

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



**CLINICAL PRACTICUM HANDBOOK
Class of 2022**

Rev 10/2021

Contents

MISSION STATEMENTS 4

OVERVIEW OF CURRENT AFFILIATION SITES 4

ADMINISTRATIVE POLICIES..... 5

GRADUATION CRITERIA..... 7

TIME OFF:10

SICK TIME:10

**DELAY IN PROGRAM: STUDENTS TAKING A MEDICAL LEAVE OF ABSENCE OR HAVING A
DELAY IN PROGRESSION11**

BEHAVIORAL OUTCOME CRITERIA13

CODE OF CONDUCT.....14

CODE OF ETHICS.....18

RESPECT FOR PATIENT RIGHTS18

STUDENT DEVELOPMENT COMMITTEE AND PROGRESSION19

SUBSTANCE ABUSE POLICY.....19

SELF EVALUATION EXAM (SEE) POLICY20

CLINICAL EDUCATION21

CLINICAL EDUCATION PERSONNEL.....21

CLINICAL EVALUATION GRADING.....24

CLINICAL EVALUATION TOOLS25

CLINICAL PHASE POLICIES AND EXPECTATIONS.....26

CLINICAL PRACTICUM PERFORMANCE EXPECTATIONS30

CLINICAL SITE FACILITIES34

STUDENT CLINICAL CONTRACT.....35

MISSION STATEMENTS

UNIVERSITY OF NEW ENGLAND MISSION STATEMENT

The University of New England prepares students to thrive in a rapidly changing world and, in so doing, to improve the health of people, communities, and our planet.

WESTBROOK COLLEGE OF HEALTH PROFESSIONS MISSION STATEMENT

The Westbrook College of Health Professions educates a dynamic, collaborative workforce responsive to the evolving needs of society, thus advancing the health and well-being of all people.

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

OVERVIEW OF CURRENT AFFILIATION SITES

The University has contractual agreements with numerous healthcare institutions and facilities throughout the New England area and beyond 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. The current list of clinical sites may be found at the end of the handbook.

Students will receive a letter with the clinical site information prior to beginning the rotation. 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 within 24 hours by phone call and email. **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. 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 it is discovered 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 services 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. Students should be aware of other possible hazards in the operating room environment including but not limited to x-rays, MRIs, and methylmethacrylate. Students with medical conditions should confer with their medical provider and the program director with any concerns.

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.

Graduation Criteria

The following criteria must be met:

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 and/or 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. All fees must be paid in full.
9. All library books returned.

10. All relevant University and Program evaluations must be submitted.
11. A **current** RN license and ACLS and PALS Certifications must be on file.
12. Completion of the SEE exam during the specified semesters. The first exam is paid for by the program and subsequent exam costs are covered by the student.

The program reserves the right to defer a student's graduation until all requirements have been met.

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.

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.

Interview Days

Interview days are considered part of the total approved time off (PTO).

Licensure, Certifications and Recertifications

Students are required to maintain *current unencumbered* 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 note: not ALL Maine licenses are compact licenses.** Contact the Maine BON

for confirmation of your license status. 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 be 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 during the clinical phase of the program.

Mission Experiences

Students may request clinical release time to serve on medical mission experiences. These trips are not part of the curriculum or clinical residency, and are not sponsored by the University of New England. The student agrees to serve on these trips at their own risk, and UNE does not insure, endorse, protect, or assume liability for any aspect of these experiences. Because these trips are not scheduled with consideration for the University calendar, they may interrupt the student's clinical assignments; thus the student must make a request to the Program Director first then Clinical Coordinator to participate and sign a consent acknowledging and agreeing to this policy.

Only students beyond their twelfth month of clinical are allowed to go on mission trips. Requests for release time should occur well in advance of the mission. The Program Director or designee will approve or deny release time for mission trips based on the student's level in the program, their academic standing, and an assessment of the level of supervision available to the student. Participants must present their experiences and what they learned at a faculty-student meeting. They should be prepared to present the objectives achieved and experiences, both clinical and personal, in a format determined by the faculty. The time and experiences do not count towards the COA requirements for graduation.

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 the student should notify the Program Director both verbally and in writing with details of the incident. See "**ADMINISTRATIVE POLICIES, Adverse Anesthetic Outcome**"

TIME OFF:

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

During the 19-month clinical phase, students have the following time off:

Thanksgiving break: Thursday/Friday; The Wednesday before Thanksgiving is a clinical day

Winter Break: December 24 through New Year's Day

Spring Break: as per the university calendar- no break if on a specialty rotation

Memorial Day: Monday

Labor Day: Monday

Fourth of July: one week- no break if on a specialty rotation

Time off may be rescheduled to a later date if the student is on a specialty rotation during Spring Break or the Fourth of July week. This will be coordinated with the Program Director.

APPROVED PERSONAL TIME OFF (PTO)

Students will receive a total of 20 days of PTO throughout the clinical phase of the program. This includes sick time, meeting attendance, and interview days. This does not include bereavement leave (limited to 3 days for immediate family members). If a student exceeds >20 PTO days due to illness, ***the time must be made up by the student prior to the end of the program or there will be a delay in program completion. Make-up time needs to be arranged by the student and clinical coordinators and communicated in writing to the Program Director.***

PTO will not be granted during specialty rotations or probationary periods. PTO will not be granted to any student during the first week of a student's initial rotation to any clinical site. Students will not be granted more than 5 PTO days during the last two months of the program. PTO cannot be taken during scheduled didactic or simulation lab time.

Students must clear off days with faculty first before committing to meetings, review courses, etc. The clinical coordinators must be consulted with PTO requests **AFTER** approval from the program director. Requests for time off must be submitted via email to the Program Director two (2) weeks prior to the requested time off. All requests will be considered on a case-by-case basis. One day off is equivalent to 8 hours of clinical time. If a student is working longer shifts (10 hours or 12 hours), the remaining hours must be made up during the week or the student must take more than 1 PTO day (if taking off a 10 hour shift, this would be equivalent to 1.25 PTO days).

SICK TIME:

Students unable to attend clinical due to illness must immediately notify the Clinical Coordinator, Program Director, and the Program Administrative

Assistant via e-mail or phone call. Sick time will be deducted from the student's PTO bank. If a student exceeds >20 PTO days, ***the time must be made up by the student***. A student who calls in sick a day before or the day after a vacation/holiday/holiday weekend, or for two or more consecutive days must provide a note from their healthcare provider. Students who chronically call in sick on Mondays or Fridays (>2 times) will be required to provide a note from their healthcare provider. All sick days must be recorded in Medatrax. Students who call in sick for an extended shift- 10 hour day, 12 hour day, or 16 hour day (call shift) will have the appropriate amount of hours deducted from their PTO bank (i.e. A student calling in sick for a call shift will have two (2) days deducted from their PTO bank).

Students who fail to report to clinical for any reason must notify the Clinical

Coordinator, the Program Director, and the Program Staff Assistant immediately, or as soon as practical in case of emergency, via e-mail. *If a student fails to inform the Program Director of an absence, the student will have DOUBLE the PTO days deducted from their bank per occurrence (1 8-hour shift = 2 PTO days, 1 16-hour call shift = 4 PTO days).*

Students that are excused from clinical or class to attend meetings are required to submit a reflective paper after attending the meeting. These should be 2-3 pages in length and submitted to all program administrative faculty within 1 week of the meeting conclusion.

Non-clinical days:

Periodically, students are granted non-clinical days during the 19-month clinical phase. These days are designed to allow students time to work on special assignments, attend class, committee meetings, and other outside projects. Permission to have non-clinical days must be granted by the program director.

DELAY IN PROGRAM: students taking a medical leave of absence or having a delay in progression

During the length of the program, students may need to take a medical leave of absence. University policy states students may request a medical leave of absence not to exceed one (1) academic year. During the transition from the master's degree program to the Doctoral degree program, it is recognized that master's students might need to request a medical leave of absence. In addition, there may be some students who experience delays in progression and require a program finish date and graduation date beyond the anticipated date of August 2023. Therefore, this plan will go into effect and remain in place for any students who are delayed for either a medical leave or a delay in progression until the last master's student graduates.

1. The student requesting the medical leave must provide supporting documentation from a health care provider.
2. Upon returning from the leave, the student must provide documentation from a health care provider indicating the student is able to return to the rigors of full time academic and clinical study and meet the essential technical standards. If they require accommodations after their LOA they will be required to follow the University's policy and apply through the Student Access Center.
3. The student will continue in the program with the remaining master's level courses taken in chronological order.
4. Students who experience a delay in progression and require additional time in clinical rotations will be assigned appropriate clinical rotations until completion requirements are fulfilled.

All masters courses will be kept active in the registrar's office until the last master's student graduates. Course work will be taken in the same chronological order as outlined in the master's degree curriculum. Enrollment in the master's courses will be limited to student(s) previously matriculated in the master's degree program. This includes the clinical practicums. All master's didactic, laboratory, and clinical course work will be delivered. Upon completing all masters' course work and requirements, the student would earn a Master's of Science in Nurse Anesthesia degree. The transcript will show the master's courses.

The UNE nurse anesthesia website with the master's information will be prominently identified as master's program information and remain active until the last master's student graduates. A separate webpage for the DNP program will be prominently identified as DNP only.

When the last master's student graduates, the master's courses will be designated inactive in the registrar's office.

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 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.

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. This includes refraining from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, emailing, etc.)
- 5.
6. Utilize universal safety precautions and appropriate infection control measures to ensure the safety of the patient, staff and CRNA.
7. Conduct a comprehensive and appropriate check of all equipment before and during use.
8. 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.
9. Position and/or supervise the positioning of patients to assure physiological functioning, safety and the prevention of injury.
10. 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.

11. 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.
12. Interpret and utilize appropriate invasive and noninvasive monitoring modalities, accurately interpreting the data obtained and adjusting the anesthetic management accordingly.
13. Calculate, initiate and manage fluid therapy and blood component therapy.
14. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
15. Evaluate the postoperative course of a patient.
16. Recognize own limitations and seek consultation when indicated.
17. Provide anesthesia services for patients in trauma and emergency cases.
18. Function as a resource person for airway and ventilatory management of patients.
19. 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.
20. Participate in quality improvement activities.
21. Critically analyze published data in the field of anesthesia and apply new evidence in technology, pharmacology, and techniques to patient care.
22. Function within the appropriate legal requirements as a registered professional nurse, accepting the responsibility and accountability for his/her practice.
23. 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.
24. Develop interpersonal behaviors consistent with that of a health care professional.
25. Demonstrate personal and professional integrity and the ability to interact on a professional level.
26. 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.

CODE OF CONDUCT

In addition to the [University of New England Student Handbook](#), students enrolled in the Master of Science in Nurse Anesthesia (MNSA) 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.

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

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. Please refer to the following link for the most up-to-date information on graduate progression policies and Student Development Committee procedures.

https://www.une.edu/sites/default/files/grad_prog_policies_2018-19.final_.pdf

SUBSTANCE ABUSE POLICY

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

The University of New England School of Nurse Anesthesia seeks to create an environment that promotes healthy, responsible living. The School of Nurse Anesthesia recognizes that anesthesia providers, because of their exposure and the nature of their work, may be at high risk for substance misuse. Aside from impacting upon the personal and psychological integrity of the abusers, substance abuse may significantly impact the ability of anesthesia care provider to administer safe, competent patient care. The School of Nurse Anesthesia is committed to assisting the student who exhibits behaviors reflecting misuse or abuse of alcohol and other drugs through the availability of assessment and referral mechanisms. The purpose of this policy is to provide the student with policies, guidelines, judicial responses as they relate to substance abuse and chemical dependency.

A. SUBSTANCE MISUSE POLICY

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

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

manufacturing, consumption, sale or distribution of illicit drugs and alcohol on University property or clinical affiliate sites.

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

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

Students who take over-the-counter or prescribed medication are responsible for being aware of the effects the medication may have on their performance and personal behavior and ensure patient safety is not compromised. Students on a medication that may impair students' performance and/or clinical judgment must present documentation from the primary care provider, ensuring fitness for duty.

Students are prohibited from reporting to the classroom or the clinical area under the influence of illicit drugs or alcohol. With reasonable suspicion of substance abuse or chemical dependency, the School of Nurse Anesthesia will act to intervene and refer a student for assessment and treatment.

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

SELF EVALUATION EXAM (SEE) POLICY

The SEE exam is highly predictive of performance on the NCE. Students are required to take the SEE exam, from the NBCRNA. This exam is utilized to help the student prepare for taking the National Certification Exam (NCE) after graduation. It is being used in this program to help the student and faculty assess individual strengths and weaknesses of each student and help them plan for the NCE accordingly. The link to the NBCRNA for all information regarding the SEE and NCE: <https://www.nbcrna.com/>

- The initial SEE exam will be completed by January 31st of the senior year.
- The student must take the second SEE by the end of the senior spring semester – clinical practicum IV and achieve a score of 425 or higher.
- Failure to achieve a score of 425 by the second attempt will require a third attempt in the summer semester prior to graduation.

- Failure to achieve a passing score by the third attempt, will require taking the comprehensive exams in the final semester. Comprehensive exams will be either Apex exams or exams developed by the program. An overall average of 80% on all comprehensive exams whether program originated or from Apex, is required to pass Clinical practicum V. Failure to pass Clinical practicum V may require a delay in program completion.
- The student cannot take the SEE within 30 days of program completion. This date will change yearly according to the date of program completion.

REVIEW COURSE

- The student may take an in-person review course (of their choosing) and complete this by the end of the senior spring semester. Proof of attendance at the review course will be submitted to the program director. All students must clear the test date with both the program director and the clinical coordinator if it requires missing clinical days to attend. The review course may be substituted in place of a required state meeting.
- Courses should not be scheduled during a cardiac or CRNA only rotation.

CLINICAL EDUCATION

CLINICAL EDUCATION PERSONNEL

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 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. As student competency increases, supervision by the Clinical Preceptor will gradually be decreased from 1:1 to 2:1. The gradual decrease in

supervision by the Clinical Preceptor from 1:1 to 2:1 may begin at the end of his/her first clinical semester.

d. 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.

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. You must record comments on your self-evaluation. Daily evaluations for the entire week must be uploaded to blackboard every week. 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 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. This is a brief summation of the week and can include your cases, what you learned, any issues, goals for the next week, etc.
- Students are required to turn in a weekly case plan. Articles are accepted but are not to be used in place of a care plan.

2. 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.
3. 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.
4. 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. A minimum of 1- 2 months must be spent at an independent CRNA-only/autonomous site.
6. 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.
7. 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 40 hours/week to a maximum of 64 hours per 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 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 twenty-five (25) 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. Compliance with the Self Evaluation Exam (SEE) policy (see the policy in the handbook)

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. Communication on a regular basis is required by both the student and the advisor.

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).

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.**

Clinical Site Facilities (as of December, 2020)

Aroostook Medical Center, Presque Isle, Maine
Berkshire Medical Center, Pittsfield, MA
Beth Israel Deaconess, Plymouth, MA
Bridgeton Hospital, Bridgeton, ME
Cary Medical Center, Caribou, Maine
Central Maine Medical Center, Lewiston, ME
Cottage Hospital, Woodsville, NH
Eastern Maine Medical Center, Bangor, ME
Good Samaritan Hospital, Brockton, MA
Holy Family, Methuen, MA
Elliot Hospital, Manchester, NH
Exeter Hospital, Exeter, NH
Frisbie Regional Hospital, Rochester, NH
Good Samaritan Hospital, Brockton, MA
Holy Family Hospital, Methuen, MA
Houlton Hospital, Houlton, ME
Johns Hopkins Hospital, Baltimore, MD
Maine Coast Memorial Hospital, Ellsworth, ME
Maine General Medical Center – Augusta/Waterville, ME
Maine Medical Center, Portland, ME
Mayo Regional Hospital, Dover Foxcroft, ME
Mercy Hospital, Portland, ME
Mercy Hospital, Springfield, MA
MidCoast Hospital, Brunswick, ME
Millinocket Regional Hospital, Millinocket, ME
Northern Maine Medical Center, Ft. Kent, ME
Northeastern Vermont Regional Hospital, St. Johnsbury, VT
Parkland Medical Center, Derry, NH
Portsmouth Regional Hospital, Portsmouth, NH
RUFF plastic surgery ROSM, Washington, DC
St. Joseph’s Hospital, Nashua, NH
Southern Maine Health Center, Biddeford, ME
Southern New Hampshire Medical Center, Nashua, NH
Stratham Ambulatory Surgery Center, Stratham, NH
UMASS Memorial Health Center, Worcester, MA
University of Vermont, Burlington, VT
Veterans Administration Togus Medical Center, Togus, ME
Wentworth-Douglas Hospital, Dover, NH
York Hospital, York, ME

**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.