Johns Hopkins Medical Student Anesthesiology Clerkship Student Skills Checklist

Name: ______ Rotation Dates: ______

The following technical skills should be signed off by a resident, fellow, CRNA or other provider as appropriate.

Please submit your form at the end of the rotation.

Room Setup:

/2											
Date											
Initials											

Preoperative Evaluation and presentation:

Date					
Initials					

Attempted IV or line placement:

Date					
Initials					

Mask Ventilation:

Date					
Initials					

Attempted LMA placement:

Date					
Initials					

Attempted Intubation:

Date					
Initials					