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PART I - GENERAL INFORMATION

A. CALENDAR ADDENDUM

In order to monitor students’ progress toward completion of the case studies needed for certification, additional days have been added to the Nurse Anesthesia program calendar. In addition to the official University of Pennsylvania calendar published in the Graduate Student Handbook, which is available online at: [http://www.upenn.edu/almanac/3yearcal.html](http://www.upenn.edu/almanac/3yearcal.html), the Nurse Anesthesia program may hold clinical days on any day other than the following dates:

MLK Day
Reading Days

First year nurse anesthesia students will not be required to attend clinical on December 24th, 25th, 31st or January 1st. If students wish to volunteer to attend clinical on those days they will not receive a banked day for their attendance.

Students will receive a total of eleven (11) additional days off from class or clinical to use within the 36-month program. Five (5) of these days encompass vacation, sick, and interview days. Six (6) days will be specifically designated as wellness days, and students will be required to take one wellness day per semester during the final six semesters of study. Any days used beyond the eleven (11) allotted will be made up prior to graduation; otherwise, the student will return upon graduation for make-up. If a student does not have any available bank days, they will not be permitted to take vacation. No negative balances are permitted at any point in the program. In cases of extenuating circumstances, e.g. death of a parent, time away will be coordinated with the Program Director and Associate Program Director.

Students are able to accrue additional banked days, although may carry no more than 11 banked days at any given time during the program. Vacations lasting more than 5 consecutive weekdays will not be allowed without special permission from the Program Director and Associate Program Director. No terminal vacation lasting longer than 5 days will be allowed at the end of the program. Any additional days accrued above the allotted time must be used at the site where the days are accrued, and not transferred back to the primary site or any rotation clinical sites.

B. PROGRAM PHILOSOPHY, GOALS AND OBJECTIVES

The Nurse Anesthesia program at the University of Pennsylvania School of Nursing provides students with information and experience to become a professional nurse anesthetist. A nurse anesthetist is a specialist who performs an indispensable service for patients. The nature of the work is critical and the standards are high. Nurse anesthetists use the knowledge and skill gained in didactic and clinical experiences to promote, maintain, and restore a healthy balance between patients and their environment.

The nurse anesthesia profession maintains a strong commitment to quality education and lifelong learning. The nurse anesthesia curriculum is a rigorous combination of didactic and clinical modules that incorporates biological, behavioral, and humanistic principals and emphasizes critical thinking, scientific inquiry, and effective interpersonal and psychomotor skills. Students in the Nurse Anesthesia Program function within a team environment and collaborate with doctors, anesthesiologists, other nurses, and various interdisciplinary team members in the care of the patient. Students are ethically and legally accountable for the quality of care provided.

Students are responsible for identifying and addressing individual learning needs with faculty members. Nurse anesthesia education respects the uniqueness of the learner and encourages commitment, accountability, leadership, self-awareness, and continued professional development.

Faculty of the Nurse Anesthesia program at the University of Pennsylvania School of Nursing recognize their responsibility to provide students with the basic didactic and supervised clinical instruction necessary for the provision of safe, team practice. Students are encouraged to recognize their responsibility and obligation to seek as much knowledge and clinical experience as possible. In addition to classroom and fieldwork experiences, the School of Nursing’s Helene Fuld Pavilion for Innovative Learning and Simulation may be available for scheduled, individual simulated learning experiences that prepare the student to meet expected competencies in the clinical setting. Requests for the Helene Fuld Pavilion space made by faculty for simulation activities not specifically rostered through the registrar are considered ad hoc and are second in priority after the School of Nursing rostered courses and are prioritized by completeness of the request and Helene Fuld Pavilion resources. Having achieved this knowledge and skill, students will value independent learning and life-long learning. Their experience will enrich and enhance their own professional growth and their value to the community.
The University of Pennsylvania School of Nursing maintains the security and confidentiality of records relating to educational activities, as defined by federal law and accepted practices of post-secondary education.

All Nurse Anesthesia students are required to be licensed in Pennsylvania, New Jersey and Delaware upon entry into the Nurse Anesthesia program. The student is required to maintain current licensure throughout the program.

C. ACCREDITATION STATUS

The Nurse Anesthesia program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. The length of the program at the University of Pennsylvania School of Nursing is 36 months.

D. DIDACTIC ASSIGNMENTS

Comprehensive requirements and activities for didactic courses can be found in the course syllabus for each class. Below is an overview of basic requirements of the didactic portion of the Nurse Anesthesia Program.

1. Students will attend all scheduled classroom lectures and events, journal clubs and other designated educational or clinical meetings. Students will be on time for all classes and meetings.
2. Evaluation of coursework will include written examinations, presentations, manuscripts, etc. during and/or at the end of a specific course, and will be given at the discretion of the instructor. Quizzes may be given at any time.
3. Courses are not permitted to be taken as pass/fail.
4. If a student fails or withdraws from a core course, nurse anesthesia course and/or a nurse anesthesia clinical course, the student is not guaranteed admission into the next cohort.

E. CLINICAL ASSIGNMENTS AND RESPONSIBILITIES

Comprehensive requirements and activities for clinical courses will be presented to students at the beginning of each course. Minimum requirements and responsibilities for the Nurse Anesthesia degree are included below.

1. All students must maintain a current RN licensure and BLS, ACLS, and PALS certifications throughout the program.

   Students will be provided with one day to recertify for ACLS/PALS in each the second and third year of the program. Every effort should be made to schedule the class on a weekend or a clinical day so as not to miss class time. If the certification class conflicts with on-call days, the student is responsible to find coverage for that day or to reschedule their recertification class. Students will not be allowed to take more than one day off from clinical in the second and third years of study to facilitate recertification.

   If students require more than one day each year to recertify for ACLS/PALS, students will be required to make up the clinical day. Students are responsible for the cost of these classes and certifications.

2. Didactic assignments take priority in the curriculum. Students should take responsibility for ensuring that there is sufficient time between clinical rotations to travel to and from class.

3. In caring for patients, students will conduct a preoperative visit to develop an anesthesia care plan. Students will be discussing the plan with the supervising anesthesiologist/CRNA prior to surgery to assure that all necessary pre-anesthetic requirements are met.

4. Students will prepare a written care plan for each clinical case they are assigned the night before each clinical day and will come to clinical prepared to discuss the case. This preparation will include reviewing the patients chart whenever it is available. After each operative assignment, students will make a postoperative visit to the patient, evaluate the patient for any anesthetic complications, and assess the quality of the anesthetic that was provided. Students must notify the preceptor if there are any recognized anesthetic complications.
5. It is the student’s responsibility to keep daily records of clinical work. Students are required to log their cases and information into Typhon no less than weekly. Failure to log this information in a timely fashion will result in a decreased grade in the student’s clinical course.

7. Students must be on duty in the operating room (OR) suite no later than 6:30 am on designated clinical days. An earlier report time will be scheduled for complex cases. Students who do not meet these requirements may receive an unsatisfactory evaluation in room preparation for the clinical day.

8. At the primary clinical site dismissal time will vary. When assigned to more difficult or complex cases, students need to maintain a flexible schedule, as emergence from anesthesia and smooth transition to the PACU is a critical component of the anesthetic experience. At secondary or specialty sites dismissal times will vary.

9. Leaving the OR Suite between 6:30 am and 3:30 pm for an emergency situation requires permission from the student’s immediate supervisor or the anesthesiologist in charge and either the Clinical Coordinator or program director.

10. When students complete their assigned OR cases prior to 3:30 pm, they must notify their Clinical Coordinator and obtain permission to leave early. Failure to follow this policy may result in an unsatisfactory clinical evaluation for the day.

11. A 30-minute period is provided for lunch between the hours of 11:00am and 1:00pm.

12. Students are expected to adhere to Universal Precautions at all times in the clinical setting. In the event a student is injured or exposed to bodily fluids during the clinical experience, the student must immediately notify his/her preceptor, the Clinical Coordinator, and the Program Director and/or Associate Program Director. The student and all program and clinical staff must follow university policy on injuries, as outlined in the Graduate Student Handbook within the Management of Needlesticks and Other Blood/Body Fluid Exposure and Injuries during Clinical Experiences section.

13. Students are permitted and encouraged to attend state and national AANA conferences. Students will be excused from class and clinical for the days of the conference, but will not accrue banked days for attending conferences. Those students who attend conferences may be expected to share their experiences with faculty and/or other nurse anesthesia students when they return. Students planning on attending the conference must obtain prior approval from the Program Director/Associate Program Director. Permission will be granted subject to the student’s progress in the program and the viability of missing clinical experiences. All expenses associated with the conference are the student’s responsibility.

14. Fraternization: Faculty who have personal or business relationships with students beyond the normal faculty role will not directly supervise these students in classroom or clinical. These faculty members will disclose outside relationships to the Program Director, who will excuse them from deliberations on that student's academic progress.

16. The program forbids the employment of nurse anesthesia students as nurse anesthetists by title or function.

17. CLINICAL SUPERVISION POLICY FOR REGISTERED NURSE ANESTHESIA STUDENTS OF THE UNIVERSITY OF PENNSYLVANIA NURSE ANESTHESIA PROGRAM

The program restricts clinical supervision in nonanesthetizing areas to credentialed experts who are authorized to assume responsibility for the student. The Council on Accreditation of Nurse Anesthesia Educational Programs defines a “credentialed expert” as an individual awarded a certificate, letter, or other testimonial to practice a skill in an institution. The credential must attest to the bearer’s right and authority to provide services in the area of specialization for which he or she has been trained from 2015 Standards for Accreditation of Nurse Anesthesia Educational Programs. p. 35.
NURSE ANESTHESIA PROGRAM PURPOSE:

1. To promote the clinical education of nurse anesthesia students at the clinical affiliates of the University of Pennsylvania Nurse Anesthesia Program.
2. To provide guidance to the clinical affiliates as to the nature of the level of clinical supervision required by the Council on Accreditation of Nurse Anesthesia Educational Programs and the University of Pennsylvania Nurse Anesthesia Program.
3. To promote the achievement of the desired outcomes of the program. The Council on Accreditation of Nurse Anesthesia Educational Programs requires:
   a. The clinical curriculum provides students with experiences in the perioperative process that are unrestricted and promote their development as competent nurse anesthetists. (See: Standards for Accreditation of Nurse Anesthesia Educational Programs; Standard E, criterion C.9)
   b. The clinical curriculum prepares the graduate student for the full scope of current practice in a variety of work settings and requires a minimum of 600 clinical cases and 2,000 clinical hours, including a variety of procedures, techniques and specialty practice (See: 2015 Standards for Accreditation of Nurse Anesthesia Educational Programs, p. 28)
   c. The clinical site, where applicable, provides opportunities for students to obtain clinical experiences outside the regular clinical schedule by a call experience or other mechanism. (See: Standards for Accreditation of Nurse Anesthesia Educational Programs; Standard E, criterion C.10)
4. The curriculum requires the student to complete scholarly work that demonstrates knowledge and scholarship skills within the area of academic focus (Standards for Accreditation; Standard E, criterion C.8)

DEFINITIONS: All of the following definitions are found in the glossary of the Council on Accreditation of Nurse Anesthesia Educational Programs 2015 Standards for Accreditation of Nurse Anesthesia Educational Programs

1. **Anesthesia services** - Anesthesia and anesthesia-related care represent those services that anesthesia professionals provide upon request, assignment, and referral by the patient's healthcare provider authorized by law, most often to facilitate diagnostic, therapeutic, and surgical procedures. In other instances, the referral or request for consultation or assistance may be for management of pain associated with obstetrical labor and delivery, management of acute and chronic mechanical ventilation, or management of acute and chronic pain through the performance of selected diagnostic and therapeutic blocks or other forms of pain management.

2. **Clinical hours** - Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, preanesthesia assessment, postanesthesia assessment, patient preparation, operating room preparation, and time spent participating in clinical rounds. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time.

3. **Clinical Supervision**: Clinical oversight of graduate students in the clinical area must not exceed (1) 2 graduate students to 1 CRNA, or (2) 2 graduate students to 1 anesthesiologist, if no CRNA is involved. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g., life-threatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g., additional CRNA or anesthesiologist called in, hospital diverts emergency cases to maximize patient safety).

4. **Credentialed expert**: An individual awarded a certificate, letter or other testimonial to practice a skill at an institution. The credential must attest to the bearer's right and authority to provide services in the area of specialization for which he or she has been trained. Examples are: a pulmonologist who is an expert in airway management; an emergency room physician authorized by an anesthesiology department to assume responsibility for airway management; or a neonatologist who is an expert in airway management.

5. **Counting clinical experiences** - Students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., central venous catheter placement, regional block, etc.) that he or she actually performs. Students cannot take credit for an anesthetic case if they are not personally involved with the management of the anesthetic or only observe another anesthesiology provider manage a patient's anesthetic care. Two learners should not be assigned to the same case, except when the case provides learning opportunities for 2 students, and 2 anesthesia providers are necessary due to the acuity of the case. The program will need to justify any deviation from this requirement.

6. **Reasonable time commitment** - A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours (see Glossary, "Clinical hours") averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.
7. **Call experience**: Call is a planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 p.m. and before 7 a.m., Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases. Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.

**NURSE ANESTHESIA PROGRAM POLICIES:**

1. These policies are considered as the minimum standard to be followed by each clinical affiliate. Sites may create a higher level of supervision to remain in compliance with hospital by laws and department guidelines, provided that the students are not deterred from clinical development, or such supervision affects the program’s accreditation status.

2. The clinical site restricts clinical supervision in anesthetizing areas to CRNAs and or anesthesiologists with institutional staff privileges who are immediately available in all clinical areas. Instruction by nurse anesthetists who have not attained initial certification or recertification status or physician residents is never appropriate if they act as the sole agents responsible for the student.

3. Clinical supervision in non-anesthetizing areas is restricted to credentialed experts who are authorized to assume responsibility for the student.

4. 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.

5. Call experience may begin no earlier than July in the first year of a student’s program. The same supervision policies (see below, item b through e) are to be applied to students while on call.

6. The following are minimum requirements: a site may apply a more stringent policy but not one that is less stringent.
   
   a. First year students through April shall be supervised on a 1:1 ratio by either a CRNA or anesthesiologist who is physically available at all times. This may change to item b (below) if student progression indicates less supervision is required. This is strictly up to each clinical site/faculty member.

   b. From May of the junior year through graduation, the anesthesiologist cannot devote less than 50% of his/her attention to students at a time taking into consideration item four above. The clinical faculty must be immediately available at all times for consultation by the student and when summoned by any person in the operating suite.

   c. The CRNA and or anesthesiologist must be present for all key portions of the case and monitor the course of anesthetic administration at frequent intervals.

   d. It is expected that by the time students’ progress into the second year that they be afforded every opportunity to obtain experiences in the perioperative area that will promote their development into competent safe practitioners, able to administer all anesthetic agents and techniques, and to make sound judgments regarding the anesthesia care of the patient.

   e. It is expected that by the time students progress into their final months of the program that they be afforded the opportunity to function as independently as possible, usually under the supervision of an anesthesiologist who may be directing or supervising other anesthesia providers.

**F. ON-CALL EXPECTATIONS**

Reasonable Time Commitment - A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.

Call experience as defined by the Council on Accreditation of Nurse Anesthesia Educational Programs: Call is a planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 p.m. and before 7 a.m., Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases. Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.

The student will begin on-call duties in their Summer semester of their second year. These duties will be continued through the remainder of the program through the clinical courses. These added responsibilities will provide students with experience in emergency- situation case studies. Expectations for on-call experiences are outlined (but not limited to) those described below:
1. Students will be assigned call duties during the following semesters:
   a. Summer semester 2nd year
   b. Fall semester of 2nd year
   c. Spring semester of 2nd year
   d. Summer semester of 3rd year
   e. Fall semester of 3rd year
   f. Spring semester of 3rd year
   g. Note: Saturday & Sunday calls may be 24 hours. Week day calls are generally 3pm – 7am except for students with scheduled afternoon or evening classes. Students will have the day immediately following a call day off. Of note, call shift times may vary according to clinical site.
   h. Post call days are required. At Pennsylvania Hospital they are as follows: Week day calls are off the following day. Friday calls are off the following Friday. Saturday calls are off on Monday. Sunday calls are off on Monday. These cannot be altered unless approved by the Program Director or the Associate Program Director.

2. Students on call must establish methods of communication for emergency call, including pagers or telephones and/or notification of proper areas as to who is on call.

3. Students must be prepared while on call for all surgical emergencies, codes, emergency airway management, and schedule changes.

4. Responsibilities during call experience will include:
   a. Checking and stocking the Student Emergency Call Box.
   b. Setting up all emergency anesthetizing locations as needed.
   c. Checking the obstetric suite for complete and up-to-date setup.
   d. Finishing the remainder of the day’s scheduled cases as assigned.
   e. Answering all STAT pages with the CRNA or Anesthesiologist call person.
   f. Participating in any emergency surgical procedures, as assigned
   g. Seeing any assigned postoperative rounds.
   h. Participating in emergency deliveries and cesarean sections, as assigned.
   i. The supervising CRNA/MD will determine the degree of participation on a case-by-case basis.

5. All calls will be answered by the student, CRNA and/or MD together.

6. During emergency surgery or delivery, students will:
   a. Evaluate the patient preoperatively in conjunction with the on-call staff.
   b. Prepare the room.
   c. Obtain special equipment pertaining to that particular case.
   d. Participate in the case, as designated by the supervising CRNA/MD. The supervising CRNA/MD will determine the degree of participation on a case-by-case basis.

7. Students progressing in clinical fieldwork courses will be expected to take on increasing responsibility in the management of emergency surgery.

8. Students will be expected to function to their level of ability; however, students will not be expected or required to perform beyond their clinical and academic level in the program.

9. Students will be evaluated by all preceptors (CRNA and/or MD) that they were involved with during the call experience.

10. The Call Anesthesiologist or CRNA has responsibility for determining the experiences that will be assigned to the student on call using the following guidelines:
    a. Students will be primarily responsible to the call anesthesiologist/CRNA.
    b. Students must report to call anesthesiologist/CRNA at the start of the call shift.
c. The students’ primary responsibilities will be involvement in anesthesia for surgery, obstetrics and responding to airway emergencies in the hospital.
d. If a labor and delivery emergency arises and students are involved in a non-obstetric case, the call anesthesiologist/CRNA will determine the students’ case assignments.
e. Students are responsible to check the obstetric suite and change drugs at the beginning of the call shift. If students are not able to perform this task due to other responsibilities, they must report this to the call anesthetist/CRNA.

11. On-call responsibilities will not be scheduled on the following holidays*:

<table>
<thead>
<tr>
<th>Holiday</th>
<th>Holiday</th>
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<tbody>
<tr>
<td>Memorial Day</td>
<td>Christmas Eve</td>
</tr>
<tr>
<td>Independence Day</td>
<td>Christmas Day</td>
</tr>
<tr>
<td>Labor Day</td>
<td>New Year's Eve</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
<td>New Year's Day</td>
</tr>
</tbody>
</table>

*Exceptions may apply if student is rotating outside of primary clinical rotation site.

If a hospital holiday reverts to a Friday or Monday, on-call responsibilities will not be scheduled on those days.

12. Schedules will be available one month prior to call and students are responsible for ensuring complete coverage for all times that they are scheduled.

13. Any use of the allotted or accrued banked days needs to be determined before release of the 4-month schedule. Using a day thereafter will require prior approval of program faculty. Once the 4-month schedule is communicated to the clinical sites, no further changes are allowed without prior approval from both the Program Director and Clinical Coordinator.

14. When weekday call duties (3pm – 7am) conflict with students’ class schedules, students must report to the OR one hour following class end.

15. At the completion of call duties, students must ensure that the responsibility for responding to call situations is transferred to a responsible party before the student leaves the clinical setting.

G. STUDENT CLINICAL OUTCOMES

Student clinical outcomes are the clinical accomplishments and skills that students are expected to achieve at certain time periods during the program. Please see the clinical evaluation tool described in Section J of this handbook as well as individual course documents for detailed information. Students are expected to gain proficiency in each area of clinical performance as they progress through clinical training. Failure to exhibit the expected level of proficiency at any given time during the program may result in the student failing that particular clinical fieldwork course and/or being placed on probationary status.

1. POLICIES RELATED TO CLINICAL ASSIGNMENTS

a. Students must complete missed clinical time within the applicable semester as directed by the Program Director.

b. Students are required to make daily preoperative and postoperative rounds and consult with the CRNA/Anesthesiologist in charge of their assigned cases. Students are also required to submit care plans for every patient to whom anesthetic is administered. Non-compliant students will not be in academic good standing and may not progress in the course or program. This decision will be reviewed by the Academic Progressions Committee.

c. On-time call reporting is a program requirement. Ample notice (at least 24 hours) must be given to the Program Director/Associate Program Director and Clinical Coordinator when students know that they will be unable to report for their call assignment. Students are responsible for finding student coverage for the call. Failure to comply with these requirements may lead to disciplinary action.
d. Chronically reporting late (≥ 3 occasions) for on-call duty or regular clinical duty, an unauthorized period of leave, or failure to show up while on rotation may be cause for disciplinary action. Any lateness requires a legitimate reason as well as documented communication with the scheduled site and Program Director prior to the lateness.

e. Procedure for calling out:
   Students who miss a required program component must email the Program Director, Associate Program Director and Program Coordinator prior to the expected absence.
   Students missing a clinical experience must also page the on-call CRNA no earlier than 6:15 am and no later than 7:00 am and report their absence for the day.
   If on rotation at an affiliate site, students must follow the call-out policy at that institution. It is the student’s responsibility to obtain this information at the start of their rotation.
   In the event of an unanticipated absence from the primary or rotation clinical site, the student must notify via email the Clinical Coordinator, Program Director, Associate Program Director and Program Coordinator within 24 hours of the absence for appropriate documentation and accountability for the clinical day.
   In the event that a student anticipates missing a clinical day for personal reasons, the student must seek advance approval by the Program Director or his/her designee. The request must be in writing even if verbal approval was given. Once the request has been approved, it is the student’s responsibility to contact their Clinical Coordinator so that the schedule can be adjusted accordingly. The clinical day missed must be made up during the semester it was missed.
   Failure to comply with these policies listed above may result in a verbal or written warning for clinical probation.

f. Uniforms & Attire:
   Scrub dresses or suits are provided by the hospital and are not to be worn outside the OR. All other attire worn in the OR must have previous approval.
   Appropriate shoes that are worn only in the surgical suite must be supplied by the student.
   Headdress to adequately cover all long hair must be worn at all times. Students may be required to wear a hood.
   • Students may be required to wear a lab coat outside of the anesthetizing areas. Students are responsible for providing their own lab coat.
   Students must maintain a neat and professional appearance at all times and should comport themselves in accordance with the American Association of Nurse Anesthetists infection prevention and control guidelines:
   http://www.aana.com/resources2/professionalpractice/Pages/Infection-Prevention-and-Control-Guidelines-for-Anesthesia-Care.aspx

g. Hospital Mandatory In-Service Programs:
   Students must complete a series of mandatory hospital programs required by The Joint Commission. The program includes:
   a. Fire safety
   b. Radiation exposure
   c. Infection control
   d. Electrical safety
   e. TB
   f. HIV
   g. Right-to-Know
   h. Any additional programs required by the clinical site(s)

   Students are required to view all mandatory programs.

2. WARNINGS FOR CLINICAL DEFICIENCIES

All matters of academic discipline are acted upon through the Academic Progression and Standards Committee of the School of Nursing. The Academic Progression and Standards Committee meets three times a year at the close of the fall, spring, and summer semesters, and as needed, to rule on specific academic problems. The Committee deliberations may result in issuing a warning, placing students on probation, or withdrawing students from the School of Nursing.
Special problems also may be brought to the Academic Progression and Standards Committee for action. A student may petition the Committee in writing describing the situation, and may be asked to present his or her case at the Committee meeting. The petition should be submitted to the Associate Dean for Academic Programs.

The Academic Progressions and Standards Committee reserves the right to make decisions in the best interest of the student and the School of Nursing.

If a student’s performance is not acceptable, he/she will receive a written notice identifying the nature of the problem(s). The student will be required to meet on a regular basis with the Program Director or his/her designee per instructions from the School of Nursing’s Academic Progression and Standards Committee, and a remedial plan of study will be developed and discussed with the student.

Verbal Warning:
The first time a student fails to meet the clinical requirements as listed in this handbook and the course documents, a verbal warning may be given by either the Program Director or Associate Program Director.

Examples of reasons for receiving a verbal warning include but are not limited to: failure to progress during any clinical level; arriving late to the clinical setting; drug errors while in the clinical area; a critical clinical outcome not met during a clinical experience; or inability to meet any of the behavioral outcomes listed for the semester in which the student is enrolled.

Written Warning:
If after receiving a verbal warning the student’s clinical behavior does not improve, or if the student violates another policy, the student will receive a written warning. The written warning will be signed by both the student and the Program Director or Associate Program Director. A copy of the written warning will be given to the student, and a copy will be placed in the student’s file. The student may also receive a written warning if a serious drug error is made while in the clinical setting. A student may automatically receive a written warning without a verbal warning.

Placement on Probation:
A student may be automatically placed on probation. Examples for automatic probation include but are not limited to: multiple drug errors in the clinical area, clinical critical outcome(s) not met directly related to patient-safety, multiple critical outcomes not met during any of the clinical levels. If after receiving a written warning, a student's behavior does not improve to an acceptable level or the student violates another policy, the student may be placed on probation and referred to the Academic Progression and Standards Committee. Also, if the student commits critical errors or deficiencies in the clinical setting leading to removal for cause (safety issues), he/she will be removed from the course and referred to the Academic Progression and Standards Committee for review.

3. PROBATION FOR CLINICAL DEFICIENCIES

During the probationary period, the student will be required to meet regularly with the Program Director and/or Associate Program Director to monitor his/her performance. A written document outlining the terms of the probation will be created, signed by all parties, and copies will be given to all those involved. If after the remedial plan has been put in place the student has not demonstrated marked improvement in his/her performance, the Program Director will remove the student from the clinical course and discuss the situation with the Academic Progression and Standards Committee. Once the student has been placed on probation, students may appeal their decision directly to the Committee. The Academic Progression and Standards Committee reserves the right to withdraw a student on probation from the School.

There is an Office of the Ombudsman at the University of Pennsylvania (please see the section on the Office of the Ombudsman in the graduate student handbook for more information).

The student may also contact the Council on Accreditation of Nurse Anesthesia Educational Programs to lodge a grievance if the program is in breach of the standards for accreditation of nurse anesthesia educational programs. If this option is chosen, the COA will investigate the issue in dispute and inform
the Program Director, Associate Dean for Academic Programs, and Academic Progression and Standards Committee of their findings. The COA cannot reverse the University’s decision to withdraw a student from the program.

Contact information for the COA is:

Council on Accreditation of Nurse Anesthesia Educational Programs
222 South Prospect Avenue
Suite 304
Park Ridge, IL 60068-4010
(847) 655-1168

For more information regarding the University’s Code of Student Conduct, Code of Academic Integrity, and the grievance process, please refer to the University of Pennsylvania PennBook online at: http://www.vpul.upenn.edu/osl/pennbook.html.

H. ORIENTATION TO CLINICAL COURSES

• During the 1st month of the Spring Semester, Year 1, the student will be able to:

1. Function primarily as observer.
2. Prepare an organized and thorough written anesthesia care plan.
3. Record neat and accurate anesthetic records.
4. Set up anesthetizing area with thoroughness and attention to detail.
5. Check anesthesia machine prior to use and determine any malfunction.
6. Apply appropriate monitoring equipment to patient.
7. Conduct preoperative interviews with patient (in the holding area).
8. Assist the preceptor with physical assessment of patients.
9. Insert intravenous catheters using sterile/clean technique.
10. Adhere to routine cleaning standards between cases.

• During the Spring I & Summer II semesters, the student will be able to:

1. Thoroughly prepare for routine cases.
2. Perform thorough and professional pre- and postoperative rounds.
3. Suggest appropriate anesthetic management plans to preceptor.
4. Prepare an organized and thorough written anesthesia care plan.
5. Review patient record immediately prior to case for complete information.
6. Systematically check operative permits for correctness and thoroughness.
7. Provide psychological support to patient.
8. Apply non-invasive/invasive monitoring devices with dexterity.
10. Insert endotracheal tube with dexterity.
11. Apply principles of positioning.
12. Administer sound physiological anesthetics to the low to moderate risk patient.
13. Recognize and immediately report abnormal patient responses to anesthesia supervisory personnel.
14. Exhibit proficiency with all anesthetic machines, equipment and agents.
15. Calculate and titrate concentrations of anesthetic agents/adjunct drugs with accuracy.
17. Explain physical principles of the anesthesia machine and gas delivery.
18. Apply appropriate didactic principles in the provision of clinical anesthesia
19. Manage monitored anesthesia care.

• During the second year Fall II & Spring II semesters, the student will be able to:
1. Provide sound physiological anesthesia to patients of various American Society of Anesthesiologists (ASA) physical status.
2. Design the selection of anesthetic management and technique.
3. Articulate the effects of anesthesia related to various pathological states.
4. Demonstrate prudence in volatile agent selection in regard to contraindications related to complex anesthetics.
5. Manage intraoperative ventilation strategies to maintain homeostasis and optimize patient outcomes.
6. Select appropriate ventilator and settings for patients requiring respiratory assistance in the recovery room.
7. Initiate treatment of abnormal responses to anesthesia.
8. Demonstrate speed and skill in emergency situations.
9. Administer a sound physiologic anesthetic to the outpatient having diagnostic procedures.
10. Administer a sound physiologic anesthetic to the obstetrical patient.
11. Anticipate complications of administering anesthesia to parturients.
12. Function as an integral member of the life support team.
13. Administer a central, regional, or peripheral block using appropriate techniques and principles.
14. Recognize and analyze reactions to local anesthetic agents and initiate appropriate therapy.

During the Third Year, Summer, Fall & Spring Semesters, the student will be able to:

1. Design and administer anesthesia to low risk patients without the need of constant supervision.
2. Formulate an anesthetic plan and administer anesthesia for major cases, including cardiovascular, thoracic, peripheral vascular, neurosurgical, and major abdominal cases.
3. Demonstrate dexterity in the induction and maintenance of high risk patients.
4. Explain pathophysiology and anesthetic implications for surgical procedures.
5. Evaluate and integrate the pharmacological effects of all drugs/agents utilized.
6. Recognize intraoperative difficulties or complications.
7. Demonstrate dexterity and skill with use and interpretation of values of arterial lines, pulmonary artery catheters and intracranial pressure monitors.
8. Apply principles of blood and blood substitute replacement therapy during simple or massive transfusion.
9. Recognize and institute treatment for transfusion reaction.
10. Draw arterial blood samples maintaining sterile technique.
11. Interpret arterial blood gas (ABG) values and institute therapy as necessary.
12. Explain the mechanical principles of extracorporeal circulation.
13. Evaluate the mechanics and principles of extracorporeal circulation.
14. Exhibit proper technique of rapid sequence induction with emergency patient.
15. Apply principles of anesthesia to patients in upright position.
16. Apply principles of permissive hypotension hypotension.
17. Recognize the need for and institute appropriate resuscitative measures.
18. Follow the principles of sterility for replacement procedures (eye, joint, transplant).
19. Function as an integral member of the organ procurement team.

I. CLINICAL EVALUATION TOOL

The clinical evaluation tool was designed to assist students, preceptors, and program faculty to access developing clinical proficiencies. It is meant to help both the student and faculty to recognize excellence, encourage professional growth and development, and development, solve clinical problems and challenges, and identify ongoing clinical goals.

The evaluation instrument, part of the clinical evaluation tool, is a description of anesthesia competence that identifies seven major areas of responsibility for the student.
Area 1: Room Preparation/ Preparation of Anesthesia Location

Students maintain the anesthesia area with adequate drugs and supplies. They assure the proper functioning of equipment by assembling and testing the equipment and repairing or replacing defective equipment. They anticipate the need for ancillary equipment and appropriately label all drugs to be used.

Students are expected to select and use equipment and supplies appropriate for the anesthetic, the surgical procedure, and the patient situation. Anesthesia checklist items relative to students’ clinical levels are completed. The anesthesia area will be completely prepared within a reasonable time frame.

Area 2: The Preoperative Patient Assessment

Students review the patient's past and present records to determine any history of applicable genetic, cultural, psychosocial, and/or physical conditions including (but not limited to): drug therapy, allergies, past anesthetic history, NPO status, religious commitments (e.g. blood product consent), etc. They review the laboratory, radiologic reports, EKG, and other specific tests indicated. They interview the patient and provide informed consent as appropriate. Students evaluate all pertinent information obtained and assign the correct anesthetic risk using the criteria established by the American Society of Anesthesiologists. They record a clear, legible and concise pre-anesthesia note to include the following:

A. Date  
B. Time  
C. Allergies  
D. Medications  
E. History  
F. Review of systems (CV, Resp., Endocrine, Neuro, Renal)  
G. Appropriate laboratory and X-ray data  
H. Social history (e.g., alcohol, smoking, drug abuse)  
I. Dentition  
J. Informed consent  
K. Risk  
L. Any other pertinent information

Students formulate a comprehensive anesthesia care plan suitable for the specific needs of the patient after discussion with clinical preceptors. They calculate the proper dosage of pre-medication for each patient based on all available written and verbal information obtained.

Area 3: The Anesthesia Record

Students recognize the importance of a good anesthesia record not only as a legal document but also as a record documenting the quality of patient care, patient’s condition and important events. They understand that the anesthetic record is a valuable source of information to guide and assure the continuum of care. They record vital information concerning the patient. They chart completely, legibly, accurately, and follow established guidelines for correcting inaccurate information.

Area 4: Induction

Pre-Induction: When patients enter the clinical setting, students approach them in a confident manner, attempt to allay apprehension, and answer patient questions with accuracy. They confirm the identity of the patient as per protocol (e.g. name and date of birth), the patient's surgeon and the surgical procedure (including laterality) and they sign the preoperative documentation record. They verify operative and anesthetic consent. They review the pre-anesthetic assessment and patient chart for completeness of necessary data and record a pre-assessment note. They properly position the patient using knowledge of physiologic and anatomic principles to ensure patient safety and comfort. They select and properly apply appropriate monitoring equipment. They demonstrate skill in the selection and placement of IV lines based on individual patient and anesthetic needs, using aseptic technique. They exhibit efficiency, optimizing ergonomics, to prepare that patient for induction. They identify and (whenever possible) optimize the patient’s physiologic status prior to induction of anesthesia.

Induction: Students perform a smooth, safe induction, demonstrating knowledge of and skill in airway management. They interpret and correlate changes in physiologic parameters, identify problems and institute corrective measures. They skillfully perform endotracheal intubation when indicated and establish adequate ventilation. They efficiently provide the patient with the appropriate level of anesthesia.
from induction to the start of the operative procedure. Students adequately prepare the patient for surgical incision.

**Area 5: Maintenance/Emergence**

Students correctly identify and assess the levels of anesthesia and correlate the level with the operative procedure. They evaluate and modify the management plan based on alterations in the patient's condition. They demonstrate effective decision-making ability, recognize and solve a variety of problems as needed during anesthesia. Students are aware of the anesthetic implications of the surgical procedure. They anticipate the surgeon’s needs and communicate effectively with the surgical team. They seek consultation as needed and accept direction. They recognize, interpret and correct physiological changes during anesthesia. They notify the CRNA/MD prior to emerging the patient. Students respond appropriately to patient’s changes during emergence and take appropriate action.

**Area 6: Postoperative**

Students admit the patient to the recovery area assuring the transfer of care to a qualified individual. They assess the patient’s airway and respiratory status and institute oxygen therapy or ventilatory support as indicated. They note vital signs, color, and level of consciousness. They document the overall assessment of the patient according to departmental policies. They give a complete report of the patient’s status to a qualified individual. They visit the patient within the first twenty-four hours post-surgery to evaluate the anesthesia care. They follow up with patients as necessary.

**Area 7: Interpersonal Relationships**

Students, as responsible professional nurses, are accountable for their own behavior. They are punctual, regular in attendance, cooperative and courteous. They volunteer for unassigned tasks. The actively seek information, ask appropriate questions, and willingly answer questions targeted to identify knowledge deficits. They follow up with answers to questions they are unable to answer and take ownership for their education in the interest of patient safety. They demonstrate a positive attitude, display initiative, and use time wisely. They adhere strictly to OR policies concerning appropriate attire. They are punctual in attending to the patient and demonstrate communications skills by adequately explaining procedures to the patient. They exhibit self-reliance, self-awareness and self-confidence. Students observe a professional code of ethics as described by hospital policies, the AANA Code of Ethics [https://www.aana.com/resources2/professionalpractice/Documents/PPM%20Code%20of%20Ethics.pdf], and the ANA Code of Ethics for Nurses with Interpretive Statements [http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html].

Each area in the evaluation tool contains behavioral or performance statements of competence. Clinical preceptors use the area descriptions to evaluate important aspects of student achievement. All evaluations will be based on length of time in the program. As students’ progress through clinical courses, they will be evaluated on each competency for non-critical and critical clinical expertise. By the fall semester of year two, all behavioral competencies will be considered critical.

Students who consistently do not meet one or more behavioral outcomes will be subject to the following actions:

1. Verbal warning of deficiencies.
2. Written warning of deficiencies.
3. Probation.
4. Dismissal from program.

The preceptors evaluating students are responsible for presenting clinical evaluations to students and discussing areas of strength and weakness. Preceptors will also ensure that the required anesthesia care plans have been completed. The clinical care plans along with the evaluation forms for each day must be submitted to the Program Coordinator of the Nurse Anesthesia program each month for distribution to the Program Director, Associate Program Director and faculty mentors. Students must ensure that all paperwork is submitted on a timely basis in order to receive credit for the clinical experience.

Students must present a clinical evaluation form to their preceptors for every clinical day spent in the OR and/or on-call and ensure that it is properly completed. In the event a clinical preceptor is unable to fill out the evaluation form, students should attempt to obtain one from the Attending Anesthesiologist. If students are unable to obtain adequate supervisory feedback, they should indicate on the evaluation form who the preceptor was for that particular clinical day and the reason they were unable to fill out the evaluation.
If an unsatisfactory evaluation (unsafe practice) is received, students must notify the Program Director or Associate Program Director immediately. It is important that students speak to either the Program Director or Associate Program Director the day that the unsatisfactory evaluation is received and schedule a follow up meeting.

All objectives must be met in order to proceed to the next clinical level. Unsafe practice may result in a failing grade for that clinical course and referral to the Academic Progression and Standards Committee. A series of formative progress reports will be provided to students.

**Calendar of Progress Reports**

- **Spring Semester of year one:** Progress reviewed with student in April or May
- **Summer I & II session of year two:** Progress reviewed with the student in July, August or September
- **Fall Semester of year two:** Progress reviewed with student in December or January
- **Spring Semester of year two:** Progress reviewed with student in April or May
- **Summer I & II session of year three:** Progress reviewed with student in July, August or September
- **Fall Semester of year three:** Progress reviewed with student in December or January
- **Spring Semester of year three:** Progress reviewed with Student in April or May

In addition, a summative exit evaluation will be reviewed with students in April or May of the 3rd year of study.

A sample evaluation tool with clinical objectives is located in Attachment B.

**J. EVALUATION**

In addition to the daily clinical evaluation as described, students will be evaluated each semester beginning in the spring of the first year by the Program Director, Associate Program Director or faculty mentor (as described above in “Calendar of Progress Reports”). This evaluation will be prepared using input from faculty meetings and student evaluations. The evaluation will be discussed with the student and will identify areas needing improvement.

Students will be given the opportunity to evaluate program faculty each semester. Students will also be asked to evaluate the overall program at the completion of the first and second years in the program and during an exit interview prior to graduation. The student will also be asked to perform an anonymous survey (Educational Benchmarking Inc.) distributed by the University of Pennsylvania upon graduation.

**K. MONTHLY CASE RECORDS**

Students must hand in a completed summary sheet of their clinical experience monthly. This sheet must be turned in each month with the student’s care plans and completed daily clinical evaluations. Students will be expected to keep a copy of their monthly case record forms, summary sheets and clinical evaluations for their own records.

Students must log their clinical hours and cases into Typhon for reporting to the National Board for the Certification and Recertification of Nurse Anesthetists. Clinical hours and cases must be logged no more than 7 days after they occur.

**L. REQUIREMENTS FOR GRADUATION**

1. Council on Accreditation of Nurse Anesthesia Educational Programs Certification Requirements

The Council on Certification of Nurse Anesthesia Educational Programs/Schools requires each student to complete an accredited course of study for certification examination eligibility. Membership in the AANA as a Student Registered Nurse Anesthetist (SRNA) is required for certification testing eligibility. The minimum requirements include:

   a. Total number of cases: 600 cases
   b. Specific case requirements: as per Standard for Accreditation of Nurse Anesthesia Educational Programs
   c. Length of program: 36 months
   d. Graduation from an accredited program

2. Beginning January 2009, each candidate must certify on the student’s enrollment form as well as on the application for the National
Certification Examination, that they have not been placed on probation or dismissed from a program for ethical or integrity issues or documented evidence of cheating.

NOTE: Any candidate who has been placed on probation or dismissed from a nurse anesthesia program for ethical or integrity issues or documented evidence of cheating will not be granted eligibility to take the National Certification Examination.

3. University of Pennsylvania School of Nursing Nurse Anesthesia Program Requirements

   a. Achievement of all Terminal Behavioral Requirements in the Clinical Area.
   b. Completion of all academic courses with a minimum GPA of 3.0.
   c. Maintenance of a consistent satisfactory performance in clinical evaluations.
   d. Satisfactory completion of all academic and clinical assignments and required experiences.
   e. Associate membership in the American Association of Nurse Anesthetists (AANA). Benefits derived from membership are:
      o Integration into the professional aspects of nurse anesthesia.
      o Professional communication in the form of the AANA journal, News Bulletins & Access to the AANA website.
      o Subscription to AANA journals.
      o The AANA News Bulletin.
   f. Completion of a final clinical performance evaluation demonstrating consistent ability to perform as a competent nurse anesthesia provider as determined by the faculty.
   g. Completion of all records as required by the School of Nursing and the Council on Accreditation of Nurse Anesthesia Educational Programs.
   h. Attendance within the framework of the 36-month program excluding approved time off.
   i. Competency as a health care provider who is both a change agent and client advocate.
   j. Successful completion of the Self Evaluation Examination (SEE) to be eligible for graduation. Please refer to the Self Evaluation Examination (SEE) Policy – Section M. A passing score is based on the national average scaled score for the same year in the program.
   k. Upon graduation, the student is required to take and pass the National Certification Exam for employment as a CRNA.

M. SELF EVALUATION EXAMINATION (SEE) POLICY

   1. The SEE exam must be completed by September 30 of the student’s second year. No score is required for passing, but students must show documentation that they completed the exam.

   2. The SEE must be completed a second time between June 1st and September 30th of the students’ third year. Students must pass this Self Evaluation Examination (SEE) to be eligible for graduation.

      Failure of the SEE is defined as receiving less than the national scaled score for the same year in the program. Passing is receiving equal to or greater than the scaled score for the same year in the program. Students will be notified of the necessary score to pass prior to June 1st of their third year of study.

   3. Students must re-take the SEE within approximately four weeks after notification of failure. Failure to pass the exam a second time will result in a remediation plan designed by the student under the guidance of the program faculty.

   4. Students who do not pass the SEE prior to the final clinical course receive an incomplete and will be required to register for an independent study class in the School of Nursing at their own expense the following semester. During the independent study, clinical responsibilities will be reduced to two days per week and will focus on competencies to pass the SEE. The Academic Standard and Progressions Committee will be notified of a student’s failure to pass the SEE and will monitor their progress. The Committee reserves the right to remove students from the Nurse Anesthesia program for failing to pass the SEE in an appropriate timeframe.

   5. The cost of the SEE is $160.00 (subject to change). Students are responsible for all expenses related to the SEE exam.
N. RECOMMENDATIONS FOR THE NATIONAL CERTIFICATION EXAMINATION (NCE)
1. The cost of the NCE is the student’s responsibility. The cost of the exam is $725.00 (subject to change). Recommendation for NCE eligibility is made by the Program Director of the Nurse Anesthesia program.

O. CHANGE OF AREA OF STUDY
After students have been admitted to the Nurse Anesthesia program, in consultation with their Program Director they may transfer to a different master’s program within the School of Nursing. Students must complete a Change of Program form obtained from the Office of Student Information. Both the Nurse Anesthesia Program Director and the Program Director from the new program must approve this transfer. The Associate Dean for Academic Affairs must approve the form. The Director of the Nurse Anesthesia program will immediately notify the Council on Accreditation of Nurse Anesthesia Educational Programs of any student transfers or withdrawals. Please refer to the Academic Policies section of the graduate student handbook for more information regarding student transfer policies.

P. ACCESS TO STUDENT RECORDS
1. All Nurse Anesthesia program-related student records will be maintained in secured locations in the School of Nursing.

2. All Nurse Anesthesia program-related records are confidential and access to them is limited to the Associate Dean of Academic Programs, the Program Director of the Nurse Anesthesia program, the Associate Program Director, and their designees.

3. All official University files are maintained in the Office of Student Information. Access to these files is limited to authorized faculty and staff members at the School of Nursing. The University and the School of Nursing reserve the right to disclose student information as outlined in the Pennbook, located in the Confidentiality section regarding Student Records.

4. Students rights to review their records. Please refer to the Pennbook policy on Student Records.

Q. PROGRAM EVALUATION POLICY
The following policy provides an outline by which the Nurse Anesthesia program will be evaluated. Faculty will provide continuous review of the program. Review of student evaluations are a key component of the review process. The Nurse Anesthesia program will strive to remain dynamic and current to the needs of its students, the profession, and the public at large.

Program Evaluation

In addition to course and clinical evaluations, overall program evaluation is also valued. The Nurse Anesthesia program is evaluated by each student at the completion of the program. The evaluation process includes all didactic and clinical courses, clinical and didactic program faculty, and the overall program itself.

Other evaluation sources for the program include feedback on individual course content and instruction, clinical site rotations, clinical faculty, and primary hospital rotation. Evaluations are completed by each student at the conclusion of all courses and clinical rotations. The program also receives feedback from alumni and their employers to evaluate the graduate’s ability to acculturate into the professional work environment.

The Program Director will compile a summative evaluation of the program, courses, faculty, and clinical affiliations which will be presented to the program faculty for discussion in the faculty meetings. Recommendations from the faculty are given to the Program Director and other program faculty for implementation of changes.

The Program Director will compile a summative report of the findings of the above program evaluation tools for the Graduate Professional Curriculum Committee and the Associate Dean for Academic Programs for review and recommendations per University requirements.

Any substantial changes made to the Nurse Anesthesia program must be presented to the Graduate Professional Curriculum Committee for approval. Once the Graduate Professional Curriculum Committee has approved the changes, a report is provided to the Faculty Senate for their information or
action. If approved, the Program Director will inform the Council on Accreditation of Nurse Anesthesia Educational Programs of any substantive changes and submit them for approval.

**Faculty**

All faculty listed on the course syllabus are evaluated by the students at the end of each course. These evaluations are compiled by the University and a report is generated and is available to the University community within approximately three months at: [http://www.sas.upenn.edu/irqdb/](http://www.sas.upenn.edu/irqdb/). The Associate Dean for Academic Programs, the Department Chair, the Assistant Dean for Student Services, the Program Director, and the individual faculty are provided copies of the student evaluations.

**Clinical Faculty**

The Clinical Coordinators and preceptors are evaluated by each student at the completion of the program. A summary of these evaluations are compiled by the Program Director and discussed with the program faculty. Each clinical faculty site coordinator will receive a copy of the summative report and any recommendations provided by the program’s faculty for distribution.

The Clinical Coordinator and preceptors are given the opportunity to comment on the evaluation and meet with the program faculty. The recommended changes will take effect upon discussion with the individual.

Copies of the evaluations are kept on file at the University of Pennsylvania School of Nursing.

**Didactic Content**

Course content and guest lecturers are evaluated by each student at the completion of each course. The Program Director reviews all evaluations and provides feedback to any lecturer, as deemed necessary. Course evaluations are maintained on file at the University of Pennsylvania School of Nursing. Faculty members perform a self-evaluation at the completion of each course they teach. These self-evaluations are kept on file at the University of Pennsylvania School of Nursing.

**Students**

a. Daily and End of Semester Clinical Evaluations

b. Final Clinical Performance Evaluation

   A final summative clinical performance evaluation is completed by the program director for each student as a requirement for graduation. Input from faculty and preceptors and the information obtained on previously completed evaluations are compiled to determine that the student demonstrates the ability to perform as a competent nurse anesthetist.

c. DISCLAIMER

   The policies covered in this handbook are subject to change at the discretion of The University of Pennsylvania, the School of Nursing, and the Nurse Anesthesia Program, and by recommendation of any standing committees.
PART II. NURSE ANESTHESIA PROGRAM ADDITIONAL POLICIES

As with all students at the University of Pennsylvania, conduct is guided by the standards identified within the Code of Academic Integrity (http://www.upenn.edu/academicintegrity/) and the Code of Student Conduct (https://provost.upenn.edu/policies/pennbook/2013/02/15/code-of-student-conduct) In addition, Nurse Anesthesia students are governed by the AANA Code of Ethics (http://www.aana.com/crna/prof/codeofethics.asp), and the ANA Code of Ethics for Nurses with Interpretive Statements (http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html). Students are expected to conduct themselves in a reasonable, professional, moral and ethical manner in their relationship with patients, faculty members, fellow students, preceptors, and hospital personnel staff, so as to foster a good atmosphere for learning and overall cooperation of the health care team.

A. ALCOHOL AND DRUG POLICY

The University of Pennsylvania School of Nursing Nurse Anesthesia Program has a vital interest in maintaining a safe, healthy and efficient environment for its faculty, and students in an environment free from the misuse of drugs and alcohol. Recognizing that chemical dependency is both a disease and a professional hazard, the purpose of this policy is to provide guidelines for the reduction, confrontation, and management of substance abuse within the University of Pennsylvania School of Nursing Nurse Anesthesia Program. The School of Nursing adheres to the University’s alcohol and drug policy.

The University Alcohol and Drug Policy, like other standards of conduct applicable to the University community, is intended to further the educational mission of the University of Pennsylvania. The University is committed to fostering an environment that promotes the acquisition of knowledge and nurtures the growth of the individual. Each member of the University’s intellectual community is responsible for his or her own actions and is expected to contribute to the Penn community and to respect the rights of others to participate in the academic and social life of the University. The alcohol and drug policy, with its emphasis on individual and shared responsibility, healthy and informed decision-making, maintenance of a caring environment, and the promotion of genuine dialogue, is adopted in this spirit. For the complete University policy please see: http://www.vpul.upenn.edu/alcohol/policy2.html.

The abuse of alcohol and other substances among healthcare workers is an unfortunate, but real health problem. Professional nurses who abuse alcohol and/or other drugs endanger their own well-being and safety of all health care team members, as well as the consumer.

The ANA Code for Nurses requires the professional nurse to safeguard the client from harm; to assume responsibility and accountability for all of her/his actions; to maintain competency and to participate in the profession’s efforts to establish and maintain conditions of employment conducive to the delivery of high quality nursing care. You are held to the standards of this Code for Nurses as a student nurse anesthetist.

Your clinical affiliate site(s) abide by the Drug Free Awareness Act of 1988 that mandates them to have a “drug free workplace”. They are committed to maintaining a safe workplace free from influence of drugs or any other controlled substances.

Therefore, your clinical sites endorse a drug-free work place. Please be advised that drug testing as a result of reasonable suspicion may require that a nurse anesthesia student undergo an immediate hair, blood and/or urine drug screen and possibly a physical body examination under any of the following circumstances (but not limited to):

1. When there is reasonable suspicion that the nurse anesthesia student is under the influence of intoxicants, non-prescribed narcotics, hallucinogens, marijuana or other non-prescribed controlled substances.

2. After the occurrence of a work-related injury, illness, or accident while on school/hospital property.

3. Observation of poor judgment or careless acts, which caused or had the potential to cause a threat to patient safety, jeopardized or had the potential to jeopardize the safety of others, or resulted or had the potential to result in damage to equipment.

4. If investigation of missing controlled substances points to the particular student as having a high likelihood of being involved.
5. Nurse anesthesia students must report all psychoactive drugs that they are taking by prescription and provide an evaluation by their prescribing health care provider documenting their assessment that these medications will not impair the psychomotor performance required for safe anesthesia delivery. Nurse anesthesia students who are taking over-the-counter or prescribed medication are responsible for being aware of the effect the medication may have on their academic and clinical performance or personal behavior and should report to their program faculty the use of any medication that may impair their performance.

Student Accountabilities and School of Nursing Potential Actions:

1. Nurse anesthesia students who refuse to undergo an immediate drug and alcohol screen will be subject to immediate disciplinary actions, up to and including dismissal from the program.
2. Nurse anesthesia students are held accountable for controlled substances per department policy for controlled substances at all clinical sites. Failure to comply may result in a failure in the coursework and/or dismissal from the program.

B. SEXUAL HARASSMENT POLICY

The University of Pennsylvania community depends on trust and civility. A willingness to recognize the dignity and worth of each person at the University is essential to the mission. It is the responsibility of each person on campus to respect the personal dignity of others. The University expects its members to demonstrate a basic generosity of spirit that precludes expressions of bigotry. Sexual harassment in any context is reprehensible and is a matter of particular concern to an academic community in which students, faculty, and staff must rely on strong bonds of intellectual trust and dependence. All students of the nurse anesthesia program at the School of Nursing will be expected to abide by the University of Pennsylvania’s sexual harassment policy, located at: http://www.upenn.edu/affirm-action/introsh.html.

C. WORK REGULATIONS

1. Students are not permitted to work administering anesthesia in any other hospital, medical, or dental facility at any time during the Nurse Anesthesia Program. There is no exception to this rule and violation may be a cause for immediate dismissal.
2. Students may not work outside the program in related areas such as CCU, ICU, ER, or in general as a registered nurse during the full time study portion of the program. Failure to comply may result in disciplinary action.

D. DISTRACTIONS

Students are expected to avoid distractions to patient care in accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs. These standards require students to “be vigilant in the delivery of patient care” and “refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g. texting, reading, emailing, etc.).”
Each clinical site has a list of institutional policies that students must follow while completing their clinical fieldwork at these sites. It is expected that students abide by these rules at all times.

**Albert Einstein Medical Center**

**A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT ALBERT EINSTEIN MEDICAL CENTER**

Students may be placed at Albert Einstein Medical Center (AEMC) in order to obtain clinical experience.

1. Students will go to AEMC for orientation so they may be oriented to the policies and procedures and physical plant of the institution.
2. On-call responsibilities for students who are at AEMC are delineated by the on-call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the AEMC Medical Director. Students will rotate out for the experiences that AEMC cannot provide.
3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA's working within his department.
4. Students are expected to participate in all clinical activities to which they are assigned.
5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case specific/patient specific care plan for EACH case the night before clinical. Failure to prepare a case specific/patient specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.
6. Students provide their own transportation, housing and parking while participating in this affiliation.
7. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.
8. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.
9. Students shall follow the rules and regulations of the institution while they are on the hospital premises.
10. Students are required to evaluate this clinical site at the completion of the clinical experience.
11. Students are required to complete a self-evaluation of their clinical progress at the end-of-semester evaluations.
12. Call out procedure is as follows: Telephone call to the person(s) designated by the student’s Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

**B. TERMINAL OBJECTIVES**

At the completion of a rotation at AEMC, the student will be able to demonstrate the ability to meet behavioral outcomes appropriate for their level of training. At the completion of the 36 months of study, the student will be able to meet the terminal objectives of the program and demonstrate the ability to:

1. Maintain patient safety.
2. Protect patients from iatrogenic complications.
3. Position or supervise the positioning of patients to prevent injury.
4. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
5. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
6. Conduct a comprehensive and appropriate equipment check.
7. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
8. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically-related procedures.
9. Provide anesthesia services to patients, including trauma and emergency cases.
10. Administer and manage a variety of regional anesthetics.
11. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
12. Determine the need for, calculate, initiate and manage fluid and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Utilize universal precautions and appropriate infection control measures.
15. Function as a resource person for airway and ventilatory management of patients.
16. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
17. Demonstrate personal and professional integrity and the ability to interact on a professional level.

C. BEHAVIORAL OBJECTIVES

As per Section H

Alfred I. duPont Hospital for Children Clinical Rotation

A. GUIDELINES AND INSTRUCTIONS

1. Students may complete a specialty rotation to the Alfred I. duPont Hospital for children.
2. **All students will have a full day of orientation to the Alfred I. duPont Hospital** prior to starting their clinical rotation. During this time there will be an explanation of all policies and procedures along with an orientation to the physical plant. All students must attend this orientation.
3. Students will be under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA’s working within this department.
4. Students are expected to participate in all clinical activities to which they are assigned. While a SRNA is on rotation there is a possibility that they will be scheduled for in-hospital call responsibilities for holidays or holiday evenings.
5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.
6. Students will arrive at the affiliating institution as early as the anesthesia schedule warrants and may depart when directed by the Clinical Coordinator.
7. Students will provide their own transportation, housing, and parking while participating in this affiliation.
8. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.
9. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.
10. Students shall follow the rules and regulations of the institution while they are on the hospital premises.
11. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.
12. Students are required to evaluate this clinical site at the completion of the clinical experience.
13. A stethoscope and pre-cordial stethoscope are required for this rotation and are the responsibility of the student.
14. Call out procedure is as follows: Telephone call to the person(s) designated by the student’s Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. LEARNER TERMINAL OUTCOMES

Student will appreciate the anatomical, physiological and mechanic uniqueness that pediatric patients bring to the anesthesia environment.

Specific Learning Outcomes
1. Identify specific anesthesia equipment which is necessary to manage all types of pediatric cases.
2. Demonstrate the set up and safety check of specific anesthesia equipment for routine pediatric anesthesia.
3. Develop an anesthesia care plan for pediatric patients which includes:
   a. Preoperative assessment.
   b. Selecting preoperative medication utilizing the protocol of the anesthesia department.
   c. Identifying the proposed initial fluids to be used in pediatric anesthesia cases.
   d. Calculating fluid needs of pediatric patients.
   e. Calculating estimated blood volume of pediatric patients.
   f. Identifying the type of anesthesia technique to be used on pediatric patients.
   g. Selecting the best choice and/or alternate choice of anesthetic and adjuvant drugs.
   h. Calculating tidal and minute volume needs.
   i. Identifying monitoring modalities to be employed on particular pediatric patients.
   j. Discussing the proposed management of the anesthetic agent in reference to the pediatric patient.
4. Demonstrate the safe induction, management and recovery of pediatric patients of all ages.
5. Demonstrate a core knowledge base acquired during the pediatric rotation by performing clinically in a safe and satisfactory manner while verbalizing an understanding of core concepts of pediatric physiology and anesthetic management.
6. Participate in in-service programs which may be held regularly for all staff, students and residents.

C. BEHAVIORAL OBJECTIVES

As per Section H

D. DAILY OBJECTIVES

I: Room Preparation
   Assures proper functioning of anesthesia equipment according to FDA standards;
   Assures the availability of the appropriate monitoring equipment in accordance with AANA Standards of Care;
   Maintains a clean work area

II: Pre-Anesthetic Assessment
   Evaluates the Preanesthetic Assessment as completed by the anesthesia nurse practitioner (for patients who present the day of surgery); Assures that consultant recommendations and applicable laboratory and diagnostic studies are present in the chart;
   Assesses the inpatient and complete the PreAnesthetic Assessment and Consultation form;
   Formulates a plan of care incorporating patient condition, history, type of surgery physiology, pathophysiology, and pharmacologic considerations;
   Discusses and carries out the anesthetic plan with CRNA and/or MD.

III: Record Keeping
   Charts accurately, timely and completely. Maintains attention to detail at all times.

IV: Induction
   Integrates pediatric anatomy and physiology into clinical practice;
   Prepares patient for anesthesia: performs safe, smooth inhalation and/or IV induction techniques;
   Identifies airway obstruction and exhibits the ability to remedy such;
   Demonstrates ability to place endotracheal, nasotracheal, and LMA equipment;
   Calculates appropriate inhalation and IV drug dosages;
   Understands and demonstrates proper positioning of the anesthetized patient;
   Understands and correctly calculates dosages for regional anesthesia.

V: Maintenance and Emergence
   Correctly interprets hemodynamic data and demonstrates the ability to manage problems;
   Calculates and manages intravenous fluid taking into consideration patient physiology and pathophysiology, surgical procedure, maintenance, replacement and deficit requirements;
   Manages and adjusts the inhalation and intravenous medications in accordance with patient response to surgery
Demonstrates a basic knowledge of pediatric surgical procedures.

**VI: Emergence and Postoperative Period**
- Plans to terminate the anesthetic and administers the proper dose of reversal agent at the appropriate time;
- Demonstrates knowledge of extubation criteria;
- Safely transports patient to the Post Anesthesia Care Unit or Intensive Care Unit and gives full report to the PACU or ICU staff;
- Demonstrates knowledge of postoperative pain control modalities.

**VII: Interpersonal Relationships**
- Adheres to the policies and procedures of A.I. duPont Hospital;
- Accepts constructive criticism;
- Is punctual, reliable and professional at all times;
- Is a productive member of the anesthesia care team;
- Is flexible to the changing nature of the operating room.

**E. A.I. DUPONT PAIN OBJECTIVES**

For the Pain Management Experience, the student:
- Integrates didactic knowledge of pain and pain management into the clinical area.
- Integrates didactic knowledge of regional techniques and systemic modalities into the clinical area.
- Identifies the different modalities with which chronic pain is treated.
- Identifies the different modalities with which acute pain is treated.
- Identifies the different pain assessment techniques specific to the pediatric population.
- Demonstrates knowledge of the pharmacokinetics and pharmacodynamics of the local and systemic medications used in pediatric pain management.

**Aria Health**

**A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT ARIA HEALTH**

Students may be placed at Aria Health in order to obtain clinical experience.

1. Students will go to Aria for orientation so they may be oriented to the policies and procedures and physical plant of the institution.
2. On-call responsibilities for students who are at Aria are delineated by the on-call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the Aria Medical Director. Students will rotate out for the experiences that Aria cannot provide.
3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA's working within his department.
4. Students are expected to participate in all clinical activities to which they are assigned.
5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day's clinical assignment, or being dismissed from the OR suite and/or disciplinary action.
6. Students will arrive at the affiliating institution as early as the anesthesia schedule warrants and may depart when directed by the Clinical Coordinator.
7. Students provide their own transportation, housing and parking while participating in this affiliation.
8. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.
9. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program
10. Students shall follow the rules and regulations of the institution while they are on the hospital premises.
11. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.
12. Students are required to evaluate this clinical site at the completion of the clinical experience.
13. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.
14. Call out procedure is as follows: Telephone call to the person(s) designated by the student’s Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. TERMINAL OBJECTIVES

At the completion of a rotation at AEMC, the student will be able to demonstrate the ability to meet behavioral outcomes appropriate for their level of training. At the completion of the 36 months of study, the student will be able to meet the terminal objectives of the program and demonstrate the ability to:

1. Maintain patient safety.
2. Protect patients from iatrogenic complications.
3. Position or supervise the positioning of patients to prevent injury.
4. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
5. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
6. Conduct a comprehensive and appropriate equipment check.
7. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
8. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically-related procedures.
9. Provide anesthesia services to patients, including trauma and emergency cases.
10. Administer and manage a variety of regional anesthetics.
11. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
12. Calculate, initiate and manage fluid and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Utilize universal precautions and appropriate infection control measures.
15. Function as a resource person for airway and ventilatory management of patients.
16. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
17. Demonstrate personal and professional integrity and the ability to interact on a professional level.

C. BEHAVIORAL OBJECTIVES

As per Section H

AtlantiCare Medical Center

A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT ALBERT EINSTEIN MEDICAL CENTER

Students may be placed at AtlantiCare Regional Medical Center (ACMC) in order to obtain clinical experience.

1. Students will go to ACMC for orientation so they may be oriented to the policies and procedures and physical plant of the institution.
2. On-call responsibilities for students who are at ACMC are delineated by the on-call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the ACMC Medical Director. Students will rotate out for the
experiences that ACMC cannot provide.

3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA's working within his department.

4. Students are expected to participate in all clinical activities to which they are assigned.

5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day's clinical assignment, or being dismissed from the OR suite and/or disciplinary action.

6. Students will arrive at the affiliating institution as early as the anesthesia schedule warrants and may depart when by the Clinical Coordinator.

7. Students provide their own transportation, housing and parking while participating in this affiliation.

8. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.

9. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.

10. Students shall follow the rules and regulations of the institution while they are on the hospital premises.

11. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.

12. Students are required to evaluate this clinical site at the completion of the clinical experience.

13. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.

14. Call out procedure is as follows: Telephone call to the person(s) designated by the student's Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. TERMINAL OBJECTIVES

At the completion of a rotation at ACMC, the student will be able to demonstrate the ability to meet behavioral outcomes appropriate for their level of training. At the completion of the 36 months of study, the student will be able to meet the terminal objectives of the program and demonstrate the ability to:

1. Maintain patient safety.
2. Protect patients from iatrogenic complications.
3. Position or supervise the positioning of patients to prevent injury.
4. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
5. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
6. Conduct a comprehensive and appropriate equipment check.
7. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
8. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically-related procedures.
9. Provide anesthesia services to patients, including trauma and emergency cases.
10. Administer and manage a variety of regional anesthetics.
11. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities
12. Determine the need for, calculate, initiate and manage fluid and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Utilize universal precautions and appropriate infection control measures.
15. Function as a resource person for airway and ventilatory management of patients.
16. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
17. Demonstrate personal and professional integrity and the ability to interact on a professional level

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C. BEHAVIORAL OBJECTIVES

As per Section H

Cooper University Hospital (Primary Site)

A. GUIDELINES AND INSTRUCTIONS

Students may be placed at Cooper University Hospital in order to obtain clinical experience.

1. Students will go to Cooper for orientation so they may be oriented to the policies and procedures and physical plant of the institution.
2. On-call responsibilities for students who are at Cooper are delineated by the on-call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the Cooper Medical Director. Students will rotate out for the experiences that Cooper cannot provide.
3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA's working within his department.
4. Students are expected to participate in all clinical activities to which they are assigned.
5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day's clinical assignment, or being dismissed from the OR suite and/or disciplinary action.
6. Students will arrive at the affiliating institution as early as the anesthesia schedule warrants and may depart when directed by the Clinical Coordinator.
7. Students provide their own transportation, housing and parking while participating in this affiliation.
8. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.
9. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.
10. Students shall follow the rules and regulations of the institution while they are on the hospital premises.
11. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.
12. Students are required to evaluate this clinical site at the completion of the clinical experience.
13. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.
14. Call out procedure is as follows: Telephone call to the person(s) designated by the student's Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. TERMINAL OBJECTIVES

At the completion of a rotation at Cooper, the student will be able to demonstrate the ability to meet behavioral outcomes appropriate for their level of training. At the completion of the 36 months of study, the student will be able to meet the terminal objectives of the program and demonstrate the ability to:

1. Maintain patient safety.
2. Protect patients from iatrogenic complications.
3. Position or supervise the positioning of patients to prevent injury.
4. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
5. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
6. Conduct a comprehensive and appropriate equipment check.
7. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
8. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically-related procedures.
9. Provide anesthesia services to patients, including trauma and emergency cases.
10. Administer and manage a variety of regional anesthetics.
11. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
12. Determine the need for, calculate, initiate and manage fluid and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Utilize universal precautions and appropriate infection control measures.
15. Function as a resource person for airway and ventilatory management of patients.
16. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
17. Demonstrate personal and professional integrity and the ability to interact on a professional level.

C. BEHAVIORAL OBJECTIVES

As per Section H

Cooper University Hospital (Trauma and Cardiac Elective)

A. GUIDELINES AND INSTRUCTIONS

Students may spend eight weeks at Cooper University Hospital in order to enrich their trauma, cardiac and/or other nurse anesthesia skills. Additional time for enrichment may be requested and is required to be approved by the Clinical Coordinator and Program faculty.

1. Students will go to Cooper for orientation so they may be oriented to the policies and procedures and physical plant of the institution.
2. Students will rotate for eight calendar weeks.
3. On-call responsibilities for students who are at Cooper are delineated by the on-call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the Cooper Medical Director.
4. Students will be rotating to various shifts as prescribed by the Clinical Coordinator from the affiliating institution. The schedule of this rotation will be given to the student at the beginning of the rotation. This rotation may include some scheduled weekends and 16 hour call shifts. Any scheduling difficulties should be discussed with the Clinical Coordinator. Any unsolved problems will be handled by the Program Director.
5. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA's working within his department.
6. Students are expected to participate in all clinical activities to which they are assigned.
7. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.
8. Students are to arrive at the affiliating institution at the time discussed with the Clinical Coordinator given the OR schedule for the day.
9. Students provide their own transportation, housing and parking while participating in this affiliation.
10. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.
11. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.
12. Students shall follow the rules and regulations of the institution while they are on the hospital premises.
13. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to
submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.
14. Students are required to evaluate this clinical site at the completion of the clinical experience.
15. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.
16. Call out procedure is as follows: Telephone call to the person(s) designated by the student’s Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. TERMINAL OBJECTIVES

At the completion of this eight week rotation the student will be able to describe the physiologic differences, perioperative management and follow-up care of the trauma and cardiovascular patient for surgical intervention.

The student will have a functional knowledge and be able to illustrate the physiologic and hemodynamic considerations in trauma and CVCT surgery. They will be able to effectively manage the trauma and CVCT patient throughout the perioperative period based on their knowledge base and clinical application.

C. BEHAVIORAL OBJECTIVES

At the completion of the eight week trauma/CVCT rotation the student will:

1. Demonstrate the ability to properly select and prepare all necessary anesthesia equipment for the trauma and/or CVCT patient.
2. Demonstrate effective organization of anesthesia equipment and supplies to expedite a safe delivery of anesthesia.
3. Demonstrate proper use and care of anesthesia equipment.
4. Illustrate the ability to perform a comprehensive succinct preoperative assessment of the CVCT and/or trauma patient and write a note reflective of the interview.
5. Develop a pertinent anesthesia care plan for the CVCT and/or trauma patient.
6. Illustrate knowledge of anesthesia procedures utilized in the management of CVCT and trauma surgical patients and selects the proper anesthetic techniques.
7. Maintain accurate complete anesthesia records for the CVCT and/or trauma patient.
8. Demonstrate the ability to properly prepare the CVCT and/or trauma patient for surgery, including intravenous insertion and/or invasive monitoring techniques.
9. Demonstrate skill at airway management and intubations in the CVCT and/or trauma patient.
10. Identify anesthetic problems with expediency and takes appropriate action to intervene.
11. Manage the anesthesia course of the trauma and/or CVCT patient demonstrating a thorough knowledge of agents and techniques.
12. Accurately interprets hemodynamic monitoring parameters.
13. Demonstrate skill in fluid management in the CVCT and/or trauma patient.
14. Manage emergence of anesthesia in the CVCT and/or trauma patient demonstrating safe, effective airway control and preservation of hemodynamic functioning.
15. Safely transport the trauma and CVCT patient to the PAR or ICU dependency on patient conditions. Gives a clear, concise report on patient status to a qualified health care person.
16. Demonstrate the ability to effectively interact with patients, family and staff. Recognizes limitations and seeks help when necessary.

University Medical Center of Princeton

A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT THE UNIVERSITY MEDICAL CENTER OF PRINCETON

Students may be placed at University Medical Center of Princeton in order to obtain clinical experience.

1. Students will go to Princeton for orientation so they may be oriented to the policies and procedures and physical plant of the institution.
2. On-call responsibilities for students who are at Princeton are delineated by the on-call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the Princeton Medical Director. Students will rotate out for the experiences that Princeton cannot provide.

3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA's working within his department.

4. Students are expected to participate in all clinical activities to which they are assigned.

5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.

6. Students will arrive at the affiliating institution as early as the anesthesia schedule warrants and may depart when directed by the Clinical Coordinator.

7. Students provide their own transportation, housing and parking while participating in this affiliation.

8. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.

9. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.

10. Students shall follow the rules and regulations of the institution while they are on the hospital premises.

11. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.

12. Students are required to evaluate this clinical site at the completion of the clinical experience.

13. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.

14. Call out procedure is as follows: Telephone call to the person(s) designated by the student's Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. TERMINAL OBJECTIVES

At the completion of a rotation at AEMC, the student will be able to demonstrate the ability to meet behavioral outcomes appropriate for their level of training. At the completion of the 36 months of study, the student will be able to meet the terminal objectives of the program and demonstrate the ability to:

1. Maintain patient safety.
2. Protect patients from iatrogenic complications.
3. Position or supervise the positioning of patients to prevent injury.
4. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
5. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
6. Conduct a comprehensive and appropriate equipment check.
7. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
8. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically-related procedures.
9. Provide anesthesia services to patients, including trauma and emergency cases.
10. Administer and manage a variety of regional anesthetics.
11. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
12. Determine the need for, calculate, initiate and manage fluid and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Utilize universal precautions and appropriate infection control measures.
15. Function as a resource person for airway and ventilatory management of patients.
16. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
17. Demonstrate personal and professional integrity and the ability to interact on a professional level.
C. BEHAVIORAL OBJECTIVES

As per Section H

St. Christopher’s Hospital For Children

A. GUIDELINES AND INSTRUCTIONS

Students may be placed at St. Christopher’s Hospital for Children in order to obtain clinical experience.

1. **All students will be required to complete a facility orientation at St. Christopher’s** prior to starting their clinical rotation. All students must attend this orientation.
2. **All students will be oriented to Saint Christopher’s operating suite on the first day of their rotation. At that time, policies and procedures including call will be explained as well as orientation to the physical plant. All students must attend the orientation day.**
3. **On-call responsibilities for students that are at St. Christopher’s are as required per the on call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the St. Christopher’s Medical Director.**
4. **Students will rotate for twelve calendar weeks. While a SRNA is on rotation at St. Christopher’s Hospital there is a possibility that they will be scheduled for in-hospital call for holidays or holiday evenings. All requests for call or no call must be made one month prior to the start of the rotation.**
5. **Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA’s working within his department.**
6. **Students are expected to participate in all clinical activities to which they are assigned.**
7. **Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.**
8. **Students will arrive at the affiliating institution as early as the anesthesia schedule warrants and may depart at 4:00pm unless otherwise directed by the Clinical Coordinator.**
9. **Students provide their own transportation, housing and parking while participating in this affiliation.**
10. **Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.**
11. **Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.**
12. **Students shall follow the rules and regulations of the institution while they are on the hospital premises.**
13. **A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.**
14. **Students are required to evaluate this clinical site at the completion of the clinical experience.**
15. **Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.**
16. **Call out procedure is as follows: Telephone call to the person(s) designated by the student’s Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.**

B. LEARNER TERMINAL OUTCOMES

Student will appreciate the anatomical, physiological and mechanic uniqueness that pediatric patients bring to the anesthesia environment.

**Specific Learning Outcomes**
1. Identify specific anesthesia equipment which is necessary to manage all types of pediatric cases.
2. Demonstrate the set up and safety check of specific anesthesia equipment for routine pediatric anesthesia.
3. Develop an anesthesia care plan for pediatric patients which includes:
   a. Preoperative assessment.
   b. Selecting preoperative medication utilizing the protocol of the anesthesia department.
   c. Identifying the proposed initial fluids to be used in pediatric anesthesia cases.
   d. Calculating fluid needs of pediatric patients.
   e. Calculating estimated blood volume of pediatric patients.
   f. Identifying the type of anesthesia technique to be used on pediatric patients.
   g. Selecting the best choice and/or alternate choice of anesthetic and adjuvant drugs.
   h. Calculating tidal and minute volume needs.
   i. Identifying monitoring modalities to be employed on particular pediatric patients.
   j. Discussing the proposed management of the anesthetic agent in reference to the pediatric patient.
4. Demonstrate the safe induction, management and recovery of pediatric patients of all ages.
5. Demonstrate a core knowledge base acquired during the pediatric rotation by performing clinically in a safe and satisfactory manner while verbalizing an understanding of core concepts of pediatric physiology and anesthetic management.
6. Participate in in-service programs which may be held regularly for all staff, students and residents.

C. BEHAVIORAL OBJECTIVES

As per Section H

D. DAILY OBJECTIVES

I: Room Preparation
   Assures proper functioning of anesthesia equipment according to FDA standards;
   Assures the availability of the appropriate monitoring equipment in accordance with AANA Standards of Care;
   Maintains a clean work area

II: Pre-Anesthetic Assessment
   Evaluates the PreAnesthetic Assessment as completed by the anesthesia nurse practitioner (for patients who present the day of surgery); Assures that consultant recommendations and applicable laboratory and diagnostic studies are present in the chart;
   Assesses the inpatient and complete the PreAnesthetic Assessment and Consultation form;
   Formulates a plan of care incorporating patient condition, history, type of surgery physiology, pathophysiology, and pharmacologic considerations;
   Discusses and carries out anesthetic plan with the CRNA and/or MD.

III: Record Keeping
   Charts accurately, timely and completely. Maintains attention to detail at all times.

IV: Induction
   Integrates pediatric anatomy and physiology into clinical practice;
   Prepares patient for anesthesia: performs safe smooth inhalation and/or IV induction techniques;
   Identifies airway obstruction and exhibits the ability to remedy such;
   Demonstrates ability to place endotracheal, nasotracheal and LMA equipment;
   Calculates appropriate inhalation and IV drug dosages;
   Understands and demonstrates proper positioning of the anesthetized patient;
   Understands and correctly calculates dosages for regional anesthesia.

V: Maintenance and Emergence
   Correctly interprets hemodynamic data and demonstrates the ability to manage problems;
   Calculates and manages intravenous fluid taking into consideration patient physiology and pathophysiology, surgical procedure, maintenance, replacement and deficit requirements;
Manages and adjusts the inhalation and intravenous medications in accordance with patient response to surgery.
Demonstrates a basic knowledge of pediatric surgical procedures.

**VI: Emergence and Postoperative Period**
- Plans to terminate the anesthetic and administers the proper dose of reversal agent at the appropriate time;
- Demonstrates knowledge of extubation criteria;
- Safely transports patient to the Post Anesthesia Care Unit or Intensive Care Unit and gives full report to the PACU or ICU staff;
- Demonstrates knowledge of postoperative pain control modalities.

**VII: Interpersonal Relationships**
- Adheres to the policies and procedures of St. Christopher’s Hospital for Children;
- Accepts constructive criticism;
- Is punctual, reliable, and professional at all times;
- Is a productive member of the anesthesia care team;
- Is flexible to the changing nature of the operating room.

**E. ST CHRISTOPHER’S PAIN OBJECTIVES**

For the Pain Management Experience, the student:
- Integrates didactic knowledge of pain and pain management into the clinical area.
- Integrates didactic knowledge of regional techniques and systemic modalities into the clinical area.
- Identifies the different modalities with which chronic pain is treated.
- Identifies the different modalities with which acute pain is treated.
- Identifies the different pain assessment techniques specific to the pediatric population.
- Demonstrates knowledge of the pharmacokinetics and pharmacodynamics of the local and systemic medications used in pediatric pain management.

**Fox Chase Cancer Center**

**A. GUIDELINES AND INSTRUCTIONS**

Students may rotate to Fox Chase Cancer Center. Students will receive an orientation to the policies and procedures and physical plant of FCCC prior to their first assigned clinical day in the operating suite.

1. Students will go to FCCC for orientation so they may be oriented to the policies and procedures and physical plant of the institution.
2. On-call responsibilities for students who are at FCCC are delineated by the on-call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the FCCC Medical Director. Students will rotate out for the experiences that FCCC cannot provide.
3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA’s working within his department.
4. Students are expected to participate in all clinical activities to which they are assigned.
5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.
6. Students will arrive at the affiliating institution as early as the anesthesia schedule warrants and may depart when directed by the Clinical Coordinator.
7. Students provide their own transportation, housing and parking while participating in this affiliation.
8. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.
9. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.

10. Students shall follow the rules and regulations of the institution while they are on the hospital premises.

11. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.

12. Students are required to evaluate this clinical site at the completion of the clinical experience.

13. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.

14. Call out procedure is as follows: Telephone call to the person(s) designated by the student's Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. TERMINAL OBJECTIVES

At the completion of a rotation at FCCC, the student will be able to demonstrate the ability to meet behavioral outcomes appropriate for their level of training. At the completion of the 36 months of study, the student will be able to meet the terminal objectives of the program and demonstrate the ability to:

1. Maintain patient safety.
2. Protect patients from iatrogenic complications.
3. Position or supervise the positioning of patients to prevent injury.
4. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
5. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
6. Conduct a comprehensive and appropriate equipment check.
7. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
8. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically-related procedures.
9. Provide anesthesia services to patients, including trauma and emergency cases.
10. Administer and manage a variety of regional anesthetics.
11. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
12. Determine the need for, calculate, initiate and manage fluid and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Utilize universal precautions and appropriate infection control measures.
15. Function as a resource person for airway and ventilatory management of patients.
16. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
17. Demonstrate personal and professional integrity and the ability to interact on a professional level.

C. BEHAVIORAL OBJECTIVES

As per Section H

Lehigh Valley Medical Center

A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT ALBERT EINSTEIN MEDICAL CENTER

Students may be placed at Lehigh Valley Medical Center (LVH) in order to obtain clinical experience.

1. Students will go to LVH for orientation so they may be oriented to the policies and procedures and physical plant of the institution.
2. On-call responsibilities for students who are at LVH are delineated by the on-call guidelines published by the Council on
Accreditation of Nurse Anesthesia Educational Programs and by the LVH Medical Director. Students will rotate out for the experiences that LVH cannot provide.

3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA’s working within his department.

4. Students are expected to participate in all clinical activities to which they are assigned.

5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.

6. Students will arrive at the affiliating institution as early as the anesthesia schedule warrants and may depart when directed by the Clinical Coordinator.

7. Students provide their own transportation, housing and parking while participating in this affiliation.

8. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.

9. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.

10. Students shall follow the rules and regulations of the institution while they are on the hospital premises.

11. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.

12. Students are required to evaluate this clinical site at the completion of the clinical experience.

13. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.

14. Call out procedure is as follows: Telephone call to the person(s) designated by the student’s Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. TERMINAL OBJECTIVES

At the completion of a rotation at LVH, the student will be able to demonstrate the ability to meet behavioral outcomes appropriate for their level of training. At the completion of the 36 months of study, the student will be able to meet the terminal objectives of the program and demonstrate the ability to:

1. Maintain patient safety.
2. Protect patients from iatrogenic complications.
3. Position or supervise the positioning of patients to prevent injury.
4. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
5. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
6. Conduct a comprehensive and appropriate equipment check.
7. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
8. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically-related procedures.
9. Provide anesthesia services to patients, including trauma and emergency cases.
10. Administer and manage a variety of regional anesthetics.
11. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
12. Determine the need for, calculate, initiate and manage fluid and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Utilize universal precautions and appropriate infection control measures.
15. Function as a resource person for airway and ventilatory management of patients.
16. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
17. Demonstrate personal and professional integrity and the ability to interact on a professional level.
C. BEHAVIORAL OBJECTIVES

As per Section H

Pennsylvania Hospital-Primary Site

A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT PENNSYLVANIA HOSPITAL

Students may be placed at Pennsylvania Hospital (PAH) in order to obtain clinical experience.

1. Students will go to PAH for orientation so they may be oriented to the policies and procedures and physical plant of the institution.
2. On-call responsibilities for students who are at PAH are delineated by the on-call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the PAH Medical Director. Students will rotate out for the experiences that PAH cannot provide.
3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA's working within his department.
4. Students are expected to participate in all clinical activities to which they are assigned.
5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.
6. Students will arrive at the affiliating institution as early as the anesthesia schedule warrants and may depart when directed by the Clinical Coordinator.
7. Students provide their own transportation, housing and parking while participating in this affiliation.
8. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.
9. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.
10. Students shall follow the rules and regulations of the institution while they are on the hospital premises.
11. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.
12. Students are required to evaluate this clinical site at the completion of the clinical experience.
13. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.
14. Call out procedure is as follows: Telephone call to the person(s) designated by the student's Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. TERMINAL OBJECTIVES

At the completion of a rotation at LVH, the student will be able to demonstrate the ability to meet behavioral outcomes appropriate for their level of training. At the completion of the 36 months of study, the student will be able to meet the terminal objectives of the program and demonstrate the ability to:

1. Maintain patient safety.
2. Protect patients from iatrogenic complications.
3. Position or supervise the positioning of patients to prevent injury.
4. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
5. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
6. Conduct a comprehensive and appropriate equipment check.
7. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
8. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically-related procedures.
9. Provide anesthesia services to patients, including trauma and emergency cases.
10. Administer and manage a variety of regional anesthetics.
11. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
12. Determine the need for, calculate, initiate and manage fluid and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Utilize universal precautions and appropriate infection control measures.
15. Function as a resource person for airway and ventilatory management of patients.
16. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
17. Demonstrate personal and professional integrity and the ability to interact on a professional level

C. BEHAVIORAL OBJECTIVES

As per Section H

PENNSYLVANIA HOSPITAL-REGIONAL ROTATION

A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT PENNSYLVANIA HOSPITAL

All nurse anesthesia students may complete a four week OB rotation. This rotation was developed in order to enrich their regional anesthesia skills and techniques.

1. Students will rotate for a minimum of four weeks.
2. Students will go to PAH for orientation so they may be oriented to the policies and procedures and physical plant of the institution.
3. On-call responsibilities for students who are at PAH are delineated by the on-call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the PAH Medical Director.
4. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA's working within his department.
5. Students are expected to participate in all clinical activities to which they are assigned.
6. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.
7. Students will arrive at the affiliating institution as early as the anesthesia schedule warrants and may depart when directed by the Clinical Coordinator.
8. Students provide their own transportation, housing and parking while participating in this affiliation.
9. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.
10. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.
11. Students shall follow the rules and regulations of the institution while they are on the hospital premises.
12. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.
13. Students are required to evaluate this clinical site at the completion of the clinical experience.
14. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.
15. Call out procedure is as follows: Telephone call to the person(s) designated by the student’s Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. TERMINAL OBJECTIVES

Specific Learning Terminal Outcomes

1. Identify specific anesthesia equipment which is necessary to manage all types of regional anesthesia cases.
2. Demonstrate the set up and check of specific anesthesia equipment for each case.
3. Develop an anesthesia care plan for patients which includes:
   a. Preoperative assessment.
   b. Selecting preoperative medication utilizing the protocol of the Anesthesia Department.
   c. Identifying the proposed anesthetic for anesthesia cases.
   d. Calculating dosages.
   e. Crisis management for local anesthesia toxicity.
   f. Selecting the best choice and/or alternate choice of anesthetic and adjuvant drugs.
   g. Identifying monitoring modalities to be employed on particular patients.
   h. Discussing the proposed management of the anesthetic agent in reference to pain management.
4. Demonstrate the safe induction, management and recovery of patients.
5. Demonstrate a core knowledge base acquired during the OB rotation by performing clinically in a safe and satisfactory manner while verbalizing an understanding of core concepts of physiology and anesthetic management.
6. Participate in in-service programs which may be held regularly for all staff and students.

C. BEHAVIORAL OBJECTIVES

As per Section H

Penn Presbyterian Medical Center

A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT PENN PRESBYTERIAN MEDICAL CENTER

Students may be placed at Penn Presbyterian Medical Center (PPMC) in order to obtain clinical experience.

1. Students will go to PPMC for orientation so they may be oriented to the policies and procedures and physical plant of the institution.
2. On-call responsibilities for students who are at PPMC are delineated by the on-call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the PPMC Medical Director. Students will rotate out for the experiences that PPMC cannot provide.
3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA’s working within his department.
4. Students are expected to participate in all clinical activities to which they are assigned.
5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.
6. Students will arrive at the affiliating institution as early as the anesthesia schedule warrants and may depart when directed by the Clinical Coordinator.
7. Students provide their own transportation, housing and parking while participating in this affiliation.
8. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.
9. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program
Director or Associate Program Director.

10. Students shall follow the rules and regulations of the institution while they are on the hospital premises.

11. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.

12. Students are required to evaluate this clinical site at the completion of the clinical experience.

13. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.

14. Call out procedure is as follows: Telephone call to the person(s) designated by the student’s Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. TERMINAL OBJECTIVES

At the completion of a rotation at LVH, the student will be able to demonstrate the ability to meet behavioral outcomes appropriate for their level of training. At the completion of the 36 months of study, the student will be able to meet the terminal objectives of the program and demonstrate the ability to:

1. Maintain patient safety.
2. Protect patients from iatrogenic complications.
3. Position or supervise the positioning of patients to prevent injury.
4. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
5. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
6. Conduct a comprehensive and appropriate equipment check.
7. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
8. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically-related procedures.
9. Provide anesthesia services to patients, including trauma and emergency cases.
10. Administer and manage a variety of regional anesthetics.
11. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities
12. Determine the need for, calculate, initiate and manage fluid and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Utilize universal precautions and appropriate infection control measures.
15. Function as a resource person for airway and ventilatory management of patients.
16. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
17. Demonstrate personal and professional integrity and the ability to interact on a professional level.

C. BEHAVIORAL OBJECTIVES

As per Section H

The Children’s Hospital of Philadelphia-8-week primary pediatric rotation

A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT THE CHILDREN’S HOSPITAL OF PHILADELPHIA

Students may be placed at the Children’s Hospital of Philadelphia (CHOP) in order to obtain clinical experience.

1. Students will go to CHOP for orientation so they may be oriented to the policies and procedures and physical plant of the institution.
2. On-call responsibilities for students who are at CHOP are delineated by the on-call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the CHOP Medical Director.
3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department.
and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA's working within his department.

4. Students are expected to participate in all clinical activities to which they are assigned.

5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day's clinical assignment, or being dismissed from the OR suite and/or disciplinary action.

6. Students are not permitted to take time off during this rotation unless the Program Director or Associate Program Director AND the Clinical Coordinator at The Children's Hospital of Philadelphia grant approval.

7. Students will arrive at the affiliating institution and have their room set up before the educational conference.

8. Students may depart when directed by the Clinical Coordinators.

9. Students provide their own transportation, housing and parking while participating in this affiliation.

10. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.

11. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.

12. Students shall follow the rules and regulations of the institution while they are on the hospital premises.

13. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.

14. Students are required to evaluate this clinical site at the completion of the clinical experience.

15. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.

16. Call out procedure is as follows: Telephone call to the person(s) designated by the student’s Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. LEARNER TERMINAL OUTCOMES

Student will appreciate the anatomical, physiological and mechanic uniqueness that pediatric patients bring to the anesthesia environment.

Specific Learning Outcomes

1. Identify specific anesthesia equipment which is necessary to manage all types of pediatric cases.

2. Demonstrate the set up and safety check of specific anesthesia equipment for routine pediatric anesthesia.

3. Develop an anesthesia care plan for pediatric patients which includes:
   a. Preoperative assessment.
   b. Selecting preoperative medication utilizing the protocol of the anesthesia department.
   c. Identifying the proposed initial fluids to be used in pediatric anesthesia cases.
   d. Calculating fluid needs of pediatric patients.
   e. Calculating estimated blood volume of pediatric patients.
   f. Identifying the type of anesthesia technique to be used on pediatric patients.
   g. Selecting the best choice and/or alternate choice of anesthetic and adjuvant drugs.
   h. Calculating tidal and minute volume needs.
   i. Identifying monitoring modalities to be employed on particular pediatric patients.
   j. Discussing the proposed management of the anesthetic agent in reference to the pediatric patient.

4. Demonstrate the safe induction, management and recovery of pediatric patients of all ages.

5. Demonstrate a core knowledge base acquired during the pediatric rotation by performing clinically in a safe and satisfactory manner while verbalizing an understanding of core concepts of pediatric physiology and anesthetic management.

6. Participate in in-service programs which may be held regularly for all staff, students and residents.

C. BEHAVIORAL OBJECTIVES

As per Section H

D. DAILY OBJECTIVES
I: Room Preparation
Assures proper functioning of anesthesia equipment according to FDA standards;
Assures the availability of the appropriate monitoring equipment in accordance with AANA Standards of Care;
Maintains a clean work area

II: Pre-Anesthetic Assessment
Evaluate the Preanesthetic Assessment as completed by the anesthesia nurse practitioner (for patients who present the day of surgery); Assures that consultant recommendations and applicable laboratory and diagnostic studies are present in the chart;
Assesses the inpatient and complete the PreAnesthetic Assessment and Consultation form;
Formulates a plan of care incorporating patient condition, history, type of surgery physiology, pathophysiology, and pharmacologic considerations;
Discusses and carries out anesthetic plan with the CRNA and/or MD.

III: Record Keeping
Charts accurately, timely, and completely. Maintains attention to detail at all times.

IV: Induction
Integrates pediatric anatomy and physiology into clinical practice;
Prepares patient for anesthesia: perform safe, smooth inhalation and/or IV induction techniques;
Identifies airway obstruction and exhibits the ability to remedy such;
Demonstrates ability to place endotracheal, nasotracheal and LMA equipment;
Calculates appropriate inhalation and IV drug dosages;
Understands and demonstrates proper positioning of the anesthetized patient;
Understands and correctly calculates dosages for regional anesthesia.

V: Maintenance and Emergence
Correctly interprets hemodynamic data and demonstrates the ability to manage problems;
Calculates and manages intravenous fluid taking into consideration patient physiology and pathophysiology, surgical procedure, maintenance, replacement and deficit requirements;
Manages and adjusts the inhalation and intravenous medications in accordance with patient response to surgery
Demonstrates a basic knowledge of pediatric surgical procedures.

VI: Emergence and Postoperative Period
Plans to terminate the anesthetic and administers the proper dose of reversal agent at the appropriate time;
Demonstrates knowledge of extubation criteria;
Safely transports patient to the Post Anesthesia Care Unit or Intensive Care Unit and gives full report to the PACU or ICU staff;
Demonstrates knowledge of postoperative pain control modalities.

VII: Interpersonal Relationships
Adheres to the policies and procedures of The Children’s Hospital of Philadelphia;
Accepts constructive criticism;
Is punctual, reliable and professional at all times;
Is a productive member of the anesthesia care team;
Is flexible to the changing nature of the operating room.

E. CHOP PAIN OBJECTIVES
For the Pain Management Experience, the student:
Integrates didactic knowledge of pain and pain management into the clinical area.
Integrates didactic knowledge of regional techniques and systemic modalities into the clinical area.
Identifies the different modalities with which chronic pain is treated.
Identifies the different modalities with which acute pain is treated.
Identifies the different pain assessment techniques specific to the pediatric population.
Demonstrates knowledge of the pharmacokinetics and pharmacodynamics of the local and systemic medications used in pediatric pain management.

CHOP Elective Pediatric CARDIAC Rotation

A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT THE CHILDREN’S HOSPITAL OF PHILADELPHIA

Second year students may spend four weeks at the Children's Hospital of Philadelphia in order to enrich their pediatric nurse anesthesia skills in the area of Cardiovascular/Cardiothoracic (CV/CT) anesthesia.

1. All students will be oriented to CHOP on the first day of their rotation. At that time, policies and procedures including call will be explained as well as orientation to the physical plant. All students must attend the orientation day.

2. Students will rotate for four calendar weeks without commitments to other clinical sites. Vacation time will not be granted during this rotation.

3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA’s working within his department.

4. Students are expected to participate in all clinical activities to which they are assigned.

5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.

6. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case specific/patient specific care plan for EACH case the night before clinical. Failure to prepare a case specific/patient specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, not participate in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, dismissal from the OR suite and/or disciplinary action.

7. Students are not permitted to take time off during this rotation unless the Program Director or Associate Program Director AND the Clinical Coordinator at The Children’s Hospital of Philadelphia grant approval.

8. Students will arrive at the affiliating institution and have their room set up before the educational conference.

9. Students will arrive at CHOP at 6:00 a.m., and depart when directed otherwise by the Clinical Coordinator or supervising Anesthesiologist/CRNA.

10. Students provide their own transportation, housing and parking while participating in this affiliation.

11. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.

12. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.

13. Students shall follow the rules and regulations of the institution while they are on the hospital premises.

14. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.

15. Students are required to evaluate this clinical site at the completion of the clinical experience.

16. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.

17. Call out procedure is as follows: Telephone call to the person(s) designated by the student’s Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. GENERAL OUTCOMES

Student will appreciate the anatomical, physiological and mechanic uniqueness that pediatric patients with congenital heart anomalies bring to the anesthesia environment.
C. BEHAVIORAL OBJECTIVES

As per Section H. In addition, at the completion of the four week pediatric cardiac rotation the student will:

1. Demonstrate the ability to properly select and prepare all necessary anesthesia equipment for the CV/CT pediatric patient.
2. Demonstrate effective organization of and proper use of anesthesia equipment and supplies to expedite a safe delivery of pediatric cardiac anesthesia.
3. Illustrate the ability to perform a comprehensive succinct preoperative assessment of the CV/CT pediatric patient and articulate pertinent information reflective of the interview to supervising Anesthesiologist and CRNA.
4. Develop a pertinent CV/CT pediatric anesthesia care plan for the patient undergoing CV/CT surgery.
5. Illustrate knowledge of anesthesia procedures utilized in the management of pediatric CVCT surgical patients and selects the proper anesthetic techniques.
6. Demonstrate the ability to properly prepare the pediatric CVCT patient for surgery, including intravenous insertion and/or invasive monitoring techniques.
7. Demonstrate skill at airway management and intubation in the pediatric CVCT patient.
8. Identify anesthetic problems with expediency and takes appropriate action to intervene.
9. Manage the anesthesia course of the pediatric CV/CT surgical patient and accurately interpret hemodynamic monitoring parameters.
10. Demonstrate knowledge of the pharmacokinetic and pharmacodynamic mechanisms of anesthetic medications in the pediatric population with congenital heart disease, in a disease specific manner.
11. Demonstrate knowledge of the pharmacokinetic and pharmacodynamic mechanisms of vasoactive medications specific to patients with congenital heart disease.
12. Demonstrate skill in fluid management in the pediatric CVCT patient.
13. Manage emergence of anesthesia in the pediatric CVCT patient demonstrating safe, effective airway control and preservation of hemodynamic functioning.
14. Safely transport the pediatric CVCT patient to the PAR or ICU dependency on patient conditions. Gives a clear, concise report on patient status to a qualified health care person.
15. Demonstrate the ability to effectively interact with the perioperative team, patients, and family.
16. Recognizes limitations and seeks help when necessary.
17. Integrate didactic knowledge related basic pediatric anesthesia and management into the clinical area.
18. Integrate didactic knowledge of congenital heart disease and management of congenital heart disease into the clinical area.

D. Terminal Objective:

At the completion of this four week rotation the student will be able to describe the physiologic differences, perioperative management and follow-up care of the pediatric cardiovascular patient presenting for surgical intervention.

Children’s Hospital of Philadelphia (CHOP) 4-week ELECTIVE

A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT THE CHILDREN’S HOSPITAL OF PHILADELPHIA

Second year students may spend four weeks affiliating at Children's Hospital in order to enrich their pediatric nurse anesthesia skills.

1. All students will be oriented to CHOP on the first day of their rotation. At that time, policies and procedures including call will be explained as well as orientation to the physical plant. All students must attend the orientation day.
2. Students will rotate for four calendar weeks. While a SRNA is on rotation at CHOP there is a possibility that they will be scheduled for in-hospital call for holidays or holiday evenings.
3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA’s working within his department.
4. Students are expected to participate in all clinical activities to which they are assigned.
5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in
meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.

6. Students are not permitted to take time off during this rotation unless the Program Director or Associate Program Director AND the Clinical Coordinator at The Children’s Hospital of Philadelphia grant approval.

7. Students will arrive at the affiliating institution and have their room set up before the educational conference.

8. Students will arrive at the affiliating institution at 6:00 a.m., and depart when directed otherwise by the Clinical Coordinators.

9. Students provide their own transportation, housing and parking while participating in this affiliation.

10. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.

11. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.

12. Students shall follow the rules and regulations of the institution while they are on the hospital premises.

13. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.

14. Students are required to evaluate this clinical site at the completion of the clinical experience.

15. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.

16. Call out procedure is as follows: Telephone call to the person(s) designated by the student's Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. GENERAL OUTCOMES

Student will appreciate the anatomical, physiological and mechanic uniqueness that pediatric patients bring to the anesthesia environment.

Specific Learning Terminal Outcomes

1. Identify specific anesthesia equipment which is necessary to manage all types of pediatric cases.
2. Demonstrate the set up and check of specific anesthesia equipment for routine pediatric case.
3. Develop an anesthesia care plan for pediatric patients which includes:
4. Preoperative assessment.
5. Selecting preoperative medication utilizing the protocol of Saint Christopher's Hospital Anesthesia Department.
6. Identifying the proposed initial fluids to be used in pediatric anesthesia cases.
7. Calculating fluid needs of pediatric patients.
8. Calculating estimated blood volume of pediatric patients.
9. Identifying the kind of anesthesia technique to be used on pediatric patients.
10. Selecting the best choice and/or alternate choice of anesthetic and adjuvant drugs.
11. Calculating tidal and minute volume needs.
12. Identifying monitoring modalities to be employed on particular pediatric patients.
13. Discussing the proposed management of the anesthetic agent in reference to pediatric patient.
14. Demonstrate the safe induction, management and recovery of pediatric patients of all ages.
15. Demonstrate a core knowledge by satisfactory clinical performance that was learned as a result of the pediatric component of the affiliation.
16. Participate in in-service programs which may be held regularly for all staff, students and residents.

C. BEHAVIORAL OBJECTIVES

As per Section H

BayHealth Medical Center

A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT BAYHEALTH MEDICAL CENTER
Students may spend eight weeks at Bayhealth Medical Center in order to enrich their cardiac anesthesia skills.

1. Students may go to Bayhealth for a full day orientation prior to the start of their rotation so they may be oriented to the policies and procedures and physical plant of the institution.
2. Students will rotate for eight calendar weeks.
3. On-call responsibilities for students who are at Bayhealth are delineated by the on-call guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs and by the Bayhealth Medical Director.
4. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA's working within his department.
5. Students are expected to participate in all clinical activities to which they are assigned.
6. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day's clinical assignment, or being dismissed from the OR suite and/or disciplinary action.
7. Students are to arrive at the affiliating institution at 6:30 a.m. (or earlier as the anesthesia schedule warrants) and depart when directed otherwise by the Clinical Coordinators.
8. Students will be rotating to various shifts as prescribed by the Clinical Coordinator. The schedule of this rotation will be given to the student at the beginning of the rotation. This rotation may include some scheduled Saturdays. Call may be required as part of the rotation.
9. Students provide their own transportation, housing and parking while participating in this affiliation.
10. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.
11. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.
12. Students shall follow the rules and regulations of the institution while they are on the hospital premises.
13. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.
14. Students are required to evaluate this clinical site at the completion of the clinical experience.
15. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.
16. Call out procedure is as follows: Telephone call to the person(s) designated by the student’s Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.

B. TERMINAL OBJECTIVES

At the completion of this eight week rotation the student will be able to describe the physiologic differences, perioperative management and follow-up care of the cardiovascular patient for surgical intervention.

The student will have a functional knowledge and be able to illustrate the physiologic and hemodynamic considerations in CVCT surgery. They will be able to effectively manage the CVCT patient throughout the perioperative period based on their knowledge base and clinical application.

C. BEHAVIORAL OBJECTIVES

As per Section H. In addition, at the completion of the eight week CVCT rotation the student will:
1. Demonstrate the ability to properly select and prepare all necessary anesthesia equipment for the CVCT patient.
2. Demonstrate effective organization of anesthesia equipment and supplies to expedite a safe delivery of anesthesia.
3. Demonstrate proper use and care of anesthesia equipment.
4. Illustrate the ability to perform a comprehensive succinct preoperative assessment of the CVCT patient and write a note reflective of the interview.
5. Develop a pertinent anesthesia care plan for the CVCT patient.
6. Illustrate knowledge of anesthesia procedures utilized in the management of CVCT surgical patients and selects the proper anesthetic techniques.
7. Maintain accurate complete anesthesia records for the CVCT patient.
8. Demonstrate the ability to properly prepare the CVCT patient for surgery, including intravenous insertion and/or invasive monitoring techniques.
9. Demonstrate skill at airway management and intubations in the CVCT patient.
10. Identify anesthetic problems with expediency and takes appropriate action to intervene.
11. Manage the anesthesia course of the CVCT patient demonstrating a thorough knowledge of agents and techniques. Accurately interpret hemodynamic monitoring parameters.
12. Demonstrate skill in fluid management in the CVCT patient.
13. Manage emergence of anesthesia in the CVCT patient demonstrating safe, effective airway control and preservation of hemodynamic functioning.
14. Safely transport the CVCT patient to the ICU dependency on patient conditions. Give a clear, concise report on patient status to a qualified health care person.
15. Demonstrate the ability to effectively interact with patients, family and staff. Recognizes limitations and seeks help when necessary.

R ADAMS COWLEY SHOCK TRAUMA CENTER/UNIVERSITY OF MARYLAND MEDICAL CENTER

A. GUIDELINES AND INSTRUCTIONS FOR THE CLINICAL AFFILIATE EXPERIENCE AT R ADAMS COWLEY SHOCK TRAUMA CENTER/UNIVERSITY OF MARYLAND MEDICAL CENTER

Students may spend four weeks affiliating at the R Adams Cowley Shock Trauma Center in order to enrich their trauma and/or other nurse anesthesia skills.

1. Students are required to attain a Maryland RN license prior to starting the rotation.
2. Students may go to the R Adams Cowley Shock Trauma Center for a full day orientation prior to the start of their rotation so they may be oriented to the policies and procedures and physical plant of the institution.
3. Students are under the immediate supervision and are the responsibility of the Medical Director of the Anesthesia Department and the designated CRNA Program Clinical Coordinator. The Medical Director may delegate supervision of students to either staff anesthesiologists or CRNA’s working within his department.
4. Students are expected to participate in all clinical activities to which they are assigned.
5. Care plans are EXTREMELY important in aiding the student to prepare adequately for an anesthetic and are a VITAL component in meeting the required outcomes. Students are required to prepare a case-specific/patient-specific care plan for EACH case the night before clinical. Failure to prepare a case-specific/patient-specific care plan for EACH case the night before clinical may result in the student being allowed to only observe in the OR rather than actually providing the anesthetic, being prohibited from participating in the case at all, receiving an unsatisfactory evaluation for that day’s clinical assignment, or being dismissed from the OR suite and/or disciplinary action.
6. Students will be rotating to various shifts as prescribed by the Clinical Coordinator. The schedule of this rotation will be given to the student at the beginning of the rotation. This rotation may include some scheduled Saturdays and Sundays. 12 hour shifts are required as part of the rotation.
7. Students provide their own transportation, housing and parking while participating in this affiliation.
8. Medical Malpractice coverage for the student will be maintained by the University of Pennsylvania during the affiliation.
9. Students are expected to return to the Penn School of Nursing for classes unless specifically excused by either the Program Director or Associate Program Director.
10. Students shall follow the rules and regulations of the institution while they are on the hospital premises.
11. A daily clinical evaluation must be provided to the clinical preceptor for each clinical day. Completed evaluations must be submitted with care plans and case numbers monthly as designated by the Program Director and Associate Program Director. Failure to submit evaluations may result in unsatisfactory performance evaluation for the entire rotation and disciplinary action, up to and including dismissal.
12. Students are required to evaluate this clinical site at the completion of the clinical experience.
13. Students are required to complete a self-evaluation of their clinical progress at the end of the semester evaluations.
14. Call out procedure is as follows: Telephone call to the person(s) designated by the student’s Clinical Coordinator and notify the Nurse Anesthesia Program Director, Associate Program Director and Program Coordinator via e-mail.
B. TERMINAL OBJECTIVES

At the completion of this four week rotation the student will be able to describe the physiologic differences, perioperative management and follow-up care of the trauma patient for surgical intervention.

The student will have a functional knowledge and be able to illustrate the physiologic and hemodynamic considerations in trauma surgery. They will be able to effectively manage the trauma patient throughout the perioperative period based on their knowledge base and clinical application.

C. BEHAVIORAL OBJECTIVES

As per Section H. In addition, at the completion of the four week trauma rotation the student will:

1. Demonstrate the ability to properly select and prepare all necessary anesthesia equipment for the trauma and surgical patient.
2. Demonstrate effective organization of anesthesia equipment and supplies to expedite a safe delivery of anesthesia.
3. Demonstrate proper use and care of anesthesia equipment.
4. Illustrate the ability to perform a comprehensive succinct preoperative assessment of the trauma patient and write a note reflective of the interview.
5. Develop a pertinent anesthesia care plan for the trauma patient.
6. Illustrate knowledge of anesthesia procedures utilized in the management of trauma surgical patients and selects the proper anesthetic techniques.
7. Maintain accurate complete anesthesia records for the trauma patient.
8. Demonstrate the ability to properly prepare the trauma patient for surgery, including intravenous insertion and/or invasive monitoring techniques.
9. Demonstrate skill at airway management and intubation in the trauma patient.
10. Identify anesthetic problems with expediency and takes appropriate action to intervene.
11. Manage the anesthesia course of the trauma patient demonstrating a thorough knowledge of agents and techniques. Accurately interprets hemodynamic monitoring parameters.
12. Demonstrate skill in fluid management in the trauma patient.
13. Manage emergence of anesthesia in the trauma patient demonstrating safe, effective airway control and preservation of hemodynamic functioning.
14. Safely transport the trauma patient to the PAR or ICU dependency on patient conditions. Gives a clear, concise report on patient status to a qualified health care person.
15. Demonstrate the ability to effectively interact with patients, family and staff. Recognizes limitations and seeks help when necessary.
### University of Pennsylvania
#### Nurse Anesthesia Program
#### Daily Clinical Evaluation Tool

<table>
<thead>
<tr>
<th>Student: ___________________________</th>
<th>A. Pre Anesthetic Preparation and Patient Assessment</th>
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<tbody>
<tr>
<td>Date: <strong>/</strong>/__ Mon in Program: ___</td>
<td>5 4 3 2 1 0 N/A</td>
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<tr>
<td>Anesthesia Faculty: ________________</td>
<td>B. Anesthetic Induction</td>
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<td>OR # ________________</td>
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<td>D. Anesthetic Emergence</td>
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<tr>
<td>5. ______________________________</td>
<td>E. Technical Skills</td>
</tr>
<tr>
<td>SIGNATURES: ______________________</td>
<td>F. Professional Characteristics</td>
</tr>
<tr>
<td></td>
<td>5 4 3 2 1 0 N/A</td>
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</tbody>
</table>

#### Faculty Comments: ____________________________

#### Student Comments: ____________________________

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**KEY**

0. Unsafe Practice
1. Novice
   - Needs constant guidance, but practice is safe.
2. Advanced Beginner
   - Needs assistance with establishing priorities. Able to provide basic anesthesia care with low level of guidance.
3. Nearly Competent
   - Able to provide safe and effective anesthesia care to uncomplicated patients who experience predictable problems. Able to identify gaps in knowledge and is proactive in seeking help.
4. Competent
   - Able to provide comprehensive, individualized anesthesia care with minimal direction; anticipates and seeks assistance for extraordinary situations.
5. Proficient
   - Able to provide comprehensive, individualized anesthesia care to complex patients, demonstrate ability to manage complex situations independently.
### SECTION A: Pre Anesthetic Preparation and Patient Assessment
1. Assures proper functioning equipment by assembling and testing all anesthesia equipment and notifying CRNA/MD of any defective equipment.
2. Maintains anesthesia table with an adequate supply of drugs and equipment for all assigned cases.
3. Prepares IV fluids, makes correct computations for uncomplicated cases.
4. Selects appropriate IV catheter, tubing, and solution for patient and procedure.
5. Assures the availability of the appropriate non-invasive monitoring equipment for patients of all ASA classifications.
6. Identifies patient by name and birth date verifying against identity wrist band.
7. Performs a thorough pre-anesthetic patient assessment
8. Integrates preoperative studies and patient physical conditions into anesthetic plan
9. Formulates a written anesthetic care plan and demonstrates the ability to articulate this anesthetic plan which is appropriate for specific patient and operative procedure.

### SECTION B: Anesthetic Induction
1. Uses judgment in applying appropriate monitoring equipment for patients of all ASA classifications.
2. Prepares the patient for induction in a reasonable length of time.
3. Selects the appropriate medications and demonstrates the ability to calculate the correct dosages of all medications to be used for induction.
4. Articulates an understanding of and demonstrates the ability to assess for adverse reactions to medications administrated during the anesthetic induction.
5. Demonstrates the ability to recognized and intercede when adverse reactions occur.
6. Conducts safe, smooth anesthetic induction with direct supervision.
7. Demonstrates the ability to manually maintain a patent airway
8. Demonstrates the ability to safely position a patient for various types of procedures.
9. Demonstrates the ability to insert and manage invasive monitoring devices (i.e. Art line, central lines and PA catheters).

### SECTION C: Anesthetic Management
1. Demonstrates the ability to maintain and safely adjust anesthetic agents to deliver a safe level of anesthesia during all types of surgery.
2. Identifies and resolves basic problems that arise during maintenance of anesthesia.
3. Demonstrates knowledge and application of anesthesia principles.
5. Articulates an understanding of and demonstrates safe administration local agents utilized in regional anesthesia while monitoring for adverse events.
6. Articulates and assess for adverse complications associate with

### SECTION D: Anesthetic Emergence
1. Demonstrates judgment in planning a smooth, safe emergence from anesthesia
2. Demonstrates the ability to terminate anesthetic and properly calculate and administer reversal medications.
3. Evaluates level of consciousness, return of muscle strength, patency of airway and need of support and implements necessary interventions.
4. Assesses patient and demonstrates technique for extubation according to criteria with guidance and direct supervision from CRNA and Anesthesiologist.
5. Utilizes closed-loop communication to ensure the patient’s readiness for extubation prior to extubating a patient under direct supervision from CRNA and Anesthesiologist.
6. Evaluates and implements necessary interventions to manage postoperative complications
7. Safely transports patient and gives complete report to recovery room staff.
8. Conducts post-op rounds and furnishes an appropriate progress note.
9. Accounts of all controlled substances as per institutional policies.

### SECTION E: Technical Skills
1. Demonstrate the ability to insert an IV catheter using aseptic technique.
2. Demonstrate the ability to manually manage and maintain a patent airway
3. Demonstrate the ability to manually ventilate a patient’s airway.
4. Demonstrate the ability to safely perform a direct laryngoscopy and intubate the trachea.
5. Demonstrates the ability to administer a spinal or epidural anesthetic
6. Demonstrates the ability to maintain sterile technique while administering a regional anesthetic.
7. Demonstrates the ability to insert various airway adjuncts to maintain a patent airway.
8. Demonstrates the ability to safely position a patient for various types of procedures.
9. Demonstrates the ability to insert and manage invasive monitoring devices

### SECTION F: Professional Characteristics
1. Demonstrates punctuality and arrivers at assigned clinical site within reasonable time to prepare for assigned anesthetic cases.
2. Arrives at clinical site prepared with an anesthetic plan of care for assigned cases.
3. Complies with anesthetic department and hospital rules, regulations and policies.
4. Complies with and delivers care in accordance with accepted guidelines and standards.
5. Accepts constructive criticism from preceptors.
6. Is able to incorporate and apply critical/instructive comments into practice.
7. Maintains appropriate demeanor in difficult situations.
| 1. | Demonstrates the administration of various anesthetic agents including inhalational, IV, and Regional types of anesthetics. |
| 2. | Demonstrates the ability to calculate IV fluid requirements. |
| 3. | Demonstrates the ability to record all vital information on all patients for elective and emergency surgery. |
| 4. | Anesthetic Records are maintained in a legible condition. |
| 5. | Cares for patients and their families with dignity and respect. |
| 7. | Delivers culturally component care to patients and their families. |
| 8. | Provides patient care in a safe and efficient manner. |
| 9. | Integrates and works collaboratively and respectfully within the perioperative care team. |
| 10. | Discusses patient and or clinical issues with preceptors in a timely fashion. |
ATTACHMENT D – PLAN OF STUDY

YEAR I - SUMMER I
Current Issues in Health and Social Policy
Advanced Physiology and Pathophysiology
Introduction to the Principles and Methods of Epidemiology
Applied Physiology for Nurse Anesthesia

YEAR I - FALL I
Pharmacology of Anesthesia and Accessory Drugs I
Applied Pharmacology in Advanced Nursing Practice
Basic Principles of Nurse Anesthesia Practice I
Advanced Physical Assessment and Clinical Decision Making
Applied Physiology for Nurse Anesthesia II

YEAR I - SPRING I
Basic Principles of Nurse Anesthesia Practice II
Scientific Inquiry I
Applied Physiology for Nurse Anesthesia III
Clinical Fieldwork for Nurse Anesthesia Practice I

YEAR II – SUMMER II
Advanced Principles of Nurse Anesthesia Practice: Obstetrics, Pediatrics and Women of Childbearing Age
Advanced Principles of Nurse Anesthesia Practice: Cardiac, Vascular and Thoracic Surgery
Scientific Inquiry II
Clinical Fieldwork for Nurse Anesthesia Practice II

YEAR II - FALL II
Advanced Principles of Nurse Anesthesia Practice: Neurosurgery, Orthopedics, Pain Management and Trauma
Research Utilization and Design
Principles and Practice of Quality Improvement and Patient Safety
Clinical Fieldwork in Nurse Anesthesia Practice III

YEAR II - SPRING II
Advanced Principles of Nurse Anesthesia Practice: Specialty Surgery
Current Topics in Pain (Intersession)
DNP Capstone I – Proposal Development & IRB Submission
Nurse Anesthesia Residency I
Cognate in Leadership and Management I

YEAR III – SUMMER III
Professional Issues
Research Analysis and Introduction to Biostatistics
DNP Capstone II – Data Collection
Nurse Anesthesia Residency II

YEAR III - FALL III
Advanced Principles of Nurse Anesthesia Practice
DNP Capstone III – Scientific Writing: Manuscript Writing
Nurse Anesthesia Residency III
Cognate in Leadership and Management II

YEAR III - SPRING III
Advanced Principles of Nurse Anesthesia Practice
DNP Capstone IV – Using Research to Effect Change & Dissemination
Nurse Anesthesia Residency IV
Cognate in Leadership and Management III