UNIVERSITY OF SCRANTON
DEPARTMENT OF NURSING
NURSE ANESTHESIA
STUDENT HANDBOOK
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Handbook created 8/2013
General policies in this handbook are addendums to The University of Scranton Department of Nursing Graduate Student Handbook, which applies to all nurse anesthesia students.

**IMPORTANT PHONE NUMBERS**

Dr. Caroline Raskiewicz, Program Director  
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Dr. Ann Culp, Assistant Program Director  
(570) 941-5588  
Ann.culp@scranton.edu

Susan Elczyna, CRNA, PhD(c), Clinical Director  
(570) 941-5583  
Susan.elczyna@scranton.edu

Jill Lear, Administrative Research Assistant  
(570) 941-5531  
(570) 941-5530  
jelear@commonwealthhealth.net

Fax  
(570) 941-5527

WBGH Case Assignment Line for Clinical  
(570) 552-1221  
To retrieve assignments dial (570) 552-1221 – 3686# - 2013#  
Please note the password will change every 6 months and an email will be sent with the new password.

Heart Room Assignment Line for WBGH  
(570) 552-1820

Nurse Anesthesia Program Call-In  
You must call the school and the clinical site

WBGH Call-In  
(570) 552-1829
CODE OF ETHICS POLICY

In addition to the Professional Nursing Behavioral Policy found in the Department of Nursing Graduate Student Handbook, students are expected to comply with the AANA Code of Ethics for the Certified Registered Nurse Anesthetist, found on the AANA website.

CLINICAL GUIDELINES POLICY

Clinical Experience

To ensure the student nurse anesthetist develops knowledge, skills and abilities for entry into practice, students are to adhere to the clinical experience policy when documenting in Medatrax their experiences. Acknowledging emergencies will alter the clinical day in a student nurse anesthetist’s experience, and fragment the time spent in a clinical case, the student may not be able to participate in all aspects of the anesthesia care. The guidelines will assist the student nurse anesthetist on the critical portions of the anesthetic he or she can credit in Medatrax.

Case Credit Guidelines:

1. Students are expected to participate in all aspects of the clinical case, including preoperative, intraoperative and postoperative anesthesia care.
2. Students can only take credit for a procedure (ex. Regional block) that he or she actually performs.
3. Students are not allowed to take credit for an anesthetic case if they are not personally involved with implementation and management of the anesthetic.
4. Students cannot take credit for observing another anesthesia provider manage a patient’s care.
5. Students can only take credit if they personally provided anesthesia for a critical portion of the case. This includes:
   6. Preoperative assessment and a major part of the intraoperative anesthetic care.
   7. A major part of the intraoperative anesthesia care.
   8. A major part of the intraoperative and postoperative anesthesia care.
   9. A major part of the postoperative anesthesia care.
10. If there is any question on the amount of clinical that can be credited, please discuss this with your mentor.
Required Clinical Cases

Students are required to:

- Complete 650 clinical cases. This exceeds the 550 minimum required cases as designated by the NBCRNA National Certification Examination (NCE).
- Keep an electronic case log. The program uses “Medatrax” for students’ electronic records. Students will be oriented to the Medatrax program. The students are expected to:
- Log clinical cases, hours, procedures, medications administered and other required elements, within 72 hours of the clinical day.

Evaluation and Guidelines for Clinical Performance

Students are expected to:

- Develop professionally
- Meet triannual clinical objectives.
- Arrive in the Anesthesia Department at least 1 to 1 ½ hours prior to the start of assigned cases.

Students are expected to complete:

- One long round each clinical day, except when on-call
- A preoperative assessment
- A postoperative round.
- A case card (technology such as iPads and iPhones may be utilized for case cards)

Clinical performance will be documented on the Weekly Evaluation Form and the student will be afforded the opportunity to discuss the evaluation with the clinical preceptor who completed the form, as well as the faculty advisor. Each student shall also evaluate his/her performance on the Weekly Evaluation Form daily. Each day must be accounted for on the form. It is the student’s responsibility to ensure that the Weekly Evaluation Forms are in the Nurse Anesthesia office by 3PM Friday of the following week. Exception: Lehigh Valley Clinical Site. A warning will be given to any student who does not submit the Weekly Evaluation Form by 3PM Friday.

At the end of the clinical day, the student should report to the clinical site coordinator for dismissal. If not available, the student should report to the clinical instructor for that day.

Please note texting is not permitted during anesthesia care.
The student must notify the Nurse Anesthesia office to make an appointment with the faculty advisor to discuss any written evaluations that contain deficiencies or issue.

Each student is assigned to a full-time faculty advisor who is responsible to review the Weekly Evaluation Forms. A meeting will be held between the faculty advisor and each student a minimum of once triannually and as needed to discuss clinical progress. It is the responsibility of the student to schedule the Triannual Evaluation meeting with the faculty advisor.

**Triannual Evaluations**

Written triannual evaluations are conducted at the completion of each semester in the student program. The dates for clinical evaluations are:

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<th>Dec</th>
<th>Fourth</th>
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<td>Second</td>
<td>April</td>
<td>Fifth</td>
<td>April</td>
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<td>Third</td>
<td>August</td>
<td>Sixth</td>
<td>September</td>
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The evaluations will be reviewed with each student’s advisor. The clinical guidelines will determine if the student has met the expected objectives for that trimester. Deficiencies in any of the triannual objectives will result in the established protocol for dismissal.

**Supervision Guidelines for Clinical Experience**

The program restricts clinical supervision of students in anesthetizing and non-anesthetizing areas to CRNAs and/or anesthesiologists with institutional staff privileges who are immediately available in clinical areas. Instruction by graduate registered nurse anesthetists or physician residents is never appropriate if they act as the sole agents responsible for the student.

The clinical supervision ratio of students to instructors must be coordinated to insure patient safety by taking into consideration: the student’s knowledge and ability; the physical status of the patient; the complexity of the anesthetic and/or surgical procedure; and the experience of the instructor.

**Clinical Deficiencies**

Clinical deficiencies related to unsafe clinical practice will be handled using the following methods:

1. Counseling
2. Probation
3. Dismissal
1. **Counseling**

   At any time, the advisor will clearly inform the student of his/her deficiencies in writing. The student is required to sign the Counseling Form indicating that the student is aware of deficiency(ies) and has been provided an opportunity for explanation. Student signature does not mean that the student agrees or disagrees with the statement, rather it signifies that the information has been disseminated to the student.

   The student will be counseled by the faculty members. The student will be advised of the deficiency and the necessary steps to correct the problem. A written plan of action for improvement will be formulated based on the deficiencies noted and/or incident. Investigation may result in probation instead of counseling if warranted.

2. **Probation**

   The faculty may place a student on probation or recommend dismissal from the program if an error of commission or omission jeopardizes the safety and/or welfare of the patient.

   Probationary days will be determined based on incident for a minimum of three clinical days but may not exceed 15 clinical days.

   Clinical will be completed under the direction of the faculty advisor or designee during the probationary period.

   A student on probation will have a performance review with the faculty advisor. If progress at the end of the probation is satisfactory, the student will return to regular clinical status. A recommendation for dismissal will be made if progress is not satisfactory.

   A maximum of two probationary periods for two different occurrences will be allowed in the program. A probationary occurrence that has been repeated will result in recommendation for termination.

3. **Dismissal**

   Once the recommendation has been made by the nurse anesthesia faculty for dismissal, the student will not be able to participate in clinical. Recommendation for dismissal will be sent to the chairperson and the student will be notified by letter. The chairperson, with faculty and student input, will make a recommendation regarding dismissal to the Dean. The decision by the Dean is final.
Clinical Evaluation Records

Copies of Correspondence with the Council on Accreditation (COA), triannual evaluations and any supporting documentation, and a copy of the Transcript of Student Record for the National Certification Examination (NCE) submitted to the COA will be maintained in a secured area for a period of five years following graduation or program separation.

EMPLOYMENT POLICY

Students are not permitted to be employed as nurse anesthetists by title or function until after graduation. Furthermore, outside employment is strongly discouraged while enrolled in the nurse anesthesia program.

HOLIDAYS AND PERSONAL TIME POLICY

Students will receive six holidays off including, New Year’s Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Thursday and the Friday following and Christmas Day. In addition, 25 days will be provided for personal time during the twenty-five (25) month program.

For unscheduled absence in clinical, it is the student’s responsibility to notify the appropriate clinical site and the Nurse Anesthesia Program office – (570) 941-5531 (a voice mail during non-office hours is acceptable). Failure to do so will result in two days being subtracted from personal time.

Time missed in excess of the personal time off, due to illness, maternity leave or personal issues may necessitate extension of time allocated for completion of the educational program. This would require the student to enroll for a maximum of two additional semesters if needed to complete requirements for graduation. This would include tuition costs and applicable fees for the entire semester regardless of the number of days required to fulfill time commitments. Time missed in excess of two consecutive semesters would warrant dismissal from the Nurse Anesthesia Program.

All personal days must be used before missed clinical time can be rescheduled.

No more than five days of personal time may be used in the last month of the program.
JOURNAL CLUB POLICY

Journal Club is meant to foster an atmosphere of collegial debate and discussion concerning pertinent research data. The Journal Clubs will be held on a monthly basis except for the month of August. Students will be responsible for presenting twice during the 25-month program. One presentation will be a Case Review to include one journal article, and the second presentation will be an Educational Presentation. See guidelines below. The topics must be approved by the student’s mentor.

Note: An electronic copy of both presentations along with the peer-reviewed journal article must be sent to the program faculty at least two weeks prior to the Journal Club.

1. **Case Review**
   The students will be assigned a presentation date at the beginning of the program. Interesting surgical cases involving problems or complications should be considered for review. If a very unusual case occurs, a student may change the date of his/her assignment.

   The student will be responsible for addressing the following criteria for the case review:
   - Anatomy and Physiology
   - Pathophysiology
   - Anesthetic technique (discuss evidenced-based practice)
   - Pharmacology - address normal dosages compared to the dosages administered during the case
   - Include pictures
   - An analysis of current literature relevant to the case from an anesthesia perspective (journal article must be peer-reviewed and follow the journal club/case review format).
   - The importance of the topic to the field of anesthesia
   - Theoretical or conceptual framework if applicable
   - Research concepts, definitions, and terms must be reviewed and discussed
   - How the research adds to the body of knowledge
   - How valuable research is to the practice of nurse anesthesia
   - The study’s design, independent and dependent variables, instruments and results must be critiqued

2. **Education Presentation**
   An interactive power point presentation with references related to anesthesia administration.
NATIONAL SELF-EVALUATION EXAMINATION POLICY

The student will be required to complete the National Self-Evaluation Exam (NSEE) administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) yearly. Students are required to take the NSEE once in their first year and then again in their second year. It is mandatory to schedule and take the NSEE by July 31st of the first year and June 30th of the second year.

First year students MUST achieve a score that is within 20 points of the national average in each of the following categories: 1) Basic Principles, 2) Pharmacology, and 3) Anatomy and Physiology. Students who do not achieve this score, will be required to take a 2nd NSEE (at their own cost) no later than September 30th of the same year. Remediation will be required for students who do not attain the required score on the second attempt.

A second year student MUST achieve an overall score within 20 points of the national average scaled score on the NSEE. Students who do not achieve this score must remediate as directed.

I have read and understand this NSEE requirement. I agree to abide by the stipulations outlined above.

____________________________________
Student Name

____________________________________
Student Signature

____________________________________
Date
PREVENTION OF MEDICATION ERRORS POLICY

Students should draw up drug then label with the name, strength, date and initials.

Preoperative care plan should include discussion of specific dosages (ex: milligrams or micrograms not mL’s) of drugs to be utilized.

The student should notify the CRNA and/or MDA which drug is being administered to the patient using specific amounts (ex: milligrams or micrograms not mL’s). The time and specific amounts of the drug must be recorded on the Anesthesia Record.

If a drug error occurs, a student will be counseled, put on probation or recommended for dismissal from the nurse anesthesia program based on the severity of the occurrence. This will be at the discretion of the faculty.

PROGRAM EVALUATIONS POLICY

1. Student Evaluation of the Program

An evaluation of the program by the students is conducted annually. The final evaluation will reflect the end of the program objectives. Information obtained from the evaluation data is utilized to monitor and improve program quality, effectiveness and student achievement.

2. Faculty and Clinical Site Coordinators Evaluation of the Program

Each year the academic faculty and clinical site coordinators are asked to evaluate the program. Goals for improving and strengthening the specialization are derived in part from faculty feedback.

3. Clinical Site Evaluation

Students are expected to evaluate each clinical site where they participate in clinical learning.

4. Employer Evaluation of Graduates

Employers of graduates of the Nurse Anesthesia Program are surveyed at one-year post graduation to determine how well the graduate was prepared for practice. Information from these evaluations is incorporated with other feedback to improve the program.
5. Graduate Evaluation of Program

Graduates from the Nurse Anesthesia Program are surveyed one year and three years after completion of the program to solicit feedback regarding how well the program prepared them for practice.

SCHEDULING

Students are required to participate in a call experience. Weekend experiences are available at some clinical sites. A 10 hour rest period will be arranged between scheduled clinical shifts.

To assure a reasonable number of hours, the student's time commitment is monitored yearly to promote patient safety and to positively affect student learning.
I have read and understand the contents of The University of Scranton Department of Nursing Nurse Anesthesia Student Handbook.

______________________________
Student name printed

______________________________    ________________________
Student Signature                Date

Return to Jill Lear, Nurse Anesthesia Program

8/2013