

University of New England  
School of Nurse Anesthesia

716 Stevens Avenue

Portland, Maine

**STUDENT HANDBOOK**

Class of 2015



## **PROGRAM ADMINISTRATION and FACULTY**

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## ***UNE MSNA Organizational Chart***

### ***Dean, Westbrook College of Health Professions***

Tim Ford, Ph.D. (interim)



### **Program Director/Assistant Clinical Professor**

Maribeth L. Massie, CRNA, MS, PhD(c)



Lucy Beirne, Staff Assistant

### **Assistant Director/Clinical**



### **Assistant Director/Didactic Assistant Clinical Professor**

Cheryl Nimmo, CRNA, MSHSA, DNP (c)

### **School of Nurse Anesthesia Faculty**

Charles Anderson, PhD  
Susan DeCarlo-Piccirillo, CRNA, DNP  
Lisa J. Hogan, CRNA, DNP

### **Adjunct Didactic and Clinical Faculty**



### **Affiliate sites.....Students.....Committees**

Aroostook Medical Center, Presque Isle, Maine  
Bridgton Hospital, Bridgton, Maine  
Cary Medical Center, Caribou, Maine  
Central Maine Medical Center, Lewiston, Maine  
Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire  
Eastern Maine Medical Center, Bangor, Maine  
Elliot Hospital, Manchester, New Hampshire  
Emerson Hospital, Concord, Massachusetts  
Goodall Hospital, Sanford, Maine  
Health Alliance, Leominster, MA  
Houlton Hospital, Houlton, ME  
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  
Parkview Adventist Medical Center, Brunswick, Maine  
Plastic Surgery Associates, Portland, Maine  
St. Joseph Hospital, Nashua, New Hampshire  
St. Vincent Hospital, Worcester, Massachusetts  
University of Massachusetts Worcester, Worcester, Massachusetts  
Veterans Administration Hospital, Togus, Maine  
Wentworth Douglass Hospital, Dover, New Hampshire

York Hospital, York, ME

Admissions  
Curriculum / Evaluation  
Student Affairs

## **WELCOME**

Welcome to the University of New England School of Nurse Anesthesia (UNE) and the Saint Joseph Hospital School of Nurse Anesthesia for Nurses (SJHSAN)! You were selected as a student because of your capabilities, knowledge, and accomplishments in professional nursing. Because of you, our University, schools and profession will continue to grow in excellence.

This handbook has been prepared so you will know what the University and the respective anesthesia programs expect of you and what you can expect from each of them. The didactic phase of the program is a joint effort between both nurse anesthesia programs; the policies contained in the handbook will apply to all students who are to receive a degree from the University of New England. In addition to these policies and procedures, the students in SJHSAN are also required to adhere to those explicated in the SJHSAN *Student and Faculty Handbook*.

## **MISSION STATEMENTS**

### **University Mission Statement**

The University of New England provides students with a highly integrated learning experience that promotes excellence through interdisciplinary collaboration and innovation in education, research, and service.

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

The Westbrook College of Health Professions improves the health of communities by graduating students who are passionate and well equipped to lead, excel, and act as agents of change in a complex health care system, by developing and disseminating new knowledge, and through the delivery of the highest quality relationship-centered clinical and community care.

### **School of Nurse Anesthesia Mission Statement**

Our mission 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 the life-long scholarship, critical thinking skills and professionalism needed to become compassionate, patient-centered anesthesia providers in solo practice or within anesthesia care teams.

## **HISTORY**

The University has been involved in Nurse Anesthesia education since 1984, serving initially as an academic affiliate for hospital-based certificate CRNA programs. In 1987, the present program leading to a Master of Science- Nurse Anesthesia (MSNA) was initiated. Under the MSNA Program, the University awards the Master of Science Nurse Anesthesia Degree to students who satisfactorily complete a 54-credit schedule of classes offered over a 27-month period (UNE) and 28 months (St Joseph). Students complete a clinical course of study in our affiliate hospitals, which qualifies them to take the Council on Certifications' National Certification Exam in order to become a Certified Registered Nurse Anesthetist (CRNA).

The on-campus DIDACTIC portion consists primarily of science and anesthesia courses taught by the program faculty, as well as basic science faculty from the Colleges of Medicine and Arts and Science and expert practitioners from the community. These courses are taught during two full-time semesters (Summer and Fall), beginning in May of each year and ending in December. After completion of this phase, students move onto the CLINICAL portion of the curriculum. The primary focus in this phase is clinical anesthesia training. However, didactic instruction related to advanced anesthesia principles and professional development will continue during the clinical phase with lectures, distance classes, seminars, and simulation experiences taught by program faculty. A Capstone Project is also completed during this time. The clinical phase begins January and is completed in August (UNE) and September (St. Joseph).

The University of New England and the St. Joseph Hospital School of Nurse Anesthesia for Nurses are accredited by the Council on Accreditation of Nurse Anesthesia for Nurses are accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), a specialized accrediting body recognized by the Council on Post-secondary Accreditation and the US Department of Education. Curriculum is based on the academic requirements and standards established by the COA.

### **EDUCATIONAL OUTCOME CRITERIA**

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

1. Formulate and discuss a patient's anesthesia care plan (ASA Classification I-V).
2. Implement and evaluate anesthesia management plans.
3. Perform and utilize appropriate procedures during anesthetic management of a patient.
4. Evaluate the postoperative course of a patient.
5. Perform, within medically established guideline, resuscitation of the newborn infant, child, or adult.
6. Function, within medically established guidelines, as a team leader for cardiovascular and/or pulmonary emergencies.
7. Provide first echelon care and maintenance of all anesthesia equipment.
8. Develop interpersonal behaviors consistent with that of a health care professional.

### **GRADUATION CRITERIA**

In order for a student to graduate, the following criteria must be met:

1. Satisfactory completion of all didactic material.
2. Satisfactory completion of clinical experience as requires by the school and the Council on Accreditation of Nurse Anesthesia Educational Programs.
3. Satisfactory completion of stated UNE School of Nurse Anesthesia behavioral objectives and terminal objectives (SJSAN only).
4. Completion of twenty-seven (UNE) or twenty-eight (RI) actual months in program, exclusive of allotted vacation and reasonable sick leave.
5. All required evaluations must be completed and signed.

6. All clinical records must be completed and submitted to the Anesthesia School Administrative staff. (i.e.: Typhon records)
7. Successful completion of the capstone project.
8. Successful completion of the Self Evaluation Exam (SEE).
9. All fees must be paid in full.
10. All library books must be returned.
11. A **current** RN license and ACLS and PALS Certifications must be on file.

Please note: There may be additional graduation criteria required for SJHSAN students- noted in their *Student and Faculty Handbook*.

The programs reserve the reserve the right to defer a student's graduation until all requirements have been met (ie: if a student is behind on cases and clinical hours due to personal, academic, or clinical reasons, their graduation date may be extended).

### **ESSENTIAL TECHNICAL STANDARDS: UNE SCHOOL OF NURSE ANESTHESIA**

#### **Principles:**

Nurse anesthesia education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of specific skills and professional attitudes and behavior. Nurse Anesthesia school faculties have a responsibility to society to matriculate and graduate the best prepared nurse anesthetists, and thus admission to this program has been offered to those who present the highest qualifications.

The essential technical standards presented in this handbook are pre-requisite for matriculation, subsequent promotion from year to year, and ultimately graduation from the University Of New England School Of Nurse Anesthesia. These standards pertain to all matriculated students. All required courses in the curriculum are necessary in order to develop essential skills required to become a competent nurse anesthetist.

The faculty is committed to fostering relationships with its students that encourage human and professional growth. Its policies and procedures attempt to reflect this commitment to proactive and supportive communication.

It is imperative that all students recognize the primary responsibility for a successful nurse anesthetist education, both in and outside the classroom, rests with the individual. Students, including students with disabilities, must have the capacity to manage their lives and anticipate their own needs. The School has incomplete influence in helping students achieve these personal adaptations. Situations can arise in which a student's behavior and attitudes resulting from a disability or other personal circumstances represent a secondary problem which impairs the student's ability to meet the School's standards, even after implementation of all reasonable accommodations by the School.

#### **Recommendations:**

1. No otherwise, qualified individual will be denied admission to the School of Nurse Anesthesia based solely upon a disabling condition.
2. Candidate with disabilities applying to the School of Nurse Anesthesia will be expected to have achieved the same requirements as their non-disabled peers.

3. Matriculation into the School of Nurse Anesthesia assumes certain levels of cognitive, emotional, and technical skills. Nurse anesthetist students with disabilities will be held to the same fundamental standards as their non-disabled peers. Reasonable accommodations will be provided to assist the student in learning, performing and satisfying the fundamentals standards, so long as the student provides timely, comprehensive documentation establishing the student's disability status and need for reasonable accommodation.
4. Reasonable accommodations that facilitate student progress will be provided, but only to the extent that such accommodation does not significantly interfere with the essential functions of the School of Nurse Anesthesia, fundamentally alter the program, or significantly affect the rights of other students.
5. The School, under the law, is obligated to provide all reasonable accommodations that will eliminate or minimize the barriers disabled students may face in the process of successfully completing the requirements for graduation from the University of New England School of Nurse Anesthesia.

### **Abilities and Skills:**

A student of this program must have abilities and skills of five varieties including observational skills; communication skills; fine and gross motor skills; conceptual, integrative and quantitative abilities; and behavioral and social/emotional attributes.

#### ***I. Observational Skills***

The student must be able to acquire a defined level of requires information as presented through demonstration and experiences in the basic sciences and anesthesia courses including, but not limited to, information conveyed through gross anatomy labs and simulated anesthesia patient exercises. Furthermore, a student must be able to observe a patient accurately, at a distance, and close at hand, acquire information from written documents and visualize information as presented in radiographic images and patient monitors. The student must have visual and hearing acuity, including use of depth perception and peripheral vision; hearing normal and faint body sounds (blood pressure and heart sounds) and hearing auditory alarms on monitors and anesthesia delivery systems. Such observation and information acquisition necessitates the functional use of visual, auditory and somatic sensation while being enhanced by the functional use of other sensory modalities.

In any case where a student's ability to observe or acquire information through these sensory modalities is compromised, the student must demonstrate alternative means and/or abilities to acquire and demonstrate the essential information without reliance upon another person's interpretation of the information. The university will provide appropriate reasonable accommodations to foster the student's ability to meet these standards, so long as the student registers with UNE Disability Services.

#### ***II. Communication Skills***

The student must be able to effectively and efficiently communicate using verbal, written, and reading skills, in a manner that demonstrates sensitivity to patients, their families and all members of the health care team. A student must be able to accurately elicit information, describe a patient's change in mood, thought, activity and status. He or she must also demonstrate established communication skills using traditional or alternative reasonable means that do not substantially modify the standard.



### ***III. Fine and Gross Motor Skills***

The student must be able to, with or without the use of assistive devices, but without reliance on another person, to interpret x-ray and other graphic images and digital or analog representations of physiologic phenomenon (such as EKGs).

The ability to participate in basic diagnostic and therapeutic maneuvers and procedures (e.g. palpitation, auscultation) is required. It is also essential for a student to possess the gross motor skills sufficient to provide a full range of safe and effective care to patients. These include the ability to move within confined spaces, reach above shoulders, bend, stoop, squat, stretch and to reach below the waist. Fine motor skills are necessary to perform psychomotor skills such as picking up objects, grasping, pinching with fingers (intubations, manipulating a syringe, starting IVs), twisting and squeezing.

Physical stamina sufficient to complete the rigorous course of didactic and clinical study is required. In addition, physical endurance and strength is a requirement in order to tolerate working an entire shift (including overtime or call), standing for long periods of time and sustaining repetitive movements (performing CPR, positive pressure ventilation, etc.). Students must be able to provide hands-on patient care such as lifting, pushing and pulling excessive weight to position patients, pick up and carry children, ambulate patients and transfer anesthetized patients to patient recovery areas, the candidate is required to move not only the patient's weight but also the heavy bed.

The student is required to carry heavy equipment and supplies, sit for long periods of time on stools with and without any back support, twist and turn to visualize monitors and the surgical field and possess the strength and flexibility to assist in the restraint of combative patients. In addition, the student must be able to move quickly to respond to emergencies. At all times the ability to administer care to patients in a safe manner is paramount.

### ***IV. Intellectual Skills- Conceptual, Integrative and Quantitative Abilities***

The student must be able to measure, calculate, reason, analyze and synthesize information in a timely fashion. In addition, the student must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structure. Problem-solving, the critical skill demanded of nurse anesthetists, requires all of these intellectual abilities. These problem-solving skills must be able to be performed in a precisely limited time demanded by a given clinical setting. In addition, the student must be able to adapt readily to changing environments and deal with unexpected activities.

### ***V. Behavioral and Social/Emotional Attributes***

Students must possess the emotional health and stability required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients.

Students must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility and to learn to function in the face of uncertainties inherent in the clinical problems of patients. They must be able to measure, calculate, reason, analyze and synthesize information effectively in a

precisely limited time demanded by a given clinical setting, while under stress, and in an environment in which other distractions may be present.

Compassion, integrity, concern for others, interpersonal skills, interest and motivation are all personal qualities that will be assessed during the educational processes.

### **ACADEMIC DISABILITIES**

Any student eligible for and needing academic adjustments or accommodations because of a learning disability is requested to speak with the course instructor/coordinator within the first two weeks of class. Registration with the Office of Students with Disabilities is required before accommodation requests can be granted.

### **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 exist in any area.

### **PROFESSIONAL EXPECTATIONS FOR GRADUATE STUDY**

1. Graduate education represents an opportunity for self-motivated learning in which the student assumes the principal responsibility for the learning process through the comprehensive engagement of the material outlined in the program curriculum.
2. The role of the program faculty is to facilitate the learning process by guiding the student to the resources necessary for him or her to meet the educational objectives of the program in a self-directed manner, and by promoting a supportive and collaborative environment conducive to the pursuit of academic excellence, clinical competence and professional success.
3. Didactic instruction in the program is designed to synthesize the wide body of knowledge represented by the program curriculum in a manner that highlights foundational principles and that facilitates the student's mastery of the material through the development of learning strategies for which he or she is ultimately accountable.
4. Simulation based-training forms an important cornerstone of the program's curriculum and promotes not only the development of technical competence but likewise encourages self-awareness, interpersonal communication skills and critical decision-making.
5. Examinations will evaluate the extent to which the student is able to master the material in a comprehensive and self-directed manner. It is expected that all written assignments and/or projects should be the result of comprehensive research and reflection on a given topic in keeping with the principles of intellectual honesty and scientific inquiry, and be presented in a professional manner on the due date.
6. Meeting deadlines for submission of administrative paperwork, clinical evaluations, conference, or self-examination testing applications is a professional expectation and failure to do so is considered a breach of conduct becoming of a professional graduate student such behaviors will be met with consequences ranging from probation to course failure.

7. Time-sensitive communication between faculty and students is an essential component of the student's success in the program and efficient department functioning. For this reason the University has provided a communication platform based on individual email accounts for each student and a web-based platform which supports live chat and threaded online class discussions. It is considered a professional obligation that students respond to faculty calls and electronic correspondence within 24 hours, or sooner if requested, of receiving messages. Failure to do so is to be construed as unprofessional behavior. Students should remain updated on Web based class related notifications and information. **It is recommended that students check their email and the Blackboard Announcement section for updates initially in the morning and throughout the day.**
8. On-going evaluation of the program's clinical and didactic programs by students is an essential component of meeting standards of quality as mandated by the Council on Accreditation of Nurse Anesthesia Programs and an important means of communication between students and faculty. Please note course evaluations are a required element of every course; to receive your grades at the end of the semester, you will need to complete the on-line course and instructor evaluation. In order to make this as convenient as possible, we will provide a two week window for completion. Participation in evaluation processes by students is a professional and departmental expectation and is required by the Westbrook College of Health Professions. Students must have appropriate resources necessary to fully participate in all phases of the program.
10. The MSNA program is a full time course of study and cannot be delivered or completed in a part time format.

## **POLICIES AND PROCEDURES**

### **ADVISORS**

All students will be assigned a UNE MSNA Faculty Advisor at the start of the Program. A student receiving a grade less than 80% on an examination is encouraged to meet with his/her advisor. Advisor meetings are encouraged to determine if there are any concurrent issues with the student or with course work, with the end goal of promoting successful advancement through the program. It is the student's responsibility to schedule the meeting with their advisor. Students are encouraged to continue to contact their academic advisors during the clinical phase when they score below an 80% on an exam. UNE students will continue with their present academic advisors and the St. Joseph Students will be matched up with faculty from their respective program.

### **CLASS ATTENDANCE POLICY**

All scheduled classes, skills labs and simulated sessions are mandatory. It is expected that students arrive on time to all classes. Class attendance and tardiness are factored into the class participation grade in all courses. Students unable to attend a class session must notify the instructor and/or program administrative assistant prior to the class session. It is the individual course instructor's discretion if any more penalties are to be applied for missing class or a deadline.

### **CODE OF PROFESSIONAL CONDUCT**

The University of New England, School of Nurse Anesthesia is committed to promoting in all students a sense of professionalism and a desire to adhere to the highest professional standards that pertain to nurse anesthesia practice. Students are expected to exhibit the highest standards of professional conduct, avoiding impropriety and the appearance of impropriety. The School of Nurse Anesthesia Student Code of Professional Conduct exists to promote honorable conduct on the part of all students in the school. Its purpose is to create an environment where honesty, integrity and respect are rewarded and unethical, dishonest or disrespectful behaviors are prevented, deterred or do not exist. The credibility of any healthcare professional is based on the high degree of trust accorded by the individuals he or she serves. Students entering the health care professions have a unique, particular obligation to conduct themselves at all times in a manner that reflects honesty, integrity and respect for others.

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 rules of conduct requires a high level of maturity and self-control, even in highly stressful situations. Failure to adhere to these standards 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). During the clinical phase of the program ethical and behavioral issues will be managed by the institution offering the clinical phase of the program (i.e. UNE and Saint Joseph's).

Offenses include (but are not limited to):

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 preceptors. For academic presentations, all identifying data, including name, initials, date of birth and facility where seen will be omitted. Unauthorized possession, use, copying, or distribution of hospital records or disclosure of information contained in such records to unauthorized persons.
4. Use, distribution, or unauthorized possession of intoxicating beverages or drugs on hospital premises or reporting to work under the influence of intoxicants.
5. Unauthorized absence from the Anesthesia Department during regularly scheduled clinical hours.
6. Failure or refusal to follow instructions of a duly assigned clinical instructor including refusal to accept clinical assignment.
7. Use of vile, intemperate or abusive language, or acting in a disrespectful manner to any faculty, staff, employee, supervisor, patient, or visitor.
8. Any disorderly conduct on hospital premises.
9. Creating or contributing to unsanitary conditions.
10. Theft, fraud, or unauthorized use of property belonging to the hospital, patient, or visitor.

11. Disregard of one's appearance, dress, or personal hygiene.

No set of policies or procedures can anticipate every issue or situation, and circumstances at times require alterations or adaptations. What follows are the general policies that will govern these situations routinely. While maintaining the School's commitment to these policies and to applying them fairly, the School of Nurse Anesthesia does, however, reserve the right to modify policies and/or procedures at any time as may be necessary. The Student Code of Professional Conduct is for the School of Nurse Anesthesia. It augments information provided in the University Student Handbook as it pertains to academic programs in the College. The University of New England reserves the right in its sole judgment to make changes in any nature in its programs, calendar, or academic schedule whenever deemed necessary or desirable, including changes in course content, the scheduling of classes with or without extending the academic term, canceling of scheduled classes or other academic activities, in any such case giving notice thereof as is reasonably practicable under the circumstances.

The following document outlines expectations for Masters of Nurse Anesthesia students both in and out of the classroom as well as in the professional practice setting. The standards of conduct listed below set forth general responsibilities of students in a learner environment.

**I. Academic Honesty and Integrity**

Students are expected to adhere to all aspects of the University of New England Student Handbook that can be found at [www.une.edu/studentlife/handbook/default.asp](http://www.une.edu/studentlife/handbook/default.asp). Students who believe that academic misconduct has taken place are obliged to bring their concerns to the attention of the course instructor or the Program Director of the School of Nurse Anesthesia as may be appropriate. Anonymous accusations of misconduct will not be considered.

The University of New England School of Nurse Anesthesia expects academic honesty from all its students. Cheating, plagiarism, or other kinds of academic dishonesty are considered violations of established University and College expectations. Ignorance and lack of intent are not valid excuses. Commission of an act of scholastic dishonesty by a student is not a victimless offense. If works by some students have been accomplished unfairly, then all other students in the class are victims because their honest efforts cannot be fairly evaluated and the integrity of the program is compromised. Students are directly responsible for understanding the Code of Professional Conduct.

To facilitate academic honesty, students are expected to conduct themselves in a manner that will prevent or decrease opportunities for academic dishonesty, particularly during examinations. These include:

- a) Remove yourself from a situation that is likely to lead to a violation of the Code of Professional Conduct.
- b) Be on time for each examination.
- c) Protect your exam from the view of others.
- d) Keep your eyes focused on your own exam,
- e) Do not begin your exam before the time designated by the instructor or proctor.

- f) Do not continue to take the exam beyond the designated time period for the exam.
- g) Do not collaborate on an examination, assignment or project unless explicit permission to do so has been granted by the instructor or proctor.

**II. Academic misconduct includes, but is not limited to, the following actions:**

**A. Cheating**

Cheating is intentionally using or attempting to use, or intentionally providing or attempting to provide, unauthorized materials, information or assistance in any academic exercise. Examples of cheating are as follows:

1. Using the work of another individual on an examination or assignment and submitting it as your own work.
2. Using another student's "clicker" device or other electronic devices, to answer questions or provide feedback.
3. Permitting another student to use your work on an examination or assignment without explicit approval of the instructor.
4. Possessing or accessing unauthorized notes, crib sheets, additional sources of information or other material during an examination.
5. Providing or receiving unauthorized aid during an examination or prior to a make-up examination.
6. Taking an examination for another student or having an examination taken by a second party.
7. Altering or falsifying examination results after they have been evaluated by the instructor and returned to the student.
8. Unauthorized possession or use of examinations except examinations returned by professors from previous semesters.
9. Collaborating on any assignment or examination without the explicit permission of the instructor.
10. Failing to comply with instructions given by the person administering the test.
11. Falsifying data, laboratory reports, and/or other academic work offered for credit.

**B. Plagiarism**

Plagiarism is the appropriation, through any means, of another's work and the subsequent submission of it as one's own academic work. In the absence of any other agreement between the student and the instructor, it is assumed that when a student turns in an assignment or takes an examination, every word of the assignment or answer is the student's own work. Plagiarism can easily be avoided by clearly referencing the work of others when it appears in your own work.

Examples of plagiarism as it might occur in term papers, research papers, laboratory reports, and other written assignments are listed below.

1. Failure to provide a citation for a paraphrase or summary;
2. Failure to paraphrase or summarize properly, even when a note is provided.
3. Copying another source verbatim (word for word) without quotation marks or proper indentation;
4. Copying another source without acknowledgement;
5. Turning in another person's paper or other work as one's own.

**C. Fabrication, Fraud or Forgery**

This is defined as intentional and/or unauthorized falsification common in the academic and/or clinical environments are as follows:

1. Fabrication or falsification of examinations, reports, assignments, case studies and other assigned work.
2. Falsification or invention of sources or page references in assignments.
3. Falsification or alteration of original source documents, such as misquoting or misrepresenting the document, to support a specific point of view or hypothesis.
4. Falsification or fabrication of laboratory or patient data.
5. Falsification of any school or university document including grade reports, transcripts or personnel files.
6. Forging signatures of school or university officials on any official document including patient records.
7. Providing a false excuse or reason for missing an examination, assignment, a required attendance class or clinical rotation.
8. Providing the name or signature of another student on an attendance form; signing an attendance form when you are present for only a brief period of time, e.g., signing in and leaving or signing when you arrive near the end of a class or session.
9. Providing false information to an instructor to increase one's grade or to attain special consideration.
10. Providing false information regarding contributions to group assignments or projects.
11. Misrepresenting the facts about oneself or another in regard to health, personal, financial or academic consideration to gain an unfair academic or financial benefit.

**D. Altering or damaging reference material and equipment:**

Examples may include but are not limited to the following:

1. Destroying or removing study materials from circulation, examination keys, posted grades or other materials made available made available to all students.
2. Any attempt to limit another student's access to educational resources
3. Any attempt to alter equipment so as to lead to an incorrect answer for subsequent users

**E. Electronic Device Abuse- cell phone/pager/text or other communication device**

Students are allowed to have cell phones, pagers and other similar devices on campus. However, students may not use these electronic devices during class unless specifically permitted by the faculty member. Faculty members have authority to confiscate these or related electronic devices, in the event of a violation of this policy, and/or require the student to leave for the remainder of class. In the event of an emergency, the University of New England will use an alert system that incorporates the use of electronic devices. The student may have the device "on" but the setting on the device should be placed on a silent, meeting or vibrate setting.

**F. Computer Use Policy**

Please refer to the University Student Handbook for guidelines on Information Technology and computer use

**G. Discipline**

These offenses will not be tolerated under any circumstances as they compromise the academic and professional integrity of this program.

If a student is suspected of violating academic integrity, the accusation will be investigated further by faculty. The case will be brought before the Student Affairs Committee (SAC). The SAC may either:

1. Drop the case based on insufficient evidence.
2. Recommended immediate dismissal from the Program.

The Program Director will, in turn, consider the SAC's recommendation and then issue a final decision. Decisions made by the Program Director may be appealed to the Dean of the Westbrook College of Health Professions. To do so, the student should follow the review process set forth in the UNE Student Handbook.

**III. Professional Conduct**

MSNA students are expected to display professional behavior including but not limited to:

1. Use of appropriate and professional language in verbal and written communication with faculty, staff, students, patients and other health care personnel.
2. Maturity in accepting the decisions of persons of authority within the School of Nurse Anesthesia and the University of New England as well as in the professional practice environment.
3. Respect for the beliefs, opinions, choices, and values of others. MSNA students are expected to treat other persons equally regardless of race, culture, gender, age, religion, ethnicity, sexual orientation, socioeconomic status, physical or mental status.
4. Diplomacy in expressing opinions, resolving conflict and evaluating others.
5. Respect for the confidentiality of others including patients, students, faculty and staff.
6. Provision of nurse anesthesia services according to legal and ethical standards of nurse anesthesia practice.
7. Commitment to self-evaluation, personal growth, and life-long learning.

**A. Classroom behavior**

Students should respect their peers' right to learn. All interactions should be with courtesy and respect. Disruptive student behavior that interferes with fellow students' ability to concentrate and learn in the classroom, or that impedes an instructor in conducting class or a speaker in making a presentation, are considered violations of the MSNA Code of Professional Conduct. Demonstration of a respectful learning environment includes, but is not limited to, the following types of behaviors:

1. Be on time for class; should you arrive late, enter the classroom quietly and do not disrupt anyone while finding a seat.
2. Do not leave the classroom during lecture unless a reasonable circumstance requires this action (e.g., illness); if you must leave, do so as quietly as possible with minimal disruption.



3. Refrain from conversations during the presentation of the class, seminar or other learning session.
4. Do not gather materials to leave the class until the instructor has completed his or her remarks.
5. Refrain from making disrespectful sounds during lecture.
6. Refrain from distracting activities during class.
7. Do not bring pets or other animals into class, seminars or other learning sessions (except for certified companion dogs).
8. Refrain from bringing family members or other guests into class, seminars or other learning sessions unless permission is obtained from the instructor or course director.

Faculty have the authority to identify disruptive students, instruct students to refrain from such behavior and require that students leave the classroom if, in the judgment of the instructor, their behavior is interfering with the learning environment. In addition, sanctions may be brought against any student as outlined in the University of New England Student Handbook.

## **B. Respecting the physical environment**

A considerable amount of human and fiscal resources are used to maintain the integrity and appearance of the physical facilities of the school. Students are expected to contribute to the maintenance of a neat and clean environment by properly disposing of trash and recyclables and by helping to keep classrooms, study areas, lounge areas, kitchens and appliances, hallways, rest rooms, walls and bulletin boards free of trash and clutter. In addition, theft, vandalism or inappropriate access to personal or proprietary information or personal property (offices, desks, computers and computer files or other College, university or student property) is not acceptable behavior.

## **C. Substance Abuse**

(For specific details regarding UNE's policies on alcohol and drugs, please refer to the appropriate sections of the UNE Student Handbook.)

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.

#### **a. Substance Abuse 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 on a medication that may impair students' performance and/or clinical judgment must present documentation from your primary care provider, ensuring fitness for duty.

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.

#### **D. Sexual Harassment**

Please refer to the Sexual Misconduct Policy of the UNE Student Handbook.

#### **IV. CONFIDENTIALITY**

MSNA students are obligated to respect all confidences revealed to them such as patient conditions, medical and pharmaceutical records, economic information, fee payments or any privileged information from committees of which a student is a member. Confidentiality is an ethical concern and a legal issue. Nurse Anesthetists, including students, are legally bound to safeguard the confidentiality of matters concerning patients. Respecting the confidentiality of patients maintains public trust. As part of the curriculum, MSNA students complete several hundred hours of nurse anesthesia practice. Students are required to comply with the legal requirements, and with professional and ethical standards relating to the practice of nurse anesthesia.

Failure to maintain the confidentiality of any patient or failure to engage in professional and ethical conduct will be treated by the School of Nurse Anesthesia in the same manner as academic dishonesty. It is the policy of the School of Nurse Anesthesia that students who engage in unethical conduct will be subject to disciplinary penalties.

##### **A. Understanding HIPAA Privacy**

The Health Insurance Portability and Accountability Act Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes. Consumers have rights and protections that are provided by the Privacy Rule. Covered entities must comply with the Privacy Rule and its requirements. Guidance is available to help covered entities implement and maintain compliance with the requirements. Nurse Anesthesia students will be required to complete HIPAA training before engaging in patient care and as required by the university. There is much more information and additional reading available located on the WEB at <http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>.

#### **V. ONLINE SOCIAL MEDIA/NETWORKING**

Web blogs and online social networks such as Facebook and MySpace have become popular communication tools over the past several years. As professionals with a unique social contract and obligation, nurse anesthesia students as well as practicing CRNAs must be cognizant of the public nature of these forums and the permanent nature of postings therein. Sites such as these are a potential forum for lapses of professionalism and professional behavior. These sites may give the impression of privacy, but postings and other data should be considered in the public realm and freely visible by many people. The School of Nurse Anesthesia has adopted the following guidelines to assist students in safely and responsibly using these sites.

These guidelines are “best practice guidelines” and apply to all MSNA students who participate in social networking sites and online weblogs. Students should follow these guidelines whether participating in social networks personally or professionally, or whether they are using personal or UNE or clinical affiliation computing equipment.

#### **A. Definitions**

Social networking site: spaces in the internet where users can create a profile and connect that profile to others (individuals or entities) to create a personal network. Examples include Facebook, MySpace, LinkedIn, and Twitter.

Weblog: a website, usually in the form of an online journal, maintained by an individual with regular commentary on any number of subjects. Can incorporate text, audio, video clips, and any other types of media.

#### **B. Professionalism**

1. Postings within social network sites are subject to the same professionalism standards as any other personal interactions. The permanence and written nature of these postings make them even more subject to scrutiny than most other forms of communication. The professionalism description can be found in the Code of Professional Conduct section of this handbook. Students may be subject to disciplinary actions within the school for comments or postings that are either unprofessional or violate patient privacy.
2. Statements made by you within online networks will be treated as if you verbally made the statement in a public place.
3. Do not violate copyrighted or trademarked materials. If you post content, photos or other media, you are acknowledging that you own or have the right to use these items.
4. In online social networks, the lines between public and private, personal and professional are blurred. Just by identifying yourself as University of New England, MSNA student, you are creating perceptions about the School of Nurse Anesthesia by those who have access to your social network profile or weblog. Be sure that all content associated with you is consistent with your position at the school and with UNE’s values and professional standards.
5. UNE logos may not be used on any social media site without the approval of the UNE Web Manager or the Public Relations Director. Any medically oriented weblogs should contain the disclaimer: “The posts on this site are my own and do not necessarily represent the UNE School of Nurse Anesthesia’s positions, strategies, or opinions.”
6. Use of these social networking sites or weblogs can have legal ramifications. Comments made regarding care of patients or that portray you or a colleague in an

unprofessional manner can be used in court or other disciplinary proceedings (i.e. State Licensing Boards).

7. Unprofessional postings by others on your page reflect very poorly on you. Please monitor others' postings on your profile and work to ensure that the content would not be viewed as unprofessional. It may be useful to block postings from individuals who post unprofessional content.

8. Keep in mind that statements and photos posted within these sites are potentially viewable by future employers, and even if deleted can be recovered under certain circumstances. Be aware too, that images can be downloaded by and forwarded to others. It is not uncommon for potential employers to search for the social network profiles of potential hires, and there are many examples of people not being offered a job because of findings on social networking sites.

9. Avoid giving specific medical advice.

### **C. Privacy**

1. Due to continuous changes in these sites it is advisable to closely monitor the privacy settings of your social network accounts to optimize their privacy and security.

2. It is advisable that you set your privacy profile so that only those people whom you provide access may see your personal information and photos.

3. Avoid sharing identification numbers on your personal profile. These would include address, telephone numbers, social security, passport numbers or driver's license numbers, birth date, or any other data that could be used to obtain your personal records.

4. Others may post photos of you, and may "tag" you in each of the photos. It is your responsibility to make sure that these photos are appropriate and are not embarrassing or professionally compromising. It is wise to "untag" yourself from any photos as a general rule, and to refrain from tagging others unless you have explicit permission from them to do so.

5. Maintain the privacy of colleagues and other UNE students or clinical affiliate hospital employees when referring to them in a professional capacity unless they have given their permission for their name or likeness to be used.

6. Make sure that you differentiate medical opinions from medical facts. The world of medicine is foreign to many, so readers may take your words at face value. Try to make clear what statements reflect your personal beliefs.

### **D. Confidentiality**

1. HIPAA regulations apply to comments made on social networking sites, and violators are subject to the same prosecution as with other HIPAA violations.
2. Patient privacy measures taken in any public forum apply to social networking sites as well.
3. Online discussions of specific patients should be avoided, even if all identifying information is excluded. It is possible that someone could recognize the patient to which you are referring based upon the context.
4. Under no circumstances should photos of patients or photos depicting the body parts of patients be displayed online unless specific written permission to do so has been obtained from the patient. Remember, even if you have permission, such photos may be downloadable and forwarded by others.

#### **E. Patient contact**

1. Interactions with patients within these sites are strongly discouraged. This provides an opportunity for a dual relationship, which can be damaging to the provider-patient relationship, and can also carry legal consequences.
2. Private patient information obtained on a social networking site should not be entered in the patient's medical record without the patient's knowledge and consent.

#### **F. Social media in clinical settings**

1. Be aware of social networking policies in each of UNE, School of Nurse Anesthesia clinical affiliated sites.
2. Refrain from accessing personal social networking sites while in clinical work areas.

### **VI. RESPECT FOR FACULTY, STAFF, STUDENTS AND OTHER HEALTH CARE PROFESSIONALS**

1. Students are expected to demonstrate respectful behavior at all times toward the faculty, staff, students and patients in the College of Health Professions and other institutions on or affiliated with the School of Nurse Anesthesia.
2. The student body, faculty and staff represent a diverse group. Respect for and understanding of individuals from diverse backgrounds is a part of a university education. Prejudices against individuals because of race, ethnic or cultural background, gender, disability or other personal characteristics will not be tolerated.
3. Students are expected to display mature judgment and abide by the reasonable decisions communicated by faculty and staff. Disrespectful behavior by students is unacceptable. Faculty and staff members work to provide a quality educational program for students. Misunderstandings, changes in curricula or mistakes in

administrative aspects of the program will occur from time to time. Appropriate mechanisms exist to communicate student concerns about the operation of the school through the Office of Student Services, faculty members, administrators, student government members and student representatives on school committees.

4. The dignity and respect of all health care practitioners and caregivers must be acknowledged, promoted and upheld.

## **VII. MSNA DRESS CODE**

The School of Nurse Anesthesia recognizes that appropriate personal appearance creates a favorable impression on the nurse anesthesia profession in general. The dress code is based on the theory that learning to use socially acceptable manners and selecting attire appropriate to specific occasions and activities are critical factors in the total educational process. The continuous demonstration of appropriate manners and dress insures that the MSNA students meet the very minimum standards of quality achievement in the social, physical, moral and educational aspects of their lives - essential areas of development necessary for propelling students toward successful careers.

The dress code applies at all times when class is in session on campus, professional meetings both on and off campus and to any situation where patient care activities occur or the occurrence of direct patient or healthcare professional contact can be reasonably assumed. These instances would include but not be limited to all experiential experiences. In the absence of a stated policy for an individual course or setting, the following dress code will apply:

### **A. General Personal Care**

1. Maintain good personal hygiene, which includes regular bathing, use of deodorants and regular dental hygiene.
2. Hair should be neat and clean and a conservative color. Hair longer than shoulder length should be secured if close contact with patients is anticipated. Beards and mustaches must be clean and well groomed.
3. Perfume or cologne is not recommended in the clinical setting, as many people are allergic or sensitive to them.
4. Cosmetics should be used in moderation.
5. Fingernails must be clean, neatly trimmed, and short to medium length. Students must adhere to clinical affiliate policies.
6. Tattoos must be covered with clothing. Students must adhere to clinical affiliate policies.
7. Jewelry in pierced noses, lips, tongues and other exposed body areas, other than ears, is not permitted. Earrings must be conservative in appearance with no more than two holes with earrings in place. No "Plugs" in ears will be allowed.

### **B. Appropriate Attire**

1. Clean, business casual styled clothing (e.g., collared shirts for men and an appropriate top for women, colored or khaki trousers, slacks, appropriate length shorts and skirts, etc.)
2. Undergarments should not be visible through clothing.
4. Dress shoes, boots, sandals, athletic shoes that are in good condition and clean.

### **C. Inappropriate Attire**

1. **Jeans are NOT acceptable attire.**
2. Hats, caps, bandanas, hoods or head scarves (except if considered part of religious or cultural dress)
3. Sweatpants, sweatshirts, pajamas, scrubs, spandex or exercise attire
4. T-shirts, tank, mesh, halter or tube tops, spaghetti straps, showing of midriff or low cut tops.
5. Bare feet
6. No athletic or jean shorts.
7. Shirts with inappropriate or vulgar lettering or messages

### **D. Additional Dress Code Requirement for the Skills Practice Laboratory**

1. Skills Laboratory: scrubs are acceptable attire for skills laboratory days.
2. Simulation Laboratory: scrub, surgical scrub hat and mask are acceptable attire for simulation lab practice.
3. If for religious, medical or cultural reasons, there is a need to deviate from this policy, the student must make a request to the Program Director in writing, be willing to provide required documentation.

Dress attire that deviates from policy will be approved at the discretion of program faculty. The School of Nurse Anesthesia and its clinical faculty reserve the right to require students who are in violation of the dress code to remove the inappropriate item(s) or leave the learning or patient care environment.

## **VIII. STUDENT/PROFESSOR CONFLICT**

Students, who feel that a faculty member has unfairly treated them in regards to grades, class expectations, unfair or discriminatory actions, etc., should speak directly with the professor involved. If the student feels that additional action is required or feels unable to speak directly with the professor involved, the student should speak with the program director.

## **IX. STUDENT PROGRESSION**

In addition to course grades and clinical or field evaluations, student progression is monitored through three processes: regular instructor evaluation of assignments and performance; a programmatic level review through regularly scheduled Comprehensive Student Reviews; and through Student Development Committee (SDC) Reviews as needed. Comprehensive reviews are the responsibility of the full faculty of each program. Each program also has a Student Development Committee (SDC), comprised of a minimum of three faculty members. Program Directors



cannot serve on the SDC, but membership can include faculty from other college programs. The primary function of the SDC is to conduct reviews of student performance in order to assess whether a student can progress in a program, make a determination of student status, and to make recommendations for action when a student has failed to maintain academic and professional standards, whether in class, clinical setting, or community.

#### **A. EVALUATION OF ASSIGNMENTS AND PERFORMANCE**

The most sensitive and detailed assessment of student progress is that conducted on an everyday basis through the evaluation of assignments and student performance of classroom and clinical performance. To enhance success, performance concerns should be addressed with the student by the instructor as soon as they arise and not held for mid-term reviews, or end-of term grades. This may also lead to involvement of the student's advisor and/or the Student Development Committee as determined by the faculty member. (See II. D. for grade standards, and III. B.3.a.& b. for process)

#### **B. COMPREHENSIVE STUDENT REVIEW:**

At a pre-determined time or times in each semester, (but no later than mid-semester,) the faculty of each program will conduct a comprehensive review of student performance. Students' standing will be noted as follows:

1. Good Academic Standing: Students who meet the minimum standards and requirements set by the program and UNE. Students in good standing may continue to progress without restriction toward graduation.
2. Probationary Standing: Students who remain on probation as a result of a prior SDC Review. Progress or concerns should be noted and discussed as needed at this time.
3. New Concern(s) Identified: Any concerns newly identified by the Comprehensive Student Review may be referred for Advising or to the SDC for resolution.
  - a. Referral for Advising: When initial or minor concerns are first noted by a faculty member at or prior to the Comprehensive Student Review, the relevant faculty member(s) will notify the student and the student's academic and/or field/clinical advisors as appropriate to review the circumstances in person with the student. The content and action steps determined at any such meeting will be documented and shared with the student in writing within two business days.
  - b. Referral to Student Development Committee: If a resolution cannot be reached at the level of the Advisor or the concerns are substantial in nature, the matter is referred to the SDC for a formal Review. Significant concerns may include academic performance (e.g. falling below a 3.0 GPA for semester or cumulative, C- or below in course, or "Fail" in a pass/fail course) or professional conduct. (See below.)

#### **C. STUDENT DEVELOPMENT COMMITTEE REVIEW**

SDC reviews are intended to support students' academic progression, and are required in cases where a student is failing to maintain academic standards in the classroom or field, is accused of engaging in professionally inappropriate behavior, or is accused of violating academic integrity. An SDC review can be recommended by an advisor or other faculty member, Program Director, or the faculty as a whole

as an outcome of the Comprehensive Student Review. In the event of an alleged breach of ethical conduct, any aggrieved or responsible party may request that an SDC Review be conducted. Through the review process, the Student Development Committee is responsible for examining the concerns cited, evaluating their merits, determining student status, and recommending a course of action.

1. Responsibilities of the Committee Chair:

The SDC Chair is responsible for notifying all involved parties including the student when a formal SDC Review is required and the rationale for it. When the rationale includes clinical or fieldwork concerns, every effort will be made to include the relevant parties from the clinical or fieldwork site in the meeting either in person, conference call or videoconference.

2. Responsibilities of the Committee:

The SDC is responsible for:

a) gathering all pertinent information relevant to the stated concerns from all relevant parties, including the identified student, faculty, advisors, preceptors or field instructors. The process is outlined in the standard SDC Review Form (INSERT link here.)

b) Determination of Student Status:

i) Probation: Probationary status allows a student to continue under certain specific criteria as determined by the SDC at a formal review. Students placed on probation will receive a letter from the PD outlining the conditions of probation and the steps required to return to good standing. Barring any exceptional circumstances, students who do not return to good standing within the specified time frame will be dismissed from the program.

ii) Return to good standing: Once a student has successfully completed the criteria specified in the SDC Review to the satisfaction of the SDC, the Committee will inform the PD who will send a letter to the student indicating return to good standing.

iii) Dismissal: Students may be dismissed for a variety of reasons, including but not limited to (1) unacceptable academic performance; (2) failure to remove probation status; or (3) a conduct violation.

c) Recommending Actions steps:

The SDC will develop and recommend a plan of action to be taken to achieve stated outcomes, including the identification of responsible parties and expected dates of actions. This may include helping a student achieve educational objectives (e.g., remediation, use of the learning assistance center); employing alternate pathways to achieve educational objectives (e.g. extending field work hours beyond normal expectations, retaking a course); or specifying other terms for a student to remain in the program. The plan of action also describes the consequences for success (e.g. removal of probationary status) or failure to comply with or achieve the stated goals (e.g., probation, dismissal, or other.)

d) Timetable: The SDC decision re student status and recommended action steps are made within two (2) business days following the meeting(s) and communicated to the program director in writing. The PD reviews the report and seeks clarification if needed. The PD then communicates the action steps to the student in writing within five (5) business days.

e) Scheduling: To insure the greatest chance for a successful outcome, educational and conduct concerns should be identified as early as possible, and the SDC Review process initiated promptly. Except in rare exceptions, this means a minimum of 2 weeks prior to the end of the current semester or term.

### 3. Responsibilities of the Student:

The student is responsible for participating in the SDC Review process. This includes providing information as requested and playing an active role in the development of the action steps.

### 4. Responsibilities of the Program Director:

The PD has a unique role as a member of the faculty while also providing administrative oversight for all program functions. In the case of SDC Reviews, the PD will review the determination of status by the SDC to ensure that policies have been followed and procedures implemented. In the case that the PD believes that there are any potential concerns about the process, such as procedural irregularities or additional information that should be considered, the PD will communicate these concerns to the SDC for reconsideration. The SDCs recommended action steps will be reviewed by the PD for logistical viability (faculty workload, support services, etc.). The PD will then either approve the plan as is or recommend modifications to the SDC. Following this step, the SDCs determination of status and recommended action steps will again be forwarded to the PD, who then communicates the outcome to the student.

### 5. Responsibilities of the Associate Dean(s):

The Associate Dean(s) serves as a consultant to the SDC and PD re policies and procedures on an as needed basis.

### 6. Student Appeals:

A student has the right to appeal to the Dean decisions affecting progression following the process outlined in the UNE Student Handbook .

## **COMMUNITY FORUMS**

In order to foster a sense of professional camaraderie and community within the program, students are required to attend regularly scheduled meetings with faculty during the didactic portion of the program. Students will be notified in advance when forums will be scheduled.

## **COURSE LECTURES RECORDING POLICY**

The School of Nurse Anesthesia prohibits the use of tape recorders and all other audio or video-taping devices by students to record class lectures unless written consent of the course coordinator has been obtained. Students must make their own arrangements to record a class lecture after gaining the expressed written consent of the course coordinator. Permission to record a class applies exclusively to the student who received permission. The recording may not be accessed or utilized by any other individual. No replication of the recording may be made without the express written permission of the professor. A course coordinator may

make changes to the procedure regarding the recording of his or her classes. **Students who are registered with Disability Services and are permitted to use a tape recorder must show their *Notification of Registration with Disability Services* and *Recommended Accommodation* sheet to each faculty in whose class they will be using this accommodation.**

Distance Learning: On occasion, class lectures are recorded by the professor or course coordinator to provide access to a lecture to students on clinical rotations in remote areas. In this situation, class lectures will be either audio or video recorded to provide access to the course to all students.

### **CRIMINAL BACKGROUND CHECK**

It is at the discretion of the MSNA Program and/or clinical affiliate sites to require the student to undergo a criminal background check at any time during the program (initial check and updates). Information will be provided when this is required and payment will be required from the student for the background check.

### **EMAIL POLICY**

A University assigned student email account shall be the University's official means of communication with all students. Students are responsible for all information sent to them via their University assigned email account. If a student chooses to forward their University email account, he or she is responsible for all information, including attachments, sent to any other email account.

### **EMPLOYMENT**

Students are strongly encouraged to enter school with adequate financial resources due to rigorous time commitments (up to sixty-seventy hours a week for didactic, didactic preparation, clinical practicum, and clinical preparation). It is highly recommended that no student work during the program. Work commitments which impinge on academic or clinical requirements will not be tolerated. If a student chooses to work during the clinical phase of the program, there must be an eight (8) hour lapse between work time and reporting for class and clinical. No student will receive compensation for anesthesia services or be permitted to render anesthesia services outside the Anesthesia Program. Violations will be cause for immediate dismissal.

### **EVALUATION POLICY: COURSE AND INSTRUCTOR**

Course and instructor evaluations are one of the most important tools that we have for evaluating the quality of your education, and for providing meaningful feedback to course instructors on their teaching. In order to assure that the feedback is both comprehensive and precise, we need to receive it from everyone, so course evaluations are a required element of every course.

Students who complete their evaluations on time will have access to their grades as soon as they are available. For those students who do not complete their evaluations, grades will be masked for approximately two weeks.

### **EXAMINATION POLICY**

Examinations may be provided in a paper or electronic format through Blackboard. The delivery method of exams is at the discretion of the course coordinator. All examinations will be administered while being proctored by a faculty member or a designee appointed by the course coordinator.

All exams will adhere to the Secure Exam Policy:

#### **SECURE EXAM POLICY**

All exam items and related materials are considered confidential and are not to be released or shared in any forum outside of the testing/review setting.

- No formulas, study materials, notes, papers, calculators, telephones or any other electronic device will be allowed in exams/exam reviews. Course coordinators have the option to amend this requirement (for example an open book exam, or exam where calculators or other aids may be necessary).
- No exams, answer sheets, or materials of any kind shall leave the testing area.
- All exams, answer sheets, additional materials as supplied and answer keys if distributed following the exam, will require that the student put their name on each piece of paper.

Students are required to understand and sign the Oath of Conduct Statement on the front page of every secure exam (see statement below) and by taking the exam they agree to the Academic Dishonesty Policy.

#### **Oath of Conduct Statement:**

"By sitting for and completing this exam I hereby affirm that I understand and accept the stipulations of the University of New England's Rules of Conduct for Secured Exams/Exam Reviews as previously agreed to in the Student Handbook."

All students are required to take scheduled examinations on the day the exam is scheduled to be given. The student must request in advance, an excused absence\* from an exam by the course instructor. It is at the discretion of the course instructor to excuse a student or not from an exam. If a student misses an examination, without the permission of the course instructor, this will result in an unexcused absence \*\*.

\*EXCUSED ABSENCES from regularly scheduled examinations may be granted by the course instructor. A student who receives an excused absence from a regularly scheduled examination will be required to take a comparable examination (may be multiple choice or written) covering the same course material as soon as the schedule permits.

**A student will be given one (1) excused absence from a regularly scheduled examination per semester. After the first excused absence, five (5) points may be deducted from the total percentage score of the exam and the student will not be able to obtain a score higher than 95%.**

Example: if a student scores an 85% on a make-up exam, the student will have 5 points deducted and receive an 80% for the exam score.

**\*\*An UNEXCUSED ABSENCE from any of the regularly scheduled examinations will result in a grade of zero (0) for that examination. Students with a grade of less than 80% at the end of the course because of one or more unexcused absences will not be eligible for re-evaluation and will receive a failing grade (F) for the course.**

**Students are required to have a laptop computer and scanning capability.**

Electronic examinations administered through blackboard require a laptop computer. Student laptops must have the capacity to access the Internet in order to access Blackboard (online academic software). Students are also required to have webcam, microphone capability and a headset. Students have the responsibility to ensure that they bring a power cord and a fully charged battery to the examination. Students must mute computer speakers during the examination period. Students will be required to visit with the IT department located on the lower level of Proctor Hall at the beginning of the academic year to ensure their laptop computer meets the requirement to take electronic examinations and to have a lock out browser installed.

If a student encounters any irregularity or extenuating circumstance during an examination that interferes with the examination process, the student **immediately** must report the circumstances to the proctor. Such circumstances include, without limitation, internet disruption or failure, an illness or a disruptive incident in the examination room. The circumstance will be dealt with on a case by case basis. If the circumstance is related to power failure or technical difficulties related to the computer the student will be provided with a paper version of the exam if the situation cannot be remedied by the proctor in a timely manner. If a student fails to bring such circumstances **immediately** to the attention of the proctor, the student **cannot** later appeal the examination result based on the unreported circumstances.

In-course examinations are considered secure documents and as such all exam items and related materials are considered confidential and are not to be released or shared in any forum outside of the testing/review setting and follow the Secure Exam Policy as outlined in the Examination policy,

- **Policy for Questioning Exam Items in all Courses**

A course instructor may give students an opportunity to challenge a question or questions at the end of an examination. This is under the discretion of the individual course instructors. In order for a question to be considered, a student will be required to write a short narrative and rationale for the challenge. Attached to the end of the examination the following statement will appear:

*“Please identify the exam question(s) that you have concerns about and provide a rationale for the source of confusion in order for faculty to consider your concern.”*

The course instructor may provide responses to students' challenges, questions and concerns regarding exam questions. The method of response may vary by course, but may include a post-exam review, office sessions, or individual e-mail responses. It is at the discretion of the course instructor to change a student's examination grade.

## **GRADING POLICIES**

### **Satisfactory Academic Progress**

The School of Nurse Anesthesia curriculum is designed to integrate didactic and clinical learning experiences to optimize competency as an anesthesia provider. Therefore successful completion of every course is necessary to progress through the Program.

### **Remediation Policy**

A major component of the MSNA program is the Phase II clinical rotations which provide the student with the opportunity to apply learned concepts and skills in actual patient care situations. In order to begin the clinical phase of training, a student must achieve a passing grade in all didactic courses in the curriculum AND in assessments conducted in the skills labs and during patient simulation. These assessments are designed to identify each student's level of understanding of pertinent technical and theoretical concepts. They also serve to identify those students who may have difficulty in the Phase II clinical portion of the program and provide an opportunity for remediation of technical and integrating skills.

Any student observed to have poor technical skills or an inability to integrate and apply learned knowledge during patient simulation or skills labs may be identified for remediation. A remediation plan may be developed prior to beginning the Phase II clinical portion of the program. The student will be responsible for documenting both short and long term goals as part of the plan and develop a plan of action to meet these goals. Part of the remediation plan will include another planned simulation experience and/or additional time in the skills labs to provide additional learning opportunities and evaluate the student's progress.

The clinical coordinator at the student's primary clinical site may be informed about the student's identified areas of weakness and the remediation plan, prior to the student beginning their clinical rotation. The clinical faculty will provide feedback to the Clinical Coordinator and Clinical Assistant Program Director on the student's progress. The student may be required to schedule regular meetings with the Clinical Assistant Program Director to discuss clinical progress at intervals determined by the Clinical Assistant Program Director.

Four-six weeks after entering clinical, the progress of the student in remediation will be reevaluated. The student's overall clinical performance will be evaluated by both the program faculty and the clinical faculty. A remediation and/or probationary status may be considered if the student fails to consistently meet clinical

performance outcomes. The clinical coordinator at the primary site will be informed about any decisions reached by the program faculty and the student's status.

### **Probation/Dismissal**

Successful completion of all courses will allow the student to continue in the Program. However, any student receiving a grade less than 80% on an assessment is encouraged to meet with his/her advisor. Advisor meetings are encouraged to determine if there are any concurrent issues with the student or with course work, with the end goal of promoting successful advancement through the program. It is the student's responsibility to schedule the meeting with their advisor.

In addition, failure to meet the clinical objectives in a satisfactory manner may require meeting with the SDC. The student may have a non-participatory support person (ie: advisor) with him/her at the meeting but may not have an attorney present. Please refer below to Procedures for Managing Academic, Behavioral and Clinical Issues for process specifics.

Saint Joseph Hospital School of Anesthesia for Nurses (SJHSAN) students will be evaluated by the SDC while they are on campus for their first two semesters. For clinical and academic issues in Phase II they will follow the SJHSAN's processes.

Students who pass all courses will advance to the next phase of the program. A student who fails to meet the minimum requirement of a B- (80%) in any class will be dismissed from the program. The SDC or Program Director may make modifications to the process described above because of extenuating circumstances.

### **Appeals**

Decisions made by the Program Director, which a student believes to be procedurally flawed, may be appealed to the Dean of the WCHP. To do so, the student should follow the review process set forth in the UNE Student Handbook.

### **Grading System**

The following grading system is in effect:

94 – 100	A	4.00
90 – 93	A-	3.75
87 – 89	B+	3.50
84 – 86	B	3.00
80 – 83	B-	2.75
77 - 79	C+	2.50
74 – 76	C	2.00
70 – 73	C-	1.75
67 – 69	D+	1.50
64 – 66	D	1.00



< 64                      F                      0.00

OTHER GRADE DESIGNATIONS:

P	"Pass-Fail" Courses
NP	"Pass-Fail" Courses
PASC	"Pass-Advanced Standing Credit"
W	Withdrawn Early in Course
WP	Withdrawn Late, Passing
WF	Withdrawn Late, Failing
I	"incomplete" Excused Absence

An incomplete (I) grade is given to a student who is doing passing work in a course, but who makes arrangements with the instructor if, for reasons beyond his/her control, he/she is not able to complete the work on time. The (I) incomplete grade must be changed within the time limit determined by the instructor and can never extend beyond the time limit set by the registrar's office. Failure to complete the work before the limitation date, or within the time imposed by the instructor, results in the assignment of an administrative F (fail) grade for the course. At the time of this writing, the current policy is that the student will have six (6) weeks from the date the Incomplete was submitted to submit the actual grade (that includes weekends, holidays, etc.). If it is going to be longer than six weeks, an extension may be granted with a formal request. If a grade is not submitted by the end of the six weeks, it automatically turns into an F.

**IMMUNIZATION POLICY**

**Students need to provide both UNE Health Center and the programs (UNE and SJHSAN) a copy of your immunizations (i.e. PPD) to include updates.** All students must adhere to UNE's immunization requirements. If a student refuses to acquire the required immunizations, they may be dismissed from the Program and University. **FYI: Meningitis vaccine is a required immunization at UNE.** Please fax, mail or email your immunization results to the anesthesia office and confirm receipt. It is the student's responsibility to maintain an up-to-date immunization record. **If the immunizations become outdated, the student will be removed from the classroom and/or clinical setting until current updates are received. Any time that is missed will need to be made up at future arranged dates at the Program Director's discretion.**

**LEAVE OF ABSENCE**

Personal and health issues may arise during the course of study. Students may request a Leave of Absence (LOA) for any of the following reasons:  
Medical Reasons: a physician's letter must accompany this type of LOA.  
Personal: a signed request from the student is required.  
Maternity: a physician's letter indicating approximate due date is required.

The student must also obtain the appropriate form and receive permission from the Program Director. **If approved, the student will be given a leave of absence for a specific period of time not to exceed one (1) academic year.**

In addition, no LOAs shall be considered or granted during a probation period (ie, the student is not in good academic standing.) **All LOAs shall be granted at the beginning or end of a semester. If a student requests a LOA during the semester, the student will be required to withdraw from the courses in which they are currently enrolled.** They may re-enroll at the beginning of the semester in which those courses are offered. No credit will be transferred from an incomplete course. If a student requests a LOA during the middle of a semester, the student must repeat that semester. This includes all clinical experience and academic work. Upon the student's return to full-time status they will need to meet all course requirements listed in their degree checklist. Application for readmission is not necessary if the student returns as planned; however, the student who does not return at the specified time will be considered to have withdrawn and will be subject to readmission procedures. **If a student's leave of absence during the clinical phase of the program is greater than 6 months, they will be required to complete ALL clinical practica (i.e. a full 19 months), even those previously completed.**

#### **SELF EVALUATION EXAM (SEE) POLICY**

Students are required to take the SEE exam, from the NBCRNA, at a predetermined time during their second year. This exam is utilized to help the student prepare for taking the National Certification Exam (NCE) after graduation. It is being used in this program to help the student and faculty assess individual strengths and weaknesses of each student and help them plan for the NCE accordingly. The exam must be taken by a predetermined time before the last semester in the program so that the results can be received in a timely fashion.

Students who do not score above the scaled average (compared to students in the same year in the program nationally) overall and/or score below this scaled average in more than three subtest areas, MUST met with their advisor as soon as possible. It is the student's responsibility to develop a study plan with immediate and weekly/monthly goals on how to prepare for the NCE and bring this to the advisor meeting. Each individual advisor will then review these with the student and may request more preparation be done.

#### **SIMULATION EXPECTATIONS AND POLICIES**

Simulation experiences form an important part of both the didactic and clinical phases of the program. Attendance is required for all scheduled sessions. In addition, students are occasionally required to engage in remediation sessions with faculty in the simulation lab.

**Simulation Lab Guidelines** The Simulation lab contains highly sophisticated mannequins and equipment. It is important for all users to understand and follow

the guidelines that have been designed to encourage professionalism and to insure the usability and care of the space and equipment.

- Wash hands prior to touching mannequins.
- No food or drink in the simulation lab.
- Gloves should be worn at all times gloves would normally be worn when caring for a patient.
- Mannequins are susceptible to staining, use care when using pens and pencils.
- Do not blow in mannequin mouth or manipulate excessively.
- Handle mannequins with care, treat with respect, as a real patient.
- The simulation lab is considered a clinical setting - professional and safe behavior is expected at all times.
- Wear scrubs or lab coat, scrub hat and mask as appropriate in the simulation lab.

**Evaluations** Users will be asked to complete evaluation forms at the end of each semester or after the simulation lab experience.

**Sign In** It is important to track simulation lab traffic and to be able to identify lab participants. Users will be required to sign in to the lab prior to the beginning of each session. There will be a sign in sheet in each lab.

**Confidentiality** In order to maintain the integrity of the Clinical Simulation Program, users may be asked to sign a statement agreeing to maintain the strictest of confidentiality about any observations of individual performance in the simulation lab or of the content of any simulated training exercises.

**Photo Release** All simulation scenarios are recorded. Users will have the opportunity to sign a form that grants permission to use photographs or videotaped images for use in connection with activities of the University of New England.

### **TIME OFF**

During the didactic and clinical phase, students will **primarily** follow the University's Academic Calendar. Students will have most of the holiday and vacation times as observed by the University unless otherwise noted on the Academic Calendar. Actual time off will be reviewed with the students by program faculty. If for extenuating circumstances, religious holidays, etc, alternative arrangements can be made by consulting with the Program Director.

Students must clear days off with faculty first before committing to other meetings, etc. This is especially important with meetings that may be held during class days.

**NO student should sign up for an anesthesia review course unless it has been approved by the Program Director. The program is attempting to set up a review course that will be offered on campus or within driving distance towards the end of the program.**

### **WITHDRAWAL**

Any student who intends to withdraw from the University will be required to go through the withdrawal process. He/She must first see their Program Director and obtain the necessary forms. Verbal notice is not considered sufficient. The date of withdrawal recorded by the Dean, after receipt of the student withdrawal form, shall be considered the official withdrawal date and that date will be used by the Business Office to compute any refunds due the student. Charges will be made for all items mentioned in the UNE Student catalogue unless withdrawal is formally reported according to the regulations expressed in this section. The student is also required to see the Associate Dean of Students or designee in the Office of Student Affairs for an exit interview.

### **ON-GOING DIDACTIC PROGRAM EVALUATION**

Course evaluations are very important to the program and the University. Evaluations enable students to provide instructors and the University with feedback about the effectiveness, quality, and value of courses. Your feedback on course evaluations is essential for revising and improving the program curriculum. These improvements will be of direct benefit to future students. Improvements will also benefit you, by ensuring the overall quality of courses at UNE and increasing the reputation and value of a UNE degree. Your feedback is greatly appreciated by faculty, staff, and administration.

If students have concerns about any aspect of the didactic program, they are encouraged to contact Lisa J. Hogan, Assistant Program Director, who serves as the Curriculum/Research Director for the School of Nurse Anesthesia and Maribeth Massie, Program Director.

MSNA students are encouraged to provide timely feedback to the program about the quality of instruction in the didactic courses. In particular, we are interested in students' comments concerning how the overall curriculum addresses their educational needs and how well the instructors are meeting the stated objectives of the courses. This mechanism does not replace traditional student evaluations, routine student-faculty communication about an individual's progress in a particular course, nor does it replace the operational responsibilities of the course coordinator. This is merely another mechanism for communication that provides faculty feedback on the effectiveness of the program.

### **Policies and Procedures**

All policies and procedures are subject to change during the course of the Program and it is the student's responsibility to keep abreast of these changes as they are announced. Changes in policy and procedure may be communicated to the students by way of electronic email, letters or phone. **Students MUST keep their contact information current with the program and monitor their communication daily.**

**DEGREE CHECKLIST**  
**SCHOOL OF NURSE ANESTHESIA**  
**CLASS OF 2015**

<b>First Year</b>				
Course	Title	<i>SUMMER 2013</i>	Credits	Hours
<b>These classes begin May 30 and end August 23</b>				
ANE-504	Advanced Pharmacology I		3	45
ANE-507	Basic Principles of Anesthesia I <b>\$500 lab fee</b>		4	60
ANE-601	Professional Aspects I <b>\$100 membership fee</b>		2	30
ANE-603	Advanced Physiology I		3	45
ANE-609	Research Methods for the Health Professional		3	45
ANE-615	Pathophysiology I		2	30
<b>Total:</b>			<b>17</b>	

Course	Title	<i>FALL 2013</i>	Credits	Hours
<b>These classes begin August 28 and end December 20</b>				
ANE-512	Airway Management and Regional Techniques		4	60
ANE-602	Basic Principles of Anesthesia II <b>\$500 lab fee</b>		4	60
ANE-604	Advanced Physiology II		3	45
ANE-606	Advanced Pharmacology II		3	45
ANE-612	Advanced Physical Assessment		2	30
ANE-616	Pathophysiology II		2	30
ANE-617	Research Seminar		1	15
<b>Total:</b>			<b>19</b>	

<b>Second Year</b>				
Course	Title	<i>SPRING 2014</i>	Credits	Hours
<b>These classes begin January 13 and end April 25</b>				
ANE-623	Advanced Principles of Anesthesia I		3	45
ANE-650	Clinical Practicum I <b>\$125 case tracking</b>		1	15
<b>Total:</b>			<b>4</b>	

Course	Title	<i>SUMMER 2014</i>	Credits	Hours
<b>These classes begin April 28 and end August 15</b>				
ANE-624	Advanced Principles of Anesthesia II		3	45
ANE-652	Clinical Practicum II <b>\$100 case tracking</b>		1	15
<b>Total:</b>			<b>4</b>	

Course	Title	<i>FALL 2014</i>	Credits	Hours
<b>These classes begin August 25 and end December 19</b>				
ANE-625	Advanced Principles of Anesthesia III		3	45
ANE-654	Clinical Practicum III <b>\$100 case tracking</b>		1	15
ANE 628	Research Practicum I		1	15
<b>Total:</b>			<b>5</b>	

<b>Third Year</b>				
Course	Title	<i>SPRING 2015</i>	Credits	Hours
<b>These classes begin January 5 and end April 24</b>				
ANE-656	Clinical Practicum IV <b>\$100 case tracking</b>		1	15
ANE-630	Research Practicum II <b>\$200 lab fee</b>		1	15
ANE-619	Special Topics in Anesthesia I <b>\$150 lab fee</b>		1	15
<b>Total:</b>			<b>3</b>	

Course	Title	<i>SUMMER 2015</i>	Credits	Hours
<b>These classes begin April 27 and end August 21 (RI ends September 4)</b>				
ANE-658	Clinical Practicum V <b>\$100 case tracking/\$725 Exam fee</b>		1	15
ANE-627	Special Topics in Anesthesia II <b>\$150 lab fee</b>		1	15
<b>Total:</b>			<b>2</b>	
<b>Total program credits:</b>			<b>54</b>	

First year: 40 credits. Second year: 12 credits Third year: 2 credits

\*This checklist is for scheduling and financial aid purposes only and does not necessarily reflect the actual delivery time of course content. Rev 3/2013 mlm

## Content Outline

Percentage of Questions – 25%

### I. Basic Sciences

#### A. Anatomy, physiology and pathophysiology

##### 1. Cardiovascular

- Dysrhythmias
- Ischemic heart disease/angina
- Myocardial infarction
- Hypertension
- Congestive heart failure
- Endocarditis
- Valvular heart disease
- Cardiomyopathy
- Peripheral vascular disease
- Congenital heart disease
- Pacemaker
- AICD

##### 2. Respiratory

- Bronchitis
- COPD/emphysema
- Asthma
- Pneumonia
- Tuberculosis
- Pulmonary embolism
- COR pulmonale
- Pulmonary hypertension
- Upper respiratory tract infection
- Acidosis
- Adult respiratory distress syndrome
- Epiglottitis

##### 3. Central nervous system

- Seizures
- CVA
- Hydrocephalus
- Parkinson's
- Multiple sclerosis
- Myasthenia gravis
- Alzheimer's dementia
- Huntington's chorea
- Demyelinating disease
- Intracranial hypertension
- Intracranial tumor
- Intracranial aneurysm
- Autonomic hyperreflexia
- Neuropathy/myopathy
- Psychiatric disorders
- Cerebral palsy
- Spinal cord injury

##### 4. Musculoskeletal

- Fractures
- Rheumatoid arthritis
- Lupus erythematosus
- Muscular dystrophy
- Scoliosis
- Malignant hyperthermia

##### 5. Endocrine

- Diabetes mellitus
- Diabetes insipidus
- Hypo/hyperthyroidism
- Cushing's disease
- Addison's disease
- Pituitary dysfunction
- Parathyroid dysfunction
- Pheochromocytoma
- Insulinoma
- Acromegaly
- Hypo/hyperaldosteronism
- Thymus

##### 6. Hepatic

- Hepatitis
- Cirrhosis
- Hepatic failure
- Porphyria

##### 7. Renal

- Kidney stones
- Acute renal failure
- Chronic renal failure
- Uremia
- Nephritis

##### 8. Hematologic

- Anemia
- Sickle cell/hemoglobinopathies
- Polycythemia
- AIDS/HIV
- Platelet disorders
- Hemophilia
- von Willebrand's disease
- Disseminated intravascular coagulation

##### 9. Gastrointestinal

- Peptic ulcer disease
- Ulcerative colitis
- Diaphragmatic hernia
- Hiatal hernia
- Gastroesophageal reflux disorder (GERD)
- Gallstones/gall bladder disease
- Pancreatitis
- Splenic disorders
- Morbid obesity
- Carcinoid syndrome
- Pyloric stenosis
- Bowel obstruction

##### 10. Other conditions

- Abnormal lab tests
  - Electrolytes
  - Calcium
  - Coagulation profile
  - (4) Blood glucose
  - DIC
  - Urinalysis
  - Renal function studies
  - Endocrine function studies
  - Arterial blood gases

- (10) Liver function studies
- (11) Hemoglobin/hematocrit
- b. Cancer
- c. Glaucoma
- d. Hypothermia
- e. Trauma
- f. Shock
- g. Prematurity
- h. Substance abuse
  - (1) Alcohol
  - (2) Tobacco
  - (3) Other
- i. Airway difficulties
- j. Congenital anomalies
- k. Sepsis
- l. Diagnostic data
  - (1) Chest x-ray
  - (2) Pulmonary function tests
  - (3) Echocardiogram
  - (4) Cardiac catheterization
  - (5) CAT/MRI
  - (6) Electrocardiogram
  - (7) Arteriogram/vessel studies
  - (8) Stress tests
- m. Immunosuppression
- n. Latex allergy
- o. Burns
- p. Fluid volume disorders

## B. Pharmacology

1. General principles
  - a. Pharmacodynamics
  - b. Pharmacokinetics
  - c. Anaphylaxis
  - d. Drug interactions
2. Inhalation anesthetics
  - a. Nitrous oxide
  - b. Isoflurane
  - c. Desflurane
  - d. Sevoflurane
3. Intravenous anesthetics
  - a. Barbiturates
    - (1) Thiopental
    - (2) Methohexital
  - b. Opioid agonists
    - (1) Morphine
    - (2) Fentanyl
    - (3) Alfentanil
    - (4) Sufentanil
    - (5) Meperidine
    - (6) Remifentanil
    - (7) Hydromorphone
  - c. Opioid agonist-antagonists
    - (1) Nalbuphine
    - (2) Butorphanol
  - d. Benzodiazepines
    - (1) Diazepam
    - (2) Midazolam
    - (3) Lorazepam
- e. Other sedative/hypnotics
  - (1) Propofol
  - (2) Ketamine
  - (3) Etomidate
4. Local anesthetics
  - a. Procaine
  - b. Chloroprocaine
  - c. Tetracaine
  - d. Cocaine
  - e. Benzocaine
  - f. EMLA
  - g. Bupivacaine
  - h. Lidocaine
  - i. Etidocaine
  - j. Mepivacaine
  - k. Ropivacaine
  - l. Levobupivacaine
5. Muscle relaxants
  - a. Succinylcholine
  - b. Pancuronium
  - c. Vecuronium
  - d. Atracurium
  - e. Rocuronium
  - f. Cisatracurium
6. Antagonists
  - a. Edrophonium
  - b. Neostigmine
  - c. Naloxone
  - d. Flumazenil
  - e. Pyridostigmine
  - f. Physostigmine
7. Neuraxial analgesics
  - a. Opioids
  - b. Clonidine
8. Other interventional medications
  - a. Anticholinergics
  - b. Cholinergic agonists
9. Cyclooxygenase inhibitors
  - a. Acetylsalicylic acid
  - b. Acetaminophen
10. Sympathomimetics
11. Digitalis and related drugs
12. Alpha and beta receptor antagonists
13. Antihypertensives
  - a. Sympatholytics
    - (1) Dexmedetomidine
  - b. ACE inhibitors
  - c. Angiotensin II receptor inhibitors
  - d. Nitrovasodilators
  - e. Nitric oxide
14. Antidysrhythmics
15. Calcium channel blockers
16. Bronchodilators
17. Psychopharmacologic therapy
  - a. Selective serotonin reuptake
  - b. Tricyclic antidepressants
  - c. MAO inhibitors
  - d. Lithium

18. Prostaglandins
19. Histamine receptor antagonists
20. Serotonin antagonists
21. Plasma kinins
  - a. Aprotinin
22. Insulin
23. Oral hypoglycemics
24. Diuretics
25. Antacids
26. Gastrointestinal prokinetic medications
  - a. Metoclopramide
27. Anticoagulants
  - a. Heparin
  - b. Heparin reversal (Protamine)
  - c. Low molecular weight heparins
  - d. Oral anticoagulants
  - e. Oral anticoagulant reversal
  - f. Thrombolytics
  - g. Thrombin inhibitors
28. Antimicrobials
29. Chemotherapeutics
30. Antiepileptic drugs
31. Antiparkinsonian drugs
32. Drugs used to treat lipid disorders
33. Herbal remedies and dietary supplements
34. Minerals and electrolytes
35. Dantrolene
36. Corticosteroids
37. Tocolytics
38. Uterotonics

C. Chemistry, biochemistry, physics

110% II. Equipment, instrumentation, and technology

- A. Anesthetic delivery systems
  1. High/low pressure gas sources
  2. Regulators/manifolds
  3. Flowmeters, valves, floats
  4. Vaporizers
  5. Proportioning systems
  6. Pressure failure safety devices
  7. "Fail-safe" devices
  8. Ventilator
  9. Carbon dioxide absorbent
10. Anesthetic circuits
  - a. Rebreathing, circle system
  - b. Non-rebreathing
  - c. Modified non-rebreathing
11. Pneumatic and electronic alarm devices
- B. Airway Devices
  1. Face masks
  2. Laryngoscope
    - a. Rigid
    - b. Flexible/Fiberoptic
    - c. Other
  3. Endotracheal tube
  4. Endobronchial tube
  5. Airways
    - a. Oral
    - b. Nasal

6. Tracheostomy tubes
7. Laryngeal mask airway
8. Intubating laryngeal mask airway
9. Jet ventilation
10. Lighted stylet
- C. Monitoring devices
  1. Central nervous system
    - a. Electroencephalogram
    - b. Evoked potential
    - c. Intracranial pressure
    - d. Modified EEG monitor (e.g. BIS, etc.)
  2. Cardiovascular
    - a. Electrocardiogram
    - b. Arterial pressure monitoring
    - c. Noninvasive blood pressure monitoring
    - d. Transesophageal echocardiography
    - e. Central venous pressure monitoring
    - f. Pulmonary artery pressure monitoring/SV02
    - g. Cardiac output
    - h. Precordial/esophageal stethoscope/doppler
  3. Pulmonary/airway monitoring
    - a. Capnography
    - b. Airway gas analysis
    - c. Pulse oximetry
    - d. Airway pressure
    - e. f. Blood gas analysis
  4. Peripheral nerve stimulator
  5. Urinary output monitoring
  6. Temperature monitoring
  7. Maternal/fetal monitoring devices
  8. Others
    - a. Fluid/blood warmers
    - b. Forced air warming blanket
    - c. Heat and moisture exchanger (HME)
    - d. Blood salvage (cell saver)

30% III. Basic Principles of Anesthesia

- A. Preoperative assessment
- B. Preparation of patient
- C. Fluid/blood replacement
  1. Fluid therapy
  2. Hemotherapy
    - a. Blood component therapy
    - b. Blood substitutes
    - c. Colloids
- D. Positioning
  1. Technique
  2. Physiologic alterations
  3. Complications
  4. Prone
  5. Supine
  6. Lithotomy
  7. Lateral
  8. Sitting
  9. Beach chair



- 10. Trendelenburg
- 11. Reverse trendelenburg
- E. Interpretation of data
  - 1. Lab tests
  - 2. Diagnostic data
  - 3. Intraoperative monitoring data
- F. Airway management
  - 1. Mask
  - 2. Intubation
  - 3. Cricothyrotomy
  - 4. Fiberoptics
- G. Local/regional anesthesia
  - 1. Infiltration
  - 2. Topical
  - 3. Regional blocks
    - a. Subarachnoid block
    - b. Epidural block
    - c. Combined spinal/epidural
    - d. Caudal block
    - e. Brachial plexus block
    - f. Airway blocks
    - g. IV regional block (Bier)
    - h. Retrobulbar/peribulbar block
    - i. Ankle block
    - j. Digital block
    - k. Wrist block
    - l. Sciatic block
    - m. Femoral block
    - n. Popliteal block
- H. Monitored anesthesia care/conscious sedation
- I. Pain management
  - 1. Epidural analgesia
  - 2. Infiltration nerve blocks
  - 3. Intrathecal narcotics
  - 4. PCA management
  - 5. Epidural steroids
  - 6. Chronic pain
- J. Others
  - 1. Hypotensive
  - 2. Hypothermia
- K. Postanesthesia care/respiratory therapy
- 30% IV. Advanced Principles of Anesthesia
  - A. Surgical procedures and procedures related to organ systems
    - 1. Intra-abdominal
      - a. Gall bladder
      - b. Liver
      - c. Pancreas
      - d. Spleen
      - e. Stomach
      - f. Renal
      - g. Diaphragm
      - h. Intestine
      - i. Herniorrhaphy
      - j. Bladder
      - k. Abdominal/gyn
      - l. Prostatectomy

- m. Laparoscopy
- n. Bariatrics
- 2. Extrathoracic
  - a. Breast biopsy
  - b. Mastectomy
  - c. Plastic and/or reconstructive
- 3. Extremities
  - a. Lower
  - b. Upper
  - c. Total joint replacements
  - d. Vein stripping
  - e. Hemipelvectomy
  - f. Pelvic exoneration
- 4. Genital and urologic
  - a. Transurethral resection
  - b. Cystoscopy
  - c. D and C
  - d. Hysterectomy
  - e. Hysteroscopy
  - f. Anal/rectal
  - g. Penis/testes
- 5. Head
  - a. Extracranial
    - (1) Cranioplasty
    - (2) Rhizotomy
    - (3) Ear
    - (4) Eye
    - (5) Face
    - (6) Nose
  - b. Intracranial
    - (1) Decompression (burr holes)
    - (2) Space-occupying lesion
    - (3) Vascular
    - (4) Transsphenoidal hypophysectomy
    - (5) Transorbital approach
    - (6) Stereotactic procedures
  - c. Oropharyngeal
    - (1) Esophagoscopy/gastroscopy
    - (2) Bronchoscopy
    - (3) Fractures
    - (4) Reconstructive
    - (5) T&A
    - (6) Orthodontic/dental
    - (7) Pharynx
    - (8) Reconstructive and/or plastic
    - (9) Rigid laryngoscopy
- 6. Intrathoracic
  - a. Heart
  - b. Lung
  - c. Thymus
  - d. Diaphragm
  - e. Esophagus
  - f. Thoraco-abdominal
- 7. Neck
  - a. Larynx/trachea
  - b. Parathyroid/thyroid
  - c. Radical neck

- d. Neck tumors
- e. Cervical spine (anterior and posterior approach)
- f. Lymph node biopsies
- g. Tracheotomy
- 8. Neuroskeletal
  - a. Laminectomy
  - b. Fusions
  - c. Spinal cord procedures
  - d. Surgical sympathectomy
  - e. Vertebroplasty
- 9. Vascular
  - a. Carotid
  - b. Thoracic
  - c. Abdominal
  - d. Upper extremity
  - e. Lower extremity
  - f. Porto-systemic shunts
  - g. Renal artery
  - h. Aortic stents
  - i. Vena cava filter
  - j. Endovascular procedures
- 10. Diagnostic/therapeutic
  - a. Venous/arterial catheterization
  - b. Cardioversion
  - c. CAT scan
  - d. MRI
  - e. Electroconvulsive therapy
  - f. Interventional radiology
  - g. Electrophysiology
  - h. Steroid therapy
  - i. Radiation therapy
  - j. Endoscopy
- 11. Management of complications
  - a. Anesthetic
  - b. Surgical
- 12. Other
  - a. Trauma
  - b. Burns
  - c. Resuscitation
  - d. Pacemakers
  - e. Lithotripsy
  - f. Organ transplants
  - g. Organ harvest
    - (1) Living donor
    - (2) (2) Cadaver
  - h. Laser
- B. Pediatrics
  - 1. Anatomy, physiology, pathophysiology
  - 2. Pharmacology
  - 3. Anesthesia techniques/procedures
  - 4. Management of complications
- C. Obstetrics
  - 1. Anatomy, physiology, pathophysiology
  - 2. Pharmacology
  - 3. Anesthesia techniques/procedures
    - a. Caesarean section
    - b. Vaginal delivery
- c. Labor epidurals
- d. Intrathecal
- e. Postpartum tubal ligation
- f. Vaginal birth after caesarean section
- g. High risk
- h. Non-obstetric surgery in the parturient
- 4. Management of complications
- D. Geriatrics
  - 1. Anatomy, physiology, pathophysiology
  - 2. Pharmacology
  - 3. Anesthesia techniques/procedures
  - 4. Management of complications
- 5% V. Professional issues
  - A. Legal
  - B. Quality improvement
  - C. Professional practice standards
  - D. Patient safety

**School of Nurse Anesthesia / St Joseph Hospital School of Nurse Anesthesia for Nurses  
Student Contract**

I have received a copy of the University of New England's School of Nurse Anesthesia Student 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, including the *Professional Expectations for Graduate Study*. Furthermore, I acknowledge that I have read the Essential Technical Standards and understand that these standards must be met prior to my matriculation in the program and maintained throughout the course of my training. All policies and procedures outline in the Student Handbook are subject to change during the course of the Program, and it is my responsibility to not only keep abreast of these changes, but recognize them as a requirement for graduation from the program.

I attest that I have worked more than one year full-time in an acute care setting as identified by the administration at UNE. If any information I have submitted proves to be untrue, I understand that this may lead to my immediate termination from the program.

I agree to have pictures or videotape of my image taken during academic, simulation, or clinical activities related to the Nurse Anesthesia Program.

Upon graduation, I agree to provide my *employer information* to my respective program. I understand that my employer will be sent an evaluation tool to evaluate my performance as a newly graduated CRNA at approximately 6 months to 1 year following my completion of my Program. I understand that the results will be kept confidential and will be utilized to evaluate the Program's strengths and improve on the Program's weaknesses. I agree to have this evaluation form completed by my employer.

I also give permission for the faculty in the School of Nurse Anesthesia at the University of New England and/or the Saint Joseph's School of Anesthesia for Nurses to provide reference information upon my request. I understand the nature and scope of the reference documentation may include information sought by potential employers, scholarship and award committees and any future college/university where I may seek application.

I also agree, upon graduation, to sit for the Certification Examination administered by the Council on Certification of Nurse Anesthesia (CCNA).

**Signature:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

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

**Graduating Class of:** \_\_\_\_\_