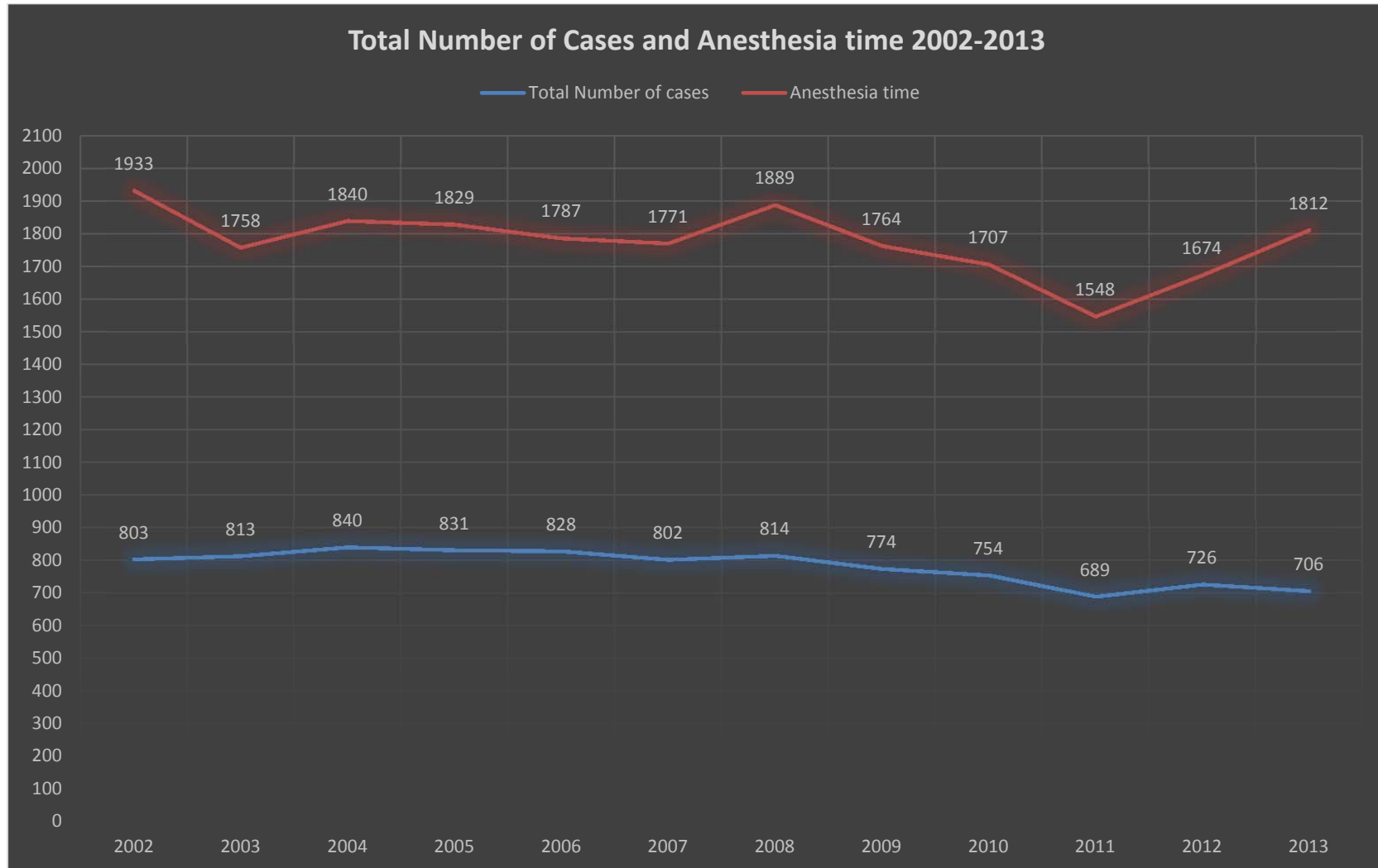
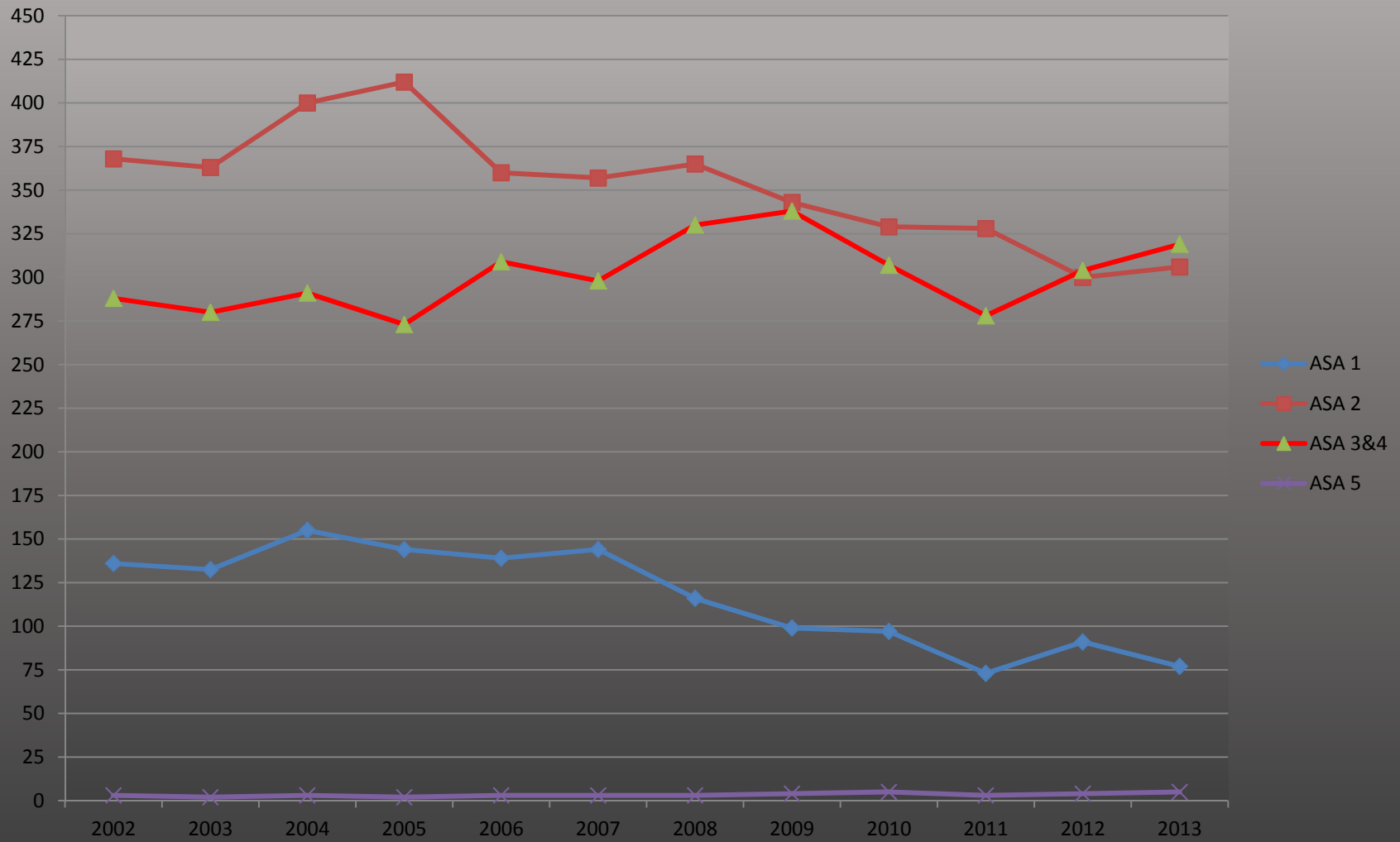


Indicators



ASA Classification 2002-2013



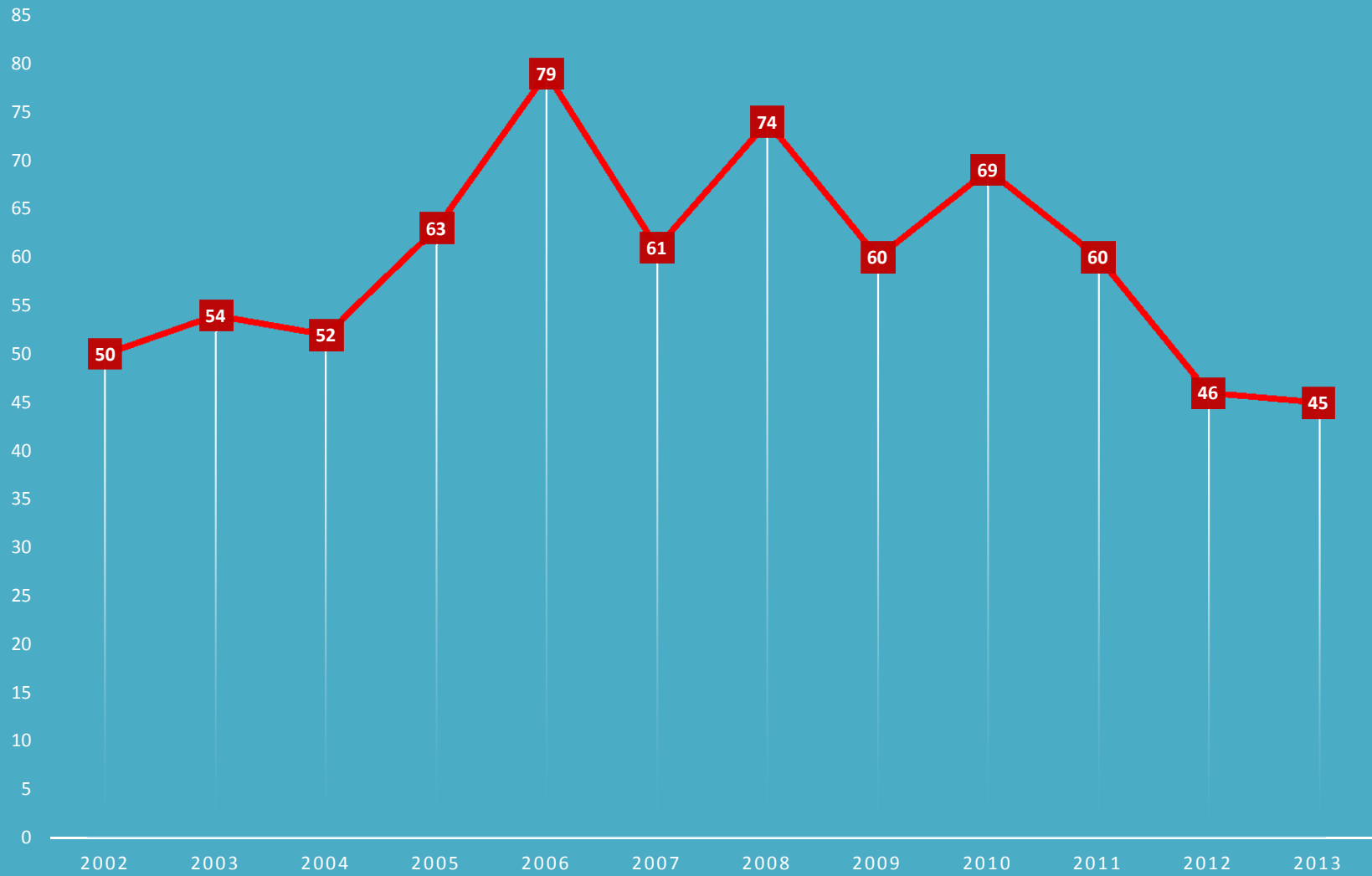
Intracranial & Spine Cases 2002-2013

Intracranial Spine

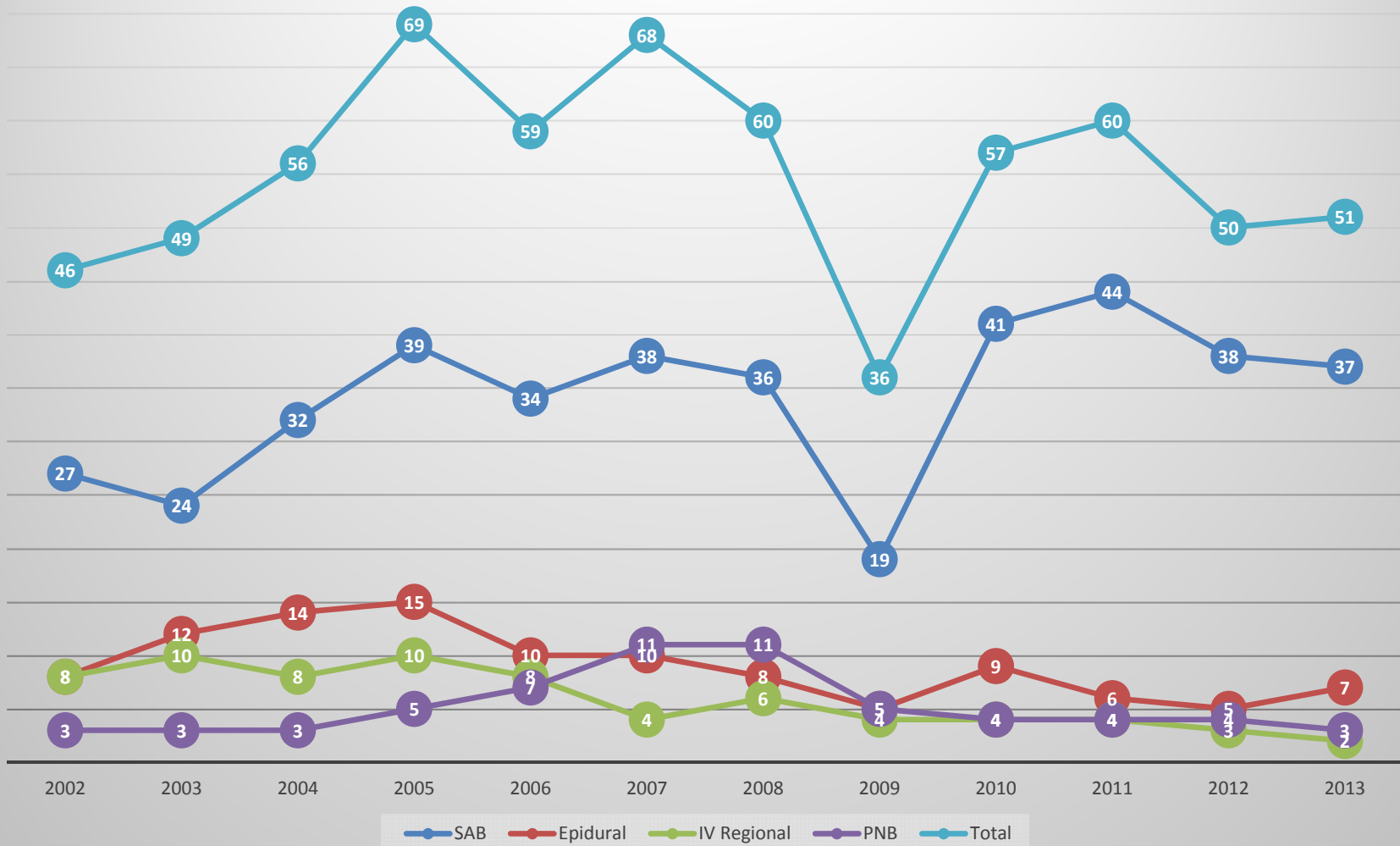


OB CASES 2002-2013

— OB

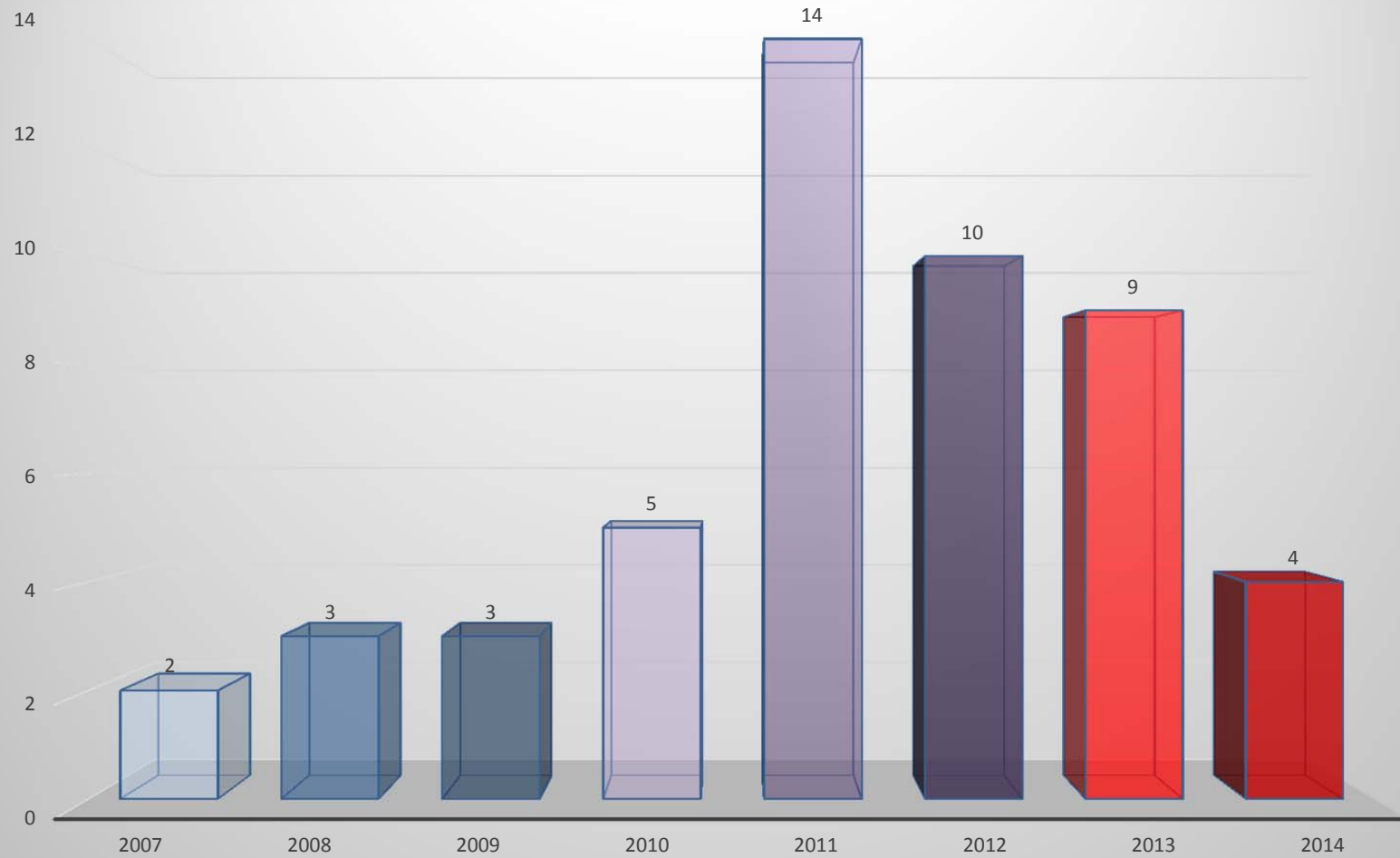


Regional Anesthesia 2002-2013



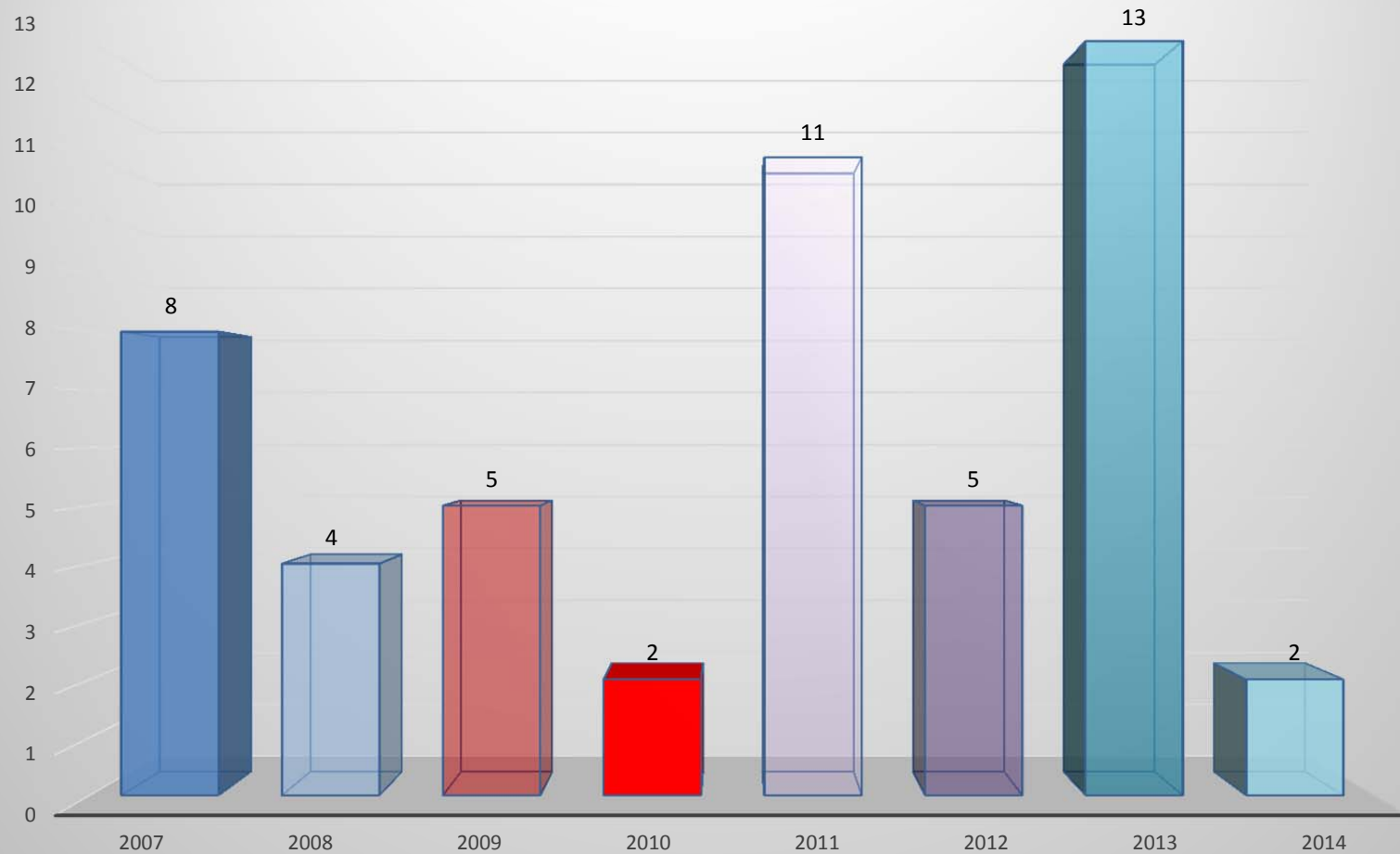
International Activities

Mission Trips



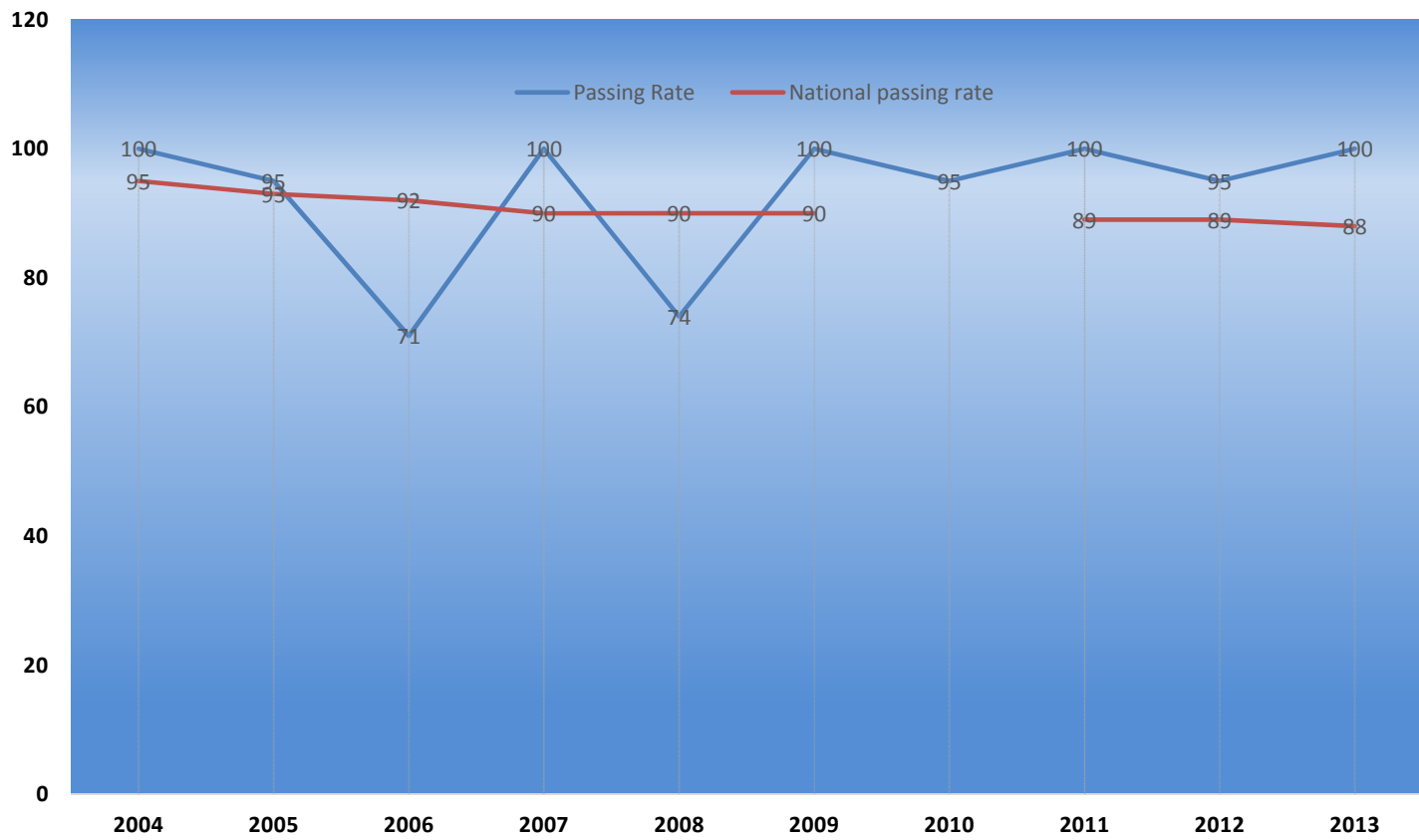
Student Publications

Published Articles Class 2007-2014



Outcome Measurement

Passing Rate 2004-2013



Midpoint Evaluation Class of 2014

Table 1. Didactic and Clinical Items, n=14

Variables	f(%)
Philosophy	
Good	5(35.71)
Outstanding	9(64.29)
Curriculum	
Fair	1(7.1)
Good	6(42.86)
Outstanding	7(50)
Design	
Good	8(57.14)
Outstanding	6(42.86)
Learning resources	
Fair	1(7.1)
Good	7(50)
Outstanding	6(42.86)

Clinical teaching	
Fair	3(21.43)
Good	6(42.86)
Outstanding	5(35.71)
Didactic teaching	
Fair	2(14.28)
Good	6(42.86)
Outstanding	6(42.86)
Clinical experience	
Good	12(85.71)
Outstanding	2(14.29)
Student evaluation/counseling	
Poor	1(7.1)
Fair	2(14.29)
Good	7(50)
Outstanding	4(28.61)
Equipments	
Fair	2(14.29)

Good	7(50)
Outstanding	5(35.71)
Role model of CRNA	
Fair	3(21.43)
Good	6(42.86)
Outstanding	5(35.71)
Role model of MDA	
Fair	1(7.1)
Good	8(51.14)
Outstanding	5(35.71)
Professional development	
Fair	1(7.1)
Good	4(28.61)
Outstanding	9(64.29)

Table 1 showed that the program is achieving an outstanding rating in the items of philosophy (64.29%), curriculum (50%), and professional development among students (64.29%). The variables, 'learning resources,' 'clinical teaching,' and 'didactic teaching,' had close gaps between good and outstanding ratings. Majority of the respondents rate the clinical experience as good (85.71%).

Qualitative results

Strengths

- Majority of the respondents gave the clinical experience as the strength of the program.
"complexity of cases, ASA 3/4 patient case experience, airway tools experience, variety of clinical settings"
- The quality of instruction is the second most identified strength of the program
"Most all of the lecturers are extremely experienced and insightful regarding the information they teach, Dr. Rieker does an excellent job at making students think through things multiple ways as opposed to spoon-fed Powerpoint readings. Sandy Ouellette is also extremely knowledgeable[knowledgeable] regarding neuro and the other subjects she teaches."
- Professional development is the third most identified strength of the program.
"Professional development opportunities such as attending professional meetings and encouragement to join committees[committees]."
- Other identified strengths of the program are: clinical conferences, visits of well-known lecturers, exposure to journal writing, access to simulation and cadaver labs, being part of a large medical center, and supportive staff.

Weaknesses

Although the strength of the program is its clinical experience, it is also one of its weaknesses.

- There is lack of hands on experience in regional anesthesia.
"..quality of regional anesthesia experience,.."
"Lack of regional experience."
- Schedule
"flexibility of schedules,.."
"Lack of consideration to ideas about clinical site rotations."
- Dr. Clifford Gonzales
'Lack of consideration to ideas about clinical site rotations.'
- Change in administration
"The inconsistencies between what students have been told in the past and what they are currently told after changing faculty are frustrating. For example, schedules were " [']set for the duration of the program" [']; and students who requested extra pediatric rotations were " [']granted" [']; such rotations, now all of that is changed and there may not be an opportunity for a second peds rotation. The rotations are entirely different now than they were planned to be as of February. Supposedly senior female students were to get the lockers in the actually women's locker

room. Students looked forward to not having the walk from the mock OR and finally having a perk of being a senior, and now the juniors have those lockers out of convenience. We were told that Thursday-Saturday night call shifts were covered by juniors and seniors would cover Sunday-Wednesday night call shifts. This also went out the window and there seems to be no consistency[consistency] in call schedules. We were promised 2 days off after a call to rest up and get ready for a next shift, now there is no " [“] grace period" [“] off after a call shift, so students who have extensive drive time may get home around 7:30-8am and then have to be up to be back and to get an assignment that afternoon by 3-4pm.”

- *Other identified weaknesses of the program include weak outside clinical sites, intimidating CRNAs at inpatient, outdated classroom, cliché in evaluation, distant clinical sites, rough start, multiple use of equipments, communication between the program and clinical sites, and lack of didactic diversity.*

Class of 2010, 2012, and their respective employers

