DEVELOPMENT OF A COMPETENCY-BASED COMMON CLINICAL ASSESSMENT TOOL FOR NURSE ANESTHESIA EDUCATION

Laura Bonanno, DNP, PhD(c), CRNA
COA Common Clinical Assessment Tool Special Interest Group
Conflict of Interest Statement

*I have no financial relationships with any commercial interest related to the content of this presentation.*
Introduction to CCAT

- Common clinical assessment tool
- Tracking the progression of SRNAs
- Assessment of theory verses clinical performance
Mandates for Evaluation
Significance

• Potential benefit to all:
  • Individual
  • Institution
  • Society

**Individual**
  • Student
  • Program Faculty
  • Clinical Preceptor

**Institution**
  • Nurse Anesthesia Program
  • University
  • Council on Accreditation

**Society**
  • Patients
  • Health Care System
Goals of Evaluation

- Define clinical outcomes
- Validate behaviors
- Provide feedback
- Early identification
- Improve quality and safety
Current Challenges

Potential Decreased Effectiveness

- Lack of Clarity
- Lack of Holistic Integration
- Lack of Generalizability
- Lack of Validity
- Lack of Objectivity
- Lack of Timeliness
- Lack of Constructiveness
- Lack of Reliability
Current Challenges

• Objectivity
• Reliability
• Timeliness
• Validity
• Holistic Integration
• Clarity
Objectivity

- Current tools
  - Not standardized
  - Lack explicit criteria
- Subjectivity
  - Personal value
  - Bias
  - Socialization
  - Reluctance
- Need standardization
Reliability

- Interrater reliability
  - Focus on different aspects
  - Different levels of expectations
  - Clinical experience
- Current tools lack consistency
- Needs:
  - Rater independent
  - Context independent
**Timeliness**

- Time lag:
  - between observation and rating of performance
  - between rating and feedback to the student
- Current tools:
  - too complex
  - too lengthy
  - too time consuming
- Need a tool that reduces both
Validity

• Measures what is intended

• Problematic:
  • Defining competence
  • Determining behaviors
  • Measuring these behaviors

• Needs:
  • Alignment of purpose and outcomes
  • Observation of actual performance
Holistic Integration

• Current tools devalue integration
• Students focus on completion of task
• Need a tool that fosters critical thinking
Clarity

• Current tools:
  • Broad
  • Lack Focus
  • Academic Jargon
• Lack conceptual clarity
• Needs:
  • Clear outcomes
  • Explicit behaviors
  • Simple scale
COA’s Response
Following the January 2015 COA meeting, the COA finalized the appointment of the Common Clinical Assessment Tool Special Interest Group (CCATSIG).

Special Interest Group Initial Charge
• Investigate the feasibility of developing a Common Clinical Assessment Tool (CCAT) for use by nurse anesthesia educational programs
  • Provide reliability lacking in the myriad of evaluation forms used by programs
  • Assure alignment of evaluation of student clinical performance with COA and nursing Standards
• Develop a timeline that includes key activities and a cost estimate to develop and implement a CCAT
• Identify characteristics and key content areas to be included in the tool
COA Common Clinical Assessment Tool Special Interest Group (CCATSIG)

Juan Gonzalez, PhD, CRNA, Champion, COA Educator Member
Laura Bonanno, DNP, PhD (c), CRNA, COA Educator Member
Amanda Brown, DNAP, CRNA, APRN, External Member-Practitioner
Brett Clay, DNAP, CRNA, External Member-Practitioner
Kathy Cook, DNP, CRNA, External Member-Program Administrator
Sass Elisha, EdD, CRNA, COA Educator Member
Demetrius Porche, DNS, PhD, FACHE, FAANP, FAAN, External Member-Dean
Deana Starr, DNP, CRNA, COA Student Member
Frank Gerbasi, PhD, CRNA, COA Chief Executive Officer
Molyka Leonard, MPA, Accreditation Specialist
Susan Monsen, MATD, Accreditation Specialist
2015 Survey to Nurse Anesthesia Programs—Current State of Programs’ Clinical Evaluation of Students

- Strengths of current clinical evaluation tools
- Weaknesses of current clinical evaluation tools
- Challenges encountered with obtaining valid and reliable clinical evaluations from preceptors
- Versions of clinical evaluation tools used each semester
- Versions for student cohort levels or specialty rotations
- Technology platforms used to support clinical evaluation tools/processes
- Interest in a Common Clinical Assessment Tool

(N = 97)
What the Survey Results Told Us

- A single evaluation tool that has core competencies based on COA Standards and allows a program to insert other questions based on their individual program requirements is desirable.
- The tool should be concise, be available electronically and via paper and have a section where preceptors can include comments.
- Use of the tool would be optional as some programs state their clinical evaluation process is adequate for their needs.
- The cost of using the tool should not be prohibitive to programs.
Other Sources of Information to Inform Development of the Tool

- AANA Focus Sessions, 2015-2017
- AANA Member Profile Questions, 2016
- NBCRNA National Certification Examination (NCE) Content Outline, 2016
- Graduate QSEN Competencies
- IPEC Core Competencies, 2016
- Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians, Englander, 2013
Crosswalks to Ensure Consistency with COA Standards and AACN Essentials and Competencies

• COA Standards for Accreditation of Nurse Anesthesia Programs – Practice Doctorate, 2015
• AACN The Essentials of Doctoral Education for Advanced Nursing Practice, 2006
• AACN Common APRN Doctoral Competencies, 2018
Institutional Review Board (IRB) Approval

- Louisiana State University Institutional Review Board reviewed and approved the content and methodology of the COA’s Delphi Study
Delphi Study Participant Panel

- **Program Administrators**
  - Doctoral degree required
  - Minimum 1 year experience as a program administrator

- **Program Faculty**
  - Doctoral degree required
  - Minimum 1 year experience as a program faculty member

- **Certified Registered Nurse Anesthetist (CRNA) Clinical Educators**
  - Doctoral degree preferred; Master’s degree required
  - Minimum 1 year experience providing clinical education

- **Nurse Anesthesia Students**
  - Completion of 1 year of clinical education; good academic standing as evidenced by recommendation letter from program administrator
Delphi Study Methodology

- CCATSIG developed
  - Domains
  - Descriptor for each Domain
  - Competencies for each Domain and Descriptors
  - Progression Indicators for each Competency
    - Description of Unsafe, Novice, Advanced Beginner, Competent, Proficient (Prepared for Entry into Practice)
    - Progression Indicator “Unsafe” Revised to “Safety Concern” from Round 1 to Round 2
Delphi Study Process

Round 1:
- Judges evaluate each item
- Analyze round 1 data
- Revise instrument

Round 2:
- Judges evaluate round 1 revised items
- Analyze round 2 data
- Revise instrument

Final Revision:
- Beta test instrument
- Analyze Beta test
- Revise instrument

Round 3:
- Judges evaluate round 2 revised items
- Analyze round 3 data
- Revise instrument
Delphi Study Methodology

- CCATSIG Members Assigned to Workgroups by Domain
- Three (3) Rounds of Feedback and Revision
- Statistical Analysis of Delphi Study Feedback for Each Round
  - Domains
    - Rate the relevancy of each Domain on 5-point Likert scale
    - Comment regarding interpretability of each Domain
  - Domain Descriptors
    - Rate the relevancy of each Domain Descriptor on 5-point Likert scale
    - Comment regarding interpretability of each Domain Descriptor
  - Competencies
    - Rate the relevancy of each Competency on a 5-point Likert scale
    - Comment regarding interpretability of each Competency
  - Progression Indicators
    - Rate the relevancy of each Progression Indicator for each Competency on a 5-point Likert scale
    - Comment regarding interpretability of Progression Indicators for each Competency
# Anatomy of the CCAT Rubric

- **Competency**
- **Descriptors**
- **Progression Indicators**

<table>
<thead>
<tr>
<th>Competency (Descriptors)</th>
<th>N/A</th>
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<th>Competent (Entry into Practice)</th>
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<tbody>
<tr>
<td>1. Provides safe and vigilant patient care throughout the perianesthesia period</td>
<td>Fails to demonstrate safe practices throughout the perianesthesia period.</td>
<td>Demonstrates safe practices throughout the perianesthesia period <strong>with continual direction.</strong></td>
<td>Demonstrates safe practices throughout the perianesthesia period <strong>with minimal direction.</strong></td>
<td>Demonstrates safe practices throughout the perianesthesia period, independently; identifies/anticipates safety concerns; intervenes if others are demonstrating unsafe practices.</td>
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</table>
- **Timely response to alarms, audible indicators, anesthesia, and/or surgical events.**
- **Limited distractions.**
## Domain 1: Patient Safety and Perianesthesia Care

**Domain Descriptor:** Administers and manages comprehensive, safe, and patient-centered anesthesia care across the lifespan for a variety of procedures and physical conditions.

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<tr>
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<tr>
<td><strong>1. Provides safe and vigilant patient care throughout the perianesthesia period</strong>&lt;br&gt;Examples:&lt;br&gt;• Timely response to alarms, audible indicators, anesthesia, and/or surgical events&lt;br&gt;• Limits distractions</td>
<td>Fails to demonstrate safe practices throughout the perianesthesia period.</td>
<td>Demonstrates safe practices throughout the perianesthesia period with continual direction.</td>
<td>Demonstrates safe practices throughout the perianesthesia period with minimal direction.</td>
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<td>Demonstrates safe practices throughout the perianesthesia period, independently; identifies/anticipates safety concerns; intervenes if others are demonstrating unsafe practices.</td>
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<td><strong>2. Performs a comprehensive preanesthetic equipment check</strong>&lt;br&gt;Examples:&lt;br&gt;• Verifies availability and function of standard and emergency equipment&lt;br&gt;• Performs the required anesthesia machine check</td>
<td>Fails to perform a comprehensive preanesthetic equipment check.</td>
<td>Performs a comprehensive preanesthetic equipment check with minimal direction.</td>
<td>Performs a comprehensive preanesthetic equipment check, independently.</td>
<td>Performs a comprehensive preanesthetic equipment check, independently; identifies and reports concerns.</td>
<td>Performs a comprehensive preanesthetic equipment check, independently; troubleshoots and resolves concerns.</td>
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<td><strong>3. Protects patients from perioperative complications</strong>&lt;br&gt;Examples:&lt;br&gt;• Participates in “time-out” procedure&lt;br&gt;• Safely positions patient&lt;br&gt;• Monitors physiological responses (i.e. cardiopulmonary status, temperature)</td>
<td>Fails to protect patients from perioperative complications.</td>
<td>Performs interventions to prevent perioperative complications with continual direction.</td>
<td>Performs interventions to prevent perioperative complications with minimal direction.</td>
<td>Performs interventions to prevent perioperative complications, independently; intervenes if others are demonstrating behaviors that may result in perioperative complications.</td>
<td>Performs interventions to prevent perioperative complications, independently; intervenes if others are demonstrating behaviors that may result in perioperative complications.</td>
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<tr>
<td><strong>4. Delivers culturally competent perianesthesia care</strong>&lt;br&gt;Examples:&lt;br&gt;• Incorporates cultural awareness, knowledge, sensitivity, and skills&lt;br&gt;• Recognizes own cultural perspective and bias&lt;br&gt;• Recognizes patient’s cultural perspectives and bias&lt;br&gt;• Includes cultural perspectives and biases in decision making</td>
<td>Fails to deliver culturally competent perianesthesia care.</td>
<td>Delivers culturally competent perianesthesia care.</td>
<td>Delivers culturally competent perianesthesia care.</td>
<td>Delivers culturally competent perianesthesia care; uses interprofessional collaboration.</td>
<td>Delivers culturally competent perianesthesia care; uses interprofessional collaboration.</td>
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# Domain 1: Patient Safety and Perianesthesia Care

**Domain Descriptor:** Administers and manages comprehensive, safe, and patient-centered anesthesia care across the lifespan for a variety of procedures and physical conditions.

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<td>5. Administers anesthesia for a variety of procedures and physical conditions to patients across the lifespan</td>
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<td>Examples:</td>
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<td>- Applies standard monitoring</td>
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<td>- Adequately preoxygenates</td>
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<td>- Appropriately selects and administers induction medications</td>
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<td>- Appropriately manages airway and ventilation</td>
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<td><strong>5b. Maintenance</strong></td>
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<td>Fails to maintain patient safety and adequate depth of anesthesia.</td>
<td>Intervenes to maintain patient safety and adequate depth of anesthesia with continual direction.</td>
<td>Intervenes to maintain patient safety and adequate depth of anesthesia with minimal direction.</td>
<td>Intervenes to maintain patient safety and adequate depth of anesthesia, independently.</td>
<td>Intervenes to maintain patient safety; uses interprofessional collaboration; anticipates anesthetic needs for increasingly complex cases.</td>
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<td>Examples:</td>
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<td>- Continuous monitoring</td>
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<td>- Titrates anesthesia and adjunct medications to maintain physiologic stability</td>
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<tr>
<td>- Appropriately maintains airway and ventilation.</td>
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<td>- Anticipates postoperative requirements</td>
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<td><strong>5c. Emergence</strong></td>
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<td>Fails to manage emergence safely.</td>
<td>Manages emergence safely with continual direction.</td>
<td>Manages emergence safely with minimal direction.</td>
<td>Manages emergence safely, timely, independently.</td>
<td>Manages emergence safely for increasingly complex cases; uses interprofessional collaboration.</td>
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<td>Examples:</td>
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<td>- Discontinues anesthetic medications</td>
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<td>- Ensures extubation criteria is met</td>
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<td>- Ensures physiologic stability</td>
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<td>- Prepares for transfer</td>
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<td><strong>5d. Postoperative care</strong></td>
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<td>Fails to manage postoperative care safely.</td>
<td>Manages postoperative care safely with continual direction.</td>
<td>Manages postoperative care safely with minimal direction.</td>
<td>Manages postoperative care safely, independently.</td>
<td>Manages postoperative care safely for increasingly complex cases; uses interprofessional collaboration.</td>
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<td>Examples:</td>
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<td>- Safely transports patients for recovery</td>
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<td>- Provides comprehensive “hand-off” to RN</td>
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<td>- Ensures physiologic stability</td>
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<td>- Ensures adequate pain control</td>
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<td>- Verbalizes discharge criteria/goals</td>
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<td>- Performs postoperative visit/follow-up as indicated</td>
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<td>6. Administers and/or manages a variety of regional anesthesia techniques</td>
<td>Fails to administer and/or manage regional anesthesia techniques safely.</td>
<td>Administers and/or manages regional anesthesia techniques safely with continual direction.</td>
<td>Administers and/or manages regional anesthesia techniques safely with minimal direction.</td>
<td>Administers and/or manages regional anesthesia techniques safely, independently.</td>
<td>Administers and/or manages regional anesthesia techniques safely, independently; advocates for the use of regional anesthesia techniques appropriate for patient and procedure.</td>
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</tbody>
</table>

**Examples:**
- Verbalizes indications, contraindications, and risks
- Verifies availability and function of standard and emergency equipment
- Identifies anatomic landmarks
- Appropriately selects and administers anesthetic medications
- Ensures use of sterile technique
- Appropriately administers regional anesthetic
- Identifies and manages complications

**COMMENTS:**
## Domain 2: Knowledge and Critical Thinking

**Domain Descriptor:** Comprehends, applies, synthesizes, and evaluates new and existing knowledge and experience to guide clinical anesthesia decision making.

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<tr>
<td>1. Uses knowledge, experience and science-based principles to formulate an anesthetic plan</td>
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<td>Fails to use knowledge, experience, and science-based principles to formulate a basic anesthetic plan.</td>
<td>Uses knowledge, experience, and science-based principles to formulate a basic anesthetic plan with minimal direction.</td>
<td>Uses knowledge, experience, and science-based principles to formulate an individualized anesthetic plan with minimal direction.</td>
<td>Uses knowledge, experience, and science-based principles to formulate an individualized anesthetic plan, independently; uses interprofessional collaboration.</td>
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<tr>
<td>2. Performs a comprehensive pre-anesthesia history and physical (H&amp;P) assessment, and utilizes these findings to formulate an individualized anesthetic plan</td>
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<td>Fails to perform a comprehensive H&amp;P assessment and formulate a basic anesthetic plan.</td>
<td>Performs a comprehensive H&amp;P assessment and formulates a basic anesthetic plan with minimal direction.</td>
<td>Performs a comprehensive H&amp;P assessment and formulates an individualized anesthetic plan with minimal direction.</td>
<td>Performs a comprehensive H&amp;P assessment and formulates an individualized anesthetic plan, independently; uses interprofessional collaboration.</td>
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</table>
| Examples: | | - Past medical/surgical/social history  
- Review of systems  
- Labs/diagnostic studies  
- Physical assessment and airway evaluation | | | |
| 3. Interprets and utilizes data obtained from noninvasive and invasive monitoring modalities for clinical decision making | | Fails to interpret and utilize data obtained from noninvasive and invasive monitoring modalities for clinical decision making. | Interprets and utilizes data obtained from noninvasive and invasive monitoring modalities to prioritize clinical decision making with continual direction. | Interprets and utilizes data obtained from noninvasive and invasive monitoring modalities to prioritize clinical decision making with minimal direction. | Interprets and utilizes data obtained from noninvasive and invasive monitoring modalities to prioritize clinical decision making, independently; uses interprofessional collaboration while prioritizing clinical decision making. |
| Examples: | | - Cardiovascular (i.e.: HR, NIBP, ABP, CVP, PAP)  
- Respiratory (i.e.: SpO2, minute ventilation, ETCO2)  
- Neurologic (i.e., ICP, NMB status, evoked potentials) | | | |
## Domain 2: Knowledge and Critical Thinking

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<td>- Temperature</td>
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<td>- Labs/diagnostic studies</td>
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<td>4. Calculates, initiates, and manages fluid, blood and blood component therapy</td>
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<td>Fails to calculate, initiate, and/or manage fluid, blood and blood component therapy.</td>
<td>Calculates, initiates, and/or manages fluid, blood and blood component therapy with continual direction.</td>
<td>Calculates, initiates, and manages fluid, blood and blood component therapy with minimal direction.</td>
<td>Calculates, initiates, and manages fluid, blood and blood component therapy, independently.</td>
<td>Calculates, initiates, and manages fluid, blood and blood component therapy, independently, for increasingly complex cases.</td>
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<td>5. The recognition, evaluation and/or appropriate management of physiologic responses during anesthesia care</td>
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<td>- Hypo/hypertension</td>
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<td>- Hypo/hypercarbia</td>
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<td>- Hypoxia</td>
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<td>- Dysrhythmias</td>
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<td>Fails to recognize, evaluate, and/or appropriately manage physiologic responses during anesthesia care.</td>
<td>Recognizes, evaluates, and appropriately manages physiologic responses with continual direction in a timely manner.</td>
<td>Recognizes, evaluates, and appropriately manages physiologic responses with minimal direction in a timely manner.</td>
<td>Recognizes, evaluates, and appropriately manages physiologic responses in a timely manner, independently.</td>
<td>Recognizes, evaluates, and appropriately manages physiologic responses in a timely manner, independently, anticipates.</td>
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<td>6. The recognition and appropriate management of complications occurring during anesthesia care</td>
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<td>- Myocardial ischemia</td>
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<td>- Pneumothorax</td>
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### Domain 2: Knowledge and Critical Thinking

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<tr>
<th>Competency (Descriptors)</th>
<th>Safety Concern</th>
<th>Novice</th>
<th>Advanced Beginner</th>
<th>Competent</th>
<th>Proficient (Entry into Practice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Malignant hyperthermia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**
**Domain 3: Professional Communication and Collaboration**

**Domain Descriptor:** Engages in effective communication with patients, their families/significant others, and other healthcare professionals to deliver safe, patient-centered anesthesia care.

<table>
<thead>
<tr>
<th>Competency (Descriptors)</th>
<th>Safety Concern</th>
<th>Novice</th>
<th>Advanced Beginner</th>
<th>Competent</th>
<th>Proficient (Entry into Practice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Utilizes communication skills with patients, their families/significant others, and other healthcare professionals</td>
<td>Fails to utilize effective communication skills with patients, their families/significant others, and other healthcare professionals.</td>
<td>Novice</td>
<td>Advanced Beginner</td>
<td>Competent</td>
<td>Proficient (Entry into Practice)</td>
</tr>
</tbody>
</table>

**Examples:**
- Accepts instruction and constructive feedback
- Uses effective, empathic and respectful verbal/nonverbal communication
- Educates and advocates for patients, families and significant others
- Teaches others
- Maintains patient confidentiality
- Informs the public of the role and practice of a CRNA

Utilizes effective communication skills with patients, their families/significant others, and other healthcare professionals, and uses and utilizes interprofessional communication to improve the quality of care.
## Domain 3: Professional Communication and Collaboration

**Domain Descriptor:** Engages in effective communication with patients, their families/significant others, and other healthcare professionals to deliver safe, patient-centered anesthesia care.

<table>
<thead>
<tr>
<th>Competency (Descriptors)</th>
<th>Requires N/A</th>
<th>Safety Concern</th>
<th>Novice</th>
<th>Advanced Beginner</th>
<th>Competent</th>
<th>Proficient (Entry into Practice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Maintains comprehensive, accurate, and legible (if applicable) healthcare records</td>
<td>NA</td>
<td>Fails to maintain comprehensive, timely, accurate and/or legible healthcare records.</td>
<td>Maintains comprehensive, timely, accurate and legible healthcare records with continual direction.</td>
<td>Maintains comprehensive, timely, accurate and legible healthcare records with minimal direction.</td>
<td>Maintains comprehensive, timely, accurate and legible healthcare records, independently; identifies opportunities for system improvements.</td>
<td>Maintains comprehensive, timely, accurate and legible healthcare records, independently; identifies opportunities for system improvements.</td>
</tr>
<tr>
<td>3. Transfers the responsibility for patient care that assures continuity and patient safety</td>
<td>NA</td>
<td>Fails to transfer responsibility for patient care that assures continuity and patient safety</td>
<td>Transfers responsibility for patient care that assures continuity and patient safety with continual direction.</td>
<td>Transfers responsibility for patient care that assures continuity and patient safety with minimal direction.</td>
<td>Transfers the responsibility for patient care that assures continuity and safety, independently; identifies opportunities for system improvements (if applicable).</td>
<td>Transfers the responsibility for patient care that assures continuity and safety, independently; identifies opportunities for system improvements (if applicable).</td>
</tr>
<tr>
<td>Examples:</td>
<td>Report to RN</td>
<td>- patient identifying information</td>
<td>- medical history</td>
<td>- anesthetic technique performed</td>
<td>- intraoperative course</td>
<td>- postoperative status and plan of care</td>
</tr>
<tr>
<td></td>
<td>4. Provides leadership that facilitate intra-professional and inter-professional communication and collaboration</td>
<td>NA</td>
<td>Fails to demonstrate leadership behaviors that facilitate intra-professional and inter-professional communication and collaboration</td>
<td>Demonstrates leadership behaviors that facilitate intra-professional and inter-professional communication and collaboration with minimal direction.</td>
<td>Demonstrates leadership behaviors that facilitate intra-professional and inter-professional communication and collaboration, independently.</td>
<td>Demonstrates leadership behaviors that facilitate intra-professional and inter-professional communication and collaboration, independently; serves as a role model, mentor, and emerging leader.</td>
</tr>
<tr>
<td>Examples:</td>
<td>Provides and accepts constructive feedback</td>
<td>- exhibits self-confidence, positive attitude and flexibility</td>
<td>- exhibits a diligent work ethic, serves as a role model</td>
<td>- demonstrates healthy coping mechanisms</td>
<td>- exhibits emotional intelligence</td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**
## Domain 4: Professional Role

**Domain Descriptor:** Practices in a responsible and accountable manner that complies with professional, legal, ethical, and regulatory standards with an awareness and responsiveness to the larger healthcare system.

<table>
<thead>
<tr>
<th>Competency (Descriptors)</th>
<th>N</th>
<th>Safety Concern</th>
<th>Novice</th>
<th>Advanced Beginner</th>
<th>Competent</th>
<th>Proficient (Entry into Practice)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adheres to the AANA and ANA Codes of Ethics</td>
<td>N/A</td>
<td>Fails to adhere to the AANA &amp; ANA Codes of Ethics.</td>
<td></td>
<td></td>
<td>Adheres to the AANA &amp; ANA Codes of Ethics.</td>
<td>Adheres to the AANA &amp; ANA Codes of Ethics and uses interprofessional collaboration to uphold the Codes of Ethics.</td>
</tr>
</tbody>
</table>
## Domain 4: Professional Role

**Domain Descriptor:** Practices in a responsible and accountable manner that complies with professional, legal, ethical, and regulatory standards with an awareness and responsiveness to the larger healthcare system.

<table>
<thead>
<tr>
<th>Competency (Descriptors)</th>
<th>N A</th>
<th>Safety Concern</th>
<th>Novice</th>
<th>Advanced Beginner</th>
<th>Competent</th>
<th>Proficient (Entry into Practice)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Interacts with professional integrity</strong></td>
<td></td>
<td>Fails to interact with professional integrity.</td>
<td></td>
<td></td>
<td></td>
<td>Interacts with professional integrity.</td>
</tr>
<tr>
<td><strong>Examples:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Interacts with professional integrity <strong>within the healthcare team; uses interprofessional collaboration.</strong></td>
</tr>
<tr>
<td>• Demonstrates truthfulness, honesty, consistency</td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>4. Functions within professional, legal, regulatory standards, and adheres to institutional policies</strong></td>
<td></td>
<td>Fails to comply with professional, legal, regulatory standards, and institutional policies.</td>
<td></td>
<td></td>
<td></td>
<td>Complies with professional, legal, regulatory standards, and institutional policies; uses interprofessional collaboration.</td>
</tr>
<tr>
<td><strong>5. Responsible and accountable for practice</strong></td>
<td></td>
<td>Fails to accept responsibility and accountability for practice.</td>
<td></td>
<td></td>
<td></td>
<td>Accepts responsibility and accountability for practice.</td>
</tr>
<tr>
<td><strong>Example:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Accepts responsibility and accountability for own actions and engages in interprofessional collaboration to improve practice.</td>
</tr>
<tr>
<td>• Demonstrates punctuality, self-discipline, reliability</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td><strong>6. Provides cost-effective anesthesia care</strong></td>
<td></td>
<td>Fails to provide cost-effective anesthesia care.</td>
<td></td>
<td></td>
<td></td>
<td>Provides cost-effective anesthesia care.</td>
</tr>
<tr>
<td><strong>Examples:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Demonstrates stewardship of financial and other resources for the delivery of cost-effective anesthesia care.</td>
</tr>
<tr>
<td>• Considers cost-effectiveness when selecting equipment and medications</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• Minimizes medical waste</td>
<td></td>
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</tbody>
</table>

**COMMENTS:**
Next Steps

• Final Call for Comment on COA-Approved Tool-Complete
• Registered User Process - In Progress
  • Demographic Survey for Programs to Indicate Interest
  • Determine Electronic System Used
  • Groups for required Orientation/Training to ensure Validity and Reliability
• Manuscript for Publication - In Progress
• Obtain Copyright – In Progress
• Collaboration with Medatrax and Typhon to Include Tool and Current Reporting Features – In Progress
• Orientation/Training Webinars
• Ongoing Evaluation and Revision