



# Shadow Experience with CRNA Preceptor

(To be completed and emailed by the CRNA preceptor only)

CANDIDATE'S NAME \_\_\_\_\_

### Instructions for the CRNA Preceptor

- Please assign the anesthesia school candidate an online anesthesia article to read prior to their shadow day.
- Some time during the day, discuss with the candidate the article to ascertain their understanding of the physiology and basic anesthesia principles.
- Request that they provide you with their overall GPA and calculated science GPA

### NMSU Anesthesia Program Candidate Shadow Experience Assessment

Please circle the appropriate responses

1. Did the candidate arrive on time? **YES** **NO**
2. Did the candidate see a machine check? **YES** **NO**
3. Did the candidate see a pre-anesthesia interview? **YES** **NO**
4. Date of Shadow Experience \_\_\_\_\_ Hours Shadowed \_\_\_\_\_
5. Which type(s) of anesthesia techniques did the candidate witness:

**GENERAL**

**REGIONAL BLOCK**

**CENTRAL NEURAXIAL BLOCK**

### Candidate's Background & Motivation

1. How many years of nursing experience does the candidate have? \_\_\_\_\_
2. How many years of critical care experience does the candidate have? \_\_\_\_\_
3. What is the candidate's motivation for applying to a nurse anesthesia program?

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CANDIDATE'S NAME \_\_\_\_\_

Please use your professional assessment for the following statements below:

Your Professional Assessment	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Candidate demonstrated good clinical judgment or critical thinking during the article discussion					
Candidate had a basic understanding of the anesthetic process					
Candidate was professional and appropriate at all times					
Candidate's motivation is great enough to get through the rigors of a CRNA program					
Candidate has enough nursing experience to be successful in a CRNA program					
Candidate has a strong (recent and quality) critical care foundation for successful completion of a CRNA program					
Candidate has a strong academic foundation to be successful in a rigorous CRNA program					
Overall, candidate has the ability to be successful in a CRNA program					

Please provide rationale for any assessments marked "disagree" or "strongly disagree":

CRNA provider's name/signature/date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*Thank you for your willingness to assist this candidate in their required shadowing experience and the nurse anesthesiology program in selecting qualified candidates.*

**At the end of the shadow experience, please return this completed evaluation to the applicant.**

**Thank you!**