

University of New England
School of Nurse Anesthesia
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STUDENT HANDBOOK

Class of 2012



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**SCHOOL OF NURSE ANESTHESIA ORGANIZATIONAL CHART
UNIVERSITY OF NEW ENGLAND
SCHOOL OF NURSE ANESTHESIA**

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STUDENTS

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 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 College of Medicine and expert practitioners from the community. These courses are taught during two full-time semesters (Fall & Spring), beginning in September of each year and ending in April of the following year. 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 Senior Project is also pursued during this time. The clinical phase begins May of each year and is completed in November 2012 (UNE) and December 2012 (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 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 - University of New England's School of Nurse Anesthesia and St Joseph Hospital School of Nurse Anesthesia for Nurses

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

1. 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 the anesthetic management of a patient.
4. Evaluate the postoperative course of a patient.
5. Perform, within medically established guidelines, 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 required 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 (SJHSAN 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. Completion of the capstone project.
8. All fees must be paid in full.
9. All library books must be returned.
10. 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 right to defer a student's graduation until all requirements have been met.

ESSENTIAL TECHNICAL STANDARDS: SCHOOL OF NURSE ANESTHESIA UNIVERSITY OF NEW ENGLAND

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 possible 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 anesthesia 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. Candidates 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 students in learning, performing and satisfying the fundamental 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 observation skills; communication skills; fine and gross motor skills; conceptual, integrative and quantitative abilities; and behavioral and social/emotional skills.

1. Observation

The student must be able to acquire a defined level of required 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

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. Motor

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. palpation, 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 from stretchers and beds. When transporting 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-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.

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.

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.

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 departmental 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 department 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 date due.
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.
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 evaluations. 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.
9. 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.

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. (See *Professional Aspects* syllabi and Fall schedule for specifics).

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.

SimLab Guidelines The SimLab 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 SimLab.
- 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 SimLab is considered a clinical setting - professional and safe behavior is expected at all times.
- Wear scrubs or lab coat when in the SimLab.

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 SimLab 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.

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.

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 any examination will meet with his/her advisor within two weeks of receipt of the grade to discuss the student's academic performance. This is done 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, the Student Affairs Committee (SAC) will review the academic performance of any student who fails two (2) exams in one semester. The student will be asked to appear before the SAC at this time and will be placed on Probation Status until the end of the semester. . In addition, failure to meet the clinical objectives in a satisfactory manner may require meeting with the SAC. The student may have a non-participatory support person 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's students will be evaluated by the SAC 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 SAC or Program Director may make modifications to the process described above because of extenuating circumstances.

The following grading system is in effect:

PERCENTAGE	GRADE	QUALITY POINTS
93-100	A	4.00
90-92	A -	3.75
87-89	B +	3.50
83-86	B	3.00
80-82	B -	2.75
<80	F	0

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 (Time Limit One Semester)

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 end of the following semester. 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.

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.

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. Please fax, mail or email your immunization results to the anesthesia office.

CLASS ATTENDANCE POLICY

All scheduled classes 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 many courses. Students unable to attend a class session must notify the instructor and/or program administrative assistant prior to the event.

POLICY REGARDING RECORDING COURSE LECTURES

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 own 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.

EXAMINATION POLICY

Examinations may be provided in a paper format or in-course examination 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, or electronic devices of any kind 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 coordinator* It is at the discretion of the course coordinator to excuse a student or not from an exam. If a student misses an examination, without the permission of the course coordinator, this will result in an unexcused absence **.

*EXCUSED ABSENCES from regularly scheduled examinations may be granted by the course coordinator. A student who receives an excused absence from a regularly scheduled examination will be required to take a comparable examination covering the same course material as soon as the schedule permits.

**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. In-course 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 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. All computers must have in place the capability to use a locked browser while taking the examination. 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 in-course examinations.

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 can not 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,

Students will be provided the opportunity to challenge exam questions (as per the Exam Challenge Policy) as well as review the exam. The method of review will be at the discretion of the course coordinator.

Exam Challenge Policy for all Courses

A student may challenge a question or questions at the end of an examination. In order for a challenge to be considered, a student will be required to write a short narrative to specify the reason for the challenge. Attached to each examination is the following statement:

“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.”

All course coordinators will 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 coordinator to change a student's examination grade.

Post-exam Reviews

Post exam reviews will be provided to students. The method of exam review will be at the discretion of the course coordinator.

ACADEMIC DISHONESTY POLICY

Academic dishonesty, which includes falsifying student clinical/time logs or patient medical records, providing or receiving unauthorized information (cheating) during an exam and plagiarism, is considered a reprehensible violation of this Program's standards of conduct. Assisting in the commission of any of the aforementioned acts is also a violation of the standards of conduct. 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 this policy, 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. Recommend 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.

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 practicums (i.e. a full 19 months), even those previously completed.

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.

TIME OFF

During the didactic phase, students will primarily follow the University's Academic Calendar. Students will have the same holiday and vacation times as observed by the University unless otherwise noted on the Academic Calendar.

EMPLOYMENT

Students are strongly encouraged to enter school with adequate financial resources due to rigorous time commitments (up to sixty 60 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 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.

ETHICAL AND BEHAVIOR RULES OF CONDUCT

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:

1. Creating or contributing to situations that jeopardize patient 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 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.

Failure to adhere to the *Student Code of Conduct* section of the University of New England's Handbook or the *Rules of Conduct* (outlined above) may result in a disciplinary sanction. Under these circumstances, the student will go before the SAC. The SAC may do any or all of the following:

1. Recommend issuing a letter of concern or reprimand, which becomes part of the student's file
2. Recommend disciplinary probation
3. Recommend dismissal from the Program

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

PROCEDURES FOR MANAGING ACADEMIC, BEHAVIORAL, AND CLINICAL ISSUES:

1. Meeting with the Student Affairs Committee

Purpose of the Student Affairs Committee (SAC):

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

Structure of the Student Affairs Committee (SAC):

The Committee will consist of at least three members, one of which will be from outside the MSNA Program. The MSNA Program Director will appoint the chair. A quorum of at least three members must be present at a meeting before the Committee can make any recommendations.

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

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

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

2. Final Disposition of Disciplinary Process

The Program Director in turn will consider the recommendations from the SAC and may then:

1. Issue a letter of concern or reprimand, which will become part of the student's file
2. Impose a Probation Status
3. Dismiss a student from the program

3. Academic Dismissal

If a student fails to meet course requirements they are automatically dismissed from the program without recourse to the SAC process.

4. Appeals:

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 process set forth in the UNE Student Handbook. Be aware that appeals of student dismissal from the program must be directed to the Dean of the Westbrook College of Health Professions within 5 business days of dismissal notification. Students who are pursuing the appeal process for dismissal from the program should only be in contact with the Dean's Office personnel.

CLASS OF 2012 ACADEMIC ADVISORS LIST

Lisa Hogan	Carrie Frederick	Catherine Hagerman	Maribeth Massie
Christine Aranyi	Breanne Blanchette	Devon Brooks	Andrew Chua
Brianne Creque	Cheryl Goldberg	Melinda Zimmer-Rankin	Pamela Green
Shannon Hard	Jennifer Howard	Kathi Kabbara Grafe	Patrick Keating
David Mai	Jessica Margolis	Sarah Medina	Jason Moores
Verankia Newcomb	Caitlin Niedzialkowski	Kyle Olmstead	Jordan Palmer
Matthew Poirier	Emily Richards	Meredith Sturges	Shana Walsh
Derek Washer	Monica Begins	Colleen Bemis	Travis Caron
Ronnie Kinsey	Corey MacDonald	Janis Hinde	Annalisa McClure
Kristine Milberger	Annette Siler	Katelyn Sullivan	Anthony Vitone
		Robert MacKinnon	

During the didactic school year, students will be required to meet with their academic advisor at least one time per semester. Students are also required to meet with their advisor if a student scores below an 80% on any exam. It is the student's responsibility to schedule these meetings with their advisor. Faculty will work with students to arrange this formal meeting. Students are also encouraged to meet with their advisors at any time. In May of 2011, UNE students will continue with their present advisors and the St. Joseph students will be matched up with faculty from their respective program. Students should continue to contact their academic advisors during the clinical phase when they score below an 80% on an exam.

ON-GOING DIDACTIC PROGRAM EVALUATION

In order to monitor and improve the overall didactic program at the University of New England School of Nurse Anesthesia, 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. If students have concerns about any aspect of the didactic program, they may contact Lisa J. Hogan, CRNA, DNP, Assistant Director/Assistant Clinical Professor, who serves as the Curriculum/Research Director for the School of Nurse Anesthesia.

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 should keep their contact information current with Program and monitor their communication regularly.

**DEGREE CHECKLIST
SCHOOL OF NURSE ANESTHESIA
CLASS OF 2012**

First Year

Course	Title	<i>FALL 2010</i>	Credits	Hours
ANE-504	Advanced Pharmacology I		3	45
ANE-507	Chemistry/Physics \$75 lab fee		4	60
ANE-601	Professional Aspects I		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
			Total:	17

Course	Title	<i>SPRING 2011</i>	Credits	Hours
ANE-510	Airway Management: Principles & Practices		3	45
ANE-602	Basic Principles of Anesthesia \$50 lab fee		4	60
ANE-604	Advanced Physiology II		3	45
ANE-606	Advanced Pharmacology II		4	60
ANE-612	Advanced Physical Assessment		2	30
ANE-616	Pathophysiology II		2	30
			Total:	18

Second Year

Course	Title	<i>SUMMER 2011</i>	Credits	Hours
ANE-623	Advanced Anesthesia Principles II \$75 lab fee		3	45
ANE-650	Clinical Practicum I		1	15
			Total:	4

Course	Title	<i>FALL 2011</i>	Credits	Hours
ANE-652	Clinical Practicum II		1	15
			Total:	1

Course	Title	<i>SPRING 2012</i>	Credits	Hours
ANE-624	Advanced Anesthesia Principles III \$100 lab fee		3	45
ANE-654	Clinical Practicum III		1	15
			Total:	4

Third Year

Course	Title	<i>SUMMER 2012</i>	Credits	Hours
ANE-625	Advanced Anesthesia Principles IV \$110 lab fee		4	60
ANE-656	Clinical Practicum IV		1	15
			Total:	5

Course	Title	<i>FALL 2012</i>	Credits	Hours
ANE-619	Special Topics in Anesthesia \$300 lab fee		2	30
ANE-658	Clinical Practicum V		1	15
ANE-613	Research Practicum I		2	30
			Total:	5

First year: 35 credits Second year: 9 credits Third year: 10 credits (Total: 54 credits)

*This checklist is for scheduling and financial aid purposes and may not necessarily reflect the actual delivery time of course content.

Content Outline

Percentage of Questions – 25%

I. Basic Sciences

A. Anatomy, physiology and pathophysiology

1. Cardiovascular

- a. Dysrhythmias
- b. Ischemic heart disease/angina
- c. Myocardial infarction
- d. Hypertension
- e. Congestive heart failure
- f. Endocarditis
- g. Valvular heart disease
- h. Cardiomyopathy
- i. Peripheral vascular disease
- j. Congenital heart disease
- k. Pacemaker
- l. AICD

2. Respiratory

- a. Bronchitis
- b. COPD/emphysema
- c. Asthma
- d. Pneumonia
- e. Tuberculosis
- f. Pulmonary embolism
- g. COR pulmonale
- h. Pulmonary hypertension
- i. Upper respiratory tract infection
- j. Acidosis
- k. Adult respiratory distress syndrome
- l. Epiglottitis

3. Central nervous system

- a. Seizures
- b. CVA
- c. Hydrocephalus
- d. Parkinson's
- e. Multiple sclerosis
- f. Myasthenia gravis
- g. Alzheimer's dementia
- h. Huntington's chorea
- i. Demyelinating disease
- j. Intracranial hypertension
- k. Intracranial tumor
- l. Intracranial aneurysm
- m. Autonomic hyperreflexia
- n. Neuropathy/myopathy
- o. Psychiatric disorders
- p. Cerebral palsy
- q. Spinal cord injury

4. Musculoskeletal

- a. Fractures
- b. Rheumatoid arthritis
- c. Lupus erythematosus
- d. Muscular dystrophy
- e. Scoliosis
- f. Malignant hyperthermia

5. Endocrine

- a. Diabetes mellitus
- b. Diabetes insipidus
- c. Hypo/hyperthyroidism
- d. Cushing's disease
- e. Addison's disease
- f. Pituitary dysfunction
- g. Parathyroid dysfunction
- h. Pheochromocytoma
- i. Insulinoma
- j. Acromegaly
- k. Hypo/hyperaldosteronism

6. Hepatic

- a. Hepatitis
- b. Cirrhosis
- c. Hepatic failure
- d. Porphyria

7. Renal

- a. Kidney stones
- b. Acute renal failure
- c. Chronic renal failure
- d. Uremia
- e. Nephritis

8. Hematologic

- a. Anemia
- b. Sickle cell/hemoglobinopathies
- c. Polycythemia
- d. AIDS/HIV
- e. Platelet disorders
- f. Hemophilia
- g. von Willebrand's disease
- h. Disseminated intravascular coagulation

9. Gastrointestinal

- a. Peptic ulcer disease
- b. Ulcerative colitis
- c. Diaphragmatic hernia
- d. Hiatal hernia
- e. Gastroesophageal reflux disorder (GERD)
- f. Gallstones/gall bladder disease
- g. Pancreatitis
- h. Splenic disorders
- i. Morbid obesity
- j. Carcinoid syndrome
- k. Pyloric stenosis
- l. Bowel obstruction

10. Other conditions

- a. Abnormal lab tests
 - (1) Electrolytes
 - (2) Calcium
 - (3) Coagulation profile
 - (4) (4) Blood glucose
 - (5) DIC
 - (6) Urinalysis
 - (7) Renal function studies
 - (8) Endocrine function studies
 - (9) 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
- 5%
- 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
 - V. Professional issues
 - A. Legal
 - B. Quality improvement
 - C. Professional practice standards
 - D. Patient safety
- 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

**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 (pp. 5-8) 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.

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: _____