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.
- Sometime 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

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 and Motivation

1. How many years of nursing experienced 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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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 a strong (recent and quality) critical care foundation for a 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: _____

CRNA 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.

Please return this evaluation via email to cbeau@nmsu.edu or reach out if you have any questions.

PLEASE DO NOT RETURN COMPLETED EVALUATION FORM TO THE APPLICANT