

Kingdom of Saudi Arabia  
Ministry of Education  
Umm Al Qura University  
Faculty of Applied Medical Sciences  
Vice Dean for Hospital Affairs  
Anesthesia Technology Program



# Anesthesia Technology

## Internship Booklet



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Ministry of Education  
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Faculty of Applied Medical Sciences  
Anesthesia Technology Program



المملكة العربية السعودية  
وزارة التعليم  
جامعة أم القرى  
كلية العلوم الطبية التطبيقية  
برنامج تقنية التخدير

# Anesthesia Technology Internship

<b>Intern Name</b>	
<b>University ID</b>	
<b>Training Year</b>	
<b>Training Hospital</b>	

## *Preface*

Anesthesia technology internship is an integral part of the program and is designed to provide interns with an opportunity to integrate and apply previously acquired knowledge and technical skills in actual clinical settings.

This internship booklet is prepared with the intention to provide orientation to interns about various tasks to be performed and/or observed during one year internship at the hospital operating room department. The ultimate goal is that intern may acquire necessary practical skills required to participate in performing various anesthesia techniques in different surgical specialties which in turn will help to improve health care services.

The beginning of the booklet entails the description of anesthesia technology program stating its vision, mission, goals and objectives. Following this, rules and regulations of internship, internship objectives and guidelines and general anesthesia safety measures are stated which each intern has to follow in addition to the instructions issued by the training site.

It is essential to evaluate intern's professional behavior and technical competencies that are expected to achieve on completion of his/her internship. The later part of the booklet contains samples of various forms (Forms #1 to Form #5) including forms for evaluation by supervisor and intern evaluation of internship.

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## INTERN INFORMATION

<b>Name</b>	<i>(Arabic):</i>
	<i>(English):</i>
<b>University ID</b>	
<b>National ID</b>	
<b>Mobile</b>	
<b>In case of emergency</b>	<b>Mobile No.</b>
	<b>Relation:</b>
<b>E-mail</b>	
<b>Address</b>	

## Anesthesia Technology Program

### 1.1. Vision, Mission, Goals, Objectives and Values of the Program

#### 1.1.1. Vision:

Become a pioneer in providing state-of-the-art educational environment, allowing students to cultivate anesthesia art and technology into the health care provider community, driven by compassion, guided by science, towards safest patient care.

#### 1.1.2. Mission:

The Bachelor program in anesthesia technology has the following mission:

- a. Prepare students for lifelong learning and leadership to benefit the healthcare community.
- b. Committed to training of our anesthesia technologists to support the anesthesia care team in providing safe, quality and compassionate care for the surgical patients.

#### 1.1.3. Goals:

The goal of the Bachelor program of anesthesia technology is as follows:

- Promote teamwork approach to health care, in line with the American Society of Anesthesiology doctrine and best practices.

#### 1.1.4. Objectives:

Upon completion of anesthesia technology program our graduates are expected to:

1. Assist in the delivery of anesthesia under medical direction of a professional anesthesiologist.
2. Relate classroom findings to clinical experiences.
3. Provide a list of criteria for formal evaluations of the students' daily performance in the operation room (OR).
4. Provide ample opportunities to participate in a variety of aesthetic clinical scenarios.
5. Ensure effective dynamics through a successful

encoding-decoding communication process.

6. Assure continual feedback and re-evaluation mechanism toward a safe, cost effective, and quality anesthesia service.

Accordingly, the program is designed to assure the availability of adequate tools for successfully attaining the objectives set-forth above.

### **1.1.5. Values: Anesthesia Technology Program observes following**

#### **values:**

1. Observance of Islamic values
2. Professional commitment and ethics
3. Respect and appreciation of differences
4. Appreciation of social responsibilities
5. Life-long learning
6. Excellence in all aspects, particularly in teaching, training and research
7. Transparency

### **1.2. Program Description:**

Faculty of Applied Medical Sciences, Umm Al-Qura University offers the program leading to Bachelor degree (BSc) in anesthesia technology. The program provides students a strong foundation in the theory, clinical training, and research and managements domains.

The program comprises of eight semesters plus one year internship (hospital operating room based training), after which the degree of B.Sc. in anesthesia technology is awarded to successful candidates. A student undertaking this program must complete a total of 140 credit units which are distributed as 20 credit units university requirements and 120 credit units program requirements.

#### **1.2.1. The language of teaching:** English.

**1.2.2.** In addition, students are expected to develop certain academic skills such as essay and report writing, presentation skills and statistical analysis. These essential skills will allow students to complete two important components of the program:

**1.1.1.1. The Research Project:** This 4 credit units' course is offered in 8<sup>th</sup> semester. The students are provided with a list of projects proposals to choose from after agreement with supervisors in the department. It is expected that the students will apply knowledge and skills learnt during this course, such as research methodology, data analysis and interpretation and presentation of research results during the experimental work of their research project. At the end of the course students need to submit a thesis and give a seminar on their project and defend their work in discussion.

**1.1.1.2. The Internship:** This one full year internship is divided into two periods (each of 6 months). Professional training is offered to each intern in one of the general or specialized governmental hospitals. During this year, interns undergo in-depth training in OR department.

The supervision of interns is done at two levels; one by the hospital anesthesia training coordinator and other by the program internship coordinator who reports to Vice Dean for Hospital Affairs. During training at OR department, the intern is supervised on daily basis by the anesthesia technology supervisor. The internship monitoring team of the program visits training sites regularly, every three months to meet the interns and their supervisors to discuss their progress and addresses issues, if any.



## Internship Specifics

### Introduction:

Internship is an integral part of anesthesia technology program and is designed to provide interns with an opportunity to integrate and apply previously acquired knowledge and technical skills in actual clinical settings. Under the guidance of experienced anesthesiologists, anesthesia technologists and other qualified operating room personnel and health professionals, interns learn more about airway management, drugs, monitors and equipment used in various types of general and regional anesthesia. They also gain an understanding of the rules, regulations, medical ethics and duties of anesthesia technology professionals.

The internship provides applied learning experiences during which the intern should:

1. Practice and acquire clinical anesthesia skills
2. Practice skills in problem-solving
3. Perform quality control procedures
4. Learn and adapt new procedures
5. Operate and maintain various anesthesia instruments, monitors and machines
6. Understand the responsibilities, roles, and duties of the anesthesia technology professionals

The internship program is conducted in the affiliated hospital of the program, where interns learn by participating in the workload of a supervising anesthesiologist/anesthesia technologist/specialist/consultant. Emphasis is given on: a) organization of work, b) use of different techniques and instruments, c) writing notes on patient's status under supervision, and d) the establishment and use of programs for quality control and preventive maintenance of anesthesia instruments.

### I. Internship eligibility criteria:

Entry in internship is allowed only after successful completion of all prerequisite courses of anesthesia technology program specified.

### II. Internship duration:

The training period for the internship is one calendar year (2 equal periods, each of 6 months). It is offered in the 5<sup>th</sup> academic year of the program and begins two weeks after the final examination of 4<sup>th</sup> academic year.

### III. Internship disciplines (anesthesia cases and skills required):

During internship period each intern takes training in operating room department working on various anesthesia cases from different surgical departments. Record of minimum and preferred number of anesthesia cases and skills required for each surgical subspecialty are mentioned on page 29 (**Table 1**).

The intern will **"participate, perform and/or observe"** the skill, and therefore, should tick (✓) the appropriate column for each skill (**Form#1**). The form needs to be signed by the training supervisor daily. If any skill is not applicable, then column should be marked as "N/A" (not applicable).

### IV. Internship rotations:

The internship program in anesthesia technology is divided into two training periods; each period of 6 months. An intern can be trained at one place, if all training areas are available in the same hospital after the approval of both, Vice Dean for Hospital Affairs as well as the person in-charge at the intended hospital. Interns are NOT allowed to change their training sites without prior permission of program internship coordinator and approval of Vice Dean for Hospital Affairs.

### V. Interns responsibilities:

Each intern should have two booklets; a) internship policy and general regulations booklet and b) program specific internship booklet that contains the tasks for each discipline. Each intern must go through both booklets thoroughly.

Internship policy and general regulations booklet has the details of general policy and rules and regulations of internship including vacations that all interns have to follow.

Program specific booklet contains the skills required to be learnt during internship. Each intern must complete the tasks list on daily basis which is to be signed by the immediate supervisor, if possible on daily basis, otherwise on weekly basis. All tasks given in the internship booklet will be reviewed by the internship monitoring team on their periodic visits to training sites. Interns must know that filling the tasks list carries 5 marks. Any intern not filling tasks list of the disciplines in which they are trained will either lose these marks or get

less marks if they have filled partially.

During internship period interns have to demonstrate following responsibilities:

1. All interns should produce required vaccination document.
2. All interns should provide Basic Life Support (BLS) certification at the beginning of the internship. The guidance for obtaining BLS certification will be provided by the office of the Vice Dean for Hospital Affairs.
3. Perform training in accordance with local training site OR policies.
4. All interns should comply with dress code specified by the OR department.
5. The intern usually spends at least 8 hours daily, 5 days/ week or follows the working hours of clinical site where intern is being trained.
6. Interns must refrain from unsafe and unprofessional conduct.
7. Exhibit professional behavior as anesthesia technology professional.
8. Perform assigned work with responsibility.
9. Comply with hospital rules and regulations.
10. Attempt to establish good working relationships with all personnel with whom they come in contact during the internship rotation.

## **VI. Internship supervision and monitoring:**

The supervision of interns is done at two levels; one by the hospital anesthesia technology training coordinator and other by the internship coordinator of the program and report to Vice Dean for Hospital Affairs. During training at hospital, intern is supervised on daily basis by the anesthesia technology supervisor.

Internship monitoring team of the program visits regularly every three month to training sites and meet the interns and their supervisors to discuss their progress and addresses issues, if any. However urgent issues can be reported to program internship coordinator whenever required. The monitoring team submits the report of each visit to program internship coordinator using a prescribed form (**Form #5**). A progress report of the internship is submitted by the program internship coordinator to Vice Dean for Hospital Affairs on quarterly basis.

## VII. Interns' Evaluation:

### a. Evaluation of interns by anesthesia technology supervisors:

Professional behavior and technical performance are evaluated using an evaluation form designed to reflect interns competencies that are expected to achieve on completion of their anesthesia technology internship.

This evaluation is performed into two parts:

- (1) Daily evaluation of the intern clinical performance by the attending supervisor using evaluation form **(Form #1)**.
- (2) At the end of each period, intern will be evaluated by his immediate supervisor using an evaluation form **(Form #2)**. Report of each intern will be submitted to Hospital Training and Education Office which will submit this report to Vice Dean for Hospital Affairs of the Faculty.

### b. Evaluation of interns by program internship committee:

The evaluation of interns by program internship committee has 20% weightage. Each intern is evaluated by this committee using a prescribed form **(Form #3)**. An intern must fill this form at the end of internship and submit to program internship committee for evaluation. This form has three sections:

#### i. Attending and participating in scientific events:

Intern will be evaluated for his/her professional development and continued medical education on the basis of his/her participation or attendance in faculty/university scientific conferences, seminars, symposia and workshops. Each intern must fill the details of his/her participation or attendance and attach copy of certificates when submitting the booklet at the end of internship. This section carries 10 marks. Failing to do so will lose these marks.

#### ii. Commitment to fill tasks list in internship booklet:

Intern's needs to fill the assigned tasks list for each discipline in which he/she is trained and signed by the training supervisor as shown in internship booklet. This section carries 5 marks. The program internship committee will check this and assign marks. Any intern not filling the tasks list completely will lose these marks or get less mark.

**iii. Commitment to fill intern feedback form:** Filling intern feedback form (**Form #4**) at the end of each internship period is necessary and carries 5 marks. Any intern not filling intern feedback form for the disciplines in which he/she is trained will either lose these marks or gets less mark if filled partially.

#### **VIII. Intern evaluation of internship:**

Interns' evaluation of rotation sites is a part of our reciprocal evaluation procedure. Interns must return, intern evaluation form (**Form #4**) to program internship coordinator no more than five (5) calendar days after completion of each internship period.

#### **IX. Internship grading:**

Grades for anesthesia technology internship are calculated using clinical performance evaluation (period summary) form (**Form #2**) and evaluation by program internship committee (**Form#3**). Percent/grades are determined based on the performance in each of the components. The final percentage out of 100 is worked out as follows: 80% weightage will be given to hospital evaluation and 20% weightage for evaluation by program internship committee. The minimum of 60% is required for successful completion of internship. The percentage component of grades is then converted to letter grades. University grading system is used to determine the grade (please see the table below).

Percentage obtained	Grade	Letter Grade
95 to 100	Exceptional	A <sup>+</sup>
90 to 94	Excellent	A
85 to 89	Superior	B <sup>+</sup>
80 to 84	Very Good	B
75 to 79	Above Average	C <sup>+</sup>
70 to 74	Good	C
65 to 69	High pass	D <sup>+</sup>
60 to 64	Pass	D
Less than 60	Fail	F

**Note: All forms are available in the "Forms" section.**

#### **X. Award of internship certificate:**

After successful completion of training, intern should submit the "**internship booklet**" duly signed by the supervisors for each rotation to program internship coordinator. The intern will be granted a certificate by the Faculty after approval of anesthesia technology internship committee.

**Note: Any intern who fails to submit internship booklet will not be awarded internship completion certificate.**

## AGREEMENT LETTER

Dear Intern,

Please read carefully Rules, Regulations and Guidelines stated for internship year. Sign the statement below to ensure that you understood all contents of internship and agree to adhere to the Rules, Regulations and Guidelines.

**I have read, understood, and agree to adhere to the Rules, Regulations and Guidelines stated in Anesthesia Technology Internship Booklet.**

Intern Name: \_\_\_\_\_

University ID No: \_\_\_\_\_

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

## Anesthesia Safety Measures

All interns must read and understand the information in this document with regard to anesthesia safety and emergency procedures prior to the first anesthesia session. Interns must adhere to written and verbal safety instructions throughout the internship period issued by the training sites. Although safety information will be provided by the anesthesia department of the hospital before the beginning of internship, following guidelines will help you to be aware of working in safe environment during the internship period.

1. Selected inhalation of anaesthetic agents have been thought to be hepatotoxic and on occasion an anaesthesia staff may develop a sensitivity to agents which is reflected in abnormal liver function studies.
2. Interns must know that there may be an association between sustained exposure to an anaesthetic environment and an increased incidence in abortions, birth defects, and certain types of malignancies for both male and female personnel. While no cause and effect relationship has been established, consideration should be given to these findings in choosing anaesthesia as a specialty.
3. Most hospitals have installed anaesthetic gas scavenging systems for minimizing risk to operating room personnel. All of the clinical affiliates have scavenging systems for waste gases. It has not been established whether the risks to personnel are eliminated by these exhaust systems.
4. Anaesthesia caregivers are frequently exposed to blood products, body secretions and used syringes and needles. All interns are expected to strictly adhere to universal precautions whenever involved in patient care that involves potential for contact with mucous membranes, secretions or open wounds.
5. Gloves, protective eye wear, gowns, and masks are available at each anesthetizing site and must be worn when indicated.
6. Proper precautions and performance of aseptic techniques is mandatory to protect both patients and anaesthesia caregivers.
7. All interns must be vaccinated against hepatitis B, and have other immunizations required by the policy at various clinical sites.



8. Anaesthesia personnel are also frequently exposed to x-rays during operative procedures. Lead aprons and thyroid shields are available at each anesthetizing site and must be worn during fluoroscopy or x-ray procedures. Radiology dosimeters to monitor the level of x-ray exposure are also available.
9. Responsibility for accepting risks associated with this specialty rests with the individual who chooses to work within this environment, rather than with the institutions which take reasonable precautions to minimize potential hazards.

# Internship Guidelines



## CLINICAL INTERSHIP GUIDELINES

The purpose of these guidelines is to define intern's responsibilities related to clinical internship. Although educational courses are offered within the university calendar, the clinical internship spans the entire calendar year to provide an optimal variety of case experiences.

The clinical internship provides intern an invaluable and essential educational opportunity to apply educational learning in the clinical setting. The clinical internship requires the integration of information learnt in the previous eight educational semesters. In order to optimize the time spent in the clinical area, the interns must actively seek learning experiences and functions in a self-directed manner to achieve the knowledge, skills and abilities necessary to practice as an anesthesia technologist.

The internship provides applied learning experiences during which interns need to follow guidelines mentioned here:

1. The clinical time commitment will be scheduled for the interns based on the operating room schedule at the clinical sites. The timing of shifts may vary as directed by clinical schedules and specific learning needs. The average weekly time commitment to the program is 40 hours per week.
2. On-call experience will be provided through scheduled off shifts throughout the program. The scheduling of clinical experiences on the off shift and weekends will begin with the second period of clinical internship.
3. Interns will be scheduled for one eight-hour shift at a time. Because of the nature of a clinical assignment, the interns may need to extend their time beyond eight hours to achieve the optimum clinical learning experience. Should your assignment extend beyond 14 hours, you need to contact the clinical coordinator.
4. Interns will have a minimum of 10 hours of rest between clinical experiences.
5. Near the end of the program, interns may have the opportunity to work 12-hour shifts.

6. **Counting clinical experiences:** Anesthesia technology interns must have the opportunity to develop as competent and safe anesthesia technologists, capable of engaging in full scope of practice by the time they complete their program. To ensure that anesthesia technology graduates developed the knowledge, skills and abilities for safe entry into practice, they should do the following:
- a. The interns must participate in all phases of their clinical cases including preoperative, intraoperative and postoperative anesthesia care.
  - b. If it is not possible to participate in all phases of care on every case, interns must at a minimum personally participate in providing anesthesia for the majority of any case for which they can claim personal participation.
  - c. In addition, personal participation must include the management of the patient during the beginning or induction of the anesthesia experience and/or the ending or emergence of the anesthetic experience.
  - d. Interns cannot take credit for an anesthesia case if they provide care on a limited basis (e.g., only lunch/or break relief), are not personally involved with the implementation and management of the anesthesia plan of care, or only observe another anesthesia provider manage a patient or their anesthetic care.
7. **Interns responsibilities in clinical area:**
- a. Review clinical internship objectives.
  - b. Be prepared to participate in administering anesthesia to every patient assigned at the start of each assigned shift.
  - c. Submit an evaluation form and written care plan at the beginning of each day to the clinical instructor, in accordance to care plan guidelines for each clinical internship period.
  - d. Check operating room schedule for any changes on arrival and throughout the day.
  - e. Arrive on time and be prepared to participate in scheduled departmental and morning meetings. All interns assigned to the clinical area must attend morning meeting unless assigned to a heart room, electroconvulsive therapy (ECT) or to a case in progress.
  - f. Check with clinical coordinator regarding reassignment whenever cases are cancelled.
  - g. Comply with departmental policy regarding time spent out of the department for breaks and lunches. (Two breaks each of 15 minutes and a 30 minute meal and prayer break per 8

- hour shift).
- h. Use unassigned clinical time for educational endeavors. Clinical days are always at least 8-hour commitment. Interns are expected to remain on site for the entire clinical day. Pagers must be activated and carried on all clinical days as interns may be assigned to do emergency cases.
  - i. Observe dress code policy of the program and the clinical site. Lab coats are mandatory in the classroom setting. Lab coats are required over scrubs when seeing patients in the hospital.
  - j. Identify informed consent, verify correct patient, procedure, site and sidedness, and participate in final preoperative verification for the surgical procedure according to institutional policy.
  - k. Express drug name, dose, route, rationale for administration, and concentration of infusion of all drugs administered.
  - l. Falsifying information about patients, anesthetic care, or in any way failing to share information regarding patients or their anesthetic care is considered unethical behavior and grounds for dismissal from the program.
  - m. Complete pre- and post- anesthetic assessments on all inpatients assigned and follow-up with appropriate clinical instructors.
  - n. Participate in continuous quality improvement activities related to post anesthesia assessments and review of perioperative anesthesia complications.
  - o. Any major complication involving an intern should be reported to the faculty clinical coordinator immediately. A copy of the anesthesia record and a detailed description of the incident should follow as expeditiously as possible for review.
8. It is expected that the interns will continually review educational material and work towards meeting the objectives of the program.
  9. Interns may be required to present a brief case report during scheduled staff meetings at affiliate hospitals.
  10. The interns must adhere to all program policies and the policies of each clinical site where they rotate. Any intern who does not abide by a clinical site's policies or who exhibits unprofessional behavior or conduct endangering patient safety will be liable for dismissal from the program. The intern may be placed on probation or recommended for dismissal for demonstrating willful or negligent actions reflecting professional misconduct.

11. Interns are not permitted to bring backpacks or textbooks into the operating room.
12. Time designated for clinical internship may be assigned for other educational activities such as demonstrations, continuous quality improvement activities, journal clubs, seminars, learning laboratory, interviews, IV starts, career fairs, and other professional activities. Program faculty will determine which students will be assigned to these activities based on the availability, current academic standing, and rotation schedules.

## INTERNSHIP PERIODS

It is expected that anesthesia technology students possess the knowledge, skills and abilities of basic anesthesia practice as they enter the clinical internship for anesthesia technology program. It is also expected that the intern will correlate educational knowledge with clinical practice throughout the perioperative period during the course of graduate study. This correlation is an integral part of the objectives for clinical internship. There are two clinical internships periods throughout the program with specific level objectives.

### FIRST PERIOD:

During first period of clinical internship of anesthesia technology, intern will achieve the following:

**I. Assessment and Diagnosis:** Collects comprehensive data pertinent to patient's health and/or situation and analyzes this data to determine the diagnosis.

**A. Patient's health history, physical, and psychosocial assessment**

- 1) Generates thorough patient health history utilizing proper interview techniques and chart review.
- 2) Utilizes principles of physical assessment when examining major organ systems.
- 3) Assesses the effect of interactions among individuals, family, community, and social systems on health and illness.

**B. Laboratory testing**

- 1) Utilizes assessment data and be able to initiate relevant laboratory work and specialty consultations.
- 2) Identifies normal and abnormal variations regarding diagnostic testing.

**C. Data collection based on patient's current needs**

- 1) Identifies relevance of assessment data and diagnostic testing.
- 2) With guidance, prioritizes relevance of assessment data and diagnostic testing.

**D. Appropriate diagnosis from assessment data**

- 1) Identifies appropriate physical status using American Society of Anesthesiologists Physical Status Classification System (ASA Status).
- 2) With guidance, incorporates assessment and diagnostic data along with hemodynamic parameters into diagnosis.

**II. Outcomes Identification:** Obtains informed consent for planned anesthetic intervention and identifies expected outcomes individualized to the patient.

**A. Patient's education**

- 1) With guidance, discusses anesthetic plan and risks in the language which patient and/or legal guardian can understand.

**B. Informed consent**

- 1) Verifies that informed consent has been obtained by qualified provider.
- 2) Identifies medico-legal issues involved in obtaining informed consent.
- 3) Document that informed consent has been obtained.

**C. Expected outcomes incorporating evidenced based practice**

- 1) Identifies and expresses expected outcomes based on current recommendations for practice found in literature.

**III. Planning:** Formulates patient-specific and alternative plans to attain expected outcomes.

**A. Patient specific (verbal and written) anesthetic plan of care**

- 1) Utilizing assessment data and planned procedure, writes patient specific care plan including assessment and diagnostic strategies, and therapeutic interventions reflecting current evidence.
- 2) Communicates plan of care with instructors and under guidance to other members of the health care team.

**B. Select equipment, medication, and monitoring modalities**

- 1) Identifies location and function of specific equipment/supplies.
- 2) Describes advantages/disadvantages of different anesthesia techniques.
- 3) Describes mechanism of action of different anesthetic therapies.
- 4) With guidance, utilizes assessment data to determine the type of monitoring devices, equipment, and anesthetic interventions planned.

**C. Safety checks**

- 1) Inspects anesthesia machine and monitors according to established guidelines, including readiness, availability, cleanliness, and working condition of all equipment.
- 2) Inspects integrity of breathing system and ensures device capable of detecting disconnection with audible alarm is intact.
- 3) Ensures functionality of oxygen analyzer and confirms



that audible alarm is intact.

- 4) Ensures safety measures taken to minimize risk of fire, explosion, electrical shock, and equipment malfunction.
- 5) With assistance, identifies and troubleshoots problems with anesthesia equipment.
- 6) Documents safety checks on anesthetic record.
- 7) Labels medications properly and secures in appropriate location.

**IV. Implementation:** Implements the identified plan.

**A. Performs appropriate induction sequence**

- 1) Applies monitoring prior to start of anesthesia.
- 2) Pre-oxygenates appropriately.
- 3) Selects and administers appropriate medication and dosage.

**B. Perform appropriate airway management**

- 1) Demonstrates proper ventilation techniques.
- 2) Secures airway with laryngeal mask airway (LMA) or tracheal intubation utilizing basic techniques.
- 3) Verifies intubation.

**C. Patient's positioning for procedure**

- 1) Identifies correct patient position for procedure.
- 2) Recognizes potential complications of various patient's positioning.
- 3) Assesses patient positioning throughout procedure and with assistance makes appropriate interventions.
- 4) Verifies correct endotracheal tube placement after position changes.

**D. Monitoring of anesthetic plan**

- 1) Continuously assesses patient's response to the anesthetic/surgical intervention and with assistance, intervenes as required to maintain patient in satisfactory physiologic condition.
- 2) Determines intraoperative fluid replacement based on patient factors and surgical procedure.
- 3) Monitors and calculates blood loss and with assistance, implements appropriate therapies.

**E. Management of invasive procedures**

- 1) Successfully insert IV catheters.
- 2) With guidance, integrates anatomy and theory to insert arterial lines.

**F. Tailors patient monitoring in accordance with patient needs**

- 1) Monitors continuously: ventilation, oxygenation, cardiovascular status, and when indicated temperature and neuromuscular function.
- 2) Remains in constant attendance of the patient.

**G. Documentation**

- 1) Documents all anesthetic interventions and patient responses accurately and in time.

**H. Manages emergence**

- 1) Verbalizes extubation criteria based on patient history, surgical procedure and anesthetic interventions.
- 2) With guidance, determines patient's readiness for extubation.

**I. Patient safety while transferring responsibility of care**

- 1) With guidance, determines appropriate timing for transfer of responsibility of care to other qualified provider.
- 2) With guidance, accurately reports patient's condition and all relevant information to the provider who is assuming responsibility for patient.

**J. Collaboration with other health care professionals**

- 1) With guidance, communicates change in patient's status to appropriate person(s) in time and collaborates with surgeons regarding anesthesia care.

**K. Universal precautions**

- 1) Demonstrates application of universal precautions in perioperative setting.

**L. Patient's protection**

- 1) Protects patient from identifiable risks e.g., iatrogenic complications and nosocomial infections.
- 2) Identifies and implements appropriate nausea/vomiting prophylaxis.
- 3) Minimizes risk of infection to the patient.

**M. Safety precautions**

- 1) Adheres to policies for safety precautions as written by the institution.

**N. Environmental health practices**

- 1) Implements precautions to secure anesthetic drugs including inhalational anesthetic agents.
- 2) Implements necessary measures to ensure scavenging system functioning correctly.
- 3) Protects patients from radiation/laser exposure.

- V. Evaluation:** Evaluates progress toward attainment of expected outcomes and assesses their anesthesia care to assure quality and contribution to positive patient outcomes.

**A. Effectiveness of anesthesia interventions**

- 1) With guidance, reviews and evaluates quality and appropriateness of anesthesia care.

**B. Post-operative patient evaluation**

- 1) Using assessment techniques performs postoperative evaluation on all patients cared for.

- 2) Documentation is in time and accurate.
- 3) Communicates outcomes to appropriate providers.

**C. Quality improvement**

- 1) Expresses an understanding of continuous quality improvement process.
- 2) Recognizes post-anesthetic complications and notifies appropriate personnel for follow up.
- 3) Participates in continual process of self-evaluation and strives to incorporate new techniques into practice.

**VI. Standards of Professional Performance:** Practices ethically, attains knowledge and competence that reflects current practice, contributes to quality practice, communicates effectively, demonstrates leadership in the professional practice setting and the profession and collaborates with the patient and family, and utilizes appropriate resources to provide care.

**A. Basic rights of patients**

- 1) Preserves the patient's rights to privacy, confidentiality, and autonomy.
- 2) Demonstrates integrity, compassion, and competence.
- 3) Delivers culturally competent care throughout anesthesia course.

**B. Collaboration with inter-professional team**

- 1) Participates in pre and post procedure briefing.
- 2) Treats health care team with respect and dignity, seeking continuous improvement in communication and conflict resolution skills.
- 3) Provides direction to enhance effectiveness of health care team.

**C. Learning experiences**

- 1) Identifies individual strengths and areas for improvement.
- 2) Utilizes feedback from clinical instructors and devises a plan for improving performance.
- 3) Attends and participates in morbidity and mortality conferences, departmental educational meetings, and morning report.
- 4) Seeks opportunities to develop clinical skills.

**D. Seeks feedback regarding practice from health care team (HCT)**

- 1) Maintains communication with other providers to minimize risks and improve outcomes in care delivery.
- 2) Engages in formal process seeking feedback regarding his/her own practice.

**E. Mentors peers in acquisition of clinical knowledge and skills**

**F. Models expert practice to interprofessional team**

**G. Resources utilization**

- 1) Selects interventions that are appropriate, safe and financially responsible.

**SECOND PERIOD:**

In addition to the objectives achieved in the first period of clinical internship, the anesthesia technology intern will attain the following in second period of internship:

**I. Assessment and Diagnosis:** Collects comprehensive data pertinent to the healthcare consumer's health and/or situation and analyzes this data to determine the diagnosis or issues.

**A. Patient's history, physical, and psychosocial assessment**

- 1) Obtains rapid and thorough health history.
- 2) Identifies abnormal pathology from assessment data.

**B. Diagnostic testing**

- 1) Utilizes assessment data and is able to initiate relevant lab work and specialty consultations.

**C. Data collection based on patient's current needs**

- 1) Orders and prioritizes data based on the history and surgical procedure.

**D. Appropriate diagnosis from assessment data**

- 1) Utilizes complex data and diagnostics in ascertaining diagnosis.
- 2) Synthesizes information obtained and is able to independently arrive at appropriate diagnosis.
- 3) Identifies potential for difficult intubation using assessment data.

**II. Outcomes Identification:** Obtains informed consent for planned anesthetic intervention and identifies expected outcomes individualized to the health care consumer.

**A. Patient's education**

- 1) Independently discusses anesthetic options and risks in language the patient and /or legal guardian can understand.

**B. Informed consent**

- 1) Obtains and documents informed consent for anesthetic.

**C. Expected outcomes**

- 1) Identifies expected outcomes that incorporate cost and clinical effectiveness, patient and family satisfaction, and that incorporate research and literature.
- 2) Modifies expected outcomes according to changes in the status of the patient.

**III. Planning:** Formulates a patient-specific plan and alternatives to that plan to attain expected outcomes.

**A. Patient specific (verbal and written) anesthetic plan of care**

- 1) Utilizing patient assessment data, problem analysis, anticipated surgical or therapeutic procedure, patient and /or surgeon preference writes a minimum of one patient specific care plan for general rotation and each assigned care plan for specialty rotations. Care plan should include interventions that reflect current evidence, including data, research, and literature.
- 2) Communicates plan of care with entire health care team.

**B. Equipment, medication, and monitoring modalities**

- 1) Utilizes assessment data to determine type of monitoring devices, including invasive monitors, equipment, and anesthetic interventions planned.
- 2) Independently calculates pharmacologic agents based on patient's current condition.

**C. Performs and documents appropriate safety checks**

- 1) Identifies and troubleshoots problems with anesthesia equipment.

**IV. Implementation:** Implements identified plan.

**A. Induction sequence**

- 1) Independently performs steps of induction.

**B. Airway management**

- 1) Skilled at various modalities of basic airway management.
- 2) Demonstrate understanding of advanced airway management.

**C. Patient's positioning for procedure**

- 1) Independently directs health care team in patient positioning.
- 2) Assesses patient position throughout the procedure and makes appropriate interventions.

**D. Monitoring of anesthetic plan**

- 1) Continuously assesses the patient's response to the anesthetic/surgical intervention and independently intervenes as required to maintain patient in satisfactory physiologic condition.
- 2) Independently determines, calculates, and adjusts perioperative fluid requirements.
- 3) Initiates blood replacement therapy when necessary.
- 4) Identifies the need for intraoperative blood work.

**E. Management of invasive procedures**

- 1) Independently inserts arterial lines.
- 2) Identifies proper anatomy associated with regional anesthesia.
- 3) Inserts subarachnoid blocks (SAB) independently, epidurals with assistance.

**F. Tailors patient monitoring in accordance with patient needs**

- 1) Utilize all monitors correctly and shows ability to recognize, correlate, and integrate information obtained.
- 2) Demonstrates competency in monitoring of regional anesthesia.
- 3) Determines need for transferring patients on monitors/ with oxygen therapy.
- 4) Identifies and implements appropriate pain management therapies.

**G. Documentation**

- 1) Documents information accurately and in time.

**H. Manages emergence**

- 1) Independently emerges and extubates patients.

**I. Assures patient safety while transferring responsibility of care**

- 1) Independently assesses patient's status and determines when it is safe to transfer responsibility of care to other qualified provider.
- 2) Timely and accurately reports patient's condition and all relevant information to the provider who is assuming responsibility for patient.

**J. Collaboration with other health care professionals**

- 1) Independently communicates change in patient's status to appropriate person(s) in timely manner and collaborates with surgeons regarding anesthesia care.
- 2) Assumes responsibility for anesthesia related functions when consulted by other practitioners.

**K. Universal precautions**

- 1) Demonstrates application of universal precautions in perioperative setting.

**L. Patient's protection**

- 1) Independently protects patient from identifiable risks, iatrogenic complications and nosocomial infections.
- 2) Actively evaluates and implements infection control procedures.
- 3) Independently identifies and implements appropriate nausea/vomiting prophylaxis.

**M. Safety precautions**

- 1) Adheres to policies for safety precautions as written by the institution.

**N. Environmental health practices**

**V. Evaluation:** Evaluates progress toward attainment of expected outcomes and assesses their anesthesia care to assure quality and contribution to positive patient outcomes.

**A. Evaluates effectiveness of interventions**

- 1) Incorporates critical thinking to enhance ongoing

assessment of clinical practice.

**B. Post-operative evaluations**

- 1) Actively participates in continuous quality improvement (CQI) process.

**C. Quality improvement**

- 1) Prepares for and actively participates in human patient simulator experiences.

**VI. Standards of Professional Performance:** Practices ethically, attains knowledge and competence that reflects current practice, contributes to quality practice, communicates effectively, demonstrates leadership in the professional practice setting and the profession; collaborates with the patient and family, and utilizes appropriate resources to provide care.

**A. Basic rights of patients**

- 1) Supports and preserves patient's rights to personal dignity and ethical norms of practice.

**B. Collaboration with inter-professional team**

- 1) Leads pre and post procedural briefing and identifies areas for improvement with post-procedural briefing.
- 2) Provides direction to enhance effectiveness of health care team.
- 3) Respects expertise and responsibilities of all health care providers involved in patient care.
- 4) Functions as a team member during cardiopulmonary resuscitation.

**C. Learning experiences**

- 1) Presents cases in morning report.
- 2) Presents original, evidence based research in journal club, leading a discussion on the topic.
- 3) Incorporates new techniques into practice.

**D. Seeks feedback regarding practice from health care team (HCT) members**

**E. Clinical knowledge and skills**

- 1) Assists other learners in securing airway skills and with theory content.
- 2) Shares research reading with clinical instructors and other learners.
- 3) Participates in and presents at morbidity and mortality (M & M) presentations.

**F. Models expert practice to interprofessional team**

**G. Resources utilization**

- 1) Assumes accountability for the worksite.

## Table 1: Record of Clinical Experience

**Codes:** ( ) = Minimum required cases [ ] = Preferred number of cases

Review clinical experience records to make sure that all information and numbers are accurate.

**The minimum clinical requirements must be met.**

<b>I. Total number of anaesthesia cases (550)</b>	<b>VIII. Methods of anaesthesia XX</b>
<b>II. Total hours of anaesthesia time</b>	A. General anaesthesia (350)
<b>III. Patient physical status XX</b>	B. Induction, maintenance, emergence XX
a. Class I	a. Intravenous induction (200)
b. Class II	b. Inhalation induction [25] (10)
c. Class III and IV (100)	c. Mask management [40] (25)
d. Class V [5]	d. Laryngeal mask airways[40] (25)
<b>IV. Special cases XX</b>	e. (or similar devices) XX
A. Geriatric 65+ years [100] (50)	f. Tracheal intubation XX
B. Paediatric XX	g. Oral (200)
a. 2-12 years [75] (25)	h. Nasal [10]
b. Under 2 years [25] (10)	i. Total intravenous anaesthesia [25](10)
c. Neonate (under 4 weeks) [5]	j. Emergence from anaesthesia (200)
C. Trauma/emergency [50] (30)	C. Monitored anaesthesia care [50] (25)
D. Ambulatory/outpatient (100)	D. Regional techniques XX
E. Obstetrical management [40] (30)	a. Management (30)
1. Caesarean delivery [15] (10)	b. Administration (Total of i, ii, iii) (25)
2. Analgesia for labour [15] (10)	i. Spinal [50]
<b>V. Position categories XX</b>	ii. Epidural [50]
A. Prone (20)	iii. Peripheral [40]
B. Lithotomy (25)	<b>IX. Arterial techniques XX</b>
C. Lateral (5)	A. Arterial puncture/catheter insertion (25)
D. Sitting (5)	B. Intra-arterial blood pressure monitoring (25)
<b>VI. Anatomical categories XX</b>	<b>X. Central venous pressure catheter XX</b>
A. Intra-abdominal (75)	A. Placement (Total of a, b) [10] (5)
B. Extrathoracic (15)	a. Actual
C. Extremities (50)	b. Simulated
D. Perineal (15)	B. Monitoring (15)
E. Head XX	<b>XI. Pulmonary artery catheter XX</b>
a. Extracranial (15)	A. Placement [5]
b. Intracranial [20] (5)	B. Monitoring [10]
c. Oropharyngeal (20)	<b>XII. Others XX</b>
F. Intrathoracic [40] (15)	A. Intravenous catheter placement (100)
a. Heart [10] (5)	B. Mechanical ventilation (200)
b. Lung (5)	C. ACLS – Provide expiration date: month _____ year _____
3. Others	D. PALS – Provide expiration date: month _____ year _____
G. Neck [10] (5)	E. Pain management (acute/chronic) [10 cases]
H. Neuroskeletal (20)	F. Alternative airway management techniques XX
I. Vascular [20] (10)	<b>1. Fiberoptic techniques XX</b>
J. Others	a. Actual placement
<b>VII. Pharmacological agents XX</b>	b. Simulated placement
A. Inhalation agents (200)	c. Airway assessment
B. Intravenous induction agents (200)	(Total of a, b, c) [15] (5)
C. Intravenous agents – muscle relaxants (200)	<b>2. Other techniques [25] (5)</b>
D. Intravenous agents – opioids (200)	<b>(Total of 1, 2) [40] (10)</b>



# FORMS

**UMM AL QURA UNIVERSITY**  
Faculty of Applied Sciences  
Department Clinical Technology  
Anesthesia Technology Internship Program

Form #1

**Evaluation of Clinical Performance (Daily form)**

Intern name: \_\_\_\_\_ Year: \_\_\_\_\_ Date: \_\_\_\_\_

Shift/location: \_\_\_\_\_

Clinical site: \_\_\_\_\_ Anesthesia technologist

supervisor \_\_\_\_\_ Anesthesiologist: \_\_\_\_\_

Case: \_\_\_\_\_ ASA: \_\_\_\_\_ Technique: \_\_\_\_\_

Case: \_\_\_\_\_ ASA: \_\_\_\_\_ Technique: \_\_\_\_\_

Case: \_\_\_\_\_ ASA: \_\_\_\_\_ Technique: \_\_\_\_\_

Evaluation Scale: **NA** = not applicable; 1=observe; 2=participate, 3=perform

<b>Evaluation Parameters</b>				
<b>I. Assessment and Diagnosis</b>				
A. Performs patient history, physical, and psychosocial assessment	1	2	3	NA
B. Initiates and interprets diagnostic testing	1	2	3	NA
C. Prioritizes data collection based on patient's current needs	1	2	3	NA
D. Derives appropriate diagnosis from assessment data	1	2	3	NA
<b>II. Outcome</b>				
A. Educates patient	1	2	3	NA
B. Obtains informed consent	1	2	3	NA
C. Incorporates evidence based practice to identify outcome	1	2	3	NA
<b>III. Planning</b>				
A. Formulates patient specific verbal and written anesthetic plan of care	1	2	3	NA
B. Selects appropriate equipment, medication and monitoring modalities	1	2	3	NA
C. Performs and documents appropriate safety checks	1	2	3	NA
<b>IV. Implementation</b>				
A. Performs appropriate induction sequence	1	2	3	NA
B. Performs appropriate airway management	1	2	3	NA
C. Positions patient for optimal safety, comfort and surgical exposure	1	2	3	NA
D. Adjusts anesthetic plan according to patient's physiological response	1	2	3	NA
E. Manages invasive procedures with skill	1	2	3	NA
F. Tailors patient monitoring in accordance with patient needs	1	2	3	NA
G. Completes documentation accurately and in time	1	2	3	NA
H. Manages emergence	1	2	3	NA
I. Assures patient safety while transferring responsibility of care	1	2	3	NA
J. Collaborates with other health care professionals to provide optimal care	1	2	3	NA
K. Uses universal precautions	1	2	3	NA
L. Protects patient from iatrogenic complications and nosocomial infections	1	2	3	NA
M. Adheres to safety precautions approved by the institution	1	2	3	NA
N. Practices standards that promote environmental health	1	2	3	NA
<b>V. Evaluation</b>				

A. Evaluates effectiveness of interventions	1	2	3	NA
B. Completes post-operative evaluation on patients	1	2	3	NA
C. Participates in continuous quality improvement process	1	2	3	NA
<b>Evaluation Parameters</b>				
<b>Standards of Professional Performance</b>				
A. Respects and maintains basic rights of patients	1	2	3	NA
B. Collaborates with the members of inter-professional team	1	2	3	NA
C. Seeks learning experiences to develop clinical knowledge	1	2	3	NA
D. Seeks feedback regarding practice from health care team	1	2	3	NA
E. Mentors peers in acquisition of clinical knowledge and skills	1	2	3	NA
F. Models expert practice to interprofessional team	1	2	3	NA
G. Utilizes appropriate resources with regard to safety and cost effectiveness	1	2	3	NA
<b>VII. Technical Skills</b>	1	2	3	NA
Intravenous (I.V) cannulation	1	2	3	NA
Intra-arterial (I.A) cannulation	1	2	3	NA
Central venous (CV) catheterization	1	2	3	NA
Pulmonary artery catheterization	1	2	3	NA
Airway management	1	2	3	NA
ETT insertion	1	2	3	NA
LMA insertion	1	2	3	NA
Central neuraxial blocks (spinal, epidural, caudal)	1	2	3	NA
Peripheral nerve blocks(brachial plexus, sciatic, femoral)	1	2	3	NA

**Intern comments:**

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**Program internship coordinator comments:**

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**Anesthesia Technologist Supervisor:**

**Name:** \_\_\_\_\_

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

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

**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department Clinical Technology  
Anesthesia Technology Internship Program

**Form #2****CLINICAL PERFORMANCE EVALUATION – PERIOD SUMMARY**


Please return to the clinical coordinators by: \_\_\_\_\_

Intern name: \_\_\_\_\_

Period number: \_\_\_\_\_

**EVALUATION SUMMARY COMPLETED BY:** \_\_\_\_\_Number of written evaluations reviewed (**Please arrange evaluations in order by date from first to last**): \_\_\_\_\_Number of times you have worked with this intern during this evaluation period:  
\_\_\_\_\_**Describe specifics about the intern's performance in the following areas:**

<b>Parameters</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Average</b>	<b>Below average</b>
	90-100	81-90	71-80	60-70	<60
<b>1. Assessment and diagnosis:</b> Patient history, physical assessment, chart review, etc.					
<b>2. Outcome:</b> Preparation and education of client, agent/ medication selection and administration, knowledge of anesthesia and procedure, integration of pharmacologic and physiologic principles, etc.					
<b>3. Planning:</b> Verbal and written care plans.					
<b>4. Implementation:</b> Induction of anesthesia, airway management, maintenance of sound anesthetic state, documentation, fluid replacement, emergence, transfer of care, protection from iatrogenic complications, etc.					

 <p><b>5. Evaluation:</b> Completes operative report (POR) clients assigned and findings, provides post-operative pain control, etc.</p>						
<p><b>6. Standards of professional performance:</b> Interaction with clients, members of HCT, utilization of learning environment, self-evaluation, leadership, ethics, etc.</p>						
<p><b>7. Technical skills:</b> Intubation, airway management, arterial lines, equipment use, regional administration, etc.</p>						
<p><b>TOTAL (of each column)</b></p>						
<p><b>GRAND TOTAL= SUM OF ALL COLUMNS</b></p>						
<p><b>AVERAGE (Grand total/7)</b></p>						
<p><b>FINAL %</b></p>						
<p><b>Marks out of 80 = FINAL% x 80</b></p>						

**8. List the intern’s strengths.**

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**9. List two specific suggestions the intern can use to improve clinical performance:**

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**10. Intern comments:**

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**SIGNATURES:**

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

**Clinical Coordinator(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

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



**UMM AL QURA UNIVERSITY**  
 Faculty of Applied Medical Sciences  
 Department Clinical Technology  
 Anesthesia Technology Internship Program

Form #3

**EVALUATION OF INTERN BY PROGRAM  
 INTERNSHIP COMMITTEE**  
**(Confidential)**

Each intern is also evaluated by the **program** internship committee for his/her professional development and continued medical education on the basis of his/her participation or attendance in faculty/university scientific conferences, seminars and workshops.

This section represents 20% of the total internship evaluation. Each intern **MUST** fill this form and submit to **program internship coordinator** along with certificates of attendance and participation at the end of internship period for the review of internship committee.

NO	TITLE OF EVENT	VENUE	DATE	Marks Obtained
<b>I</b>	<b>ATTENDANCE/PRESENTATION IN FACULTY/UNIVERSITY CONFERENCE:</b>			<b>(10 MARKS)</b>
1				
2				
3				
<b>II</b>	<b>COMMITMENT TO FILL TASKS FORMS IN INTERNSHIP BOOKLET</b>			<b>(5 MARKS)</b>
<b>III</b>	<b>COMMITMENT TO FILL INTERN SELF EVALUATION (FORM #4)</b>			<b>(5 MARKS)</b>
<b>TOTAL MARKS (20)</b>				

**Members of Faculty Internship Committee:**

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
3. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
4. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_
5. Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**UMM AL QURA UNIVERSITY**  
 Faculty of Applied Medical Sciences  
 Department Clinical Technology  
 Anesthesia Technology Internship Program

**Form #4**

**TERN EVALUATION OF INTERNSHIP**

1. Intern Name: \_\_\_\_\_ University ID: \_\_\_\_\_
2. Hospital Name: \_\_\_\_\_
3. Rotation Period: Dates: From: \_\_\_\_\_ to \_\_\_\_\_ (No of weeks) \_\_\_\_\_
4. Preceptor Name: \_\_\_\_\_
5. Number of clinical days providing anaesthesia: \_\_\_\_\_
6. Number of cases anaesthesia provided: \_\_\_\_\_
7. Number of returned evaluations: \_\_\_\_\_
8. Number of evaluations not returned: \_\_\_\_\_

Please evaluate your training by using rating scale (1-5) given below in the following areas:  
 5- Always. 4- Most of the time. 3- Usually. 2- Sometimes. 1- Never.

<b>Evaluation Parameters</b>					
<b>Assessment, diagnosis, and planning</b>					
Conducts appropriate patient history, physical, and psychosocial assessment	1	2	3	4	5
Utilizes gathered data and information in guiding plan of care	1	2	3	4	5
Formulates appropriate written and verbal care plans	1	2	3	4	5
Demonstrates perioperative preparation (patient, equipment, table top)	1	2	3	4	5
Integrates physiologic/pharmacologic/procedural principles	1	2	3	4	5
<b>Implementation and Evaluation</b>					
Meets criteria for safe induction	1	2	3	4	5
Skilfully manages airway	1	2	3	4	5
Monitors patients physiologic condition as appropriate for procedure and specific patient's needs.	1	2	3	4	5
Adjusts anesthetic care plan based on patient's physiologic response	1	2	3	4	5
Maintains organization throughout the day 1	1	2	3	4	5
Skilfully places regional blocks/vascular lines	1	2	3	4	5
Timely prepares charts completely, accurately and legibly.	1	2	3	4	5
Meets criteria for safe emergence	1	2	3	4	5
Transfers responsibility of care to qualified practitioner in the manner which ensures continuity of care and patient safety	1	2	3	4	5
Completes post-operative evaluation	1	2	3	4	5
<b>Standards of Professional Performance</b>					
Exhibits a professional and ethical behaviour	1	2	3	4	5
Respects and maintains the basic rights of patients	1	2	3	4	5
Communicates and collaborates with members of the health care team	1	2	3	4	5
Evaluates safety, effectiveness, and cost when choosing practice options	1	2	3	4	5
Participates in required and optional educational activities	1	2	3	4	5





**Identify and describe two areas from the above table in which you have shown the greatest improvement in this period.**

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**2. Identify two areas from the above table as areas for improvement during the next period. Define a plan of growth in these areas.**

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**3. Describe two challenging days of this period:**

**a) Why these were challenging?**

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**b) What have you done to meet these challenges?**

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**c) What you have learnt from this experience?**

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**Intern Signature:** \_\_\_\_\_

**Date of rotation: From:** \_\_\_\_\_ **To** \_\_\_\_\_

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

**UMM AL QURA UNIVERSITY**  
Faculty of Applied Medical Sciences  
Department Clinical Technology  
Anesthesia Technology Internship Program

Form #5

**INTERNSHIP MONITORING REPORT**

Year: \_\_\_\_\_

1<sup>st</sup> Visit2<sup>nd</sup> Visit3<sup>rd</sup> Visit**A: FEEDBACK FROM HOSPITAL TRAINING COORDINATOR:**

Name of the Hospital: \_\_\_\_\_

Name of the Hospital Training Coordinator: \_\_\_\_\_

Intern Performance:	Excellent	Very Good	Good	Average	Below average
		90-100	81-90	71-80	60-70
1. Follow hospital rules and regulations.					
2. Punctuality and initiative for work.					
3. Adhere to safety codes.					
4. Exhibit verbal communication skills.					
5. Work as a team member.					
<b>Problems with interns, if any.</b>					

**B: FEEDBACK FROM INTERS:**

Intern Experience:	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
		5	4	3	2
1. The internship is giving me a better understanding of concepts and skills.					
2. I am given level of responsibilities which is consistent with my abilities.					
3. My supervisor is available and accessible when I have questions.					
4. I have regular meeting with my supervisor and receive constructive feedback.					
5. Are you all using UQU internship booklet.	<b>Yes</b>	<b>No</b>			
6. <b>If yes</b> , does this booklet provide you useful guidance for internship?					
7. <b>If not</b> , please state the difficulties.					
<b>8. Any Suggestions:</b>					

**C PROBLEMS WITH INTERNS, IF ANY:**



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**Names of the members of monitoring team and signature:**

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

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

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

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

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

## HOSPITAL COORDINATOR'S FEEDBACK ON UQU INTERNSHIP BOOKLET

Name of the Hospital					
Hospital Coordinator's impression on UQU internship booklet	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	5	4	3	2	1
1. Is this hospital using UQU internship booklet for UQU students?	<b>Yes</b>		<b>No</b>		
<b>If yes,</b> 1.1. This booklet provides useful guidance to interns.					
1.2. It is helping anesthesia technology supervisors to be aware of the tasks to be met by the interns in each period.					
1.3. Interns are using UQU internship booklet.					
1.4. Interns experience any difficulty in following internship booklet.					
2. If hospital is <b>not</b> using UQU internship booklet, please state the difficulties.					

Name of the Hospital Training Coordinator: \_\_\_\_\_

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

Members Name: \_\_\_\_\_

Members Signatures: \_\_\_\_\_

## For Queries Please Contact:

**1. INTERNSHIP COORDINATOR:**

**Dr. Mohammed Khairt Newigy**

E-mail: mohnewigy@yahoo.com , mohnewigy2@gmail.com  
, mknewigy@uqu.edu.sa

Mobile: 0592147319

**2. INTERNSHIP SECRETARIES:**

**a) For Male Students:**

**Mr. Ashraf Bugis**

E-mail: ashraf.bugis@gmail.com

Mobile: 0564666882

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**In case of no response from above persons please contact:**

**VICE DEAN ASSISTANT FOR HOSPITAL AFFAIRS:**

**Prof. Muhammad Mubashir Ahmad Khan**

**E-mail:** mubashirpmrc@yahoo.com, makhan@uqu.edu.sa

**Tel:** 012-5270000 Ext 4239

**Mobile:** 0509010825

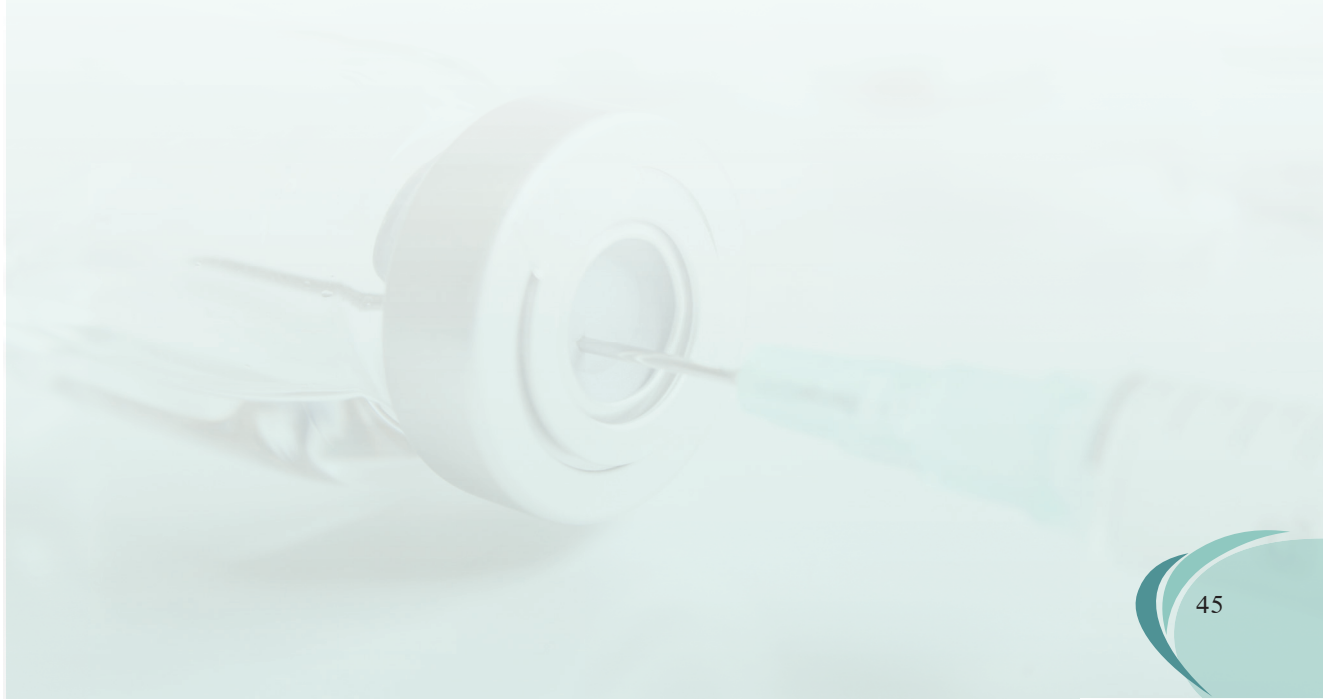
OR

**VICE DEAN FOR HOSPITAL AFFAIRS:**

**Dr. Maher Al-Andiyjany**

**E-mail:** mnandiyjany@uqu.edu.sa, vd\_amdh@uqu.edu.sa,

**Mobile:** 0504542360



تصميم واخراج

