

**University of New England
School of Nurse Anesthesia
716 Stevens Avenue
Portland, Maine 04103**



**CLINICAL PRACTICUM HANDBOOK
Class of 2020**

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MISSION STATEMENTS

University Mission Statement:

The University of New England is an independent, entrepreneurial institution committed to academic excellence and the enhancement of the quality of life for the people, organizations, and communities it serves. The purpose of the University is to prepare students for meaningful and rewarding careers, lifelong learning, and enlightened lives. The University fosters critical inquiry through a student-centered, academic environment rich in research, scholarship, creative activity, and service while providing opportunities for acquiring and applying knowledge in selected clinical, professional, and community settings.

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 Mission Statement:

The mission of the School of Nurse Anesthesia is to provide an academic environment, which allows students to master the intellectual and technical skills necessary to become competent in the safe conduct of anesthesia. This is accomplished by providing a select group of experienced, graduate level acute care nurses with the highest level of didactic, simulation lab, and clinical site experiences. UNE's graduate nurse anesthetists develop life-long scholarship, critical thinking skills, and professionalism needed to become compassionate, patient-centered Certified Registered Nurse Anesthetists (CRNA's) in solo practice or within a collaborative anesthesia environment.

OVERVIEW OF CURRENT AFFILIATION SITES

The University has contractual agreements with numerous healthcare institutions and facilities throughout the New England area and beyond that provide the necessary clinical experiences in anesthesia. Clinical sites may be added to the current list of sites and may serve as complete educational sites or may offer specialty education as part of the overall clinical program. These sites represent primary and enrichment clinical sites. Sites may become unavailable before or after a student has been assigned to that site. It is the responsibility of the Program to place the student in another clinical site rotation, which at times, may not be in the most optimal geographical location for the student to travel and/or may not be available at the exact time when the rotation is to start. All attempts will be made to move the student closer to their home base if the opportunity arises. Students will be afforded appropriate input in assignment of sites, however sites are assigned by Program faculty and are not optional as they may provide the student with

required experiences necessary to qualify for certification. Following is the current list of clinical sites:

- 1. Aroostook Medical Center**, Presque Isle, Maine
- 2. Bridgton Hospital**, Bridgton, Maine
- 3. Cary Medical Center**, Caribou Maine
- 4. Central Maine Medical Center**, Lewiston, Maine
- 5. Cottage Hospital**, Woodsville, New Hampshire
- 6. Eastern Maine Medical Center**, Bangor, Maine
- 7. Easton Hospital**, Easton, PA
- 8. Elliot Hospital**, Manchester, New Hampshire
- 9. Exeter Hospital**, Exeter, NH
- 10. Frisbie Hospital**, Rochester, NH
- 11. Houlton Regional Hospital**, Houlton, Maine
- 12. Inspira Medical Center**, Vineland, NJ
- 13. Johns Hopkins Hospital**, Baltimore, MD
- 14. Maine Coast Memorial Hospital**, Ellsworth, Maine
- 15. Maine General Hospital**, Augusta, Maine
- 16. Maine Medical Center**, Portland, Maine
- 17. Mayo Regional Hospital**, Dover-Foxcroft, Maine
- 18. Mercy Hospital**, Portland, Maine
- 19. Mercy Hospital**, Springfield, MA (on hold)
- 20. Mid Coast Hospital**, Brunswick, ME
- 21. Millinocket Regional Hospital**, Millinocket, Maine
- 22. Northeastern Vermont Regional Hospital**, St. Johnsbury, Vermont
- 23. Northern Maine Medical Center**, Ft. Kent, ME
- 24. Ruff Plastic Surgery/ROSM**, Washington, D.C.
- 25. St. Joseph Hospital**, Nashua, New Hampshire
- 26. St. Vincent Hospital**, Worcester, Massachusetts (on hold)
- 27. Stratham Ambulatory Surgical Center**, Stratham, New Hampshire/
Orchard Surgery Center, Salem, NH
- 28. University of Massachusetts Worcester**, Worcester, Massachusetts
- 29. University of Vermont**, Burlington, VT
- 30. Veterans Administration Hospital, (Togus)**, Augusta, Maine
- 31. Wentworth Douglass Hospital**, Dover, New Hampshire
- 32. York Hospital**, York, ME

A complete updated list of clinical affiliation sites is maintained on the Medatrax web site along with web addresses and contact information. Students will receive a letter stating this information also. Students are required to access this information at least 4-6 weeks prior to clinical rotation and contact the Clinical Coordinator for information regarding the rotation to the site.

ADMINISTRATIVE POLICIES

Adverse Anesthetic Event

Any student involved in a case that has an untoward anesthetic event must inform the Clinical Coordinator and Program Director. **If this is a sentinel event, the student will be placed in contact with Risk Management personnel at UNE. Events may include, but are not limited to, dental injury, nerve injury, medication error, unrecognized esophageal intubation, anaphylactic reaction, cardiopulmonary arrest, and death.**

Students will refrain from discussing any incident with anyone including an attorney, faculty, other than the assigned faculty and/or the Clinical Coordinator, or other students without first consulting with the Program Director. The appropriate course of action will be delineated at that time.

Reporting adverse outcome per UNE policy does not supplant reporting policies at, or requirements for, the Clinical Affiliates Sites. Students must adhere to reporting policies of both the clinical site and the University of New England.

Attendance

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

Clinical Correlation Conferences

Students are required to participate in at least 45 hours of clinical correlation conferences. Clinical correlation conferences include department meetings at clinical affiliate sites, journal club/reviews, case reports, QA reviews, M & M discussions, conferences, and/or in-services related to anesthesia. Students will document the type of participation and the number of hours attended in their daily Medatrax log.

Clinical Documentation Policy

During the clinical phase of the program, students are required to complete the *Record of Clinical Experience*, located on Medatrax, and submit completed and signed copies of the *Clinical Practicum Evaluation* form.

Ensuring that student clinical records are maintained and submitted on time is the responsibility of each student. The time-line for submitting the required information is as follows:

1. The *Clinical Practicum Evaluation* forms must be submitted to the School at the end of each clinical week via the drop box located in the Clinical Practicum

Blackboard course. Students must scan the form prior to submission. Cell phone pictures are NOT permitted. The clinical site may have a scanner available. If, for any reason, evaluations are not submitted as required, students must notify the Program Staff Assistant for further instructions. **Failure to follow this policy may result in disciplinary action.**

2. The *Record of Clinical Experience* must be completed and submitted daily via Medatrax. The School will verify online that records are complete. Therefore, students will not need to forward a copy to the School. Data entry for each month may be locked out no later than the 5th of following month.
 - a. **If the required information has not been received/verified, the student may be placed on immediate probation.**
 - b. **Information uploaded into Medatrax is subject to lock out after 2 weeks. If your case information is not entered in Medatrax within the 2-week window, the program may deem that you are unable to count those case experiences, which may extend your graduation date.**

Dress and Personal Hygiene

Proper operating room attire will be worn in the appropriate areas according to clinical site policies. Each student must wear a white coat provided by the program when outside of the operating room suite. The individual clinical sites will determine acceptable shoes, scrub suits, head cover, masks and jewelry. All tattoos should be covered completely. The program dress code described in the student handbook shall apply at all times when students are in clinical or representing the program at conferences or meetings. For personal hygiene, see “*Standards for Professional Behavior and Conduct*”.

Employment

During clinical, students are strongly discouraged from full or part-time employment as a Registered Nurse (RN). If a student elects to engage in part-time employment, at least 8 hours must lapse between working part-time and reporting to the clinical site. Clinical assignments will not be adjusted to fit any student’s employment schedule. If there are any clinical or academic concerns and program faculty discover the student is working as an RN on their own time, they may immediately be required to stop working or face disciplinary action, up to and including termination from the program.

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

Environmental Hazards

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

Equal Opportunity Statement

The MSNA Program abides by the UNE policy on discrimination. Discrimination on the basis of race, color, religion, age, sex, marital status, handicap, sexual orientation or national origin will not be tolerated.

Exit Interviews

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

Immunizations

Students are required to meet the University's policy on immunizations. Further, students are required to submit a copy of their current immunization record for their student file in Castlebranch and to the Student Health Center. Students who do not have the required immunizations completed prior to their clinical assignment or fail to meet the requirements during a clinical assignment, will not be allowed into the clinical area until the required documents are submitted to the MSNA office and Castlebranch. Any clinical time missed due to failure to adhere to this policy may result in disciplinary action.

Interview Days

Students may be allowed two (2) days to attend interviews. Interviews occur during late spring or summer of the second year prior to graduation. Attending interviews requires prior approval from the Program Director and the Clinical Coordinator.

Leave of Absence

Students requesting a leave of absence must notify the Program Director via email and in person. A Leave of Absence Application may be required, depending on the circumstances, and approval will be determined on a case-by-case basis. Lost time must be entered into Medatrax and must be made up in order to fulfill graduation requirements. Requests for emergency leave due to serious illness or death of an immediate family member is automatically granted.

Licensure, Certifications and Recertifications

Students are required to maintain current RN licenses in each state where he or she will practice during clinical site rotations. It is highly recommended that students immediately apply for their licensure, if required, as soon as learning where the assignment will be. Not doing so may delay the start of clinical rotations due to various state licensure timeframes. Compact licensure is recognized, where applicable. Students are responsible for knowing whether or not their “State of Residence” RN license is a compact state with the state where the clinical rotation assignment will be. **For example, if a student is a resident of New Hampshire and has a current RN license from New Hampshire and is assigned to a clinical site in Maine, the New Hampshire license, being a compact state with Maine, will be honored in Maine. However, if the clinical site rotation is in Massachusetts, the New Hampshire license will not be honored in Massachusetts since Massachusetts is not a compact state with Maine.**

Please refer to the following link for questions regarding compact state licensure:

<https://www.ncsbn.org/nurse-licensure-compact.htm>

Students **must** provide current copies, or screen shot proof, of all RN licenses to the MSNA Staff Assistant. Licenses will be maintained in each student’s official file. Students whose license expires during clinical rotation will be immediately removed from the clinical site until such time as the license(s) are made current **and** copies, or screen shots, are furnished to the MSNA Staff Assistant. Lost time due to an expired license or due to one that has not been granted yet must be made up after obtaining a current license and may result in disciplinary action and/or delay graduation. Students must also maintain current ACLS/BLS/PALS certifications.

Mission Experiences

Students may have an opportunity to attend an out-of-country medical mission. Students who desire to participate in a mission experience must have a letter of recommendation from the Mission Coordinator addressed to the Program Director in order to be excused from their Clinical Site. The student must be a student in good standing in the program. Final approval from the School must be obtained prior to planning such a mission. A maximum of 5 days to attend the mission may be used. Time in excess of 5 days must be made up. UNE Malpractice insurance does not cover the student while away on a mission. These experiences are not sanctioned or recognized by the Council on Accreditation at this time and therefore are considered a personal experience. The experience and time commitment will not be counted toward school or certification requirements. Students must provide a letter from an individual mentor that will serve as monitor and supervisor of the experience and submit that letter to the Program Director. Students will be required to write a reflection paper and present their experience to the class. These details will be discussed with the students by the Program Director.

Non-Clinical Days

Periodically, students are granted non-clinical days off during the 19-month clinical phase. These days are designed to allow students time to work on special assignments, research/teaching projects and attend class. Unless the Clinical Coordinator and the Program Director grant prior written approval, **students on specialty and/or enrichment rotations may not take time off to attend outside meetings, review courses, interviews, or vacation. Payment of review course fees without prior approval to attend the review course under the section, “*Time off other than sick time*”, may result in forfeiture of fees paid.**

Professional Liability

The University provides professional liability coverage for each student assigned on rotation. The school will provide proof of coverage to the Clinical Coordinator at each clinical site. Students who become involved or believe they may become involved in a situation that may result in a professional liability claim, whether groundless or not, must immediately report the incident to the Clinical Coordinator. The Clinical Coordinator and/or the student should notify the Program Director both verbally and in writing with details of the incident. See “**ADMINISTRATIVE POLICIES, Adverse Anesthetic Outcome**”

Sick Time

Students unable to attend clinical due to illness must immediately notify the Clinical Coordinator, Program Director and the Program Staff Assistant via email. If the program is not notified immediately, this can result in a decrease in the student’s Clinical Practicum grade for not following directions. Sick days will be subtracted from the student’s allotted days of time off per year. A student who calls in sick a day before or after a vacation/holiday/holiday weekend, or for two or more consecutive days, must provide a doctor’s note to the program director with documentation of their illness.

In addition, students who chronically call in sick on a Monday or Friday (> 2 times), will be required to provide a doctor’s note.

All absences must also be recorded in Medatrax and the lost time must be made up.
Failure to adhere to the Sick Time policy will result in disciplinary action.

Student Contact Information and Communication

Students are required to notify the Program Staff Assistant when there is a change in any contact information (address, email, phone number, etc.). Students must also maintain a current Emergency Contact Information Form that was completed at the beginning of school. The program will not be responsible for lost mail, late notifications or other information due to a failure to maintain updated personal files with the Program Staff Assistant.

All students and faculty of the MSNA Program are issued a UNE email address. For recognition and security purposes, all email communications from students to the Program must originate via the UNE email system. Students are required to check their UNE email each day for updates and other information. Email from addresses other than the UNE system will not be read.

Students are allowed to communicate with clinical site faculty via means left to the discretion of the individual clinical sites. This allows clinical site faculty to determine the most efficient method of communicating with students at their site. **Students are not to use text messaging when contacting Program administration for any reason unless instructed otherwise. Students may not directly contact any clinical site faculty for questions pertaining to clinical site rotation availability. Students with questions involving clinical site rotations must contact the Program Director.**

Time Off Other Than Sick Time

During the 19-month clinical phase of the program, students are entitled time off based **BROADLY** on the University Calendar. This affords each student a break each semester and include:

Thanksgiving break (Thursday/Friday; you are in clinical on Wednesday!)

Christmas break

Spring Break (one week) No break for student's on specialty rotation*

Fourth of July (one week) No break for student's on specialty rotation*

*Students should expect to remain in clinical during these weeks and will receive an alternate week off at another time. The alternate week may not interfere with other scheduled clinical time without prior approval from the Program Director.

The Program Director must approve all requests for time-off and rotation schedule changes. All requests will be considered on a case-by-case basis. No request is automatically granted. Students are required to submit their requests in writing at least two weeks in advance for consideration. Requests will be considered for:

1. Any changes in the set rotation schedule*
2. Additional personal time off or week substitutions
3. Changes in schedule while on specialty rotations (e.g. OB, cardiac, peds, trauma, CRNA-only)
4. Specialty rotation changes during Spring Break or July 4th break
5. Excess time off during clinical rotations over and above the scheduled holidays, and breaks and other pre-approved time off
6. Attending conferences
7. Exceptions to policy for extenuating circumstances**

*The Clinical Site Coordinator or designee must approve requests for changes in the clinical site schedule as well. For example, approval is required if a student wants to have one day off instead of another after the clinical site schedule is posted. Once approved, students must notify the Program Staff Assistant and Program Director of the

approved change. Students must adhere to the Clinical Site's policy and procedure for requesting schedule changes.

**** Requests for exception to policy must include the policy in question, the reason for the request and the reason the exception should be granted. In addition, students must provide evidence of approval from the Clinical Site Coordinator or designee.**

All lost time due to excess time off must be made up before the end of the program or there may be a delay in graduation.

Students who fail to report for clinical for any reason must notify the Clinical Coordinator, the Program Director, and the Program Staff Assistant immediately, or as soon as practical in the event of an emergency, via email.

Students are allowed time off to attend various conferences. Six days of conference time off is allotted. Students who serve on committees or in student organizations may be allowed extra time off if approved by the Program Director.

BEHAVIORAL OUTCOME CRITERIA

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

1. Perform a thorough preanesthetic assessment and formulate a comprehensive anesthetic care plan for each assigned patient based on the preanesthetic assessment of that patient.
2. Use a variety of current anesthetic agents, techniques, adjunctive drugs and equipment as appropriate while providing anesthesia.
3. Demonstrate the use of appropriate agents/techniques to protect the patient from iatrogenic complications.
4. Apply appropriate safety principles and precautions in caring for patients to prevent or minimize any potential risk.
5. Utilize universal safety precautions and appropriate infection control measures to ensure the safety of the patient, staff and CRNA.
6. Conduct a comprehensive and appropriate check of all equipment before and during use.

7. Provide first echelon care and maintenance of all anesthesia equipment. Identify malfunctioning anesthesia equipment and take appropriate action when confronted with anesthetic equipment-related malfunctions.
8. Position and/or supervise the positioning of patients to assure physiological functioning, safety and the prevention of injury.
9. Administer general anesthesia in a safe and conscientious manner to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
10. Perform and manage a variety of regional anesthesia techniques in a safe and conscientious manner to patients of all ages and physical conditions for a variety of surgical, medical, and pain related procedures.
11. Interpret and utilize appropriate invasive and noninvasive monitoring modalities, accurately interpreting the data obtained and adjusting the anesthetic management accordingly.
12. Calculate, initiate and manage fluid therapy and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Evaluate the postoperative course of a patient.
15. Recognize own limitations and seek consultation when indicated.
16. Provide anesthesia services for patients in trauma and emergency cases.
17. Function as a resource person for airway and ventilatory management of patients.
18. Serve as a leader or member of a cardiopulmonary resuscitation team and possess advanced cardiac life support (ACLS) recognition and pediatric cardiac life support (PALS) skills and certification.
19. Participate in quality improvement activities.
20. Critically analyze published data in the field of anesthesia and apply new evidence in technology, pharmacology, and techniques to patient care.
21. Function within the appropriate legal requirements as a registered professional nurse, accepting the responsibility and accountability for his/her practice.

22. Demonstrate competency as an integral member of the surgical team to include skilled communication, data processing, and theory transference as it pertains to the overall anesthetic care of the surgical patient.
23. Develop interpersonal behaviors consistent with that of a health care professional.
24. Demonstrate personal and professional integrity and the ability to interact on a professional level.
25. Maintain a professional demeanor at all times, both on and off of the clinical site. Students, by virtue of enrollment in the university, represent the University of New England at all times.

CLINICAL EDUCATION PERSONNEL

Assistant Program Director of Simulation

The Assistant Program Director of Simulation is a member of the University Of New England School of Nurse Anesthesia faculty and reports directly to the Program Director of the Nurse Anesthesia Program. Some of these responsibilities may be shared with the Program Director. This individual has several responsibilities that include, but are not limited to:

1. Coordinating the simulation component of didactic courses.
2. Recommending a remediation plan for students that are not prepared to enter the clinical setting after the completion of the two didactic semesters.
3. Coordinating a probationary simulation experience for students that have been placed on probation and are struggling in the clinical setting and/or have been dismissed from the clinical setting due to poor clinical performance and/or attitude.
4. Provides student mentoring and counseling.
5. Provides recommendations for any disciplinary action to the MSNA Program Director.
6. Other duties assigned by the MSNA Program Director.

Affiliate Clinical Site Coordinator

The Clinical Coordinator provides instruction, orientation, assignments, evaluation and record keeping while students from the University of New England are assigned to affiliate clinical sites. This individual is responsible for monitoring student scheduling and clinical progress. They are invited to participate in the selection and evaluation process of students seeking admission to the MSNA Program as well as participate in campus based instructional activities. The primary responsibilities of the Clinical Coordinator are to:

1. Serve as liaison/contact person between the institution and the School of Nurse Anesthesia. Facilitate the acquisition of necessary contractual agreements and credentialing documentation.
2. Orient students to the clinical anesthesia setting.
3. Coordinate clinical assignments and rotations in conjunction with the APD of Clinical Education that will enhance the student's progress toward meeting the required cases necessary for graduation and certification.
4. Coordinate student scheduling and daily operating room assignments with the Clinical Faculty.
5. Provide daily student mentoring and counseling.
6. Evaluate and document ongoing student performance in conjunction with student clinical objectives including daily evaluations and summation evaluations as needed.
7. Ensure that accurate and constructive daily student evaluations are completed by the end of each clinical day by the Clinical Faculty when feasible.
8. Discuss possible student disciplinary action with the APD of Clinical Education when necessary.

Affiliate Clinical Faculty

All Clinical Affiliate Faculty members (Adjunct Instructors) must be credentialed physician or CRNA providers at the individual affiliate sites and able to provide the necessary expertise and knowledge for comprehensive and relevant clinical experiences.

At no time may a nurse anesthesia student be supervised solely by an Anesthesiologist Assistant (AA), graduate registered nurse anesthetist, or anesthesia resident. All anesthesiologist and CRNA providers must have institutional staff privileges and be immediately available to the student in the assigned clinical areas. The UNE MSNA Program will annually monitor each site's credentialing process to assure that the providers are current in their licenses and certifications. The primary responsibilities of the Clinical Faculty are to:

1. Mentor and supervise students in the practice of anesthesia in the clinical setting. Clinical supervision requirements are as follows as dictated by the COA Standards for Accreditation of Nurse Anesthesia Educational Programs 2014.
 - a. Clinical oversight of graduate students in the clinical area must not exceed:
 - I. Two graduate students to one CRNA
 - II. Two graduate students to one anesthesiologist, if no CRNA involved.
 - III. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (life threatening situations) but it must be demonstrated that this is a rare situation for which contingency plans are in place.
 - b. A CRNA or anesthesiologist must be present in the anesthetizing location where a graduate student is performing/administering an anesthetic and available to be summoned by the graduate student (immediately available).
 - c. A graduate student can be supervised by a 'credentialed expert' who has the authority and credentials to provide services in the area of specialization for which she or he has been trained. Examples are a pulmonologist which is an expert in airway management; an ER physician authorized by an anesthesia department to perform airway management; an neonatologist who is an expert in airway management.
2. Discuss and critique anesthesia care plans with students.
3. Remain immediately available to students in the clinical area.
4. Provide accurate and constructive clinical evaluations to each student on a daily basis as required by the Program. (Please note that under or over inflating the evaluation scores are not constructive to student learning and may lead to inaccurate student placement and overall student evaluation).
5. Communicate student issues and/or concerns to the Clinical Coordinator and/or Program Director.

Certified Registered Nurse Anesthetist (CRNA) Clinical Faculty

All CRNAs involved in the clinical education of SRNAs shall:

1. Be currently certified/recertified by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).
2. Maintain a current, valid and unencumbered license, as required by state statutes, to practice as a Certified Registered Nurse Anesthetist (CRNA).

3. Be credentialed by the facility credentialing body in the practice skills being taught.
4. Provide accurate and constructive evaluations to each student that will give the students insight into areas needing improvement
5. Discuss student issues and/or concerns including positive feedback with the Clinical Coordinator.

Physician Clinical Faculty

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

1. Be currently credentialed commensurate to their position and responsibility by the medical staff according to the facility medical staff policies and facility Bylaws.
2. Be knowledgeable in the teaching/learning process including student evaluations.
3. Provide accurate and constructive evaluations to each student that will give the students insight into areas the need improvement.
4. Discuss student issues or concerns as well as positive feedback with the Clinical Coordinator.

CLINICAL EVALUATION GRADING

Student progress throughout all clinical practicums will be evaluated by clinical site instructors, program faculty, and by self-evaluations on evaluation tools as explained below. In order to pass this course, students must meet the minimum requirements for all objectives, complete all documentation requirements, meet attendance requirements, and submit all completed faculty student evaluations as described in this *Clinical Practicum Handbook*. As stated in this *Clinical Practicum Handbook*, any student placed on probationary status will not advance to the following clinical practicum.

Evaluation Criteria and Grading Scale

Faculty advisor responsibilities for evaluating students:

1. Each advisor will review their advisee's clinical progress on a weekly basis. Clinical evaluations, care plan and weekly reflection papers placed on Blackboard will be reviewed then documented on the Clinical Practicum spreadsheet.
2. Each daily evaluation will be assessed for an average score from the twelve evaluation categories. Then those scores will be averaged for a composite weekly total. The advisor will note how many clinical faculty completed evaluations are submitted as well as if only self-evaluations were submitted.

3. If the student is meeting expectations and submitting in a timely fashion, the advisor may intermittently communicate with the student to touch base and provide support for a job well done.
4. If the student is not meeting expectations on a regular and consistent basis, the advisor will immediately contact the student via email to ascertain areas needing improvement and provide support and a feedback loop for improvement.
5. All advisors have access to the Clinical Practicum Spreadsheet and can keep track of how each student is doing overall. On a biweekly basis, all advisors will meet (in person or communicate via email) to discuss the student's progress or lack thereof and formulate a plan for the student's progression.

The following grading scale and criteria will be utilized:

A 4.00: A grade of A will be earned if the student is meeting or exceeding the minimum requirements and has not had any clinical disciplinary issues. This includes turning in daily evaluations as directed, submitting case plans/reflection papers as directed, and notifying the Program Director and Staff Assistant if called in sick.

B 3.00 A grade of B will be earned if the student is meeting the minimum requirements but has clinical disciplinary issues. This includes not following directions in regards to turning in daily evaluations as directed, submitting case plans/reflection papers as directed, and notifying the Program Director and Staff Assistant if called in sick.

F 0.00 A grade of F will be earned if the student is not meeting the minimum requirements. This will result in dismissal from the program.

CLINICAL EVALUATION TOOLS

Evaluation tools have been created and are utilized by both clinical faculty and students. The following evaluation tools will be employed:

1. **Clinical Practicum Daily Evaluation:** Students must have the evaluation tool for each clinical practicum with them daily. Each clinical practicum corresponding syllabus clearly outlines the grading and requirements as noted below. The evaluations are to be available for each clinical faculty to complete and provide feedback on student progress. Failure to have this tool available each day will result in an "unacceptable- standards not met" for the day. Clinical progress and evaluation is based on the following requirements:

Student Clinical Progress Documentation Requirements:

- Students are required to record their daily clinical experiences, time logs, and clinical correlation competencies in the web-based Medatrax system.
- Students are required to give their preceptor a daily evaluation form at the end of the shift they are working with them. Your self-evaluation should be completed before you give the form to your preceptor.

- Students are required to engage in reflective self-evaluation on a continual basis. This is an important component of the learning process as one develops on the learning continuum. **YOU MUST RECORD COMMENTS ON YOUR SELF-EVALUATION. DAILY EVALUATIONS FOR THE ENTIRE WEEK MUST BE UPLOADED TO BLACKBOARD DROPBOXES BY 5 PM EVERY SUNDAY.** If this is not adhered to, you may be removed from clinical and time made up at the end of the program, delaying your graduation date. If you have not received your daily evaluation back from your preceptors, please submit your self-evaluation for that day in question and follow up with your preceptor. It is the student's responsibility to obtain the evaluation from the preceptor.
 - **Students are required to turn in a weekly case plan example and reflection paper in Blackboard dropbox. The reflection paper is a brief summation of the week and can be one paragraph in length. You can write more if you would like. Of course, correct spelling, punctuation, and grammar are required. It can include what you learned in clinical, challenges that you encountered, new skills you learned as well as an opportunity to describe an incident that took place that you learned from or situation you were involved in. This paper is meant to give you time to reflect, clear your head, and get prepared for the upcoming week. These papers must be turned in by the same deadline as the evaluations, by 5 pm every Sunday.**
 - **Students are to provide the clinical faculty with an evaluation tool at the beginning of each clinical day and at the latest, end of the day. There are NO EXCEPTIONS OR EXCUSES!**
2. Clinical Practicum Summation Evaluation: The Clinical Coordinator, Clinical Director or Clinical Faculty will evaluate students periodically in a summative format as each student completes either a clinical practicum or an enrichment site.
 3. Student Evaluation of Clinical Faculty: Students must complete and submit evaluations to the Clinical Coordinator on each clinical faculty with whom he or she has been assigned at each rotation site. These evaluations will remain anonymous and be utilized to provide feedback for clinical site improvement.
 4. Student Evaluation of Clinical Site: Students must complete and submit this evaluation to the Clinical Coordinator at the end of their rotation at the site. These evaluations will assist in improving student experiences at the clinical sites.
 5. Student Self-Evaluation: Each student will evaluate himself or herself daily per the Clinical Practicum Evaluation tool.

CLINICAL PHASE POLICIES AND EXPECTATIONS

Clinical Rotation Policies

A comprehensive clinical education experience is designed for each student on an individual basis to meet the clinical experience requirements for graduation and certification. Additionally, the student experience is designed to prepare the student for

practice in a variety of clinical settings. Clinical rotation guidelines have been created to lessen the uncertainty and burden of students on rotating to multiple clinical sites while at the same time ensuring they have independent CRNA experiences as well as rural anesthesia experiences. In addition, the amount and location of rotations are assessed to ensure as much equity as possible between students. To meet the intent of the above, the following guidelines outline how clinical rotation assignments are made:

Clinical Rotation Assignment Guidelines

1. Clinical site rotations will be explained and discussed at the start of the second semester in the program.
2. Clinical preference sheets will be distributed at this time.
3. Every consideration will be given to desired geographical location for clinical but will not always be able to be fulfilled.
4. Depending on the clinical site, students may have to rotate away from their geographical location for a period of time to obtain specialty cases that are not offered near them, especially for cardiac, regional, and CRNA-only/autonomous experience sites.
5. Students are required to rotate to a minimum of 5 separate clinical sites. This has been instituted so that students learn from a variety of different clinical faculty and are exposed to different techniques, procedures, medications, and overall philosophies regarding the art and science of anesthesia.
6. Program faculty will make every attempt to maximize the rotations to 8 clinical sites throughout the 19-month clinical phase of the program. A minimum of 2 months must be spent at an independent CRNA-only/autonomous site.
7. Please note that not every individual site rotation may be noted on the Clinical Rotation Schedule. For example, several clinical sites have separate affiliated facilities that they provide anesthesia services. A student may rotate to several of those facilities but they are only slated for the 'one' site on the general schedule (and looking like they are rotating less than their classmates). This is done because rotations to those 'out' facilities are scheduled by the individual Clinical Coordinators and not by program faculty. This aspect is explained in these guidelines so that all students know that they are being treated equally.
8. Clinical site rotations are subject to change based on the following: student progress, student attitude, loss of surgeons and/or surgical specialty at site, loss of Clinical Coordinator or interested facilitator at site, administrative needs or concerns at site, and other extenuating needs.

Students must ensure, at least 4-6 weeks prior to their clinical rotation (or as identified as required by the individual site), that credentialing procedures and required pre-clinical in-services with the clinical site are complete. Students must be aware of their obligations at each clinical affiliate site. The Program will provide each student with the necessary contact information for his or her specific clinical site. Some clinical sites require additional RN licensure that may take several months to obtain.

Students shall determine if they meet the licensure requirements when the assignment is made and shall allow time to negotiate the licensure process.

1. At least 4-6 weeks prior to the first day of each rotation, the student shall contact the Clinical Coordinator to discuss “first day” expectations and other details.
2. The first day at each rotation site is usually spent in orientation, observation, and becoming familiar with the physical plant and the expectations unique to the clinical site. If an orientation is not provided at the beginning of the first clinical day, students will politely ask the Clinical Coordinator to provide one by the end of the day. If an orientation is not completed on the first day, students must contact the Program Director.
3. Students are required to be in the Operating Room (OR/Anesthesia Area) **at least** one hour prior to the beginning of assigned cases. This allows ample time to check the room, anesthesia machine and supplies, gather and assemble any necessary equipment, perform the patient assessment, and discuss the care plan with the assigned Clinical Faculty.
4. Clinical Faculty may require a phone call the evening prior to discuss the plan of care. Students must comply with this requirement in addition to any individual requirements deemed appropriate by the Clinical Coordinator or Clinical Faculty. Specialty rotations may require the student to arrive > 1 hour before the start of cases. Students will confirm with the Clinical Coordinator what the expectations are at each Clinical Site.
5. Students will complete each day's clinical assignment/caseload. This means that some cases may not be completed until late in the afternoon/evening on some days. Compensatory time is at the discretion of the Clinical Coordinator. On average, students can expect a minimum of 50-60 hours/week consisting of developing anesthesia care plans, room set-up and equipment check, providing anesthesia care, completing postoperative visits, studying required material and completing and submitting required documentation.
6. Students will benefit by making every effort to obtain an assignment the day prior to the procedure. This will allow more time for a preoperative visit/assessment and preparation of an anesthesia care plan. Anesthesia care plans are required for each patient.
7. If the Clinical Faculty should determine that a student is unprepared for the day's assignment, that student may be asked to leave the OR and return when he/she is properly prepared. **In the event of being asked to leave the OR, students must notify the Program Director immediately via email.** The Clinical Coordinator will also notify the Program Director of that student's poor performance/preparation. In this event, the student may face disciplinary action.

8. Students are required to make postoperative visits on each inpatient for whom they have provided care. The postoperative visit must be done on the first postoperative day and be documented on the patient's record when feasible or as required by the Clinical Site. Refer to postoperative telephone interviews conducted by outpatient nurses where applicable.
9. Call rotations are required to in order to complete the clinical phase of the program and students will be placed on the call schedule by the Clinical Coordinator at individual sites. There is a minimum of fifteen (15) call rotations. Call rotations are defined as an 8,16,or 24-hour overnight shift on an evening, weekend, or holiday. An overnight shift taken from home with a pager is considered a call rotation. The exact length of call and the days involved will vary and compensatory time off will vary from one Clinical Site to another. Failure to respond to a Clinical Site callback is a serious offense and disciplinary action will be taken.
10. Students are evaluated according to the *Clinical Objectives* provided to all students and *The Clinical Practicum Evaluation Tools* discussed in this Handbook.
11. **In the event of extreme weather conditions, UNE class cancellations do NOT apply to the clinical setting. Students must make every effort to report to their Clinical Site exercising due caution. Failure of students to report to the Clinical Site while the Clinical Coordinator and/or the Clinical Faculty have reported for work may result in disciplinary action. All hours missed will require make up of those hours and may result in extension of the clinical phase and graduation date It is the student's responsibility to discuss clinical site expectations prior to a situation like this occurring.**
12. Students must participate in departmental professional initiatives. These initiatives include, but are not limited to, presenting journal articles or case studies, attending quality assurance and/or risk management meetings, and departmental meetings and conferences.
13. Students must maintain all patient and hospital information in strictest confidence and adhere to Health Insurance Portability and Accountability Act (HIPAA) guidelines. Students must meet the University and Clinical Site requirements regarding HIPAA compliance. See the sections on *Code of Conduct* and *Respect for Patient's Rights*.
14. Once rotation arrangements are scheduled with the Clinical Site, students are required to complete the rotation unless changed by the Program Director. Changes to the clinical rotation schedule are difficult to make and will only be considered for unusual circumstances or to meet the COA clinical requirements.

Clinical Week Expectations

Each clinical site has unique scheduling needs and they have the flexibility to schedule students as deemed appropriate within the guidelines established by the Program. Some sites will allow students to gain their clinical experiences in 8, 10, 12, or 16-hour shifts. Sixteen hours of direct anesthesia care is the maximum amount of time students are allowed at any one time. If students are scheduled for a call rotation, they are allowed to be at the Clinical Site for a 24-hour shift. However, they may not exceed the 16-hour maximum mandate for direct anesthesia care.

CLINICAL PRACTICUM PERFORMANCE EXPECTATIONS

Clinical Faculty will evaluate the student's progress toward meeting all of the Clinical Practicum Objectives. Students must meet the terminal objectives of each clinical practicum in order to advance to the next practicum. The developmental levels for each clinical practicum and are associated with clinical objectives appropriate for that level. Once determined that students have successfully met the clinical objectives, they will advance to the next clinical practicum.

<u>Spring Semester</u>	<u>Clinical Practicum I</u>	Novice
<u>Summer Semester</u>	<u>Clinical Practicum II</u>	Advanced Beginner
<u>Fall Semester</u>	<u>Clinical Practicum III</u>	Competent
<u>Spring Semester</u>	<u>Clinical Practicum IV</u>	Proficient
<u>Summer Semester</u>	<u>Clinical Practicum V</u>	Novice Practitioner

Criteria for Clinical Practicum Promotion:

1. Acceptable clinical performance determined by Clinical Faculty evaluations, verbal feedback, written documentation and attainment of clinical practicum objectives.
2. Completion of required clinical hours.
3. Submission of all clinical documentation by stated deadlines.
4. *******Successful completion of Self-Evaluation Exam (SEE) from the NCE as required by the MSNA Program. Students are required to obtain a SEE exam score of 425 or higher before they can pass ANE 658 Clinical Practicum IV. The program will pay for the first exam and the student is responsible for subsequent SEE payments until the minimum score is obtained. Though meeting this requirement is not part of the graduation criteria, it is the requirement of ANE 658, which is required to complete the program.**

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

Clinical Probation:

Students may be placed on clinical probation or dismissed for reasons including, but not limited to:

1. Unprofessional conduct or violations of the *Code of Conduct*.
2. Willfully violating Clinical Site policies and procedures.
3. Receiving an unfavorable evaluation(s) documenting poor performance, failure to progress, and/or inability to meet the clinical practicum objectives as assessed by the Clinical Faculty.
4. Conduct that jeopardizes patient safety.
5. Inability to display continual mastery of previously mastered clinical skills.
6. Failure to comply with submission of all required documents in accordance with the required deadlines for submission. (e.g. clinical evaluations, postoperative survey forms, professional licensure documentation).

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

Clinical probation entails a 30 calendar day period of time. During this time program faculty will re-evaluate the student’s status. Students will communicate with program faculty and clinical faculty to develop a plan based on their clinical evaluations, clinical faculty feedback and/or program faculty findings. The plan will include strategies for improvement of clinical performance. After the 30-day probation period, the student will be re-evaluated by the program and clinical faculty to determine if clinical objectives have been met. If they are successful, they will resume their clinical practicum at the same level of their peers. Failure to meet clinical objectives at that level may result in dismissal.

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

Program faculty will delineate the clinical site for the probation period. Students will not be allowed to take personal time off, except for sick time, during this period unless approved by the Program Director at the time of initiating probation. **Any sick time**

taken off will be made up by adding it to the end of the probationary period. The probationary time and any other related time (waiting for an appropriate clinical site to become available for the probation experience) will be added to the end of the program and push the completion date back accordingly.

CODE OF CONDUCT

In addition to the [University of New England Student Handbook](#), students enrolled in the Master of Science in Nurse Anesthesia (MSNA) Program will adhere to additional standards of conduct specific to the MSNA Program. Students are required to be familiar with both the UNE Student Handbook and the MSNA Clinical Practicum Handbook.

Conduct Violations*

All allegations of improper, unethical, or unprofessional conduct will result in an immediate referral to the Student Development Committee for review and recommendations. (This policy does not supplant the University Judicial Process, which states, “Any University employee or student may file a misconduct complaint against a University student if there is a reasonable, good faith belief that a violation has occurred.”) Depending on circumstances, a confirmed conduct violation may result in (a) remediation prior to progressing further in the program, (b) placement on probationary status, or (c) dismissal from UNE. In all cases, students will receive written notice regarding the nature of the conduct violation, its consequences, and any stipulated conditions for continuation in the program. All documentation related to conduct violations will become part of the student’s permanent record.

Standards for Professional Behavior and Conduct *

The Professional SRNA:

1. Behaves in a responsible, reliable and dependable manner. (e.g. manages time well, is on time for assignments, meetings, and appointments; plans ahead; follows through with commitments; cooperates with person(s) in charge of programs; and takes responsibility for absences or missed assignments).
2. Demonstrates personal integrity, honesty, and self-discipline. (e.g. is consistent and truthful, shows appropriate personal control, takes on tasks that he/she can manage; honest in reports and self-evaluations).
3. Projects a professional image in manner, dress, grooming, speech, and interpersonal relationships that is consistent with the medical profession's accepted contemporary community standards. (e.g. maintains awareness of personal hygiene, wears proper operating room attire, white coat and name tag if expected, notifies clinical faculty or other leader in case of emergency absence or

- calls to apologize if unable to notify in advance; is respectful of other students and patients when providing patient care).
4. Recognizes his/her personal limitations and biases, whether they are intellectual, physical or emotional; strives to correct them (e.g. overcomes negative behaviors such as procrastination, learns to be a team member, and adapts to new situations; avoids discriminatory conduct or speech).
 5. Demonstrates the professional and emotional maturity to manage tensions and conflicts that occur among professional, personal, and family responsibilities, seeking professional help if necessary (e.g. meets with supposed antagonists to resolve misunderstandings, gets needed help from faculty advisors, tutors, counselors, learning assistance professionals and other qualified persons, shows ability to appropriately prioritize personal, professional, and academic expectations and activities).
 6. Demonstrates the ability to exercise sound judgment and to function under pressure (e.g. requests help when needed and does not endanger others, respects the difference between Student Registered Nurse Anesthetist (SRNA) and Certified Registered Nurse Anesthetist (CRNA), and remains focused on the task at hand; remembers that as a SRNA he/she represents the MSNA Program to the community).
 7. Demonstrates ability to learn from mistakes and failures, heeds admonitions and warnings from administrative faculty of the MSNA Program and of clinical faculty at Affiliate Clinical Sites (e.g. is responsive to feedback and constructive criticism and evaluations regarding professional behavior and attitude, understands the seriousness of academic and disciplinary warnings).
 8. Demonstrates compassion and respect toward others (e.g. works cooperatively with differences and diversity in personalities and in cultural backgrounds as well as with differences in social and in economic status, and respects the privacy and individual choice of others).
 9. Consistently demonstrates respect for administrators, faculty, staff, and fellow students of the University.

In addition to the above Standards for Professional Behavior and Conduct, the SRNA must abide with other professional standards unique to Clinical Affiliate Sites. These are, but are not limited to:

1. Respects the privacy and confidentiality of patients and fellow students under the laws of HIPPA and FERPA. (e.g. does not divulge or discuss patients by name or other identifiers with persons not directly involved in that particular patient's care, does not discuss student status or other confidential student information with others without that particular student's permission, omits, in all academic presentations, all identifying data including names, initials, dates of birth, and facilities).
2. Maintains strict confidentiality of patient and hospital records (e.g. unless authorized, does not possess, use, copy, disclose or distribute information contained in official patient or other hospital records, except as required for the direct care of assigned patients, to any unauthorized person or persons).

3. Consistently projects a professional demeanor (e.g. does not use foul or abusive language, does not intimidate others, is not disrespectful to any employee, supervisor, patient, visitor or fellow student, does not engage in unprofessional conduct on social media, does not conduct theft, fraud, or unauthorized use of hospital, patient, visitor, or student property).
4. Demonstrates a commitment to learning (e.g. does not take unauthorized absences, does not refuse or fail to follow the instructions of assigned Clinical Faculty, does not refuse to accept clinical assignments, meets all assigned deadlines, is prepared for assignments).

These standards are taken very seriously and evaluated regularly. Failure to abide by these standards may result in academic warning, probation, or dismissal. Under these circumstances, students will go before the Student Development Committee that will recommend appropriate disciplinary action to the Program Director.

The SDC may consider any other behaviors in reaching a decision to make a recommendation to the Program Director. This may include behaviors outside of the classroom or in the clinical rotation that do not reflect well on the Program, profession or individuals

Should disciplinary action be taken the student has a right to fair and just treatment through the Academic and Disciplinary Appeals Process discussed in the UNE Student Handbook.

CODE OF ETHICS

All UNE MSNA students will abide by the [AANA Code of Ethics for the Certified Registered Nurse Anesthetist](#). Violations of the Code may be grounds for dismissal from the Program.

GRADUATION CRITERIA

1. Satisfactory completion of all didactic and clinical courses with a minimum GPA of 3.0 on a 4.0 scale.
2. Satisfactory completion of clinical experiences as required by the UNE School of Nurse Anesthesia and Council on Accreditation of Nurse Anesthesia Educational Programs.
3. Satisfactory completion and fulfillment of stated UNE School of Nurse Anesthesia Student Learning Objectives.
4. Completion of the twenty-seven (27) month program, inclusive of University time off approved by the program. Clinical hours that require extended make up time for personal/disciplinary reasons may be added to the end of the program and

extend the student's completion/graduation date. Program extension is at the discretion of the Program Director.

5. All time commitments in the didactic and clinical areas must be satisfied.
6. All clinical records must be completed and submitted to Medatrax.
7. All required clinical evaluations must be completed and signed.
8. Completion of the capstone project with an assigned passing grade.
9. All fees must be paid in full.
10. All library books returned.
11. All relevant University and Program evaluations must be submitted.

RESPECT FOR PATIENT RIGHTS

Students must respect patients and their rights while on rotation in the clinical setting. To that end, students will:

1. Act professionally as defined by the MSNA Program and provide an appropriate level of care.
2. Clearly identify oneself to patients as a Student Registered Nurse Anesthetist (SRNA). Identifying or holding oneself out to be a Graduate or Certified Registered Nurse Anesthetist (CRNA) is a violation of the State Board of Nursing Regulations and is considered an unlawful act. Students must wear the nametag provided by the Program and Clinical Site.
3. Maintain strict patient confidence and adhere to Health Insurance Portability and Accountability Act (HIPAA) guidelines. Pictures or other documents related to patient care shall not be copied or removed from the clinical environment without the proper patient consent and approval from the Clinical Coordinator.
4. Obtain an informed consent from each patient to whom the student will provide anesthesia care.
5. Observe the "Golden Rule". That is, treat others, as you would like to be treated.

STUDENT DEVELOPMENT COMMITTEE AND PROGRESSION

Purpose

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

Students are required to be familiar with the WCHP Graduate Progression Policies found on the MSNA Home page. Here students will find a complete description of the SDC process and in depth outline of University policies that lead to progression and graduation from the University Graduate Programs.

SUBSTANCE ABUSE POLICY

Purpose

The University of New England and the School of Nurse Anesthesia seek 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 abuse. Aside from impacting upon the personal and psychological integrity of the abusers, substance abuse may significantly impact the ability of anesthesia care providers 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, and judicial responses as they relate to substance abuse and chemical dependency.

Policy

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

Failure to comply or refusal to cooperate with any aspect of this policy, or any Clinical Affiliate Site 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.

Any student who is arrested or charged with a drug offense which involves on or off-duty possession, use, manufacturing, consumption, sale or distribution of illicit drugs must immediately inform the Assistant Director of Clinical Education of the arrest, the nature of the charges, and the ultimate disposition of the charges.

Students, like employees, are required to comply with all hospital policies regarding pre-employment drug and health screening. Student refusal to submit to any required drug screening may result in immediate dismissal from the Program.

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

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

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

Failure to abide by the Substance Abuse Policy will result in disciplinary action up to and including dismissal from the Program.

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

I certify that I have read the University of New England School of Nurse Anesthesia Clinical Practicum Handbook. I have had an opportunity discuss its contents with the administration and I agree to adhere to the policies and requirements contained herein. I understand that the school is responsible to keep me informed of any changes in this handbook.

Student Signature

Date

Print Name

Students must print, sign and date, scan then upload this contract into the evaluation drop box on Blackboard under Clinical Practicum I.