

Supervision of Nurse Anesthesia Residents (Clinical)

Policy

Supervision in Anesthetizing Areas

Supervision in anesthetizing areas at clinical sites is limited to CRNA's and anesthesiologists who are institutionally credentialed to practice and immediately available for consultation. Instruction by graduate registered nurse anesthetists, anesthesia assistants, or physician residents is never appropriate if they act as the sole agents responsible for the students.

Supervision ratio of residents to instructor must be coordinated to ensure patient safety by taking into consideration: the complexity of the anesthetic and/or surgical procedure, the resident's knowledge and ability, the comorbidities associated with the patient and the experience of the clinical instructor. Clinical supervision of nurse anesthesia residents must not exceed 2 residents to 1 CRNA or 2 residents to 1 anesthesiologist, if no CRNA is involved. The CRNA or anesthesiologist are the only individual(s) with responsibility for anesthesia care of the patient, and have responsibilities including, but not limited to: providing direct guidance to the resident; evaluating resident performance; and approving a resident's plan of care. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g. life-threatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g. additional CRNA or anesthesiologist called in, hospital diverts emergency cases to maximize patient safety). The program is responsible for ensuring its clinical supervision requirements are consistent with COA standards and that residents are aware of these requirements and know who is supervising them in the clinical area.

1. Beginning Nurse Anesthesia Resident (approximately month 1 – 6)
 - will be supervised 1:1 (assigned to an OR with a CRNA or anesthesiologist who has no other assignment).
 - Instructors may leave the operating room for brief periods (breaks, lunches) when assigned with a beginning resident provided the patient's medical history and the operative course are uncomplicated

2. Experienced Nurse Anesthesia Resident (approximately month 6 – 18)
 - Residents may be supervised 1:1 or 2:1 by a CRNA or anesthesiologist.
 - The decision to change the instruction ratio from 1:1 to 1:2 or leave the OR for periods of time is dependent on:
 - a. Complexity of the anesthetic and/or surgical procedure
 - b. Resident's knowledge and ability
 - b. Comorbidities associated with the patient.
 - c. Experience of the resident and the instructor

- The resident may be left alone in the operating room while providing an anesthetic at the discretion of the supervising CRNA or anesthesiologist. While the resident is alone, the supervising CRNA or anesthesiologist must be immediately available.

Supervision Outside Anesthetizing Areas

Residents may participate in educational activities involving non-anesthetizing duties of a nurse anesthetist. These activities may include resuscitative services, pre- and postoperative rounds, obtaining intravenous access, and respiratory and pain services rotations.

Clinical supervision in non-anesthetizing areas is restricted to credentialed experts who are authorized to assume responsibility for the resident. This may include nurse anesthetists, anesthesiologists, other physicians, or registered nurses entitled by license, hospital credentialing, or job description to perform these duties. See COA Standards Glossary: Credentialed Expert.

See COA Standards Glossary: Clinical Supervision; COA DNP Standard F5, F7 and F8

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