

University of New England  
School of Nurse Anesthesia  
716 Stevens Avenue  
Portland, Maine



**Class of 2012**

## **CLINICAL PRACTICUM HANDBOOK**

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## **MISSION STATEMENTS**

### **University Mission Statement:**

The University of New England provides a highly integrated learning experience that promotes excellence through interdisciplinary collaboration and innovation in education, research, and service. (University Catalog 2010-2011).

### **Westbrook College of Health Professions Mission Statement:**

The Westbrook College of Health Professions provides students with dynamic educational experiences that emphasize an integrated and interdisciplinary perspective on health and healing, based on a comprehensive definition of health and well-being that incorporates biological, psychological, social and spiritual dimensions aimed at enhancing the quality of life for all members of society. (University Catalog 2010-2011).

### **School Mission Statement:**

The mission of the School of Nurse Anesthesia is to provide an academic environment, which allows students to master the intellectual and technical skills necessary to become competent in the safe conduct of anesthesia. It does this by providing a select group of experienced, graduate level nurses with the highest level of didactic, simulation lab and clinical site experiences. Our graduates develop life-long scholarship, critical thinking skills and professionalism needed to become compassionate, patient-centered anesthesia providers in solo practice or within anesthesia care teams.

## **OVERVIEW OF CURRENT AFFILIATION SITES**

The University has contractual agreements with numerous healthcare institutions and facilities throughout the New England area and beyond, which provide the necessary clinical experiences in anesthesia. Current clinical affiliate sites include:

**Aroostock Medical Center**, Presque Isle, Maine  
**Bridgton Hospital**, Bridgton, Maine  
**Cary Medical Center**, Caribou Maine  
**Central Maine Medical Center**, Lewiston, Maine  
**Concord Hospital**, Concord, New Hampshire  
**Cottage Hospital**, Woodsville, New Hampshire  
**Dartmouth-Hitchcock Medical Center**, Lebanon, New Hampshire  
**Eastern Maine Medical Center**, Bangor, Maine  
**Elliot Hospital**, Manchester, New Hampshire  
**Emerson Hospital**, Concord, Massachusetts  
**Fletcher-Allen Health Care**, Burlington, Vermont  
**Goodall Hospital**, Sanford, Maine  
**Johns Hopkins University**, Baltimore, Maryland  
**Maine Coast Memorial Hospital**, Ellsworth, Maine  
**Maine General Hospital**, Augusta, Maine  
**Maine General Medical Center**, Waterville, Maine  
**Maine Medical Center**, Portland, Maine  
**Mayo Regional Hospital**, Dover-Foxcroft, Maine  
**Mercy Hospital**, Portland, Maine  
**Millinocket Regional Hospital**, Millinocket, Maine  
**Morton Plant**, Clearwater Beach, Florida  
**Northeastern Vermont Regional Hospital**, St. Johnsbury, Vermont  
**Plastic Surgery Associates**, Portland, Maine  
**Riverview Dental Clinic**, Portland, Maine  
**Southern Maine Medical Center**, Biddeford, Maine  
**St. Joseph Hospital**, Nashua, New Hampshire  
**St. Vincent Hospital**, Worcester, Massachusetts  
**University of Massachusetts Worcester**, Worcester, Massachusetts  
**Veterans Administration Hospital, (Togus)**, Augusta, Maine  
**Wentworth Douglass Hospital**, Dover, New Hampshire

Clinical training sites may be added to sites already in use, and may serve as complete training sites or may offer specialty training as part of the overall clinical program. These sites represent primary and enrichment clinical sites. Students will be afforded appropriate input in assignment of sites; however, sites are assigned by the program clinical director and are not optional, as they may provide the student with required experiences to qualify for certification,

## **GRADUATION CRITERIA**

1. Satisfactory completion of all didactic material.
2. Satisfactory completion of clinical experience as required by UNE School of Nurse Anesthesia and Council on Accreditation of Nurse Anesthesia Educational Programs.
3. Satisfactory completion of stated UNE School of Nurse Anesthesia objectives.
4. Completion of twenty-seven actual months in program, exclusive of time off approved by the program.
5. All time commitments in the didactic and clinical areas must be satisfied
6. All clinical records must be completed and submitted to the Anesthesia School Administrative staff.
7. Clinical evaluations must be completed and signed.
8. Completion of the capstone project with an assigned passing grade.
9. All fees must be paid in full.
10. All library books must be returned.
11. All relevant University and programmatic evaluations must be submitted.

## **BEHAVIORAL OUTCOME CRITERIA**

Upon completion of this educational program, the student shall demonstrate, to the satisfaction of the faculty, specific competencies expected of graduates. These competencies identify knowledge and skills necessary for competent entry-level practice of nurse anesthesia. Upon completion of the program, the graduate will:

1. Perform a thorough preanesthetic assessment and formulate a comprehensive anesthetic care plan for each assigned patient based on the preanesthetic assessment of that patient.
2. Use a variety of current anesthetic agents, techniques, adjunctive drugs and equipment as appropriate while providing anesthesia.
3. Ensure the use of appropriate agents/techniques to protect the patient from iatrogenic complications.
4. Apply appropriate safety principles and precautions in caring for patients to prevent or minimize any potential risk.
5. Utilize universal safety precautions and appropriate infection control measures to ensure the safety of the patient, staff and CRNA.
6. Conduct a comprehensive and appropriate check of all equipment before and during use.
7. Provide first echelon care and maintenance of all anesthesia equipment. Identify malfunctioning anesthesia equipment and take appropriate action when confronted with anesthetic equipment-related malfunctions.
8. Position and/or supervise the positioning of patients to assure physiological functioning, safety and the prevention of injury.

9. Administer general anesthesia in a safe and conscientious manner to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
10. Perform and manage a variety of regional anesthesia techniques in a safe and conscientious manner to patients of all ages and physical conditions for a variety of surgical, medical, and pain related procedures.
11. Interpret and utilize appropriate invasive and noninvasive monitoring modalities, accurately interpreting the data obtained and adjusting the anesthetic management accordingly.
12. Calculate, initiate and manage fluid therapy and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Evaluate the postoperative course of a patient.
15. Recognize own limitations and seek consultation when indicated.
16. Provide anesthesia services for patients in trauma and emergency cases.
17. Function as a resource person for airway and ventilatory management of patients.
18. Serve as a leader or member of a cardiopulmonary resuscitation team and possess advanced cardiac life support (ACLS) recognition and pediatric cardiac life support (PALS) skills and certification.
19. Participate in quality improvement activities.
20. Critically analyze published data in the field of anesthesia and apply new evidence in technology, pharmacology, and techniques to patient care.
21. Function within the appropriate legal requirements as a registered professional nurse, accepting the responsibility and accountability for his/her practice.
22. Demonstrate competency as an integral member of the surgical team to include skilled communication, data processing and theory transference as it pertains to the overall anesthetic care of the surgical patient.
23. Develop interpersonal behaviors consistent with that of a health care professional.
24. Demonstrate personal and professional integrity and the ability to interact on a professional level.

## **CLINICAL EDUCATION PERSONNEL**

### **School of Nurse Anesthesia Director of Clinical Education**

The Director of Clinical Education is a member of the University Of New England School Of Nurse Anesthesia Faculty whose chief responsibility is to coordinate the clinical assignments of students and oversee the clinical phase of the program. This individual will also serve as the course coordinator for the Clinical Practicum's I-V, providing students with the practicum syllabi and learning objectives to be used during the clinical phase. The Director of Clinical Education is the principle contact and liaison between the School of Nurse Anesthesia and the Clinical Affiliate Sites. The ***Director of Clinical Education*** will approve all personal time off (PTO), evaluate the student's clinical progress, and determine the grade for each clinical practicum.

**Affiliate Site Clinical Coordinator:** The Clinical Coordinator provides in addition to instruction, primarily, orientation, assignments, evaluation and record keeping while students from the University of New England are assigned to anesthesia clinical rotations at their facility. This individual is responsible for monitoring student scheduling, and clinical progress. They may be invited to participate in selection and evaluation of students for admission when feasible, as well as participate in campus based instructional activities. The principle responsibilities of the Clinical Coordinator are to:

1. Serve as liaison/contact person between their institution and the School of Nurse Anesthesia. Will facilitate the acquisition of necessary contractual agreements and credentialing documentation.
2. Orient students to the clinical anesthesia area.
3. Coordinate clinical assignments and rotations in conjunction with the program Clinical Director. Provide coordination to clinical affiliate faculty for evaluation and scheduling.
4. Evaluate and document ongoing student performance in conjunction with student clinical objectives to include daily evaluations and summation evaluation as needed.
5. Participate in the admission process of students when possible.

### **Clinical Affiliate Faculty**

All clinical faculty will be credentialed physician or CRNA providers at the individual affiliate sites and are able to provide the necessary expertise and knowledge for a comprehensive and relevant clinical experience.

### **Responsibilities of Clinical Affiliate Faculty**

1. Remain current in the field of anesthesia as exemplified by maintaining current Certification (i.e., attending meetings, lectures, workshops and reading pertinent literature).
2. Participate in the clinical evaluation of students as required by the program.
3. Discuss anesthesia care plans with students.
4. Remain immediately available to students in the clinical area.
5. Mentor and supervise students in the practice of anesthesia in the clinical arena.
6. Communicate student issues and concerns to the Clinical Director.

### **Certified Registered Nurse Clinical Faculty**

All nurse anesthetists involved in the clinical teaching of nurse anesthesia students shall:

1. Be currently certified/recertified by the National Board of Certification and Recertification.
2. Maintain current, valid licensure as required by the state to practice as a certified registered nurse anesthetist.
3. Be knowledgeable in the teaching/learning process including student evaluation.

### **Physician Faculty**

All physicians involved in the clinical teaching of nurse anesthesia students shall:

1. Hold credentials comparable to their position and responsibility.
2. Be knowledgeable in the teaching/learning process including student evaluation.

## **Clinical Affiliate Faculty Evaluation**

Evaluation of clinical faculty will be based on self-evaluations and evaluations completed by students.  
(See Appendix for evaluation tools)

## **CLINICAL PHASE POLICIES/EXPECTATIONS**

### **RESPECT FOR PATIENT RIGHTS**

Students are required to respect patients and their rights while on affiliation in the clinical arena. In reference to patient rights, the student is expected to:

1. Behave professionally as defined by the program and provide an appropriate level of care.
2. Clearly identify oneself to patients as a Registered Nurse training in nurse anesthesia or a Student Nurse Anesthetist (SRNA). One should never present themselves as a graduate nurse anesthetist. Students must also wear a clearly marked nametag (per the site) that identifies proper role identification as deemed appropriate by individual clinical sites.
3. Hold all patient information in strictest confidence and adhere to Health Insurance Portability and Accountability Act (HIPAA) guidelines. Pictures or other documents related to patient care shall not be copied or removed from the clinical environment without the proper patient consent.
4. Insure informed consent.

### **CLINICAL WEEK EXPECTATIONS**

As each clinical site has its unique scheduling needs, we offer each site the flexibility to schedule students as deemed appropriate with guidelines established by the program. Students need time to prepare care plans for the next day and study as well, so student clinical time will be limited to a maximum of 45 hours/week (this does not include room set-up and working up patients for the next day or postoperative visits).

### **CLINICAL ROTATION POLICIES**

A comprehensive clinical experience is designed on an individual basis to meet the clinical experience requirements for certification as well as prepare the student for practice in a variety of settings. Students should be aware of their obligations at each clinical affiliate site.

1. Students will ensure at least three (3) weeks before their clinical rotation (or as identified as required by the individual site) that credentialing procedures and required pre-clinical inservices with the clinical site are complete. Contact information will be provided by the program. Caution: Some clinical sites will require additional RN licensure which may take months to obtain. Students must determine if they meet the licensure requirements when the assignment is made to allow time to negotiate the licensure process.
2. At least three weeks prior to the first day of each rotation, the student should contact the Clinical Coordinator to discuss "first day" expectations and other details.
3. The first day at each rotation site is usually spent in orientation, observation, and becoming familiar with the physical plant and expectations unique to the clinical site.
4. Students are expected to be in the Operating Room (OR)/Anesthesia Area at least one hour prior to the beginning of assigned cases. This allows ample time to prepare and assemble the necessary equipment, prepare the patient, and discuss the planned care with their Clinical Instructor. At times, clinical instructors require a phone call the evening prior to discuss the plan of care. Students are expected to comply with this requirement.



5. The student is expected to complete each day's clinical assignment/caseload. This means that some cases may not be completed until late in the afternoon on some days. If cases do run late, the student may be given some compensatory time off so student clinical time will be limited to a maximum of 45 hours/week (this does not include room set-up and working up patients for the next day or postoperative visits). Again, this must be discussed with the Clinical Coordinator/Clinical Instructor.
6. The student should make every effort to obtain an assignment the day prior to the procedure so that a preoperative visit/assessment can be made and an anesthesia care plan formulated. An anesthesia care plan is required for each patient. All care plans should include the 10 P's (**See Appendix for details**)
7. If the Clinical Instructor determines the student is unprepared for the day's assignment, the student may be asked to leave the OR, and return when they are properly prepared to do the assigned procedure(s).
8. The student is expected to make postoperative visits on their patients, when feasible, and document the visit on the patient's record. Although students are expected to visit all of their inpatients the day after surgery, each student will be expected to complete five (5) *Postoperative Surveys* (**See Appendix for tool**) and submit them to the program by the first of each month along with clinical evaluation forms. Postoperative surveys are to be completed on patients staying overnight in the hospital (i.e. inpatients or 23-hour admits). If students are working in an outpatient facility for a month, they should complete these forms based on the follow-up procedures for the facility (i.e. refer to postoperative telephone interviews conducted by outpatient nurses).
9. All students will participate in an on call rotation as designated by the Clinical Coordinator. The students will have a minimum of fifteen (15) on-call experiences. These call experiences are defined as an 8,16,or 24 hour overnight shift on an evening, weekend, or holiday. An overnight shift taken from home with a beeper is considered a call shift, however, to count this shift toward the required 15, at least one case must have been done. This call experience is required to complete the clinical phase of the program. Exact length of call and days involved will vary and compensatory time off will vary from one clinical rotation to another. The student will participate according to the guidelines set up at each of the clinical rotations to which they are assigned..
10. Students will be evaluated according to the *Clinical Objectives and the Clinical Practicum Evaluation* tool provided by the program.
11. All personal time off (PTO) except sick time must receive prior approval from their Clinical Director at the University of New England (See PTO description below). If a student is unable to attend clinical due to illness, notify the clinical coordinator at the clinical site according to the affiliations department policies. In addition, email the Clinical Director and the staff assistant for recording purposes. This time must also be recorded in typhon. Extended absence due to illness will be handled on a case by case basis with the clinical director and the program director. Extended illness or multiple absences may require make up shifts or extension of the clinical phase.
12. In regard to extreme weather conditions, "on campus" cancellations do NOT apply to the clinical area. In other words, "snow days" do not exist in the clinical setting. Students can choose to call the clinical site and use PTO hours if they are unable to attend because of extreme weather conditions. These hours may require "makeup" as determined by the clinical coordinator which may include extension of the practicum. If students are scheduled for class on a day a campus closure occurs, the student is excused from clinical as well.
13. Students are expected to fully participate in departmental professional initiatives. These initiatives include but are not limited to presenting journal articles or case studies, attending quality assurance and/or risk management meetings, and departmental meetings and conferences.
14. All students will hold all patient information in strictest confidence and adhere to Health Insurance Portability and Accountability Act (HIPAA) guidelines. Students must meet the University and clinical site requirements regarding HIPAA compliance.
15. Students are required to complete a rotation once an arrangement has been formally made with a clinical site, unless the program deems otherwise. Changes to the clinical rotation schedule are

problematic and will only be considered for dire circumstances or to meet the COA clinical requirements.

## **ADMINISTRATIVE POLICIES**

### **Clinical Communication Policy**

Students are required to notify the program when there is a change in their address or phone number. The program will not be responsible for lost mail or late notification when a student does not provide notification of a change. The University provides email service as a primary contact method; however, the school must also be able to contact students by phone at all times while they are on clinical rotation, even during non-clinical hours. Students are required to provide access phone numbers, including their cell phone numbers, to the program prior to beginning the clinical phase. Students are required to check their University of New England email on a daily basis for important updates. All email communications to the program must be via the UNE email system for recognition purposes.

### **Equal Opportunity Statement**

It is the policy of the University that no discrimination on the grounds of race, color, religion, age, sex, marital status, handicap, sexual orientation or national origin will be tolerated in any area.

### **Licensure and Re-certification**

Students are required to maintain current a RN license in any state where they maintain a clinical site rotation. Compact licensure is recognized if applicable. A current copy of the student's RN license **MUST** be provided to the School prior to the expiration date and will be maintained in their individual file. If the School does not receive the required information prior to expiration, the student will be immediately removed from clinical rotation and may be placed on probation.

Current ACLS/BLS and PALS certification **MUST** be maintained throughout the clinical phase of the program.

### **Clinical Documentation Policy**

During the clinical phase of the program, students are required to complete a monthly Record of Clinical Experience via the *Typhon Group Nurse Anesthesia Student Tracking System* and submit ten (10) completed and signed copies of the *Clinical Practicum Evaluation* tool. Ensuring records are maintained is the responsibility of the student. The time-line for submitting the required information is as follows:

- ◆ Students are responsible for forwarding their *Clinical Practicum Evaluations* to the School no later than the first of each month. They can be faxed directly to the anesthesia office at (207) 523-1900, or may be emailed to the dept. staff assistant. Failure to communicate a reason for noncompliance with this policy may result in probation.
- ◆ The Record of Clinical Experience via Typhon must be completed within the same time-line. The School will go on-line and verify if records are complete, so the student will not need to forward a copy to the School. Data entry for each month may be locked out no later than the 5<sup>th</sup> of following month.
- ◆ If the required information has not been received/verified, the student may be placed on immediate probation.

### **Time Off**

During the 19 month clinical phase of the program, students will be entitled to time off based on the University Calendar. Additional personal time off will be considered on a case by case basis with prior approval from the clinical coordinator. It is requested that this time be coordinated so as not to interfere with clinical enrichment rotations. Any time taken in excess will have to be made up sometime during or at the end of the program. Graduation may be delayed as a result. Students must notify the anesthesia department when not reporting for clinical for any reason. Any time, other

than sick, needs to be communicated to the school in advance. Sick time must be communicated that day. Failure to do so will result in the student immediately being placed on a focused attention status.

**Holidays** Those holidays observed at the clinical affiliation site will also be observed by students at that site. These days **may vary** from one site to another, but may include:

- |                     |                     |
|---------------------|---------------------|
| 1. New Year's Day   | 5. Labor Day        |
| 2. Presidents Day   | 6. Veterans Day     |
| 3. Memorial Day     | 7. Thanksgiving Day |
| 4. Independence Day | 8. Christmas Day    |

### **Leave of Absence**

If a leave of absence is necessary, the student must fill out a leave of absence application. These are obtained through student affairs. This will address the validity of the reason for the leave, the time to be satisfied and the granting of the leave and will be judged on an individual basis by the Director of the School of Nurse Anesthesia.

### **Family Leave**

If a student requires family leave, the Director should be notified. A leave of absence application may be required. Allowed leave time shall be decided on a case by case basis by the Program Director. The student will be required to make up time lost while on family leave in order to fulfill graduation requirements.

### **Non-Clinical Days**

Periodically students will be granted non-clinical days off during the 19 month clinical phase. These days are designed to allow students time to work on special assignments; research/teaching projects and attend class.

### **Interview Days**

There will be two (2) days allowed for the student to interview for future employment. These days will usually be granted sometime during late spring or summer of the student's senior year just prior to graduation and require approval by the Director of Clinical Education as well as the clinical coordinator.

### **Mission Experiences**

On occasion students may be presented with an opportunity to attend an out of country medical mission. Approval from the School must be obtained prior to planning such a mission. A maximum of 5 days to attend the mission may be used. Time in excess of 5 days must be made up. These experiences are not sanctioned or recognized by the Council on Accreditation and therefore are a personal experience without recognition or authority from the Program. Experiences and time commitments may not be counted toward school or certification requirements. The student must procure a letter to the program from an individual mentor that will supervise and monitor the student during the experience.

### **Clinical Correlation Conferences**

The program is required to ensure that each student partakes in at least 45 hours of clinical correlation conferences. Clinical correlation conferences include departmental meeting at clinical affiliate sites, journal club/reviews, case reports, QA reviews, M & M discussions, conferences, and/or in-services related to anesthesia. Senior Research Day presentations as well as any anesthesia-related continuing education meeting (local, regional, state and/or national) are also applicable. Students will document these experiences and the number of clinical correlation hours they have engaged in on their daily Typhon log.

### **Attendance**

Participation in the professional activities of the anesthesia department at clinical sites and attendance at all formal classes at the University of New England held during the clinical portion of the program are considered **mandatory**. Illness, adverse weather and family crisis may be taken into consideration. Failure to comply with this policy will be reflected in final grades for the practicum course and could also lead to academic or clinical probation.

### **Dress**

Proper operating room attire will be worn in the appropriate areas according to local clinical affiliation policies. Each student should have a laboratory coat available to wear when outside the operating suite. Acceptable shoes, scrub suits, head cover, masks and jewelry will be determined by the individual clinical sites.

### **Employment**

No student shall represent themselves as a licensed provider or receive compensation for anesthesia services. No student shall be permitted to render anesthesia service outside of the University of New England Nurse Anesthesia program. Violations of this rule will be cause for immediate dismissal from the Program.

During clinical, students are strongly discouraged from full or part-time employment. If a student elects to engage in part-time employment, at least 8 hours must lapse between working part-time and reporting to the clinical site.

### **Environmental Hazards**

All students must recognize the hazards associated with continued exposure to trace anesthetic gases. There is also evidence that indicates that these gases have a deleterious effect on the fetus. In addition students should be aware of the affects of exposure to x-rays and methylmethacrylate, both commonly used in the operating rooms.

### **Professional Liability**

The University provides professional liability coverage for each student on a rotation assigned or approved by the program faculty. The clinical coordinator provides proof of this coverage to each of the rotation sites. Only institutional affiliates identified by the Clinical Director will be considered "covered" sites. In the event that you become involved in **any situation** which may result in a professional liability action, whether groundless or not, you must **IMMEDIATELY** report the incident to your Clinical Coordinator. The Director of Clinical Education should receive communication as well, either from the student, and or the Clinical Coordinator.

### **Exit Interviews**

All students are required to attend an exit interview with administrative faculty prior to graduation. This opportunity is also extended to students who undergo voluntary or involuntary termination.

### **RULES OF CONDUCT WHILE ON AFFILIATION AT CLINICAL SITES**

Success in the Nurse Anesthesia profession requires certain behavioral attributes including but not limited to personal commitment and hardiness, empathy, discipline, honesty, integrity, personal regard for others, the ability to work effectively with others in a team environment, and the ability to address a crisis or emergency situation in a composed manner. Adherence to these attributes requires a high level of maturity and self-control, even in highly stressful situations. During the clinical phase, students must conduct themselves in a highly professional manner consistent with the patient care responsibilities with which they will be entrusted. Failure to adhere to these standards (noted below) or comply with the *Clinical Rotation Policies* will result in a disciplinary action ranging from a written

warning to immediate dismissal from the program (depending upon the violation and the circumstances surrounding the offense) as determined by the Program Director.

Offenses Include:

1. Creating or contributing to situations that jeopardize safety.
2. Failure to follow all policies in the *Student Code of Conduct* section of the University of New England Handbook. Unethical behavior such as academic dishonesty, falsifying logs or medical records is considered a violation of the Program's standards of conduct.
3. Failure to respect the confidentiality of patients and fellow students. One is not permitted to discuss any patients by name outside the clinical encounter situation. Students should not discuss other students with any other individual (i.e. clinical coordinators or student peers). For academic presentations, all identifying data, including name, initials, date of birth and facility where seen will be omitted.
4. Unauthorized possession, use, copying, or distribution of hospital records or disclosure of information contained in such records to unauthorized persons.
5. Use, distribution, or unauthorized possession of intoxicating beverages or drugs on hospital premises or reporting to work under the influence of intoxicants.
6. Unauthorized absence from the Anesthesia Department during regularly scheduled clinical hours.
7. Failure or refusal to follow instructions of a duly assigned clinical instructor, including refusal to accept clinical assignment.
8. Use of vile, intemperate or abusive language, or acting in a disrespectful manner to any employee, supervisor, patient, or visitor.
9. Any disorderly conduct on hospital premises.
10. Creating or contributing to unsanitary conditions.
11. Theft, fraud, or unauthorized use of property belonging to the hospital, patient, or visitor.
12. Disregard of one's appearance, dress, or personal hygiene.
13. Participation in or conduction of anesthesia or anesthesia procedures outside of the program framework.
14. Unprofessional behaviors, postings, or discussions on electronic social media.
15. Failure to comply to drug testing or a positive finding in conducted drug testing.

Failure to adhere to the ***RULES OF CONDUCT WHILE ON AFFILIATION AT CLINICAL SITES*** may result in a disciplinary sanction. Under these circumstances, the student would go before the Student Affairs Committee (SAC) (see *Appendix for Purpose and Structure*). The Committee will make a recommendation to the Program Director.

The Program Director may then:

1. Issue a letter of concern or reprimand
2. Impose a Clinical Probation Status
3. Dismiss a student from the program
4. Institute an alternative sanction.

The SAC may consider any other behaviors in reaching a decision to make a recommendation to the Program Director for adverse actions. This includes actions outside the classroom or in the clinical rotation, which do not reflect well on the program, profession or individuals.

Should disciplinary action be taken the student has a right to fair and just treatment through the Academic and Disciplinary Appeals Process. Please refer to UNE Student Handbook to review the policies of the University on: Conduct Code; Judicial System; Academic and Disciplinary Appeals; Alcohol and Drug; Sexual Assault/Harassment Policy; Academic Dishonesty and Involuntary Administrative Withdrawal. ***All of these policies remain in effect while the student is enrolled at the University and/or on a clinical affiliation rotation.***

## **SUBSTANCE ABUSE POLICY**

### **Purpose**

The University of New England, School of Nurse Anesthesia seeks to create an environment that promotes healthy, responsible living. The School of Nurse Anesthesia recognizes that anesthesia providers, because of their exposure and the nature of their work, may be at high risk for substance misuse. Aside from impacting upon the personal and psychological integrity of the abusers, substance abuse may significantly impact the ability of anesthesia care provider to administer safe, competent patient care.

The School of Nurse Anesthesia is committed to assisting the student who exhibits behaviors reflecting misuse or abuse of alcohol and other drugs through the availability of assessment and referral mechanisms. The purpose of this policy is to provide the student with policies, guidelines, judicial responses as they relate to substance abuse and chemical dependency.

### **Policy**

This policy applies to all students currently enrolled in the School of Nurse Anesthesia.

Failure to comply or refusal to cooperate with any aspect of this policy, or any clinical site hospital policy on substance abuse, will be subject to immediate disciplinary action, up to and including dismissal from the program, report to the state licensing board and complaint to local law enforcement authorities. Because of the paramount concern for patient safety, these disciplinary actions may be imposed without the customary mechanisms of academic warning, and probation period.

Students are personally responsible for conforming to the University's Alcohol and Drug Policy, local, state and federal laws and regulations controlling the possession, manufacture, use or distribution of controlled or illegal substances and alcohol.

The School of Nurse Anesthesia prohibits the illicit or unauthorized possession, use manufacturing, consumption, sale or distribution of illicit drugs and alcohol on University property or clinical affiliate sites.

A student who is arrested or charged with a drug offense which involves the off-duty sale, distribution, or possession of legal or illegal drugs must immediately inform the School of Nurse Anesthesia, Program Director of the arrest, the nature of the charges, and the ultimate disposition of the charges.

Students are expected to comply with the hospital policies at each clinical site. Clinical training sites may also require students to undergo drug/alcohol testing prior to placement or during clinical rotations at the site. Therefore, students may also be tested in accordance with the clinical training site's policy. Students, like employees, are required to comply with all hospital policies regarding pre-employment drug and health screening.

Students who take over-the-counter or prescribed medication are responsible for being aware of the effects the medication may have on their performance and personal behavior and ensure patient safety is not compromised.

Students are prohibited from reporting to the classroom or the clinical area under the influence of illicit drugs or alcohol.

With reasonable suspicion of substance abuse or chemical dependency, the School of Nurse Anesthesia will act to intervene and refer a student for assessment and treatment.

### **CLINICAL PRACTICUM PERFORMANCE EXPECTATIONS:**

Students are evaluated by clinical instructors to assess progress toward meeting all of the clinical objectives. Students must meet the terminal objectives of each clinical practicum before advancement to the next level. The developmental levels for each clinical practicum are identified below and are associated with clinical objectives appropriate for that level. If program faculty have determined students have successfully met the clinical objectives, they will pass the clinical practicum.

<u>Clinical Practicum I:</u>	<b>Novice</b>
<u>Clinical Practicum II:</u>	<b>Advanced Beginner</b>
<u>Clinical Practicum III:</u>	<b>Competent</b>
<u>Clinical Practicum IV:</u>	<b>Proficient</b>
<u>Clinical Practicum V</u>	<b>Novice Practitioner</b>

### ***Criteria for Clinical Practicum Promotion:***

1. Acceptable clinical performance determined by clinical faculty evaluations, clinical instructor verbal and written feedback and attainment of clinical practicum objectives.
2. Completion of required clinical hours.
3. Submission of all clinical documentation by stated deadlines.

Program faculty are responsible for reviewing the student's clinical performance each month. If there are areas of concern noted, they must inform the student in writing of these concerns.

### ***Clinical Probation:***

A student can be placed on clinical probation or dismissed for:

1. Unacceptable conduct which is incongruent with the *Rules of Conduct while on Affiliation at Clinical Sites*.
2. Receiving an unfavorable evaluation documenting poor performance, failure to progress, and/or inability to meet the clinical practicum objectives as assessed by the program faculty.
3. Behavior, performance or judgment that jeopardizes patient safety.
4. Inability to display continual mastery of previously mastered clinical skills.
5. Failure to comply with submission of all required documents (i.e. clinical evaluations, postoperative survey forms, professional licensure documentation).

As noted earlier, to be successful, students are expected to meet clinical practicum objectives. If student performance indicates, "needs improvement" in the first two months of a practicum course, this will be monitored by the program faculty and communicated with the student and clinical faculty. It will be expected that the student obtain "acceptable" performance throughout the last month of the course. If the student fails to do so, program faculty may place them on probation. In addition, a clinical probation may be instituted at any time during a clinical course if a student exhibits unsafe or "unacceptable" clinical practice, or fails to submit the required evaluations or program required documentation of professional licensure.

Clinical probation entails a 30-day period. During this time program faculty will re-evaluate the student's status. Students will communicate with program faculty and clinical faculty to develop a remediation plan based on their clinical evaluations, clinical faculty feedback and/or program faculty findings. The plan will include strategies for improvement of clinical performance (see Appendix for *Probation Notification Sample*). After the 30-day probation period, the student will be re-evaluated by the program faculty to determine if clinical objectives have been met. If they are successful, they will

resume their clinical practicum at the same level their peers are at. Failure to meet clinical objectives at that level will result in dismissal.

Students who have successfully met objectives of a clinical probation period and encounter subsequent performance issues may either be placed on a second 30-day probation period or dismissed from the program, as determined by program faculty. If placed on probation, the process described would apply. The limit for all students is (2) probationary periods. If performance issues continue to occur after a student has successfully completed (2) probationary periods, the student would be immediately dismissed.

The clinical site for the probation period will be delineated by program faculty. Students will not be allowed to take PTO (except for sick time) during this period. All sick time off will be made up by adding it to the end of the probationary period.

### **Clinical Evaluation Tools**

Evaluation tools have been created and are utilized by both clinical faculty and students. The following evaluation tools will be employed (***see Appendix for tools***):

#### **1. Clinical Practicum Daily Evaluation**

Students are expected to have both the evaluation rubric for the current practicum course and a subsequent evaluation sheet with them **EVERY** day of clinical, so that they are available for clinical faculty to complete if they would like to offer feedback for the day. Failure to have these tools available could result in an “unacceptable” for the day. Students should provide their clinical instructor with an evaluation form at the beginning of the day so that clinical instructors can provide comments throughout the day. Failure to submit copies of (10) clinical evaluations to the school each month can result in clinical probation.

#### **2. Clinical Practicum Summation Evaluation:**

Students will periodically be evaluated by a summative format completed by the clinical coordinator. This will be utilized intermittently as each student completes either a clinical practicum or an enrichment rotation.

#### **3. Student Evaluation of Clinical Instructors:**

Students are asked to complete evaluations on clinical instructors at each clinical rotation site. These forms will be collected, comments compiled and shared formally with the site.

#### **4. Student Evaluation of Clinical Site:**

Students have the opportunity to evaluate all of their clinical rotations sites. Forms are collected, comments compiled and shared formally with the site.

#### **5. Clinical Faculty Self-Evaluations:**

Clinical faculty will evaluate themselves annually. They will do so via standardized forms provided by the School. These forms will be collected, comments compiled and shared formally with the site.

#### **6. Student Self-Evaluation:**

Students will evaluate themselves ten (10) times per month per the *Clinical Practicum Evaluation* tool.

### **Clinical Objectives**

Clinical objectives are designed to begin with basic knowledge and technical skills in the clinical arena. They are divided into practicum courses with each courses set of objectives building on the previous



set. There is a gradual progression in skill and competency expectations throughout progressive practicum courses.

### **Developmental Level - Novice**

#### **Practicum I: May through August**

At the completion of Practicum I in the clinical arena, the student will be able to perform the following skills related to the associated key area:

- A. Room Preparation:
  - 1. Check all equipment prior to use, including anesthesia machine, all monitors, airway equipment, and suction device.
  - 2. Have routine equipment readily available, including routine and emergency medications, IV set-up, back-up Ambu, warming devices, and any equipment pertinent to specific case.
- B. Pre Anesthesia Assessment:
  - 1. Identify patient, surgical procedure and confirm surgical and anesthesia consent forms validated.
  - 2. Establish rapport with the patient, including identifying oneself as a registered nurse training in anesthesia.
  - 3. Review the chart and identify pertinent information, including height, weight, NPO status, allergies, current medications (along with those taken the morning of surgery), co-morbidities, previous surgical history, airway assessment, pertinent lab values/diagnostic tests/availability of blood, and any complications related to anesthesia in the past
  - 4. Perform interview and assess airway, lungs, heart, assign ASA classification with guidance, and document findings.
- C. Anesthesia Plan:
  - 1. Research information that is pertinent to the case.
  - 2. Formulate a written care plan on each patient which takes into consideration the following: patient, pathophysiology, pharmacology, physical exam, procedure, positioning, pain and postoperative considerations.
  - 3. Discuss care plan with clinical faculty.
  - 4. Adapt to changes in the care plan.
- D. Intraoperative Case Management:
  - 1. Prepare the patient for general, regional or MAC anesthesia with assistance (please refer to E, F, and G for specific competencies).
  - 2. Ensure appropriate positioning and safety of the patient with guidance.
  - 3. Chart accurately and legibly with guidance.
  - 4. Interpret monitor values with guidance.
  - 5. Manage fluids appropriately with guidance.
  - 6. Provide adequate levels of anesthesia with guidance.
  - 7. Recognize problems/changes and seek help.
- E. General Anesthesia:
  - 1. Recognize status of airway and be able to manage it with guidance.
  - 2. Follow steps for induction of general anesthesia with guidance.
  - 3. Determine appropriate sequence of emergence from general anesthesia and timing with guidance.
- F. Regional Anesthesia:

1. Recognize the indications for regional anesthesia.
  2. Demonstrate a basic knowledge of anatomy and physiology.
  3. Assess adequacy and level of regional blockade and manage side-effects with guidance.
- G. MAC:
1. Assure appropriate level of sedation.
  2. Recognize signs of airway obstruction, and intervene appropriately.
- H. Postoperative Management:
1. Transport patient to PACU with appropriate monitors and oxygen source (as needed) with assistance.
  2. Provide an accurate/complete report to PACU with minimal assistance.
  3. Assess patient level of pain and assure stability prior to transfer of care with guidance.
  4. Perform post-anesthesia assessment with guidance.
- I. Technical Skills:
1. Start IV's.
  2. Insert A-lines with assistance.
  3. Demonstrate proper operation of OR table.
  4. Intubate with guidance.
  5. Apply mask/airway and insert LMA with guidance and
  6. Demonstrate hand-bag-mask ventilation with guidance.
  7. Demonstrate proper use of support equipment such as infusion pumps, warming devices, and peripheral nerve stimulators with guidance.
- J. Cognitive Skills:
1. Demonstrate and/or articulate a basic knowledge base in relation to: anatomy and physiology, pharmacology, anesthesia techniques, surgical procedures.
  2. Integrate theory into clinical practice.
  3. Establish priorities and respond appropriately.
- K. Professional Attributes:
1. Demonstrate initiative by utilizing the learning environment (for example: researching information, seeking out additional learning opportunities).
  2. Interact well with all members of the anesthesia, surgical and nursing team.
  3. Render care in a caring and unbiased manner.
  4. Adhere to clinical responsibilities such as reporting to clinical prepared and in a timely manner and completes assignments as deemed appropriate.
  5. Accept constructive criticism when offered.
  6. Perform routine self-evaluation, identifying strengths and areas for improvement.

Prior to advancement the student must meet established basic clinical competencies based on evaluation by the clinical coordinator at the students' clinical site.

### **Developmental Level – Advanced Beginner**

#### **Clinical Practicum II- September through December**

At the completion of two practicum course levels, the student will be able to perform the following skills related to the associated key area:

- A. Room Preparation:
  - 1. Check all equipment prior to use, including anesthesia machine, all monitors, airway equipment, and suction device.
  - 2. Have routine, emergency, and case specific equipment and medications set-up/readily available as well as IV set-up, back-up Ambu, and warming devices.
- B. Pre Anesthesia Assessment:
  - 1. Identify patient, surgical procedure and confirm surgical and anesthesia consent forms validated.
  - 2. Establish rapport with the patient, including identifying oneself as a registered nurse training in anesthesia.
  - 3. Respond to patient's questions appropriately.
  - 4. Review the chart and identify pertinent information, including height, weight, NPO status, allergies, current medications (along with those taken the morning of surgery), co-morbidities, previous surgical history, airway assessment, pertinent lab values/diagnostic tests/availability of blood, and any complications related to anesthesia in the past
  - 5. Perform interview, assess physical status to include airway, lungs, and heart, assign ASA classification and document findings.
- C. Anesthesia Plan:
  - 1. Research information that is pertinent to the case.
  - 2. Formulate a written care plan on each patient which takes into consideration the following: patient, pathophysiology, pharmacology, physical exam, procedure, positioning, pain and postoperative considerations.
  - 3. Discuss care plan with clinical faculty.
  - 4. Discuss care plan with clinical faculty.
  - 5. Adapt readily to changes in the care plan.
- D. Intraoperative Case Management:
  - 1. Prepare the patient for general, regional or MAC anesthesia. (please refer to E, F, and G for specific competencies).
  - 2. Ensure appropriate positioning and safety of the patient with minimal guidance.
  - 3. Chart accurately and legibly.
  - 4. Interpret monitor values with guidance.
  - 5. Manage fluids appropriately with guidance.
  - 6. Provide adequate levels of anesthesia with guidance.
  - 7. Recognize and manage problems/changes with guidance.
- E. General Anesthesia:
  - 1. Recognize status of airway and be able to manage it with minimal guidance.
  - 2. Follow steps for induction of general anesthesia with minimal guidance.
  - 3. Determine appropriate sequence of emergence from general anesthesia and timing with guidance.
- F. Regional Anesthesia:
  - 1. Recognize the indications for regional anesthesia.
  - 2. Demonstrate a basic knowledge of anatomy and physiology.
  - 3. Administer regional anesthesia with guidance.

4. Assess adequacy and level of regional blockade and manage side-effects with guidance.
- G. MAC:
1. Assure appropriate level of sedation.
  2. Recognize signs of airway obstruction, and intervene appropriately.
- H. Postoperative Management:
1. Transport patient to PACU with appropriate monitors and oxygen source (as needed).
  2. Provide an accurate/complete report to PACU RN.
  3. Assess patient level of pain and assure stability prior to transfer of care.
  4. Recognize post-operative complications.
  5. Perform post-anesthesia evaluation and consults with clinical faculty when necessary.
- I. Technical Skills:
1. Start IV's.
  2. Insert A-lines with minimal guidance.
  3. Demonstrate proper operation of OR table.
  4. Intubate with minimal guidance.
  5. Apply mask/airway and insert LMA use with minimal guidance.
  6. Demonstrate hand-bag-mask ventilation with minimal guidance
  7. Demonstrate proper use of support equipment such as infusion pumps,
  8. warming devices, and peripheral nerve stimulators with minimal guidance.
- J. Cognitive Skills:
1. Demonstrate and/or articulate an appropriate knowledge base in relation to: anatomy, physiology, pharmacology, anesthesia techniques, and surgical procedures.
  2. Integrate theory into clinical practice.
  3. Establish priorities and respond appropriately.
- K. Professional Attributes:
1. Demonstrate initiative by utilizing the learning environment (for example: researching information, seeking out additional learning opportunities).
  2. Interact well with members of the anesthesia, surgical and nursing team.
  3. Render care in a caring and unbiased manner.
  4. Adhere to clinical responsibilities such as reporting to clinical prepared and in a timely manner and completes assignments as deemed appropriate.
  5. Accept constructive criticism when offered.
  6. Perform routine self-evaluation, identifying strengths and areas for improvement.

### **Developmental Level – Competent**

#### **Clinical Practicum III- January through May**

At the completion of the third clinical practicum, the student will be able to perform the following skills related to the associated key area:

- A. Room Preparation:
1. Check all equipment prior to use, including anesthesia machine, all monitors, airway equipment, suction device and be familiar with pediatric breathing circuits.
  2. Have routine, emergency, and case specific equipment available (to include Pediatrics and Obstetrics) Ambu, and warming devices.
- B. Pre Anesthesia Assessment:

1. Identify patient, surgical procedure and confirm surgical and anesthesia consent forms validated.
2. Establish rapport with the patient, including identifying oneself as a registered nurse training in anesthesia.
3. Respond to patient's questions appropriately.
4. Review the chart and identify pertinent information, including height, weight, NPO status, allergies, current medications (along with those taken the morning of surgery), co-morbidities, previous surgical history, airway assessment, pertinent lab values/diagnostic tests/availability of blood, and any complications related to anesthesia in the past.
5. Perform interview, assess physical status to include airway, lungs, and heart, assign ASA classification and document findings.

C. Anesthesia Plan:

1. Research information that is pertinent to the case.
2. Formulate a written care plan on each patient which takes into consideration the following: patient, pathophysiology, pharmacology, physical exam, procedure, positioning, pain and postoperative considerations.
3. Discuss care plan with clinical faculty.
4. Discuss care plan with clinical faculty.
5. Adapt readily to changes in the care plan.

D. Intraoperative Case Management:

1. Prepare the patient for general, regional or MAC anesthesia to include pediatric and obstetric patients. (please refer to E, F, and G for specific competencies).
2. Ensure appropriate positioning and safety of the patient.
3. Chart accurately and legibly.
4. Interpret monitor values with minimal guidance.
5. Manage fluids appropriately with minimal guidance.
6. Provide adequate levels of anesthesia with minimal guidance.
7. Recognize problems/changes in patient status.
8. Manage problems/changes in patient status with minimal guidance.

E. General Anesthesia:

1. Recognize status of airway and be able to manage the difficult airway with guidance.
2. Follow steps for induction of general anesthesia.
3. Determine appropriate sequence of emergence from general anesthesia and timing with minimal guidance.

F. Regional Anesthesia:

1. Recognize the indications for regional anesthesia.
2. Demonstrate knowledge of anatomy and physiology.
3. Administer regional anesthesia with minimal guidance.
4. Assess adequacy and level of regional blockade and manage side-effects with minimal guidance.

G. MAC:

1. Assure appropriate level of sedation.
2. Recognize signs of airway obstruction, and intervene appropriately.

H. Postoperative Management:

1. Transport patient to PACU with appropriate monitors and oxygen source (as needed).
2. Provide an accurate/complete report to PACU RN.

3. Assess patient level of pain and assure stability prior to transfer of care.
4. Manage post-operative complications with guidance.
5. Perform post-anesthesia assessment and report relevant findings
6. appropriately.

I. Technical Skills:

1. Demonstrate proficiency in IV placement and insertion of arterial lines
2. Inserts central venous lines with guidance.
3. Demonstrate proper operation of OR table.
4. Demonstrate proficiency in endotracheal intubation and LMA insertion.
5. Demonstrate hand-bag-mask ventilation.
6. Demonstrate basic skills using alternative airway devices (i.e. fiberoptics, light wand, fast-track LMA)
7. Demonstrate proper use of support equipment such as infusion pumps, warming devices, and peripheral nerve stimulators.

J. Cognitive Skills:

1. Demonstrate and/or articulate an appropriate knowledge base in relation to: anatomy, physiology, pharmacology, anesthesia techniques, and surgical procedures.
2. Integrate theory into clinical practice.
3. Establish priorities and respond appropriately.

K. Professional Attributes:

1. Demonstrate initiative by utilizing the learning environment (for example: researching information, seeking out additional learning opportunities).
2. Interact well with members of the anesthesia, surgical and nursing team.
3. Render care in a caring and unbiased manner.
4. Adhere to clinical responsibilities such as reporting to clinical prepared and in a timely manner and completes assignments as deemed appropriate.
5. Accept constructive criticism when offered.
6. Perform routine self-evaluation, identifying strengths and areas for improvement.
7. Demonstrate involvement in both departmental CQI process and educational conferences.

## **Developmental Level – Proficient**

### **Practicum IV – June through August**

At the completion of the Practicum IV course of study, the student will be able to perform the following skills related to the associated key area:

A. Room Preparation:

1. Check all equipment prior to use, including anesthesia machine, all monitors, airway equipment, suction device and pediatric breathing circuits.
2. Demonstrate organizational skills with set-up
3. Have routine, emergency, and case specific equipment available (to include Pediatrics and Obstetrics) Ambu, and warming devices.

B. Pre Anesthesia Assessment:

1. Identify patient, surgical procedure and confirm surgical and anesthesia consent forms validated.

2. Establish rapport with the patient, including identifying oneself as a registered nurse training in anesthesia.
  3. Respond to patient's questions appropriately.
  4. Review the chart and identify pertinent information, including height, weight, NPO status, allergies, current medications (along with those taken the morning of surgery), co-morbidities, previous surgical history, airway assessment, pertinent lab values/diagnostic tests/availability of blood, and any complications related to anesthesia in the past.
  5. Perform interview, assess physical status to include airway, lungs, and heart assign ASA classification and document findings.
- C. Anesthesia Plan:
1. Research information that is pertinent to the case.
  2. Formulate a written care plan on each patient which takes into consideration the following: patient, pathophysiology, pharmacology, physical exam, procedure, positioning, pain and postoperative considerations.
  3. Discuss care plan with clinical faculty.
  4. Adapt readily to changes in the care plan.
- D. Intraoperative Case Management:
1. Prepare the patient for general, regional or MAC anesthesia to include pediatric and obstetric patients. (please refer to E,F, and G for specific competencies).
  2. Utilize a variety of anesthetic agents and techniques to include one lung anesthesia (OLA).
  3. Ensure appropriate positioning and safety of the patient.
  4. Chart accurately and legibly.
  5. Interpret monitor values and make appropriate judgments.
  6. Manage fluids appropriately.
  7. Provide adequate levels of anesthesia.
  8. Recognize problems/changes in patient status.
  9. Manage problems/changes in patient status.
  10. Display aptitude in case turn-over time
- E. General Anesthesia:
1. Recognize status of airway and be able to manage the difficult airway with minimal guidance.
  2. Follow steps for induction as required for patient/case. (i.e. OLA, Trauma etc.)
  3. Determine appropriate sequence of emergence.
- F. Regional Anesthesia:
1. Recognize the indications for regional anesthesia.
  2. Demonstrate knowledge of anatomy and physiology.
  3. Administer regional anesthesia.
  4. Assess adequacy and level of regional blockade and manage side-effects.
- G. MAC:
1. Assure appropriate level of sedation.
  2. Recognize signs of airway obstruction, and intervene appropriately.
- H. Postoperative Management:
1. Transport patient to PACU with appropriate monitors and oxygen source (as needed).
  2. Provide an accurate/complete report to PACU RN.
  3. Assess patient level of pain and assure stability prior to transfer of care.

4. Manage post-operative complications with minimal guidance.
5. Perform post-anesthesia assessment and report relevant findings appropriately.

I. Technical Skills:

1. Demonstrate proficiency in IV and arterial line placement.
2. Insert central venous lines with guidance.
3. Demonstrate proper operation of OR table.
4. Demonstrate proficiency in endotracheal intubation and LMA insertion.
5. Demonstrate basic skills using alternative airway devices (i.e. fiberoptics, light wand, fast-track LMA).
6. Demonstrate proficiency in hand-bag-mask ventilation
7. Place double-lumen endobronchial tube and verify proper positioning with guidance.
8. Demonstrate proper use of support equipment such as infusion pumps, warming devices, and peripheral nerve stimulators.

J. Cognitive Skills:

1. Demonstrate and/or articulate an appropriate knowledge base in relation to: anatomy, physiology, pharmacology, anesthesia techniques, and surgical procedures.
2. Integrate theory into clinical practice.
3. Establish priorities and respond appropriately.

K. Professional Attributes:

1. Demonstrate initiative by utilizing the learning environment (for example: researching information, seeking out additional learning opportunities).
2. Interact well with members of the anesthesia, surgical and nursing team.
3. Render care in a caring and unbiased manner.
4. Adhere to clinical responsibilities such as reporting to clinical prepared and in a timely manner and completes assignments as deemed appropriate.
5. Accept constructive criticism when offered.
6. Perform routine self-evaluation, identifying strengths and areas for improvement.
7. Demonstrate involvement in both departmental CQI process and educational conferences.

## **Developmental Level – Novice Practitioner**

### **Clinical Practicum V – September through November**

At the completion of the clinical practicum V course of study, the student will be able to perform the following skills related to the associated key area:

A. Room Preparation:

1. Check all equipment prior to use, including anesthesia machine, all monitors, airway equipment, suction device and be familiar with pediatric, obstetric, trauma emergency and off-site set up.
2. Demonstrate organizational skills with set-up

B. Pre Anesthesia Assessment:

1. Identify patient, surgical procedure and confirm surgical and anesthesia consent forms validated.
2. Establish rapport with the patient, including identifying oneself as a registered nurse training in anesthesia.
3. Respond to patient's questions appropriately.



4. Review the chart and identify pertinent information, including height, weight, NPO status, allergies, current medications (along with those taken the morning of surgery), co-morbidities, previous surgical history, airway assessment, pertinent lab values/diagnostic tests/availability of blood, and any complications related to anesthesia in the past.
  5. Perform interview, assess physical status to include airway, lungs, and heart, assign ASA classification and document findings.
- C. Anesthesia Plan:
1. Research information that is pertinent to the case.
  2. Formulate a written care plan on each patient which takes into consideration the following: patient, pathophysiology, pharmacology, physical exam, procedure, positioning, pain and postoperative considerations.
  3. Discuss care plan with clinical faculty.
  4. Adapt readily to changes in the care plan.
- D. Intraoperative Case Management:
1. Prepare the patient for general, regional or MAC anesthesia to include pediatric and obstetric patients. (please refer to E,F, and G for specific competencies).
  2. Utilize a variety of anesthetic agents and techniques to include one lung anesthesia (OLA).
  3. Ensure appropriate positioning and safety of the patient.
  4. Chart accurately and legibly.
  5. Interpret monitor values and make appropriate judgments.
  6. Manage fluids appropriately.
  7. Provide adequate levels of anesthesia.
  8. Recognize problems/changes in patient status.
  9. Manage problems/changes in patient status.
  10. Display aptitude in case turn-over time.
- E. General Anesthesia:
1. Recognize status of airway, be able to manage the difficult airway, and recognizes own limitations.
  2. Follow steps for induction as required for patient/case. (i.e. one lung anesthesia, trauma etc)
  3. Determine appropriate sequence of emergence.
- F. Regional Anesthesia:
1. Recognize the indications for regional anesthesia.
  2. Demonstrate knowledge of anatomy and physiology.
  3. Administer regional anesthesia
  4. Assess adequacy and level of regional blockade and manage side effects.
- G. MAC:
1. Assure appropriate level of sedation.
  2. Recognize signs of airway obstruction, and intervene appropriately.
- H. Postoperative Management:
1. Transport patient to PACU with appropriate monitors and oxygen source (as needed).
  2. Provide an accurate/complete report to PACU RN.
  3. Assess patient level of pain and assure stability prior to transfer of care.
  4. Manage post-operative complications.
  5. Perform post-anesthesia assessment, report relevant findings appropriately, and ensure referrals are initiated.

- I. Technical Skills:
  - 1. Demonstrate proficiency in IV and arterial line placement.
  - 2. Insert central venous lines with guidance.
  - 3. Demonstrate proper operation of OR table.
  - 4. Demonstrate proficiency in endotracheal intubation and LMA insertion.
  - 5. Demonstrate skills using alternative airway devices (i.e. fiberoptics, light wand, fast-track LMA), with guidance.
  - 6. Demonstrate proficiency in hand-bag-mask ventilation
  - 7. Place double-lumen endobronchial tube and verify proper positioning with minimal guidance.
  - 8. Demonstrate proper use of all support equipment.
- J. Cognitive Skills:
  - 1. Demonstrate and/or articulate an appropriate knowledge base in relation to: anatomy, physiology, pharmacology, anesthesia techniques, and surgical procedures.
- K. Professional Attributes:
  - 1. Maintain high motivation level and continue to utilize the learning environment as student progresses to the graduate level.
  - 2. Interact well with members of the anesthesia, surgical and nursing team.
  - 3. Render care in a caring and unbiased manner.
  - 4. Adhere to clinical responsibilities such as reporting to clinical prepared and in a timely manner and completes assignments as deemed appropriate.
  - 5. Accept constructive criticism when offered.
  - 6. Perform routine self-evaluation, identifying strengths and areas for improvement.
  - 7. Demonstrate involvement in both departmental CQI process and educational conferences.
  - 8. Respond to call situations with urgency and preparedness.

## **UNE - SCHOOL OF NURSE ANESTHESIA**

### **SRNA Post-Operative Patient Evaluation Tool**

**Student Name:** \_\_\_\_\_

**Clinical Instructor Name:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_

**Type of Anesthesia:** \_\_\_\_\_

**Was the anesthetic explained to you sufficiently before your surgery?**

**Did we help ease your anxiety before your surgery? How?**

**Do you remember anything unpleasant about your procedure?**

**What is the last thing you remember?**

**\* How has your pain been post-operatively on a scale of 1 to 10 (1=NO pain; 10 = severe pain)**

**If you have a regional anesthetic for post-operative pain control, has it been managed effectively?**

**\* Are you having any side effects from your pain management?**

**\* Have you had any post-operative nausea or vomiting?**

**\* If yes, when did you experience this?**

**\* If yes, what treatment did you receive for it?**

**\* Did the treatment help?**

**Could we have done anything differently to improve the anesthesia experience for you?**

Cases: \_\_\_\_\_

1= unacceptable performance; 2= has not met expectations, requires improvement; 3= meets expectations; 4= exceeds expectations

CLINICAL SKILL	STUDENT SELF-EVAL	SCORE	INSTRUCTOR COMMENT	SCORE
<b>Room Preparation</b> -machine check,safety equipment, case specific drugs prepared as required				
<b>Preanesthesia Assessment</b> - chart review complete, patient assessment, identification of risk factors, patient rapport, documentation complete, airway assessment, asa assignment				
<b>Care Plan Development</b> - case research completed, careplan complete and case appropriate, appropriate communication with instructor prior to case				
<b>Intraoperative Case management</b> - safety considerations, positioning, documentation, interpretation of monitoring, fluid management, problem recognition, problem management, seeks assistance when appropriate.				
<b>General anesthesia</b> - appropriate management of all aspects of anesthesia, recognition of airway status, airway management, competent induction sequence, appropriate level of anesthesia, competent management of emergence				
<b>Regional anesthesia</b> - knowledge of indications and contraindications for chosen anesthetic, knowledge of anatomy and physiology in relation to chosen anesthetic, assessment of adequacy/level of anesthetic, recognition and management of side effects/complications of the block.				
<b>Mac or deep sedation</b> - assures assessment of level and adequacy of anesthetic, appropriate assessment and airway management				
<b>Post anesthesia management</b> -safe transportation and hand off to recovery area with complete and accurate report, assessment and management of consciousness,pain, stability, surgical complications or requirements. Post op evaluation/assessment and seeks appropriate care/consultation.				
<b>Technical Skill Development</b> - IV, invasive monitoring, airway management to include mask, airway devices, LMA and intubation skills, manual ventilation and ventilator utilization, infusion devices, nerve stimulators and related anesthesia monitors and equipment.				
<b>Knowledge Base and Cognitive Skill</b> - Has researched coexisting disease states, and can articulate knowledge in relation to anatomy, physiology, pharmacology, anesthesia technique and surgical procedure				
<b>Critical Thinking</b> -the student is able to apply evidence, knowledge and judgement in decisions applicable to safe and effective conduct of anesthesia. The student demonstrates appropriate theory transference to clinical care.				
<b>Professional attributes</b> - seeks out learning opportunities. Team interaction, Exhibits cultural competence. Accepts constructive criticism .Reports to clinical prepared and on time. Communicates with clinical faculty and school appropriately. Performs adequate self evaluation and is able to identify strengths, weaknesses, and areas for improvement. Participates in clinical correlation activities.				

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date: \_\_\_\_\_

# APPENDIX

# THE 10 P'S OF ANESTHESIA CARE PLANNING

D. Thomas Albee Jr., CRNA, MHS  
Clinical Coordinator  
Central Maine Medical Center

Quality anesthesia delivery starts with an organized and thorough plan of care. Strong planning drives great anesthesia care.

**The issue:** How does the beginning practitioner get organized? There is so much that must be considered, pondered, filtered, included, and excluded before the final plan takes shape. There is the stress of time management coupled with information deficits that must be filled before 0700 the next morning. There are multiple patients to plan for. What about performance pressure? The fatigue factor? The fear factor? So much information, so many textbooks, formulas, and so little time.

The **10 P's of Anesthesia Care Planning** can help. It is a systematic process of collecting and evaluating all the pertinent information **before** developing the final plan.

1. **Patient**
2. **Pathophysiology**
3. **Pharmacology**
4. **Physical Exam**
5. **Procedure**
6. **Positioning**
7. **Pain**
8. **Postoperative Considerations**

These **8 P's** lead to an anesthesia care **Plan (9)** which leads to the **Performance (10)** or delivery of anesthesia care.

Planning drives anesthesia care. This **is** the critical step in the entire process. If something was not considered/planned for, then anesthesia performance/delivery will suffer. When our performance suffers bad things can and do happen to our patients.

Critical thinking along with an adequate theoretical knowledge base are the building blocks of the plan. I believe that graduate nurse anesthesia students possess both. Nurses possess critical thinking skills based on their ability to see beyond the task and are called to employ these skills continually. Anesthesia delivery is no different. We must always see the bigger picture and how it interrelates with the patient. The pathophysiology driving the problem we are facing, the pharmacology of the anesthesia medications interacting with the patient's system, and the surgical procedure as it impacts on the homeostasis of the patient are excellent examples of the multiple levels at which the anesthetist is called to think at.

I used to think that critical thinking was very difficult to teach and even harder to assess in anesthesia students. I was wrong. One can quickly evaluate a student's critical thinking skills by simply asking which of 8 P's will impact on their patient today. What are the **anesthesia implications** of these impacts and what is **your plan** for these impacts? If you can answer these questions it is clear that you have critically considered the 8 P's, filtered out the non-factors, understood the impacts, assimilated all the data, and planned for them.

In the beginning anesthesia care planning is a very formal process. It needs to be. The beginner is faced with new and strange knowledge and the overwhelming task of coming up with a safe

anesthesia plan. The 8 P's takes the student through each of the major areas that needs to be considered **prior** to the development of the PLAN. Too often beginners **move right to the plan without** considering all the pertinent data. This is a common problem that definitely degrades performance the next day in the operating room. It is impossible to plan for things that were not even considered. Students are focused on their physical performance but you need to remember that the physical performance aspects of the training come with time. The mental process of planning care is within your scope now. You leave the didactic phase with all the tools...the challenge is accessing and assimilating the data into a comprehensive plan of action.

This is a major focus in the 1<sup>st</sup> term.....**complete anesthesia care planning**. It forces the students to systematically hit the patient record/books to research the patient, pathophysiology, pharmacology, procedure, positioning, and physical findings **prior** to establishing the plan of care. A care plan that reads "General anesthesia, 200mg propofol, 100mcg fentanyl, LMA, Sevo is not a complete plan of care. It is, of course, an important part but performance of an anesthetic mandates a much larger understanding of all issues that are colliding at the moment of induction. If you follow a systematic approach such as the 10 P's the graduate student will have a much improved view of the entire patient and his problems. More importantly, you will have a plan to deal with his issues.

These skills will serve you well as the complexity of the patients and the procedures increase. You will be better time managers; quickly dissect a complicated patient's chart; and provide better more complete anesthesia care because you have planned for it. Seasoned CRNAs know that these evaluating/planning skills are the very foundation of their professional practice.

That said I will break down the P's as I see them with suggested references.

### **1. PATIENT (Patient, chart both physical and electronic)**

Age.

Developmental stage. (This knowledge will drive induction technique as well as the bedside approach. Developmental stage will help you predict how the patient is coping with the stress of surgery/anesthesia. All patients are stressed and it is our challenge to deal with them appropriately.)

Prior surgeries. (Is this a revision? Increased scar tissue, increased blood loss)

History of anesthesia complications.

Ht/Wt/BMI

Allergies

Family h/o MH

Past medical issues that might impact on your anesthesia care.

MRSA, VRE

### **2. PATHOPHYSIOLOGY (Stoelting)**

Current diseases in major systems: ENT, ENDO, Pulmonary, Cardio, HEP/Renal, GI/GU, NEURO, etc.

Good control vs. poor control vs. no control. Followed by a PCP? Further consultation needed?

Further diagnostic/lab evaluation needed? Cancel or post pone an elective case?

Anesthesia implications if any which then translate to anesthesia actions. Ex. Poorly controlled hypertension but an emergency case. Consider beta blockade, arterial line monitoring, vasodilator or vasopressors adjuncts. Etomidate vs. propofol for anesthesia induction. Expect blood pressure fluctuations during all phases of the case.

### **3. PHARMACOLOGY (Various text books, internet resources)**

Current medications. What are they, how do they work, why are they on them? What are the anesthesia implications? Any drug-drug interactions? Which ones should be continued perioperatively?

Herbal medications. Anesthesia/surgery implications.

#### **4. PHYSICAL EXAM (Patient, physician H + P)**

Complete Airway exam. (Need for special equipment? Awake vs. asleep.)

Heart and lungs.

Venous/arterial access sites.

Anatomy as it relates to planned regional techniques.

Pertinent lab values, EKG, Echo, Cath reports, CXR reports, CT/MRI reports.

Missing lab reports that are needed prior to surgery (Up to date INR on previously anticoagulated patients)

Type and screen vs. type and cross.

#### **5. PROCEDURE (Jaffe)**

Location of procedure (ENT vs Knee)

Degree of invasiveness speaks to anesthesia technique as well as severity of pain both intra and postop.

Length of procedure, degree of body exposure (hypothermia), EBL (type and cross?), possibility of postoperative mechanical ventilation.

Curative vs. palliative surgery.

Elective vs. emergency surgery.

Physiologic trespass on organ systems (one-lung case, extensive abdominal packing)

#### **6. POSITIONING (Barash, Martin, Warner)**

What type of bed (Jackson frame?)

Lithotomy, prone, lateral with kidney rest up.

Padding issues.

Impact on ventilation, circulation, ICP

Physical restrictions that the patient has (TKA, THA, Rheumatoid, Contractures, Obesity)

#### **7. PAIN**

Pre existing pain (acute bowel obstruction, fracture, trauma) (Should general anesthesia be induced prior to moving to the OR bed?)

Chronic vs. acute (narcotic tolerance vs. need for more narcotics now) (Chronic pain patient are a particular challenge often requiring a multi-modal approach.)

Pain severity of surgery (consider combined techniques or regional blocks)

Can the case be done under local? Local with sedation?

Patient's response to pain (bullet biters vs. the less tolerant)

Post operative pain plan. PCA vs. continuous epidural vs. regional blockade.

#### **8. POSTOPERATIVE**

Disposition: Outpatient vs. inpatient vs. ICU All of these patients require different approaches. The outpatient may require increased emphasis on PONV prevention, increased crystalloid, and local anesthesia for pain control. Regional vs. general anesthesia techniques in the outpatient population.

What is the probability for postoperative mechanical ventilation? Is this patient a direct admit to the ICU? A planned overnight stay in PACU? Is there an inpatient or ICU bed available?

Pain control issues. Continuous epidural vs. PCA? Is this a chronic pain patient with a narcotic tolerance issue?



## 9. PLAN

Now that all the data has been gathered and evaluated it is time to formulate the plan. The actual format is less important than the content. Each program dutifully supplies students with suggested formats and they are free to use it or choose one to their liking.

The “guts” of an anesthesia care plan should contain the following:

- Patient
- Procedure
- Ht/Wt/BMI
- Medications
- Allergies
- Brief Past Medical/surgical
- ROS
- Lab/diagnostic data
- Physical exam data (airway, heart and lung sounds)

Include anything else that you find helpful (diagrams, anatomy pictures, etc.) Remember, any method used to reinforce learning will be helpful and the methods used are different for each of us.

Expand as required on the procedure, positioning, pain, pharmacology, and pathophysiology. One simple method is to list and prioritize a problem, identify its anesthesia implication, and list what you plan to do about it. For example:

Issue	Anes. Implication	Action
-CO <sub>2</sub> Pneumoperitoneum	Increased PaCO <sub>2</sub>	Increase minute ventilation
Issue	Anes. Implication	Action
-Smoker	Reactive airways	Deep anesthesia via

IV/inhalation agent before laryngoscopy; IV lidocaine or LTA lidocaine, paralysis with succinylcholine to avoid coughing. Preoperative nebulizer treatment and/or inhaler use. IV lidocaine prior to extubation or deep extubation if appropriate.

As you can see, problem identification leads to anesthesia implications, which leads to action. The previous 8 P's deliver you to this point.

**Remember:** Prioritized problem/issue identification, anesthesia implications, and actions are the **core** of your plan. It is the result of gathering, evaluating, and filtering all of the data about your patient and the procedure. These are the things that you believe will most impact the care of the patient. The issues that you identify cause you to plan and this planning turns into **action**.

The remainder of the anesthesia care plan also spins off directly from your data gathering, reading, problem identification. Anesthesia medications, doses, fluids, airway management equipment, etc. all depend on the problems/issues that you have identified.

It has been my experience that graduate students have the most difficulty with the problem identification, anesthesia implication, and action area of the plan. What I commonly see is a very complete section detailing medication selection, doses, fluid management, ET tube size. In fact most students have programs that do this work for them (I am reserving comment on this issue) once they input height, weight, age, and gender.

It doesn't take much thought to input data into a program and print out drug doses, fluid requirements, etc. It takes a lot of thought, **critical thought** to scratch below the surface and uncover the essence of what your individual patient requires of you in the operating room.

That is the challenge before you. To gather data, evaluate, filter, and critically process what is important to the patient undergoing surgery/anesthesia. Your patients expect this degree of planning because their life and anesthesia outcome under your care depends on it.

## ANESTHESIA PLAN OF CARE

### Planned Anesthetic

☐ GA ☐ MAC ☐ Regional (Type/Drugs/Doses \_\_\_\_\_)

Premeds \_\_\_\_\_

Midazolam (1-5 mg) \_\_\_\_\_ mg for anxiolytic, sedative

Fentanyl (0.7-2 mcg/kg) \_\_\_\_\_ mcg for analgesia/lower  
anes. needs

Propofol (1.5-2.5 mg/kg) \_\_\_\_\_ mg producing  
unconsciousness

Etomidate (0.1-0.4 mg/kg) \_\_\_\_\_ mg producing  
unconsciousness

Succinylcholine (1 mg/kg) \_\_\_\_\_ mg for rapid muscle  
relaxation

Rocuronium (0.6-1.2 mg/kg) \_\_\_\_\_ mg for muscle relaxation

Droperidol (15 mcg/kg) \_\_\_\_\_ mg to treat/prevent PONV

Zofran (2-4 mg) \_\_\_\_\_ mg to treat/prevent PONV

Nondepolarizer Agent \_\_\_\_\_

Reversal Agent \_\_\_\_\_

Inhalation Agent \_\_\_\_\_

Other Gases ☐ O<sub>2</sub> \_\_\_\_ L ☐ N<sub>2</sub>O \_\_\_\_ L ☐ Air \_\_\_\_ L

Patient Positioning \_\_\_\_\_

Notes:

### Monitors & Equipment

☐ IV ☐ PA ☐ Agent Analyzer

☐ NIBP/SaO<sub>2</sub>/EKG/RR ☐ BIS / EEG ☐ HME

☐ ETCO<sub>2</sub> ☐ Nerve Stim. ☐ Temp ☐ Vent Monitors

☐ A-Line ☐ Esoph. Steth ☐ NGT ☐ Foley Cath

☐ CVP ☐ Precordial Steth ☐ Bair Hugger

Notes:

### Airway Management

☐ Spont. Resp. ☐ Assisted ☐ Ventilator Controlled

☐ LTA ☐ Oral Airway ☐ Nasal Trumpet ☐ Soft Bite Block

☐ Mask ☐ O<sub>2</sub> NC \_\_\_\_ L ☐ LMA # \_\_\_\_ ☐ ETT Size  
\_\_\_\_ mm

RR \_\_\_\_ PEEP \_\_\_\_ TV (10 ml/kg) \_\_\_\_ ml

Notes:

### IV Therapy

Wt. \_\_\_\_ kg NPO \_\_\_\_ hours

Maintenance \_\_\_\_ ml/h

Fluid Deficit \_\_\_\_ ml

3<sup>rd</sup> Space \_\_\_\_ ml/h

1 <sup>st</sup> Hr	2 <sup>nd</sup> Hr	3 <sup>rd</sup> Hr	4 <sup>th</sup> + Hrs

EBV (Estimated Blood Volume) \_\_\_\_ ml

ABL (Allowable Blood Loss) \_\_\_\_ ml

Notes:

### Clinical Summary / Perioperative Implications / Anticipated Problems & Concerns – see back

University Of New England Pre-Anesthetic Evaluation							
<b>PATIENT</b>	<b>ASA Physical 1 2 3 4 5 E Status</b>			<b>Anesthesia Permit</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Date</b>	
	<b>Proposed Operation</b>						
	<input type="checkbox"/> NPO      Last Nourishment						
<b>MEDICAL HISTORY</b>							
<b>ALLERGIES</b>							
<b>PAST SURGERY</b>							
<b>MEDICATIONS</b>							
<b>CARDIOVASCULAR</b>							
<b>RESPIRATORY</b>							
<b>HEENT</b>							
<b>RENAL/METABOLIC</b>							
<b>OTHER</b>							
<b>BP</b>	<b>PULSE</b>	<b>RESP</b>	<b>MASS (kg)</b>	<b>HEIGHT</b>	<b>TEMP</b>	<b>HGB</b>	<b>ABG</b>
						<b>HCT</b>	
<b>CHEMISTRY</b>							
<b>X-RAY</b>							
<b>EKG</b>							
<b>ANESTHESIA TYPE</b>	<b>GENERAL</b>	<b>SPINAL</b>	<b>EPIDURAL</b>	<b>MAC</b>	<b>OTHER</b>		
		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS:</b>							

**STUDENT SIGNATURE:** \_\_\_\_\_

## **STUDENT AFFAIRS COMMITTEE**

### **Purpose:**

The Student Affairs Committee is responsible for reviewing all student issues identified by the program director, faculty or students. This includes academic, behavioral and clinical issues.

### **Structure:**

The Committee will consist of at least three faculty members, one of whom will either be from outside the MSNA Program faculty, or be clinical faculty in the case of clinical issues. The MSNA Program Director will appoint the chair. A quorum of at least four (3) members must be present (includes speaker phone presence) at a meeting before the Committee can make any recommendations.

The Committee will meet as necessary to investigate academic, clinical, or behavioral issues. The Student Affairs Committee may be convened at the request of any MSNA Program faculty member or any student. It will review student records and may interview students, staff, faculty members and clinical instructors.

A majority vote of the Committee members present is necessary to recommend disciplinary sanctions for a student. In this case, the Committee will prepare a detailed recommendation, including a course of action and/or a plan of improvement, and send it to the Program Director, who will make a final decision. Decisions of the Program Director will be sent to the student in writing.

Since decisions are not based entirely on academic or clinical grades, the Committee will consider relevant information from faculty, staff and clinical instructors, as well as prior academic performance, attendance, professional conduct and extenuating circumstances.

### **Committee Outcomes:**

Failure in maintaining passing grades in didactic courses, meeting clinical objectives, or adhering to the accepted Standards of Conduct may result in a disciplinary sanction. Under these circumstances, the Committee will make a recommendation to the Program Director. The Program Director may:

1. Issue a letter of concern or reprimand
2. Impose a Probation Status
3. Dismiss a student from the Program

### **Appeals:**

Decisions made by the Nurse Anesthesia Program, which a student believes to be unfair, may be appealed to the Dean of the College of Health Professions. To do so, the student should follow the review process set forth in the *University of New England Student Handbook*.

## SAMPLE

### University of New England (UNE) School of Nurse Anesthesia

#### Probation Notification This is a Formal Notification

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

Based on your clinical performance you are being placed on a probation status. The focus of this period is to \_\_\_\_\_ (note areas of vulnerability, describe clinical goals and plan for improvement) \_\_\_\_\_ . The evaluative period will start on \_\_\_\_\_ and end on \_\_\_\_\_ .

During this time the following are expected:

#### **Clinical Instructor Responsibilities: (These may include but are not limited to the following)**

- ☐ To provide continuity, a cohort of 4-5 CRNAs who will serve as clinical instructors and to ensure patient safety, they will be with the student continuously during intra-operative case management.
- ☐ They will ensure that "room set up" expectations are similar for all.
- ☐ They will be aware of what the comprehensive care plan should entail.
- ☐ They will listen to your plan of care prior to every case and critique your plan in writing (i.e. provide comments on the plan itself).
- ☐ They will be aware of the clinical objectives for the practicum course level and complete the corresponding *Clinical Practicum Evaluation* tool as required.
- ☐ When completing the *Clinical Practicum Evaluation* tool, preceptors will check the items the student completed and provide comments for each section on the tool.
- ☐ Evaluations and care plans will be faxed to the School daily.

#### **Student Responsibilities: (These may include but are not limited to the following)**

- ☐ The student will prepare an individualized, comprehensive care plan for the most difficult, complex case of the day as well as devise a plan of care for all other patients.
- ☐ The student will not take vacation during this time period.

#### **Anesthesia Program Faculty Responsibilities: (These may include but are not limited to the following)**

- ☐ The School will be in direct contact with the Clinical Coordinator and the student at least weekly. Communication can be accomplished via email, phone, or formal meetings.
- ☐ The School will view the daily evaluations and care plans.

At the end of the probationary period, based on clinical performance and clinical instructor feedback, program faculty will decide if the student has met the clinical objectives.

**SAMPLE**

If at any time during the probationary period a patient’s safety is jeopardized, the probationary period would be terminated at that time and the student could be dismissed from the program.

Please sign to verify that you have received and read this notice.

_____	_____
Student Signature	Date

_____	_____
Director or Assistant Director	Date

**University of New England  
School of Nurse Anesthesia**

**Student Evaluation of Clinical Affiliation Tool**

**Clinical Site:** \_\_\_\_\_ **Dates of Affiliation** \_\_\_\_\_

In accordance with existing *Council on Accreditation* policies, students are requested to submit critical comments, which will be constructive to the on-going improvement of the anesthesia program

**PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL**

Please rate this site by checking the column which best describes the adequacy of the following criteria.

	Less than Adequate	Adequate	More Than Adequate	Not Applicable
Clinical experiences				
Supervision in the clinical area.				
Opportunities to make clinical decisions/judgments.				
Reinforcement of didactic knowledge.				
Opportunities for open communication between the student and the clinical instructor.				
Explanations of available equipment.				
Opportunities to perform a pre- and-postoperative assessment.				

What are the strengths of this clinical site?

What recommendations/comments do you have that would improve this clinical site.



**University of New England  
School of Nurse Anesthesia**

**Student Evaluation of Clinical Instructor Tool**

**Clinical Site:**

**Instructor's Name:**

In accordance with existing *Council on Accreditation* policies, students are requested to submit critical comments, which will be constructive to the instructor and assist him/her in on-going instructional improvement of the anesthesia program.

**PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL**

In reference to the following criteria, the **Clinical Instructor:**

**Key: 1=Almost Never, 2=Rarely, 3=Sometimes, 4=Usually, 5=Almost Always**

	1	2	3	4	5
<b>Involvement/Receptivity</b>					
Accepts students as important individuals.					
Is available when appropriate.					
Demonstrates confidence in the student.					
Stimulates and involves students					
Explains new/difficult procedures.					
Allows adequate time to accomplish task.					
Lets students explain his/her side of the situation.					
Involves student in decision-making process.					
<b>Clinical Competence</b>					
Remains calm, poised in the clinical situation.					
Exercises good clinical judgment.					
Relates didactic knowledge to good clinical practice.					
<b>Teaching Practices</b>					
Demonstrates flexibility so that learning can take place.					
Explains things in a "user friendly" manner					
Demonstrates new procedures.					
Challenges student's theoretic knowledge appropriately.					
Develops student autonomy.					
Verbally supports students to others in teaching situations.					



**University of New England  
School of Nurse Anesthesia**

**Student Evaluation of Anesthesia Program Tool**

In accordance with existing *Council on Accreditation* policies, students are requested to submit critical comments, which will be constructive to the on-going improvement of the anesthesia program

Please rate the anesthesia program by checking the column which best describes the adequacy of the following criteria.

	Less than Adequate	Adequate	More Than Adequate	Not Applicable
<b><u>Section One:</u> As a student I perceive my didactic preparation in relation to:</b>				
Physiology I				
Pharmacology I				
Physiology II				
Airway Management				
Pharmacology II				
Research Methods				
Professional Aspects				
Chemistry/Physics in Anesthesia				
Anatomy for Anesthetists				
Anesthesia Principles I				
Anesthesia Principles II				
Anesthesia Principles III				
Anesthesia Principles IV				
Research Practicum				
Special Topics in Anesthesia				

Please explain any "less than adequate " ratings.

<b>Section II: As a student I perceive my preparation in relation to clinical experience:</b>				
Selection of cases available.				
Selection of patients assigned to students.				
Time allotted for pre-op and postoperative planning.				
Number of hours in clinical area.				
Support given in clinical area by school faculty.				
Opportunity for students to make clinical decisions.				
Benefits derived from additional clinical rotations.				
Library facilities at clinical sites.				
Benefits derived from learning opportunities at clinical sites: lectures, inservices, case presentations...				

Please explain any "less than adequate " ratings.

**Please comment on the following:**  
**Curriculum Strengths:**

**Opportunities for Improvement:**

**Additional Comments:**

**University of New England  
School of Nurse Anesthesia**

**Clinical Faculty Self-Evaluation**

**Clinical Site:  
Instructor's Name:**

In accordance with existing *Council on Accreditation* policies, clinical faculty are requested to submit critical self-reflective comments, which will be constructive in helping him/her assess strengths as well as areas for on-going improvement.

**PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL**

In reference to the following criteria, I :

**Key: 1=Almost Never, 2=Rarely, 3=Sometimes, 4=Usually, 5=Almost Always**

	1	2	3	4	5
<b>Involvement/Receptivity</b> Accepts students as important individuals.					
Am available when appropriate.					
Demonstrate confidence in the student.					
Stimulate and involve students					
Explain new/difficult procedures.					
Allow students adequate time to accomplish task.					
Let students explain his/her side of the situation.					
Involve students in the decision-making process.					
<b>Clinical Competence</b> Remain calm, poised in clinical situations.					
Exercise good clinical judgment.					
Relate didactic knowledge to good clinical practice.					
<b>Teaching Practices</b> Demonstrate flexibility so that learning can take place.					
Explain things in a "user friendly" manner					
Demonstrate new procedures.					
Challenge student's theoretic knowledge appropriately.					
Develop student autonomy.					
Verbally support students to others in teaching situations.					



## **UNE School of Nurse Anesthesia Student Clinical Contract**

**I have received a copy of the University of New England's School of Nurse Anesthesia Clinical Practicum Handbook. I have had an opportunity to review and discuss its contents and I agree, as a student enrolled in this Program, to adhere to the policies and guidelines set forth. These policies and procedures are subject to change during the course of the Program and it is my responsibility to keep abreast of these changes.**

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**Student Signature**

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**Date**

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**Print Name**