student

**MPNA 743: CHANGE PROJECT AOL RUBRIC**

	RUBRIC CRITERIA	ALLOWABLE POINTS	AOL SCALE				STUDENT NUMBER	POINTS RECEIVED
			Advanced 4	Proficient 3	Needs Improvement 2	Unacceptable 1		
1.	<b>APPEARANCE &amp; MECHANICS</b> (grammar, spelling, executive summary, references, page numbers)	25	English mechanics are excellent and very few mistakes	Occasional misspelling and punctuation problems that do not distract the reader	Mechanical errors occur frequently enough to distract the reader  Important components missing	Mechanical errors so numerous that reader often has difficulty understanding the content		
2.	<b>CREATIVITY/ORIGINALITY</b> (own ideas vs. others)	25	Recognizes role of manager and need for change	Predominately own ideas but supplemented with outside views	Borrows heavily from outside sources	Simply repeats opinions of others		
3.	<b>DEPTH</b> (designs, coordinates)	25	Recognizes importance of change to functioning of the Anesthesia Department  Analyzes problem in depth	Integrates past and present behaviors  Weak future analysis of problem	Analyzes problem superficially	Very little analysis of identified problem		
4.	<b>FEASIBILITY</b> (facilitates action plan)	25	Long term solution (change) is attainable	Reasonable expectations short term solution (change)	Solution (change) very hard to put into practice - probably not attainable or sustainable	Solution (change) not attainable or sustainable		

**NOTE: All four (4) criteria will be used for grading purposes. Only 2, 3, 4 will be used for Program Assessment and Assurance of Learning.**

**GRADE**  
92- 100 A  
86- 92 B  
80- 85 C  
0- 80 F