

State University of New York Health Science Center  
College of Health Professions  
Program in Cardiovascular Perfusion

**CLINICAL PERFUSION EXPERIENCE AGREEMENT**

**Preface:**

This document is intended to outline the professional agreement between your perfusion department and SUNY Health Science Center at Syracuse College of Health Professions Department of Cardiovascular Perfusion. It is NOT intended to be legally binding. It IS intended to provide the opportunity for all involved parties to communicate any and all concerns they may have regarding the clinical education of SUNY perfusion students at your institution. As such, you are encouraged to make modifications, additions/deletions to the document to provide a written agreement which accurately reflects the conduct of clinical perfusion education at your institution.

The adjunct clinical coordinator at the affiliate site or his/her designated representative, should thoroughly review this document with each student on the first day of their clinical rotation at your institution. Please be aware the students have been informed that they are to perform NO duties related to patient care at your institution until this review has been completed.

Upon completion of the review, please fax the signed documents to the SUNY HSC @ Syracuse CHP Dept. of CVP. If there have been any modifications to the agreement, the students have been informed to wait for a return fax indicating the schools understanding and agreement with said modifications before commencing duties related to patient care. In the absence of modifications, the fax containing the students and the clinical sites representative signatures shall complete the agreement and initiate all responsibilities agreed upon by all parties.

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State University of New York Health Science Center  
College of Health Professions  
Program in Cardiovascular Perfusion

**CLINICAL PERFUSION EDUCATION STUDENT EVALUATION PACKAGE**

included in this package are the following documents:

**Clinical Perfusion Experience Agreement:**

This document intends to provide a framework around which the clinical education of SUNY perfusion students will be administered at your institution. You are encouraged to customize this agreement to reflect your teaching environment.

The student will fax the signed agreement to the Program Director on the first day of the clinical rotation

**Formative Clinical Assessment:**

This document is to be completed by the student after each clinical experience. The Perfusionist will review the students self assessment, make any necessary comments and sign the document.

The student will mail copies of these reports to the Program Director at the end of weeks 1,3 and last.

**Performance Review:**

This document is to be completed by the clinical coordinator and reviewed with the student. It is intended to make the student aware of the overall impression they make on the affiliate staff and focus their attention on their weaknesses before interviewing for their first position.

The student will mail a copy of this report to the Program Director at the end of weeks 1,3 and last.

**Summative Evaluation:**

This document will be completed by the clinical coordinator once at the completion of the clinical rotation. It Provides an overall Satisfactory or Unsatisfactory evaluation which will be used in granting credit for the curriculums CVPR 450 course.

The clinical coordinator will fax or mail a copy of this report to the Program Director on the last day of the clinical rotation

State University of New York Health Science Center  
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Program in Cardiovascular Perfusion

**CLINICAL PERFUSION EXPERIENCE AGREEMENT**

Clinical perfusion education agreement between the SUNY HSC @ Syracuse CHP,  
Dept. of CVP, this student \_\_\_\_\_ and the  
(Student's Name)  
adjunct clinical affiliate staff at \_\_\_\_\_  
(Hospital/Department Name)

First Day of Clinical Rotation \_\_\_\_\_

Last Day of Clinical Rotation \_\_\_\_\_

Affiliates' Clinical Coordinator \_\_\_\_\_

Affiliates' Clinical Staff

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The following list encompasses the clinical affiliates **expectations of the student** throughout the duration of this clinical rotation. Modifications, additions/deletions can be made to this list but will require the signature of the Program Director or his designated representative before duties relating to patient care may commence:

The clinical affiliate staff expects that...

1. The student will be prompt and professional.

The clinical day begins at \_\_\_\_\_. At which time the student will

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report to \_\_\_\_\_ in the following attire. \_\_\_\_\_

The students clinical day will end at \_\_\_\_\_. At this time they may leave the clinical arena.

2. The student will attend any departmental meetings/conferences deemed appropriate by the affiliates clinical coordinator.
3. The student will review pertinent topics on request (provided the material can be made available to the student) and discuss and demonstrate understanding of said topic as required.
4. The student will work to efficiently and competently prepare for surgical procedures assigned to them by the clinical staff. This responsibility includes but is not limited to:
  - a. review of patient history
  - b. component selection
  - c. circuit assembly/priming
  - d. necessary paperwork, record keeping
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_
5. The student will demonstrate (verbally and/or manually) to the satisfaction of the clinical instructor understanding of pertinent perfusion skills/duties before applying them to patient care.
6. The student will discuss with the responsible perfusionist parameters and case specific details before each case.
7. The student understands that the ultimate responsibility for perfusion

conduct lies with the clinical staff member and therefore, NO decision regarding patient care will be performed without the expressed consent of the responsible perfusionist.

8. The student will perform any and all perfusion duties/skills that they are comfortable with and which the individual clinical staff member deems them competent to do.
  
9. In the absence of pertinent clinical procedures and scholarly assignments, the student will be available to assist the clinical staff with other departmental duties such as may be required of them as a member of the clinical affiliate's own staff. These duties may include but are not limited to:
  - a. stocking
  - b. inventory
  - c. re-ordering
  - d. washing/storing equipment
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_

10. \_\_\_\_\_  
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11. \_\_\_\_\_  
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The following list encompasses the students **expectations of the clinical instructors** throughout the duration of this clinical rotation. Modifications, additions/deletions can be made to this list but will require the signature of the Program Director or his designated representative before duties relating to patient care may commence:

The student expects that...

1. Unless otherwise noted here, there are NO clinical responsibilities expected between the end of the clinical day on Friday and the start of the clinical day on Monday. Any On-Call responsibilities and appropriate channels for contacting the Re-Called student should be discussed here as well

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2. The clinical staff will make a reasonable effort to provide time for students breaks and meals throughout the course of any given clinical day.
3. The clinically responsible perfusionist overseeing this activity for any given

procedure will comment on and sign the students evaluation form the same day or as soon as possible thereafter.

4. The clinical staff will allow the student to demonstrate competence in an appropriate time period and discuss with the other clinical staff members the student's strengths and weaknesses in order to provide a strong and progressive clinical experience.
  
5. The affiliates clinical coordinator will discuss with the clinical staff the student's performance and fill out a performance review three separate times during the clinical rotation. This form will be reviewed with the student and two copies will be provided to the student. One copy for the students records and the other to be mailed to the schools program director as required (at end of weeks 1, 3 and last).
  
6. The affiliates clinical coordinator will bring any concerns regarding the student's performance to the attention of the Program Director or his designated representative in such time that they may be addressed and a valuable clinical experience may ensue.
  
7. With proper notification, the student may miss up to 3 days of clinical experience for illness, family emergencies and/or professional interviews. Proper notification shall be defined as 24 hour notice given to the clinical coordinator (or his designated representative) whenever possible or \_\_\_\_\_ when not possible.

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\_\_\_\_\_  
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Clinical Coordinator \_\_\_\_\_ date \_\_\_\_\_

Student \_\_\_\_\_ date \_\_\_\_\_

Program Director \_\_\_\_\_ date \_\_\_\_\_

Please return agreement to:

Bruce Searles BS CCP  
Interim-Program Director  
Dept of CVP  
Fax: 315-464-6914



**SUNY Health Science Center  
College of Health Professions  
Cardiovascular Perfusion Formative Clinical Assessment**

Student \_\_\_\_\_ Date \_\_\_\_\_ Student Case # \_\_\_\_\_ Instructor \_\_\_\_\_  
 Hospital \_\_\_\_\_ Pt. Hospital # \_\_\_\_\_ Surgeon \_\_\_\_\_  
 Procedure \_\_\_\_\_ CPB time \_\_\_\_\_  
 Oxygenator \_\_\_\_\_ Adjunctive Devices/Procedures \_\_\_\_\_  
 Learning objective for this Case: \_\_\_\_\_

	Good	Suggestions for Improvement	Not Performed
1. Pre-operative pt. Evaluation			
2. Appropriate decisions Calculations/charting			
3. Setup, Priming/Recirculating/Moving in			
4. Pathology & Surgical Plan/Checklist/Readiness to commence bypass			
5. CPB Initiation			
6. Acid Base/Blood Gas Electrolyte Management			
7. Perfusion Physiology			
8. Pharmacology			
9. Myocardial Preservation			
10. Hypothermia			
11. Coagulation Management			
12. Blood Conservation/Fluid Dynamics			
13. Individualized response to CPB problems encountered			
14. Termination of Bypass			
15. Post bypass awareness			
16. Professional development			

During this case I learned:	I need to work on:

Student \_\_\_\_\_

Instructor: Self assessment ___ Good ___ Needs improvement in areas checked	
Comments: _____	
_____	
_____	
Signature _____	CCP

**SUNY Health Science Center  
College of Health Professions  
Cardiovascular Perfusion Formative Clinical Assessment  
Key**

**Learning Objective** - Specific skills and/or information you want to learn/improve during this case.

Key words: Knowledge, Understanding Tasks, Speed Dexterity, Communication, Awareness, Decisions

1. Includes pt. Hx.; cardiac diagnostic workup.
2. Includes appropriate system selection for pt.; cannulae; calculations; case record ready to initiate CPB.
3. Includes aseptic technique; calibration of monitoring devices; de-bubbling; moving into room; communication/direction of other team members; pre-bypass checklist completed.
4. Includes knowledge of defect; anatomical and physiologic ramifications of surgical plan.
5. Includes awareness of all potential hazards, their consequences and rectifying actions; appropriate steps for initiating CPB; assessment of CPB system adequacy; communication with team members.
6. Includes appropriate responses to pt. or system variables; correct calculations.
7. Includes relationship between system and pt.; vital signs; appropriate actions for: hypotension/hypertension; EKG abnormalities; renal function.
8. Includes appropriate knowledge of pt. current medication reg; interaction with bypass parameters; thorough understanding of pharmacodynamics of all drugs used on CPB; appropriate application of pharmacologic intervention.
9. Includes understanding of physiology; appropriate cardioplegia and venting techniques; knowledge of hazards and appropriate action; communication.
10. Includes understanding of physiology; proper institution of hypothermia; rewarming.
11. Includes proper assessment and action to maintain appropriate anticoagulation; understanding of coagulation system.
12. Includes cell-saving techniques; hemoconcentration; appropriate decisions on fluid composition additions.
13. Includes any unusual occurrences which were dealt with; unusual pt. response to routine actions; ability to anticipate events.

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14. Includes awareness of potential hazards, their consequences and corrective actions; appropriate steps to terminate CPB smoothly; assessment of cardiac function; pt. hemodynamics; communication with all team members; proper calculation of fluid disposition; case documentation, complete and thorough.
  15. Includes understanding of pt. hemodynamics; potential pt. problems; appropriate perfusion actions (ie. prepare to resume bypass, etc.)
  16. Includes professional attitude and demeanor; communication skills; work habits; enthusiasm; motivation; interpersonal relationships; professional relationships; uses appropriate infection control practices; appropriate confidence; reaction to stress.

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**CLINICAL PERFUSION EDUCATION PERFORMANCE REVIEW**

1. Students Name \_\_\_\_\_
2. Affiliate \_\_\_\_\_
3. Clinical Coordinator \_\_\_\_\_
4. Date \_\_\_\_\_
5. Evaluation 1st week \_\_\_\_\_ 3rd week \_\_\_\_\_ final evaluation \_\_\_\_\_
6. Please evaluate the student according to the following criteria. Make your evaluation relative to what you would expect a graduating student to possess/exhibit when seeking their first job in the field. Please use the space provided below to make comments regarding any topic receiving an unacceptable mark.

	Exceptional	Above Average	Average	Below Average	Un-acceptable
Perfusion Knowledge Base					
Health Care Knowledge Base					
Medical Knowledge Base					
Communication with OR Team Members					
Professionalism					
Punctuality					
Work Ethic					
Leadership/Initiative					
Integrates well into Perfusion Staff					
Overall Impression					

7. Number of absences to date for entire rotation \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

Distribution of copies  
original: Affiliate Clinical Coordinator  
copy: Program Director  
copy 2: Student

Student's Comments:

Students Signature \_\_\_\_\_ Date \_\_\_\_\_

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**College of Health Professions**  
**Cardiovascular Perfusion Progress Report/Summative Evaluation**

Student \_\_\_\_\_ Date Reviewed by Clinical Competency Committee \_\_\_\_\_

Course CVPR \_\_\_\_\_ Date Reviewed with Student \_\_\_\_\_

Progress (S/U) \_\_\_\_\_

I. Observation/Assessment

Expectations

- A. Aware of and responds appropriately to potential hazards.
- B. Aware of procedure progression.
- C. Accurate and appropriate data collecting of pt. status, pre intra and post CPB.

Progress (S/U) \_\_\_\_\_

II. Knowledge Level

Expectations

- A. Demonstrated knowledge of previously taught principles and theories in anatomy, physiology, pathology, pharmacology, surgical and perfusion techniques.

Progress (S/U) \_\_\_\_\_

III. Concepts/Analysis

Expectations

- A. Relates knowledge to perfusion application.
- B. Appropriate initiation, conduct and termination of CPB.
- C. Accurate, appropriate and thorough assessment of pt. physiology and CPB system.
- D. Appropriate application of knowledge to discuss and resolve CPB or pt. problems.

Progress (S/U) \_\_\_\_\_

IV. Psychomotor Domain

Expectations

- A. Organized dexterous, safe and expeditious handling of CPB equipment
- B. Effective communication with health care team.

Progress (S/U) \_\_\_\_\_

V. Affective Domain

Expectations

- A. Prompt, reliable, professional behavior in relation to all others
- B. Accepts constructive criticism and uses it for self improvement.
- C. Demonstrates positive group interactions; willingly helps others.
- D. Appropriate confidence and reaction to stressful situations.
- E. Enthusiastic and motivated toward continuous learning, using all available time to seek additional opportunities for learning.

Progress (S/U) \_\_\_\_\_

VI. Safety

Expectations

- A. Demonstrates knowledge of and always uses all appropriate safety precautions for pt., self and health care team.

**Final Grade**

CVPR \_\_\_\_\_ Pass/Fail (complete only at end of experience or semester)

**Comments:**

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**Signatures**

Clinical Coordinator \_\_\_\_\_ CCP Date \_\_\_\_\_

Student \_\_\_\_\_ Date \_\_\_\_\_