Standards and Guidelines for the Accreditation of Educational Programs for the Anesthesiologist Assistant

Essentials/Standards initially adopted in 1987;
revised in 2000, 2001, 2004, 2009, 2016,
and effective xx/xxxx.

Developed by
Accreditation Review Committee for the Anesthesiologist Assistant

Endorsed by
American Academy of Anesthesiologist Assistants
American Society of Anesthesiologists
Association of Anesthesiologist Assistant Education Programs

and

Approved by the
Commission on Accreditation of Allied Health Education Programs

The Commission on Accreditation of Allied Health Education Programs (CAAHEP) accredits programs upon the recommendation of the Accreditation Review Committee for the Anesthesiologist Assistant.

These accreditation **Standards** are the minimum standards of quality used in accrediting programs that prepare individuals to enter the Anesthesiologist Assistant profession. Standards are the minimum requirements to which an accredited program is held accountable. Guidelines are descriptions, examples, or recommendations that elaborate on the Standards. Guidelines are not required but can assist with interpretation of the Standards.

Standards are printed in regular typeface in outline form. *Guidelines are printed in italic typeface*.

Preamble

The Commission on Accreditation of Allied Health Education Programs (CAAHEP), the Accreditation Review Committee for the Anesthesiologist Assistant, the American Academy of Anesthesiologist Assistants, the American Society of Anesthesiologists, and the Association of Anesthesiologist Assistant Education Programs cooperate to establish, maintain and promote appropriate standards of quality for educational programs for the Anesthesiologist Assistant and to provide recognition for educational programs that meet or exceed the minimum standards outlined in these accreditation **Standards and Guidelines for the Accreditation of Educational Programs**. CAAHEP encourages innovation and quality education programs throughout the CAAHEP accreditation process, consistent with the CAAHEP policy on institutional autonomy. These **Standards and Guidelines** are designed to ensure the integrity of the CAAHEP accreditation process. Directories of accredited programs are published for the information of students, employers, educational institutions and organizations, credentialing bodies, and the public.

These **Standards and Guidelines** are to be used for the development, evaluation, and self-analysis of the Anesthesiologist Assistant programs. Site visit teams assist in the evaluation of a program's compliance with the accreditation standards.

Description of the Profession

The Certified Anesthesiologist Assistant (CAA) is a highly trained medical professional qualified by medical education to provide anesthetic care in conjunction with a physician anesthesiologist. By virtue of medical science education and clinical practice experience, the CAA is competent in the safe and effective delivery of all aspects of anesthesia care.

The **blue** text is profession-specific language and a variation from the CAAHEP template.

The language in **black** is the CAAHEP template language, and it cannot be modified.

I. Sponsorship

A. Program Sponsor

A program sponsor must be at least one of the following:

1. A post-secondary academic institution accredited by an institutional accrediting agency that is recognized by the U.S. Department of Education and must be authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a master's degree at the completion of the program.

   The program must be affiliated with a medical school that is accredited by the Liaison Committee on Medical Education (LCME), or its successor, or the Commission on Osteopathic College Accreditation (COCA), or its successor.

2. A post-secondary academic institution outside of the United States and its territories that is authorized under applicable law or other acceptable authority to provide a post-secondary program, which awards a minimum of a master's degree or equivalent at the completion of the program.

   The program must be affiliated with a medical school that is accredited.

3. A consortium, which is a group made up of two or more education providers, that operate an educational program through a written agreement that outlines the expectations and responsibilities of each of the partners. At least one of the consortium partners must meet the requirements of a program sponsor set forth in I.A.1. or I.A.2.

   Consortium does not refer to clinical affiliation agreements with the program sponsor.

B. Responsibilities of Program Sponsor

The program sponsor must

1. Ensure that the program meets the Standards; and

2. Have a preparedness plan in place that assures continuity of education services in the event of an unanticipated interruption.

Examples of unanticipated interruptions may include unexpected departure of key personnel, natural disaster, public health crisis, fire, flood, power failure, failure of information technology services, or other events that may lead to inaccessibility of educational services.

II. Program Goals

A. Program Goals and Minimum Expectations

The program must have the following minimum expectations statement: "To prepare anesthesiologist assistants who are competent in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains to enter the profession."

Programs that adopt educational goals beyond the minimum expectations statement must provide evidence that all students have achieved those goals prior to entry into the field.

Program goals must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and accepted standards of roles and functions of an anesthesiologist assistant. Goals are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. Program goals must be written referencing one or more of the learning domains.

The program must assess its goals at least annually and respond to changes in the needs and expectations of its communities of interest.

B. Program Advisory Committee

The program advisory committee must include at least one representative of each community of interest and must meet annually. Communities of interest served by the program include, but are not limited to, students, graduates, faculty members, sponsor administrators, employers, physicians, and the public.

The program advisory committee advises the program regarding revisions to curriculum and program goals based on the changing needs and expectations of the program's communities of interest, and an assessment of program effectiveness, including the outcomes specified in these Standards.

Program advisory committee meetings may be conducted using synchronous electronic means.

III. Resources

A. Type and Amount

Program resources must be sufficient to ensure the achievement of the program's goals and outcomes. Resources must include, but are not limited to

1. Faculty;
2. Administrative and support staff;
3. Curriculum;
4. Finances;

5. Faculty and staff workspace;
6. Space for confidential interactions;
7. Classroom and laboratory (physical or virtual);
8. Ancillary student facilities;
9. Clinical affiliates;
10. Equipment;
11. Supplies;
12. Information technology;
13. Instructional materials; and
14. Support for faculty professional development.

B. Personnel

The sponsor must appoint sufficient faculty and staff with the necessary qualifications to perform the functions identified in documented job descriptions and to achieve the program's stated goals and outcomes.

At a minimum, the following positions are required.

The program director and medical director must be separate individuals.

1. Program Director

a. Responsibilities

The program director must be responsible for all aspects of the program, including but not limited to:

1) Administration, organization, supervision, and fiscal responsibility of the program;
2) Continuous quality review and improvement of the program;
3) Academic oversight, including curriculum planning and development; and

Ensure that core learning domains are satisfied.

b. Qualifications

The program director must:

1) Be a certified anesthesiologist assistant;
2) Possess a minimum of a master's degree;
3) Have the requisite knowledge and skills to administer the classroom/academic aspects of the program; and,
4) Have the requisite knowledge and skills to administer the operation of the overall program.

Program director should have documented education or experience in instructional methodology.

2. Medical Director

a. Responsibilities

The medical director must:

1) Collaborate with the program director to organize, administer, review, plan, and develop processes that ensure the effectiveness of the didactic and clinical education component of the program;
2) Participate in teaching anesthesia practice and/or coursework focusing on principles of medicine; and
3) Ensure the curriculum meets current standards of medical practice.

b. Qualifications

The medical director must:

1) Be a physician anesthesiologist currently licensed and board-certified in anesthesiology;
2) Have the requisite knowledge and skills to advise the program leadership about the clinical/academic aspects of the program; and
3) Be knowledgeable in teaching the subjects assigned.

3. Faculty/Instructional Staff

a. Responsibilities

For all didactic, laboratory, and clinical instruction to which a student is assigned, there must be a qualified individual(s) clearly designated by the program to provide instruction, supervision, and timely assessments of the student's progress in meeting program requirements.

b. Qualifications

Faculty/instructional staff must be effective in teaching and knowledgeable in subject matter as documented by appropriate professional credential(s)/certification(s), education, and experience in the designated content area. Faculty for the supervised clinical practice portion of the educational program must include a licensed healthcare professional.

Resident physicians may contribute to clinical or didactic instruction.

C. Curriculum

1. The curriculum content must ensure that the program goals are achieved. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation. Instruction must be delivered in an appropriate sequence of classroom, laboratory, and clinical activities.

   The program must demonstrate that the curriculum offered meets or exceeds the competencies listed in Appendix B of these **Standards**.

   CAAHEP supports and encourages innovation in the development and delivery of the curriculum.

2. The program must require a minimum number of clinical hours and cases as outlined in Appendix B, and at least annually evaluate and document that the established program minimums are adequate to achieve competency to enter the profession.

   For first-year students, the program must require a minimum number of clinical hours, and at least annually evaluate and document that the established program minimum is adequate to continue promotion to the second year of the program.

D. Resource Assessment

The program must, at least annually, assess the appropriateness and effectiveness of the resources described in these **Standards**. The results of the resource assessment must be the basis for ongoing planning and change. An action plan must be developed when needed improvements are identified in the program resources. Implementation of the action plan must be documented, and results measured by ongoing resource assessment.

IV. Student and Graduate Evaluation/Assessment

A. Student Evaluation

1. Frequency and purpose

Evaluation of students must be conducted on a recurrent basis and with sufficient frequency to provide both the students and program faculty with valid and timely indications of the students' progress toward and achievement of the curriculum competencies in the required learning domains.

Validity means that the evaluation methods chosen are consistent with the learning and performance objectives being tested.

2. Documentation

Student evaluations must be maintained in sufficient detail to document learning progress and achievements.

B. Outcomes

The program must meet the established outcomes thresholds.

1. Assessment

The program must periodically assess its effectiveness in achieving established outcomes. The results of this assessment must be reflected in the review and timely revision of the program.

Outcomes assessments must include but are not limited to national credentialing examination performance, programmatic retention, graduate satisfaction, employer satisfaction, and placement in full or part-time employment in the profession or in a related profession.

A related profession is one in which the individual is using cognitive, psychomotor, and affective competencies acquired in the educational program.

Graduates pursuing academic education related to progressing in health professions or serving in the military are counted as placed.

A national certification examination program should be accredited by the National Commission for Certifying Agencies (NCCA), American National Standards Institute (ANSI), or under International Organization for Standardization (ISO).

2. Reporting

At least annually, the program must submit to the ARC-AA the program goal(s), outcomes assessment results, and an analysis of the results.

If established outcomes thresholds are not met, the program must participate in a dialogue with and submit an action plan to the ARC-AA that responds to the identified deficiency(ies). The action plan must include an analysis of any deficiencies, corrective steps, and timeline for implementation. The program must assess the effectiveness of the corrective steps.

V. Fair Practices

A. Publications and Disclosure

1. Announcements, catalogs, publications, advertising, and websites must accurately reflect the program offered.

2. At least the following must be made known to all applicants and students

- **a.** Sponsor's institutional and programmatic accreditation status;
- **b.** Name and website address of CAAHEP;
- **c.** Admissions policies and practices;
- **d.** Technical standards;
- **e.** Occupational risks;
- **f.** Policies on advanced placement, transfer of credits and credits for experiential learning;
- **g.** Number of credits required for completion of the program;
- **h.** Tuition/fees and other costs required to complete the program;
- **i.** Policies and processes for withdrawal and for refunds of tuition/fees;
- **j.** Policies and processes for assignment of clinical experiences; and,
- **k.** Criteria for successful completion of each segment of the curriculum and for graduation.

3. At least the following must be made known to all students

- **a.** Academic calendar;
- **b.** Resources for health and well-being;
- **c.** Student grievance procedure;
- **d.** Appeals process;
- **e.** Policies by which students may perform clinical work while enrolled in the program.

4. The sponsor must maintain and make accessible to the public on its website a current and consistent summary of student/graduate achievement that includes one or more of these program outcomes: national credentialing examination(s), programmatic retention, and placement in full or part-time employment in the profession or a related profession as established by the ARC-AA.

B. Lawful and Non-discriminatory Practices

All activities associated with the program, including student and faculty recruitment, student admission, and faculty employment practices, must be non-discriminatory and in accord with federal and state statutes, rules, and regulations.

There must be a faculty grievance procedure made known to all paid faculty.

C. Safeguards

The health and safety of patients, students, faculty, and other participants associated with the educational activities of the students must be adequately safeguarded. Anesthesiologist assistant students must be readily identifiable as students.

All activities required in the program must be educational, and students must not be substituted for staff. The students must not be considered the anesthesia provider of record.

Students must provide anesthesia care only under the direct supervision of a physician anesthesiologist, physician fellow or resident, CAA, or CRNA.

Care delivered by students outside the operating room must be under the direct supervision of a qualified healthcare provider recognized by the facility.

D. Student Records

Grades and credits for courses must be recorded on the student transcript and permanently maintained by the program sponsor in an accessible and secure location. Students and graduates must be given directions on how to access their records. Records must be maintained for student admission, advisement, and counseling while the student is enrolled in the program.

E. Substantive Change

The sponsor must report substantive changes as described in Appendix A to ARC-AA in a timely manner.

F. Agreements

There must be a formal affiliation agreement or memorandum of understanding between the program sponsor and all other entities that participate in the education of the students describing the relationship, roles, and responsibilities of the program sponsor and that entity.

APPENDIX A

Application, Maintenance, and Administration of Accreditation

*(Instruction to CoA: Appendix A will be added by CAAHEP after final approval of the **Standards and Guidelines** document; Appendix A does not undergo CoA or Standards Committee review.)*

A. Program and Sponsor Responsibilities

1. Applying for Initial Accreditation

a. The chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form and returns it electronically or by mail to:

[CoA Name and Address]

The "Request for Accreditation Services" form can be obtained from the CAAHEP website.

Note: There is **no** CAAHEP fee when applying for accreditation services; however, individual committees on accreditation may have an application fee.

b. The program undergoes a comprehensive review, which includes a written self-study report and an on-site review.

The self-study instructions and report form are available from the [CoA]. The on-site review will be scheduled in cooperation with the program and [CoA] once the self-study report has been completed, submitted, and accepted by the [CoA].

2. Applying for Continuing Accreditation

a. Upon written notice from the [CoA], the chief executive officer or an officially designated representative of the sponsor completes a "Request for Accreditation Services" form, and returns it electronically or by mail to:

[CoA Name and Address]

The "Request for Accreditation Services" form can be obtained from the CAAHEP website.

b. The program may undergo a comprehensive review in accordance with the policies and procedures of the [CoA].

If it is determined that there were significant concerns with the conduct of the on-site review, the sponsor may request a second site visit with a different team.

After the on-site review team submits a report of its findings, the sponsor is provided the opportunity to comment in writing and to correct factual errors prior to the [CoA] forwarding a recommendation to CAAHEP.

3. Administrative Requirements for Maintaining Accreditation

a. The program must inform the [CoA] and CAAHEP within a reasonable period of time (as defined by the committee on accreditation and CAAHEP policies) of changes in chief executive officer, dean of health professions or equivalent position, and required program personnel (Refer to Standard III.B.).

b. The sponsor must inform CAAHEP and the [CoA] of its intent to transfer program sponsorship. To begin the process for a Transfer of Sponsorship, the current sponsor must submit a letter (signed by the CEO or designated individual) to CAAHEP and the [CoA] that it is relinquishing its sponsorship of the program. Additionally, the new sponsor must submit a "Request for Transfer of Sponsorship Services" form. The [CoA] has the discretion of requesting a new self-study report with or without an on-site review. Applying for a transfer of sponsorship does not guarantee that the transfer will be granted.

c. The sponsor must promptly inform CAAHEP and the [CoA] of any adverse decision affecting its accreditation by recognized institutional accrediting agencies and/or state agencies (or their equivalent).

d. Comprehensive reviews are scheduled by the [CoA] in accordance with its policies and procedures. The time between comprehensive reviews is determined by the [CoA] and based on the program's on-going compliance with the Standards, however, all programs must undergo a comprehensive review at least once every ten years.

e. The program and the sponsor must pay [CoA] and CAAHEP fees within a reasonable period of time, as determined by the [CoA] and CAAHEP respectively.

f. The sponsor must file all reports in a timely manner (self-study report, progress reports, probation reports, annual reports, etc.) in accordance with [CoA] policy.

g. The sponsor must agree to a reasonable on-site review date that provides sufficient time for CAAHEP to act on an [CoA] accreditation recommendation prior to the "next comprehensive review" period, which was designated by CAAHEP at the time of its last accreditation action, or a reasonable date otherwise designated by the [CoA].

Failure to meet any of the aforementioned administrative requirements may lead to administrative probation and ultimately to the withdrawal of accreditation. CAAHEP will immediately rescind administrative probation once all administrative deficiencies have been rectified.

4. Voluntary Withdrawal of a CAAHEP- Accredited Program

Notification of voluntary withdrawal of accreditation from CAAHEP must be made by the Chief Executive Officer or an officially designated representative of the sponsor by writing to CAAHEP indicating: the desired effective date of the voluntary withdrawal, and the location where all records will be kept for students who have completed the program.

5. Requesting Inactive Status of a CAAHEP- Accredited Program

Inactive status for any accredited program may be requested from CAAHEP at any time by the Chief Executive Officer or an officially designated representative of the sponsor writing to CAAHEP indicating

the desired date to become inactive. No students can be enrolled or matriculated in the program at any time during the time period in which the program is on inactive status. The maximum period for inactive status is two years. The sponsor must continue to pay all required fees to the [CoA] and CAAHEP to maintain its accreditation status.

To reactivate the program the Chief Executive Officer or an officially designated representative of the sponsor must provide notice of its intent to do so in writing to both CAAHEP and the [CoA]. The sponsor will be notified by the [CoA] of additional requirements, if any, that must be met to restore active status.

If the sponsor has not notified CAAHEP of its intent to re-activate a program by the end of the two-year period, CAAHEP will consider this a "Voluntary Withdrawal of Accreditation."

B. CAAHEP and Committee on Accreditation Responsibilities – Accreditation Recommendation Process

1. After a program has had the opportunity to comment in writing and to correct factual errors on the on-site review report, the [CoA] forwards a status of public recognition recommendation to the CAAHEP Board of Directors. The recommendation may be for any of the following statuses: initial accreditation, continuing accreditation, transfer of sponsorship, probationary accreditation, withhold of accreditation, or withdrawal of accreditation.

The decision of the CAAHEP Board of Directors is provided in writing to the sponsor immediately following the CAAHEP meeting at which the program was reviewed and voted upon.

2. Before the [CoA] forwards a recommendation to CAAHEP that a program be placed on probationary accreditation, the sponsor must have the opportunity to request reconsideration of that recommendation or to request voluntary withdrawal of accreditation. The [CoA]'s reconsideration of a recommendation for probationary accreditation must be based on conditions existing both when the committee arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to confer probationary accreditation is not subject to appeal.

4. Before the [CoA] forwards a recommendation to CAAHEP that a program's accreditation be withdrawn or that accreditation be withheld, the sponsor must have the opportunity to request reconsideration of the recommendation, or to request voluntary withdrawal of accreditation or withdrawal of the accreditation application, whichever is applicable. The [CoA]'s reconsideration of a recommendation of withdraw or withhold accreditation must be based on conditions existing both when the [CoA] arrived at its recommendation as well as on subsequent documented evidence of corrected deficiencies provided by the sponsor.

The CAAHEP Board of Directors' decision to withdraw or withhold accreditation may be appealed. A copy of the CAAHEP "Appeal of Adverse Accreditation Actions" is enclosed with the CAAHEP letter notifying the sponsor of either of these actions.

At the completion of due process, when accreditation is withheld or withdrawn, the sponsor's Chief Executive Officer is provided with a statement of each deficiency. Programs are eligible to re-apply for

accreditation once the sponsor believes that the program is in compliance with the accreditation Standards.

Note: Any student who completes a program that was accredited by CAAHEP at any time during his/her matriculation is deemed by CAAHEP to be a graduate of a CAAHEP-accredited program.

APPENDIX B
Curriculum Competencies for Educational Programs for the Anesthesiologist Assistant

Competency Area	Learning Outcomes
a. Clinical Practice Management and Critical Thinking	
Definition	The Certified Anesthesiologist Assistant (CAA) demonstrates the ability to synthesize clinical data, anticipate and manage perioperative events, and deliver safe anesthesia care through the application of advanced clinical reasoning, vigilant monitoring, and dynamic decision-making. The CAA integrates knowledge of pathophysiology, pharmacology, monitoring technologies, and patient-specific variables to optimize outcomes and respond effectively to both expected and emergent clinical challenges.
Subcompetencies	1) Interpret and apply clinical data a) Analyze invasive and noninvasive monitoring information to guide anesthetic management. (Cognitive) b) Interpret perioperative labs, diagnostic studies, and imaging to inform care decisions. (Cognitive) c) Evaluate patient comorbidities, surgical risk factors, and pathophysiology to justify individualized anesthetic plans. (Cognitive)
	2) Manage dynamic perioperative events a) Anticipate physiologic responses to anesthesia and surgery. (Cognitive) b) Adapt anesthetic care dynamically in response to evolving patient needs. (Cognitive/Psychomotor) c) Recognize and initiate management of clinical crises, escalating care and requesting assistance appropriately. (Cognitive/Affective/Psychomotor)
	3) Manage airway and ventilation a) Apply established airway algorithms to guide decision-making. (Cognitive) b) Perform airway assessments and select appropriate airway strategies. (Psychomotor) c) Execute both basic and advanced airway interventions. (Psychomotor)
	4) Administer anesthetic pharmacology safely a) Execute pharmacologic plans with precision by applying in-depth knowledge of drug mechanisms, interactions, and patient responses. (Cognitive/Psychomotor) b) Adjust anesthetic delivery based on dynamic intraoperative conditions and patient-specific needs. (Cognitive/Psychomotor)
	5) Provide fluid and hemodynamic management a) Monitor hemodynamic data to maintain stability and end-organ perfusion. (Cognitive/Psychomotor) b) Administer fluid and blood component therapy tailored to patient factors and surgical demands. (Psychomotor)

Competency Area	Learning Outcomes
	6) Recognize and manage complications a) Identify complications of general, regional, and neuraxial anesthesia. (Cognitive) b) Manage postoperative complications and determine safe timing for PACU discharge recommendations. (Cognitive/Psychomotor) c) Initiate appropriate interventions to mitigate complications and preserve safety. (Psychomotor)
b. Patient-Centered Care and Safety	
Definition	The Certified Anesthesiologist Assistant (CAA) delivers anesthesia care that respects and responds to individual patient preferences, needs, and values. Care emphasizes patient safety through vigilance, clear communication, and adherence to evidence-based safety protocols across the perioperative environment. The CAA advocates for vulnerable patients, addresses social determinants of health and communication barriers, and maintains patient dignity and autonomy. The CAA remains current on patient safety innovations through continuing education and engagement with professional standards.
Subcompetencies	1) Incorporate patient values into care a) Apply shared decision-making strategies tailored to health literacy. (Cognitive) b) Elicit patient and family preferences during preoperative assessment. (Affective) c) Respect patient autonomy and privacy throughout care. (Affective)
	2) Demonstrate situational awareness a) Monitor patient status to identify early signs of deterioration. (Cognitive/Psychomotor) b) Adapt intraoperative plans in response to changing conditions. (Cognitive) c) Initiate crisis management steps promptly. (Psychomotor) d) Request assistance when indicated. (Affective/Psychomotor)
	3) Adhere to safety protocols a) Conduct structured patient handoffs using standardized formats. (Cognitive/Psychomotor) b) Verify critical information to prevent errors. (Cognitive) c) Perform pre-procedure safety checklists and time-outs. (Psychomotor)
	4) Communicate clearly with patients. a) Explain anesthetic plans and risks using plain language. (Cognitive) b) Adapt explanations to the patient's level of comprehension. (Cognitive/Affective) c) Confirm understanding by asking patients to restate information. (Cognitive)
	5) Collaborate effectively with the care team.

Competency Area	Learning Outcomes
	a) Communicate professionally with team members in routine and urgent situations. (Affective) b) Adapt communication style to support team dynamics during high-stress cases. (Affective) c) Promote continuity of care through active participation in team decision-making. (Affective/Cognitive)
	6) Engage in self-improvement for patient safety. a) Participate in continuing education to update safety knowledge and practices. (Cognitive/Affective) b) Seek and integrate feedback from peers and preceptors. (Affective) c) Reflect on performance and adapt behaviors to reduce risk. (Affective/Cognitive)
c. Anesthesia knowledge & evidence-based medicine	
Definition	The Certified Anesthesiologist Assistant (CAA) demonstrates the ability to integrate comprehensive knowledge of biomedical sciences, monitoring technologies, and perioperative principles to support safe and effective anesthesia care. The CAA applies evidence-based guidelines, critically appraises emerging literature, and contributes to quality improvement initiatives that enhance patient outcomes and safety. Through interprofessional collaboration, systems awareness, and adherence to established protocols, the CAA ensures patient-centered care while responding effectively to dynamic clinical challenges across the perioperative continuum.
Subcompetencies	1) Foundational knowledge integration a) Integrate anatomy, physiology, pathophysiology, pharmacology, and monitoring principles to support safe anesthetic care across diverse patient populations and subspecialties. (Cognitive) b) Apply knowledge in clinical and simulated environments by selecting, preparing, and operating monitoring technologies (e.g., pulse oximetry, capnography, invasive monitoring, ultrasound). (Psychomotor) c) Demonstrate intellectual curiosity, accountability, and adaptability in applying foundational knowledge to evolving perioperative scenarios. (Affective)
	2) Evidence-based clinical application a) Locate, appraise, and apply evidence-based guidelines and scientific literature to perioperative management under anesthesiologist supervision. (Cognitive) b) Implement evidence-based protocols and quality measures (e.g., ERAS pathways, infection control bundles) in simulated and clinical practice. (Psychomotor) c) Value the role of evidence in improving patient outcomes; engage in reflective practice and quality improvement with professionalism. (Affective)

Competency Area	Learning Outcomes
	3) System-based and adaptive practices a) Recognize system-level factors that influence patient safety, crisis management, and perioperative outcomes. (Cognitive) b) Participate in institutional safety reporting processes and contribute to team-based QI activities through accurate documentation and protocol adherence. (Psychomotor) c) Collaborate respectfully within interprofessional teams, demonstrating professionalism, resilience, and situational awareness in high-acuity or rapidly changing clinical settings. (Affective)
d. Pre-anesthetic assessment, planning, and preparation	
Definition	For the delivery of safe and efficacious anesthesia, the certified anesthesiologist assistant must be able to appropriately assess the patient, construct a thorough plan of care, and prepare both the patient and the workspace for its implementation. In addition to chart review, the CAA uses patient interview and physical examination skills to evaluate the patient for their planned procedure. Utilizing gathered information, the CAA creates an anesthesia plan and ensures that needed resources are available for its safe execution.
Subcompetencies	1) Perform a comprehensive preoperative interview, assessment, and physical examination. a) Elicit medication and allergy history, prior anesthetic experiences, NPO status, social history, and surgical diagnosis. (Cognitive) b) Synthesize information from the patient evaluation, medical record, and diagnostic tests to identify comorbidities, perioperative risks, and patient-specific needs that impact anesthetic management. (Cognitive) c) Conduct an anesthesia-focused review of systems and relevant physical exams, including airway and cardiopulmonary status assessment. (Psychomotor) d) Select and interpret necessary laboratory tests, imaging studies, and consultations to ensure appropriate risk stratification and patient optimization. (Psychomotor)
	2) Conduct an informed consent discussion with the patient. a) Explain anesthetic options, risks, and safety measures. (Psychomotor) b) Maintain professional and empathetic demeanor during interactions. (Affective) c) Tailor communication to the patient's medical and surgical context and level of understanding. (Affective)
	3) Develop and prepare a comprehensive anesthetic plan to mitigate morbidity and mortality. a) Determine intraoperative monitoring requirements based upon procedure and comorbidities. (Cognitive)

Competency Area	Learning Outcomes
	b) Plan for contingencies and potential complications. (Cognitive) c) Select fluid management, airway, pain management, and vascular access strategies along with appropriate medications to optimize safe care. (Psychomotor)
	4) Prepare the anesthesia workspace. a) Optimize safe delivery of care, ensuring availability of necessary resources such as airway equipment, medications, and blood products. (Cognitive) b) Establish availability of supplies and equipment for the planned procedure as well as unexpected emergencies. (Cognitive) c) Conduct complete equipment safety checks, including anesthesia machine check-out. (Psychomotor)
e. Procedural, technical, and clinical skills	
Definition	The CAA is a life-long learner committed to the delivery of safe and effective anesthesia care demonstrating competent technical and clinical procedural skills in collaboration with licensed anesthesiologists. Clinical skills in anesthesia involve broad medical knowledge through the understanding and application of pharmacological and physiological principles. Technical skills focus on hands-on procedures such as placing IV lines, intubating patients, and managing anesthesia equipment. When coupled these skills enable safe and effective patient care.
Subcompetencies	1) Establish vascular access a) Prepare the patient and equipment for intravenous access. (Psychomotor)
	2) Application and Interpretation of monitors a) Obtain and interpret all monitoring modalities (standard and advanced) necessary to safely care for the patient, which includes recognizing equipment malfunctions and adapting modalities based on comorbidity and surgical influences. (Cognitive/Psychomotor) b) Interpret data, recognize, and address malfunctions in monitors and other anesthesia equipment. (Cognitive) c) Select advanced monitors based on patient comorbidities and procedures. (Psychomotor) d) Insert or apply advanced invasive monitors. (Psychomotor)
	3) Pre-anesthetic evaluation a) Evaluate diagnostic data and provide risk stratification based on comorbidities and anesthetic implications. (Cognitive) b) Identify the need for additional evaluation and suggest therapeutic interventions. (Cognitive) c) Identify concerning physical exam findings that require further evaluation. (Cognitive)
	4) Airway management

Competency Area	Learning Outcomes
	a) Devise airway management plans that address contingencies. (Cognitive) b) Prepare and incorporate advanced airway equipment in the management of the complicated airway. (Psychomotor)
	5) Situational awareness and crisis management a) Anticipate impending crisis and identify possible etiologies. (Cognitive) b) Initiate management and resolve crisis situations. (Psychomotor) c) Demonstrate awareness of case flow, including inflection points in procedures and those aspects outside of one's own control. (Affective)
	6) Point-of-care Ultrasound a) Select ultrasound equipment and settings for indicated scenarios. (Cognitive) b) Conduct and interpret point-of-care ultrasound. (Cognitive/Psychomotor) c) Use ultrasound for vascular access in complex situations. (Psychomotor)
	7) Critical care a) Lead and deploy resources in the care of the critically-ill patient. (Affective) b) Function in a supervisory role managing all patients in a unit and unit resources.
	8) Intra-operative care a) Plan and initiate the anesthetic in a patient with multiple, uncontrolled comorbidities undergoing complicated procedures. (Cognitive) b) Manage and anticipate unexpected events during anesthetic care. (Cognitive/Psychomotor)
	9) Perioperative patient management a) Develop an anesthetic plan for patients with multiple, uncontrolled comorbidities undergoing complicated procedures. (Cognitive) b) Implement the anesthetic plan for patients with complex pain history and polypharmacy. (Cognitive) c) Implement the anesthetic plan to mitigate-the long-term impact of anesthesia.
f. Professionalism and interpersonal communication	
Definition	The Certified Anesthesiologist Assistant (CAA) demonstrates professional standards by delivering humanistic care with compassion, integrity, and respect for others; providing patient-centered care that prioritizes patient needs over self-interest, protecting privacy and autonomy; and practicing professional advocacy and lifelong learning through accountability to patients, society, and the profession. The CAA puts these standards into practice through effective interpersonal and communication skills, exchanging information clearly and respectfully with awareness of and sensitivity to diverse patient populations, interprofessional team dynamics, and individual practice settings across healthcare systems.

Competency Area	Learning Outcomes
Subcompetencies	1) Patient-centered, humanistic care a) Recognize and reflect on implicit assumptions to ensure care decisions are culturally responsive and equitable. (Cognitive) b) Practice compassion, respect, cultural humility, and shared decision-making to honor each patient's dignity and goals. (Psychomotor) c) Prioritize patient needs and preferences over self-interest, demonstrating responsiveness that protects patient safety, privacy, and autonomy. (Affective)
	2) Professional advocacy a) Recognize the professional duty to advocate for high-quality patient care by engaging in policy, committee, and educational efforts that protect patients, strengthen systems, and promote equitable, high-quality care. (Cognitive) b) Use expertise to protect patients, promote equity, and improve the quality of care. (Affective) c) Demonstrate accountability by advocating for patients and assuming personal responsibility for the current and future state of the profession. (Affective)
	3) Interpersonal Communication a) Show patient-centered care by actively listening to patient needs, values and preferences, and coordinating care plans to achieve patient-centered goals. (Cognitive) b) Demonstrate accountability for timely, accurate information sharing and effective collaboration with patients, their families, and the healthcare team. (Cognitive) c) Apply closed-loop communication to verify understanding within a collaborative interprofessional team, ensuring continuity and safety of care. (Psychomotor) d) Explain information to patients and patients' families that demonstrates compassion, empathy, dignity and respect. Psychomotor) e) Communicate with all members of the perioperative team in a professional manner in complex situations. (Affective)
	4) Lifelong Learning and Scope of Practice a) Recognize knowledge and skill limitations and seek help when needed. Disclose and address conflict or duality of interest. (Cognitive) b) Seek ongoing professional development and contribute to the advancement of the profession through education, research, clinical development, or mentorship. (Psychomotor) c) Demonstrate a sustained commitment to lifelong learning by identifying learning needs, seeking feedback, and using current evidence into patient care decisions. (Affective)

Competency Area	Learning Outcomes
g. Clinical Competencies	
	Minimum number of clinical hours and cases are under development, and will be released with the next draft.

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