



SCHOOL OF NURSING

FALL 2018 – SUMMER 2019

STUDENT SUPPLEMENTAL HANDBOOK OAKLAND UNIVERSITY – BEAUMONT GRADUATE PROGRAM OF NURSE ANESTHESIA

SON Website: <http://www.oakland.edu/nursing>

Like us on Facebook, search for Oakland University School of Nursing.

Director of NA Track: Anne Hranchook, DNP, CRNA, hranchoo@oakland.edu

SON Academic Adviser for the MSN and post graduate certificate- Nurse Anesthesia: Emily Stepanian-Bennet, fox2@oakland.edu

Revised August 31, 2018

Each year the Oakland University School of Nursing (SON) publishes an updated MSN and post-MSN Certificate Track (MSN/PMC) student handbook. The academic requirements, policies, and procedures described in this handbook are in effect Fall 2016 through Summer 2017 for students who have been admitted to the SON graduate program. Students are responsible for following the most current handbook.

This handbook reflects information available at the time of publication. OU SON reserves the right to revise this publication at their discretion and to make reasonable changes in requirements to academic and non-academic programs.

TABLE OF CONTENTS

OUBGPNA ORGANIZATION CHART	5
OVERVIEW OF THE SCHOOL OF NURSING	6
SCHOOL OF NURSING MISSION	6
SCHOOL OF NURSING VISION	6
SCHOOL OF NURSING PHILOSOPHY	6
THE ESSENTIALS OF MASTER’S EDUCATION IN NURSING.....	7
MASTER OF SCIENCE IN NURSING PROGRAM OUTCOMES	7
ACCREDITATIONS.....	7
OVERVIEW OF THE OAKLAND UNIVERSITY-BEAUMONT GRADUATE PROGRAM OF NURSE ANESTHESIA	9
OUBGPNA MISSION	9
OUBGPNA PHILOSOPHY	9
OUBGPNA HISTORY & OVERVIEW	9
PROGRAM DESCRIPTION	10
SIMULATION	10
RANKINGS	11
STUDENT RESOURCES.....	11
OAKLAND UNIVERSITY RESOURCES.....	11
KRESGE LIBRARY.....	12
OUBGPNA STUDENT RESOURCES	12
SCHOLARSHIPS/AWARDS	13
OVERVIEW OF THE CURRICULUM	14
OUBGPNA OUTCOME CRITERIA	14
COMPONENTS OF THE MSN CURRICULUM	15
COMPONENTS OF THE POST-MASTERS CERTIFICATE AND GRADUATE CERTIFICATE CURRICULUM	15
ACADEMIC PLAN OF STUDY MASTER’ TRACK.....	16
ACADEMIC PLAN OF STUDY – POST MASTER’S TRACK.....	17
CLINICAL INTERNSHIP GUIDELINE POLICIES	18
REQUIREMENTS TO PARTICIPATE IN GRADUATE LEVEL CLINICAL EXPERIENCES	18
<i>Health Insurance</i>	<i>18</i>
<i>Clinical/Health Requirements.....</i>	<i>18</i>
<i>OUGPNA Clinical Requirements.....</i>	<i>19</i>
CLINICAL INTERNSHIP OBJECTIVES.....	20
NRS 607, NRS 617: CLINICAL INTERNSHIP I & II OBJECTIVES	20
NRS 627-637: CLINICAL INTERNSHIP III - IV OBJECTIVES	23
NRS 647, 657, 667: CLINICAL INTERNSHIP V - VII OBJECTIVES	25
CLINICAL SCHEDULING.....	27
STUDENT’S MONTHLY SCHEDULE.....	27
SPECIALTY ROTATION SCHEDULE.....	27
CLINICAL ATTENDANCE	27
CALL-IN PROCEDURE	27
CLINICAL SITES & CONTACT DIRECTORY	28
TIME COMMITMENT	28
<i>Shift times.....</i>	<i>28</i>
<i>Minimum time between clinical periods</i>	<i>28</i>
<i>Reasonable time commitment</i>	<i>28</i>
<i>Early dismissal</i>	<i>28</i>
<i>Holidays.....</i>	<i>28</i>
SCHEDULING TIME OFF.....	29
<i>Vacation Time</i>	<i>29</i>

<i>Unplanned Absences</i>	29
<i>Unexcused Absences</i>	29
<i>Mission Trips</i>	29
<i>Time off for Certification Renewal</i>	30
<i>Bereavement</i>	30
<i>Jury Duty</i>	30
HUMAN PATIENT SIMULATION LABORATORY (SIM LAB)	30
<i>Student Responsibilities in the SIM Lab</i>	31
STUDENT RESPONSIBILITIES	31
CLINICAL AREA.....	31
TRACKING CLINICAL EXPERIENCES	32
CARE PLAN REQUIREMENTS	33
CLINICAL POLICIES	34
ATTENDANCE AT CONFERENCES AND DEPARTMENTAL MEETINGS.....	34
PROCEDURE FOR INJURY, ILLNESS OR EXPOSURE IN THE CLINICAL AREA	34
GRAHAM HEALTH CENTER AT OAKLAND UNIVERSITY	34
HEALTH RELATED COSTS	35
EXPOSURE TO COMMUNICABLE DISEASES.....	35
EXPOSURE TO ENVIRONMENT AND CHEMICAL HAZARDS.....	35
HOSPITAL MANUALS, POLICIES AND PROCEDURES	35
HIPAA.....	36
LINES OF COMMUNICATION POLICY.....	36
<i>Program Faculty</i>	36
<i>School of Nursing Faculty</i>	36
ATTENDANCE AT ORIENTATIONS	37
GRADUATION EVENTS	37
OAKLAND UNIVERSITY EMERGENCY CLOSING	37
PROGRAM EVALUATION PROCESS	37
STUDENT EVALUATION	38
<i>Evaluation of Student Clinical Performance</i>	38
<i>Student Formal Self-Evaluation</i>	38
<i>End of Semester Clinical Summary Evaluation of Student</i>	38
<i>Self-Evaluation Examination (SEE)</i>	39
FACULTY EVALUATION	39
<i>Faculty of Record and Didactic Instructor Evaluation</i>	39
<i>Student and Faculty Evaluation of Clinical Agencies/Clinical Instructors</i>	39
<i>Program Evaluation</i>	40
ACADEMIC PROGRAM POLICIES	40
CLASS ATTENDANCE.....	40
ACADEMIC CONDUCT	40
TESTING PROCEDURE	41
<i>Testing Procedure for Students Located at Distance Sites</i>	42
STUDENT EMPLOYMENT	42
STUDENT HEALTH CARE	42
<i>Health Insurance</i>	42
<i>Impairment/Chemical Dependency/Substance Abuse</i>	43
STANDARDS OF PROFESSIONAL PERFORMANCE	43
CORE PERFORMANCE STANDARDS	43
STANDARDS FOR NURSE ANESTHESIA PRACTICE.....	44
OAKLAND BEAUMONT GRADUATE PROGRAM OF NURSE ANESTHESIA PROFESSIONALISM	44
ETHICS	44
<i>Interpretation and Guidelines</i>	44
<i>Guidelines for Ethical Conduct of a Nurse Anesthesia Educational Program</i>	45
<i>Ethical Responsibilities</i>	47
<i>Social Media Policy</i>	47

<i>AANA Code of Ethics</i>	47
<i>Bullying</i>	47
<i>Boundary Violations</i>	48
<i>Family Educational Rights & Privacy Act</i>	48
POLICIES AND PROCEDURES FOR PROGRESSION, RETENTION, AND DISMISSAL IN THE SCHOOL OF NURSING	48
PROGRAM PROGRESSION	48
<i>Grading</i>	48
<i>Didactic Evaluation</i>	48
<i>Clinical Evaluation</i>	48
<i>Grievance Hearing Procedure</i>	49
<i>Withdrawal Policy</i>	49
<i>Leave of Absence Policy</i>	49
<i>Application to Graduate</i>	50
APPENDIX A: PROGRAM EVALUATION	51
APPENDIX B: STUDENT SELF EVALUATION	54
APPENDIX C: END OF SEMESTER SUMMARY	56
APPENDIX D: DAILY CLINICAL EVALUATIONS	58
APPENDIX E: DISTANCE STUDENT GUIDELINES	59
APPENDIX F: CLINICAL INSTRUCTOR: SRNA RELATIONSHIP STANDARDS	63
APPENDIX G: SOCIAL MEDIA GUIDELINES	65
APPENDIX H:RECORD OF CLINICAL EXPERIENCES	66
APPENDIX I: SIGNATURE PAGE	71



Graduate Program of Nurse
Anesthesia
In collaboration with Beaumont
Health System
www.beaumont.edu/CRNA

September 1, 2017

Dear Student:

Welcome to the Oakland University - Beaumont Graduate Program of Nurse Anesthesia. The 28 month program of study includes intense didactic instruction and a wide range of clinical experiences that will prepare you to take the National Certification Examination offered by the National Boards of Certification and Recertification of Nurse Anesthetists. Upon completion and graduation of the program, you will be conferred the degree of MSN if you entered with a bachelor degree, and a poster master's certificate if you entered with a master's degree in nursing. Your specialty track is Nurse Anesthesia.

Program administration has developed this student handbook for you to use as a resource, reference, and guide to all programmatic policies and procedures. In addition to this handbook, it is required that you read and understand all information within the Oakland University (OU) Graduate Catalog and the OU School of Nursing (SON) Graduate Student Handbook. Relevant Beaumont Health manuals, policies and procedures, and other Beaumont Health specific information can be found online on the Beaumont website. Students in the Kalamazoo, Marquette and Toledo cohorts and students rotating to affiliate sites will be provided site specific manuals, policies and procedures, and other necessary information at the time of orientation to the various facilities. All are to be used as a resource and reference. Each student is responsible for reviewing and adhering to the academic and clinical requirements for the program.

Nurse anesthesia education is extremely dynamic and robust, therefore it is likely that program changes will occur throughout the 28 months you are enrolled. The program reserves the right to revise all information in this handbook at its discretion and to make reasonable changes in requirements that enhance the program and/or improve the quality of your education. Administration will communicate changes verbally, in writing, or electronically to all students should changes occur.

If you have any questions regarding the information in the program handbooks, please contact program administration.

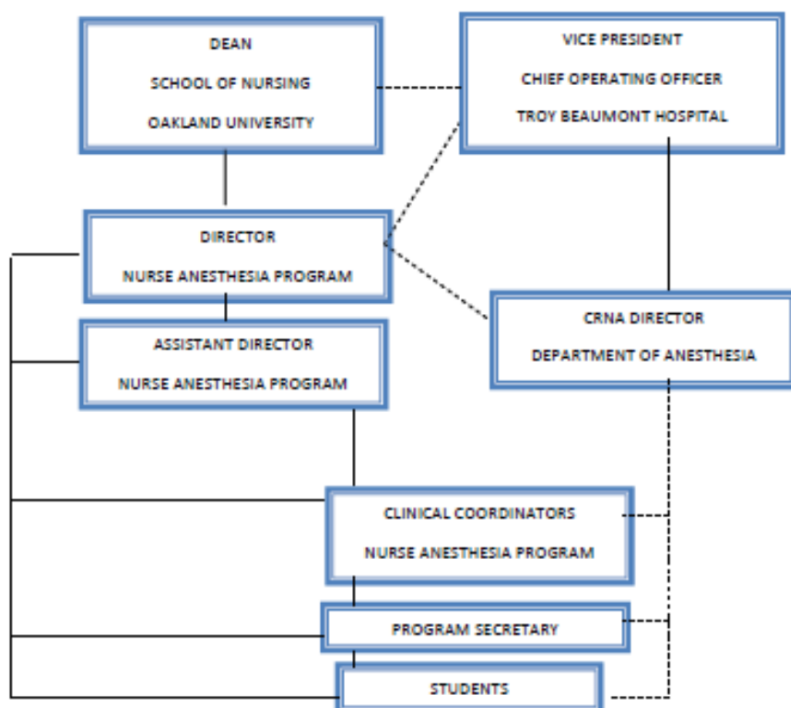
Sincerely,

Anne Hranchook, DNP, CRNA

Anne Hranchook, DNP, CRNA
Mary Golinski, PhD, CRNA
Andrea Bittinger, MSN, CRNA
Linda McDonald, DrAP, CRNA
Laura Rodgers, MSN, CRNA

Program Director
Assistant Program Director
Admissions & Clinical Coordinator
Clinical Coordinator
Simulation & Clinical Coordinator

OUBGPNA ORGANIZATIONAL CHART



OVERVIEW OF THE SCHOOL OF NURSING

School of Nursing Mission

Approved by the SON Faculty Assembly on April 24, 2014

The mission of OU SON is to prepare transformational leaders committed to caring and using the best evidence in nursing practice, education and research to optimize the health of the public in a diverse ever-changing global society.

School of Nursing Vision

Approved by the SON Faculty Assembly on April 24, 2014

The faculty and graduates of OU SON will be recognized as transformational leaders, caring practitioners and scholars who optimize the health and well-being of a diverse global society.

School of Nursing Philosophy

Approved by the SON Faculty Assembly on February 18, 2016

The Oakland University SON *Philosophy of Nursing Education* is informed by insights into the empirical, aesthetic, ethical, and personal ways of knowing that undergird nursing as a practice discipline, the position that nursing holds in society, and the relationship that exists between the SON and OU. Nursing's disciplinary domain has both a scientific and professional practice component. Nursing science discovers, develops, synthesizes, validates, and brings order to the theoretical and practical knowledge that informs the professional practice of nursing. Professional nursing care of individuals, families, and communities is a social mandate that carries with it the responsibility to educate nurses qualified to fulfill the professional role and uphold standards of the profession.

The faculty of the SON believes that nursing education:

- Requires innovative approaches in order to prepare professional nurses now and in the future to address the health care needs of individuals, families, and communities through patient-centered nursing care, teamwork and collaboration, communication, and information technology.
- Has a foundation in the arts and sciences of liberal education which is needed to ground nursing in the complexity of the human experience.
- Prepares students to recognize, understand, and work with nursing phenomena and to understand the results of these efforts in relation to human values including life, justice, personal freedom, health, and well-being.
- Prepares students to use empirical knowledge as a guide for judgment, decision-making, and the provision of quality and safe professional nursing practice.
- Prepares students across all curriculum levels to learn, work, and live productively in ever changing national and international societies.

The faculty of the SON also believes that:

- Students learn best when challenged by educational experiences that are salient and incorporate real-life situations and issues related to systems-based practice.
- Diversity among faculty, students, and members of national and international societies enriches the educational experience.

- A commitment to life-long learning is essential to the professional development of nurses, the health of national and international societies, and the growth of the discipline.
- Faculty members are responsible for determining what is to be learned and how that learning can be assessed, evaluated, and enhanced.

The Essentials of Master's Education in Nursing

The Essentials of Master's Education in Nursing (American Association of Colleges of Nursing [AACN], 2011) are the guiding framework for the SON Graduate Program.

Essentials of Master's Education in Nursing (AACN, 2011) are:

- I. Background for Practice from Sciences and Humanities
- II. Organizational and Systems Leadership
- III. Quality Improvement and Safety
- IV. Translating and Integrating Scholarship into Practice
- V. Informatics and Healthcare Technologies
- VI. Health Policy and Advocacy
- VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes
- VIII. Clinical Prevention and Population Health for Improving Health
- IX. Master's-Level Nursing Practice

Master of Science in Nursing Program Outcomes

Approved by School of Nursing Faculty Assembly March 16, 2015

Building on the foundation of the Bachelor of Science in Nursing, the Master of Science in Nursing (MSN) program will prepare graduates as transformational leaders with advanced nursing knowledge and practice expertise for optimizing health outcomes. (Essential IX)

The MSN program prepares graduates to:

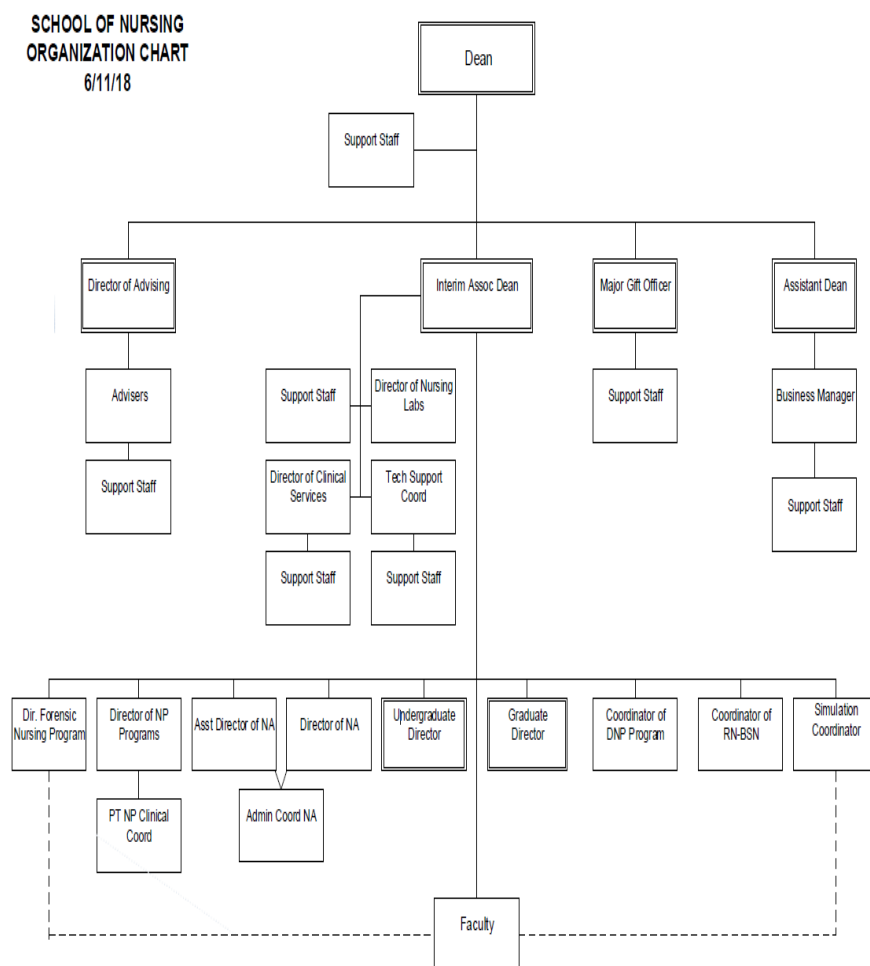
1. Integrate theories and scientific findings from nursing, bio-psycho-social fields, genetics, public health, and organizational sciences using translational processes to improve evidence-based nursing practice across diverse settings. (Essentials I & IV, VIII, IX)
2. Describe concepts from organizational leadership, systems leadership, and information technology in the promotion of quality improvement and safety. (Essentials II, III, V, IX)
3. Synthesize requisite knowledge of legal and regulatory processes, health policy, ethics, and advocacy to improve health outcomes of diverse populations at the organizational, local, state, and federal level. (Essentials IV, VI, VIII, IX)
4. Formulate intra/interprofessional collaborative strategies integral to the design and delivery of evidence-based health promotion and disease prevention interventions to improve health outcomes in individuals, families, communities, and populations. (Essentials IV, VII, VIII, IX)
5. Integrate professional standards and guidelines in the provision of nursing practice in a specialty area. (Essentials IX)

Accreditations

The MSN program is accredited by the Commission on Collegiate Nursing Education (<http://www.aacn.nche.edu/ccne-accreditation>).

In addition, the MSN Nurse Anesthesia track and post-master's Nurse Anesthesia Certificate are both accredited by the Council on Accreditation for Nurse Anesthesia Programs holding a 10-year accreditation status through 2022. (<http://home.coa.us.com/Pages/default.aspx>).<http://home.coa.us.com/Pages/default.aspx>.

Oakland University SON Organizational Chart



OVERVIEW OF THE OAKLAND UNIVERSITY-BEAUMONT GRADUATE PROGRAM OF NURSE ANESTHESIA

OUBGPNA Mission

The mission of the Oakland University-Beaumont Nurse Anesthesia Program (OUBGPNA) is to provide the highest quality graduate educational program that prepares CRNA exemplars in clinical practice, education, research and leadership.

OUBGPNA Philosophy

Faculty of the Oakland University-Beaumont Graduate Program of Nurse Anesthesia believe that nurse anesthesia students bring a wealth of knowledge, skills and experiences with them thus providing a unique lens from which they view their rich educational experiences. We believe students possess natural intellectual curiosity, are highly motivated, and have a desire for self-direction and life-long learning.

Specific to learning the art and science of nurse anesthesia, the Faculty believes that experiences offered both in the classroom and clinical environment are specialized instruments to be embraced as progression to advanced practice nursing arises. Students are taught that anesthesia care is to be delivered holistically and without bias, discrimination, or prejudice. Competency is the ultimate outcome for each learner and the recipients of care entrust the faculty to uphold this commitment. We promote an educational environment of scholarly inquiry and each student is supported as they develop a multitude of cognitive, psychomotor, and psychosocial skills necessary for safe clinical practice. These skills include but are not limited to the ability to think critically, effectively communicate, respect the external environment, problem solve, and apply best evidence to practice.

Faculty are designers of active, goal directed learning processes who guide the students in translating the fund of knowledge they have acquired into an environment of mutually respectful exchange of ideas, discussion of new and innovative plans of care, and individualized perspectives. Graduate education is as a shared responsibility between student and faculty. Students must be intensely committed to achieving their goals through a consistent demonstration of purpose, motivation, responsibility to patients and colleagues, independence of thought, creativity and personal demeanor. Likewise, Faculty is committed to the responsibilities of acting as a competent resource, providing expert guidance and demonstrating a high level of professionalism.

As Faculty, we believe we have a responsibility to the profession which is expressed in our desire to prepare nurse anesthetists who will serve as an invaluable resource in support of the goals of the American Association of Nurse Anesthetists (AANA). The AANA mission is to advance patient safety, practice excellence and the profession of nurse anesthesia. Ultimately, we endeavor to provide an educational program that will ably prepare the nurse anesthetist to meet the health care needs of a culturally diverse population.

OUBGPNA History & Overview

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia began in 1991 as a collaborative initiative to address the nurse anesthesia shortage and provide an exceptional educational environment for the student nurse anesthetist. Authority for the program continues to be shared between Oakland University and Beaumont Health. Since its inception, over 2000 baccalaureate prepared Registered Nurses have applied and > 350 have successfully graduated from the program.

The following time line offers a historical perspective of program development:

1991	Inaugural class admitted and began full time study
1992	Nurse anesthesia track receives accreditation by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
1993	First class graduates (11 graduates achieve 100% pass rate on National Certification Examination)
1996	Nurse anesthesia track receives continued accreditation by (COA)
2002	Program receives full 10 year reaccreditation from the COA and is accredited by CCNE
2003	Nurse Anesthesia track is cited in the Federal Register as the only nurse anesthesia program in the United States to receive an HHS grant for program development in distance education. Distance education students attend classes via video conferencing and complete the majority of their clinical requirements at their primary hospital(s)
2006	The Marcia and Eugene Applebaum Surgical Learning Center launched under the direction of the Program Director of the Nurse Anesthesia Track
2006	Oakland University School of Nursing became the first university in the state of Michigan to offer a post-Master's Doctor of Nursing Practice (DNP) degree program.
2011	The anesthesia classroom and student study area renovation completed, under the direction of the Program Director, demonstrating the enduring commitment of Oakland University and Beaumont Hospital to the education of student nurse anesthetists.
2011	Initial meetings begin for development of the BSN to DNP curriculum
2012	Program receives full 10 year reaccreditation from the COA
2012	School of Nursing moves to Human Health Building
2013	Proposal formalized for the Nurse Anesthesia BSN to DNP curriculum
2015	Proposal for the Nurse Anesthesia BSN to DNP curriculum approved by School of Nursing
2016	Nurse Anesthesia BSN to DNP proposal approved by Graduate Council

Program Description

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia involves 28 continuous months of full time study. The curriculum includes core courses in nursing, the basic sciences, and specialty courses specific to the art and science of nurse anesthesia. An intensive clinical internship parallels the didactic curriculum and provides ongoing opportunity to apply theory to practice. The program proudly boasts the fact that students have exposure to over 25 different clinical sites; the majority provide clinical instruction for a wide range of anesthesia techniques and experiences across the life span. Additionally, the program exceeds minimum accreditation standards set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) in both clinical and didactic instruction. For example, students graduate with hundreds of cases and hundreds of hours of didactic instruction over the minimum requirement by the COA. Students also have numerous opportunities to engage in many forms of research, senior projects, manuscript development and publications, and leadership development.

The program is recognized for CRNA faculty and alumni who have, and currently serve, in leadership positions for the American Association of Nurse Anesthetists (AANA), the Michigan Association of Nurse Anesthetists (MANA), COA, and the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).

Simulation

The Marcia and Eugene Applebaum Surgical Learning Center is a 5,500 square foot, \$4.5 million dollar comprehensive laboratory facility located within Beaumont Hospital Royal Oak. It has the most advanced technology available including a Human Patient Simulation Laboratory. It is designed to educate surgical teams and health care providers in advanced techniques through a combination of computer simulation and laboratory skills. The Learning Center has three mock operating rooms where anesthesia students can approximate the

complexities of anesthesia in a simulated environment. Workshops focusing on various multifaceted scenarios are presented as a way for students to perfect their cognitive and psychomotor skills prior to contact with patients in the operating rooms and other anesthetizing locations. The benefit of patient simulation is the ability to fashion critical thinking and make efficient decisions without the fear of harm to the patient or punitive actions. Simulation offers a methodology that fosters attainment of knowledge not readily acquired through traditional approaches; it presents learning opportunities not possible in the classroom or clinical arena. High risk/low frequency scenarios are played out in a realistic atmosphere allowing students the environment to critically think through their actions/reactions to critical situations.

Rankings

The Nurse Anesthesia (NA) program is among the best of its kind in the country, according to the latest education rankings released by U.S. News & World Report. The publication ranked the Oakland University-Beaumont Graduate Program of Nurse Anesthesia 18th out of 115 U.S. graduate programs in the nation. The program has consistently been ranked in the top 20 in the nation by U.S. News & World for over 16 years.

In 2016, Beaumont Hospital Royal Oak also earned national recognition by U.S. News & World Report in nine medical specialties in the "Best Hospital" rankings. The Royal Oak hospital ranked No. 2 in Michigan and in Metro Detroit in its 21st consecutive year of national recognition by U.S. News and World Report.

STUDENT RESOURCES

Oakland University Resources

OU website:	https://www.oakland.edu
Academic Calendar	https://www.oakland.edu/registrar/important-dates/
Graduate Catalog	http://catalog.oakland.edu/index.php
SON website	https://www.oakland.edu/nursing/
Financial Aid	https://www.oakland.edu/financialservices/available-financial-assistance/grad/ https://www.oakland.edu/financialservices/available-financial-assistance/grad/

OU E-mail Account

Students are expected to communicate with SON faculty and staff using their OU E-mail account. Information related to courses, scholarships, health requirements, etc. are communicated via student OU E-mail accounts. *Communication must occur through university e-mail accounts only.* Communication through personal accounts will not be accepted.

Program faculty will use your OU e-mail address to communicate important information; therefore, e-mail must be checked daily for updates. Use professional language, appropriate grammar and spell check for all emails, letters, phone messages, and pages.

Course Websites/MOODLE

Every SON course has a course website in MOODLE. Information regarding each SON course, including the course syllabus, can be found on the course website. Moodle is the e-learning site used by course instructors and students to look up course schedules, syllabi, outlines, assigned readings, receive lecture handouts, communicate with instructors, and more. We encourage you to bring your laptop to class and go green. Exam results and final grades are posted on Moodle. On-line courses are Moodle based. Help and tutorials for Moodle are available on line. Students are required to check each course, including Clinical Internships, on Moodle daily. The site is: www.oakland.edu and then log in using your username and password.

Registrar's Office

The SON uses the information on file with the university to contact students. It is the responsibility of each student to inform the OU Office of the Registrar of any changes to his/her name, mailing address, and/or telephone number: <http://www.oakland.edu/registrar>

Graham Health Center

Graham Health Center provides convenient, affordable, high quality health care on OU's campus. They are staffed by certified Nurse Practitioners and Physician Assistants who have extensive education and clinical training. A physician visits weekly to review cases, consult, and see patients who require physician care. <https://wwwp.oakland.edu/ghc/>

Kresge Library

The Kresge Library, located at the heart of OU's campus, is a critical center of learning providing access to scholarly information, research support, library instruction, and computing and study facilities. Through the Library and their extensive Web sites, students will find important services and resources to help meet their academic and research goals. <https://library.oakland.edu/>

OUBGPNA Student Resources

Pagers

All students will be issued an alpha pager. Pagers are used as a means of communication between program faculty and the student. Guidelines for pager use include:

- Pagers are to be left on between **0600-2200 on all clinical and classroom days**, including rotations to affiliate sites. Pagers are to be left on outside of the hospital as well as within.
- Pages from program faculty are to be answered **within 15 minutes**, unless involved in a case where this is not possible.
- If your pager is lost or was left at home, contact the program secretary immediately.
- When in class or in OR, your pager must be on silent/vibrate.
- Students are responsible for replacing lost pagers through the Beaumont Hospital Communications department and are responsible for any applicable charges.
- Pagers are to be used for hospital/program communication only.

Computers

Students have unlimited access to the computers designated for student use within the office and suites of the school of anesthesia. Computers are located in the quiet study, faculty offices commons area and the student lounge. Computer use is for graduate program education only. Personal use of computers or Internet service for nonacademic purposes is not permitted. Students are not permitted to download software onto Beaumont or program computers.

Students are expected to maintain proper care of all computers, distance education equipment, telephones, and patient care equipment. If a computer is not working properly, call the IT help line at 888-481-2448 for service.

Hospital Property and Security

Equipment (hospital/program) cannot be removed from the hospital without proper authorization. Students who want to take any property of the program from the premises must first obtain permission by the program director. An official Beaumont permission form signed by the director must accompany this property. Beaumont security personnel reserve the right to search all hospital areas, including lockers, and inspect all packages (purses, backpacks, etc) entering and leaving the premises. Failure to comply with this procedure constitutes theft of hospital property and will be subject to penalties.

Student Lounge

Books scribed as program property in the student lounge are to remain in the lounge at all times. Books are also available for loan in the administrative office area at Beaumont and should be checked out with the help of the program secretary. Students are responsible for maintaining a clean work area. Maintenance issues should be reported to the program secretary or service department, x16300.

OUBGPNA Office Library

- Students may select a book from the library outside of the faculty's office by signing the book out and submitting the card from the inside cover to the program secretary.
- Books signed out from the department collection must be returned within 7 days.
- Books that are missing for two weeks will be replaced or paid for by the student.
- Students may use the program office copying machine. Please use paper conservatively for important educational materials only.

Medical Library

- Students may use the medical library at Beaumont Hospital during its operating hours.
- The student must bring their library card and ID badge whenever using library services.
- Students may request a med-line search by the library staff or perform their own.
- Library online services are provided through Beaumont Hospital and Oakland University.

Scholarships/Awards

Students will be informed of the numerous awards and scholarship opportunities obtainable throughout the program as they become available.

OVERVIEW OF THE CURRICULUM

OUBGPNA Outcome Criteria

In accordance with the COA Standard III: Program of Study, Criteria C- 21 the program demonstrates that graduates have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication and the competencies needed to fulfill their professional responsibility.

1. Patient safety is demonstrated by the ability of the student to:
 - a. Be vigilant in the delivery of patient care.
 - b. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g. texting, reading, e-mailing, etc.)
 - c. Protect patients from iatrogenic complications.
 - d. Participate in the positioning of patients to prevent injury.
 - e. Conduct a comprehensive and appropriate equipment check.
 - f. Utilize standard precautions and appropriate infection control measures.
2. Individualized perianesthetic management is demonstrated by the ability of the student to:
 - a. Provide care throughout the perianesthetic continuum.
 - b. Use a variety of current anesthetic techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
 - c. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
 - d. Provide anesthesia services to all patients, including trauma and emergency cases.
 - e. Administer and manage a variety of regional anesthetics.
 - f. Function as a resource person for airway and ventilatory management of patients.
 - g. Possess current Advanced Cardiac Life Support (ACLS) certification
 - h. Possess current Pediatric Advanced Life Support (PALS) certification
 - i. Deliver culturally competent perianesthetic care throughout the anesthesia experience.
 - j. Perform a comprehensive history and a physical assessment.
3. Critical thinking is demonstrated by the student's ability to:
 - a. Apply knowledge to practice in decision-making and problem solving.
 - b. Provide nurse anesthesia care based on sound principles and research evidence.
 - c. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
 - d. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
 - e. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
 - f. Calculate, initiate, and manage fluid and blood component therapy.
 - g. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.
 - h. Pass the National Certified Examination (NCE) in accordance with the National Board of Certified Nurse Anesthetists (NBCRNA) policies and procedures.
4. Communication skills are demonstrated by the student's ability to:
 - a. Effectively communicate with all individuals influencing patient care.
 - b. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.
5. Professional role is demonstrated by the graduate's ability to:
 - a. Participate in activities that improve anesthesia care.
 - b. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
 - c. Interact on a professional level with integrity.
 - d. Teach others.
 - e. Participate in continuing education activities to acquire new knowledge and improve his or her practice.

- f. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.

Components of the MSN Curriculum

Foundation Courses

Foundation courses address critical content needed by all graduate nursing students as outlined by the Essentials of Master's Education in Nursing (AACN, 2011). These courses include content on nursing theory, research, health policy, and leadership.

Clinical Core Courses

The clinical core courses provide MSN students with advanced clinical knowledge and skills in advanced pharmacology, advanced health assessment, and advanced pathophysiology across the lifespan.

Specialty Courses

The specialty courses are comprised of didactic and clinical courses that prepare students to become Certified Registered Nurse Anesthetists. The specialty courses build on the foundation and clinical core courses, and upon nursing knowledge and skills learned at the undergraduate level.

Components of the Post-Masters Certificate and Graduate Certificate Curriculum

The Post-MSN Certificate is composed of subsets of the MSN curriculum and will be identified for each student applying to the certificate tracks.

Academic Plan of Study Master' Track

Class of 2019

Fall Semester 2017 – Year I

NRS 5211	Theoretical Foundations in Nursing	3 CR
NRS 7411	Advanced Pharmacology for Nurse Anesthesia Practice I	3 CR
BIO 5600	Advanced Physiology and Pathophysiology I	3 CR
NRS 7625	Introduction to NA Practice & Clinical Internship I	<u>3 CR</u>
		12 CR

Winter Semester 2018 – Year I

BIO 5602	Advanced Physiology and Pathophysiology II	3 CR
NRS 7471	Nurse Anesthesia Practice II	4 CR
NRS 7421	Advanced Pharmacology for Nurse Anesthesia Practice II	3 CR
NRS 7635	NA Clinical Internship II	<u>1 CR</u>
		11 CR

Spring/Summer Semester 2018 – Year I

NRS 7481	Nurse Anesthesia Practice III	4 CR
NRS 7645	NA Clinical Internship III	1 CR
BIO 5101	Gross Anatomical Dissection	3 CR
NRS 7441	Advanced Health Assessment I (6 weeks)	1 CR
NRS 7461	Advanced Health Assessment II (6 weeks)	<u>1 CR</u>
		10 CR

Fall Semester 2018 – Year II

NRS 5231	Research in Advanced Nursing Practice	4 CR
NRS 7491	Regional Anesthesia & Pain Management	3 CR
NRS 7655	NA Clinical Internship IV	1 CR
NRS 7651	Biophysics for Nurse Anesthesia	<u>2 CR</u>
		10 CR

Winter Semester 2019 – Year II

NRS 6998	Graduate Research: Project	1 CR
NRS 7431	Advanced Pharmacology for Nurse Anesthesia Practice III	3 CR
NRS 5251	Professional Role Development	3 CR
NRS 7665	NA Clinical Internship V	<u>1 CR</u>
		8 CR

Spring/Summer Semester 2019 – Year II

NRS 7675	NA Clinical Internship VI	1 CR
NRS 5241	Health Policy and Finance	3 CR
NRS 5991	Independent Study Research	<u>4 CR</u>
		8 CR

Fall Semester 2019 – Year III

NRS 5221	Diversity and Social Issues	2 CR
NRS 7685	NA Clinical Internship VII	1 CR
NRS 6990	Independent Study	<u>5 CR</u>
		3 CR

TOTAL 58 CR*

*independent study credits are available for students working on completing research or to acquire additional clinical experiences

Class of 2019

Fall Semester 2017 – Year I

NRS 7411	Advanced Pharmacology for Nurse Anesthesia Practice I	3 CR
BIO 5600	Advanced Physiology and Pathophysiology II	3 CR
NRS 7625	Introduction to NA Practice & Clinical Internship I	<u>3 CR</u>
		9 CR

Winter Semester 2018 – Year I

BIO 5602	Advanced Physiology and Pathophysiology II	3 CR
NRS 7471	Nurse Anesthesia Practice II	4 CR
NRS 7421	Advanced Pharmacology for Nurse Anesthesia Practice II	3 CR
NRS 7635	NA Clinical Internship II	<u>1 CR</u>
		11 CR

Spring/Summer Semester 2018 – Year I

NRS 7481	Nurse Anesthesia Practice III	4 CR
NRS 7645	NA Clinical Internship III	1 CR
BIO 5101	Gross Anatomical Dissection	3 CR
NRS 7441	Advanced Health Assessment I (Summer I)	1 CR
NRS 7461	Advanced Health Assessment II (Summer II)	<u>1 CR</u>
		10 CR

Fall Semester 2018 – Year II

NRS 7491	Regional Anesthesia & Pain Management	3 CR
NRS 7655	NA Clinical Internship IV	1 CR
NRS 7651	Biophysics for Nurse Anesthesia	<u>2 CR</u>
		6 CR

Winter Semester 2019 – Year II

NRS 7431	Advanced Pharmacology for Nurse Anesthesia Practice III	3 CR
NRS 7665	NA Clinical Internship V	<u>1 CR</u>
		4 CR

Spring/Summer Semester 2019 – Year II

NRS 7675	NA Clinical Internship VI	1 CR
----------	---------------------------	------

Fall Semester 2019 – Year III

NRS 7685	NA Clinical Internship VII	1 CR
----------	----------------------------	------

Total Credits 42 CR*

*independent study credits are available for students working on completing research or to acquire additional clinical experiences

CLINICAL INTERNSHIP GUIDELINE POLICIES

The purpose of these guidelines is to delineate the student's responsibilities relative to the clinical internship. Although didactic courses are offered within the university calendar, the clinical internship spans the entire calendar year to provide an optimal variety of case experiences.

The clinical internship provides an invaluable and essential educational opportunity for the student to apply didactic learning in the clinical setting. The clinical internship requires the integration of information learned in the nursing foundation, clinical core and specialty courses. In order to optimize the time spent in the clinical area, the student must actively seek learning experiences and function in a self-directed manner to achieve the knowledge, skills and abilities necessary to practice as a CRNA.

Requirements to Participate In Graduate Level Clinical Experiences

Clinical Site Requirements

Students are referred to the Typhon web page for specific information regarding clinical requirements for each affiliate site. It is an expectation that students will have contacted the clinical site a **minimum** of 6 weeks before the arrival date.

Health Insurance

Students must maintain their own health insurance. Clinical agencies do not provide free health care services to students.

Clinical/Health Requirements

Admission Clinical Requirements

1. Students must complete and submit all the School of Nursing (SON) clinical health requirements. Included in the packet, is the **Clinical Requirements Submission Checklist**, indicating the required health requirements and guidelines. The packet also includes the **Student Health Requirements form** and the **Student Clinical Experience form**; both documents must be completed and signed by a healthcare provider. **The School of Nursing clinical health requirements are listed below:**
 - A. Proof of inoculation for tetanus (T-DAP).
 - B. Skin testing for tuberculosis (or chest x-ray if TB skin test is positive; student must complete the **Health Screening Questionnaire for History of Positive TB Skin Test**).
 - C. Documented immunity to Rubella, Rubeola, Mumps (MMR), Varicella, and Hepatitis B. If student elects not to receive the Hepatitis B vaccines or he/she has not completed the Hepatitis B series prior to the deadline date, then he/she needs to submit the **Hepatitis B Vaccine Refusal and Acknowledgment of Risk and Release** form.
 - D. Documented completion of Flu immunization (required after October 1st of each year). Proof must be submitted to School of Nursing by October 31st each year.
 - E. Copy of CPR card for completed CPR course (**American Heart Association [AHA] Healthcare Provider, ONLY**). **BLS+ ACLS+PALS are required for CRNA students.**
 - F. Copy of current RN license. Please note, students with a current out of state RN license, must obtain a Michigan RN license after one year in the program.
 - G. Student has a health examination performed by a qualified health care provider (HCP) (e.g. physician, nurse practitioner, physician's assistant). Have the HCP complete the **Clinical Experience Student Clearance Form**. Health examinations may be obtained through your own HCP or at the Oakland University Graham Health Center (GHC). To schedule an appointment at the GHC, call (248) 370-2341; identify yourself as a nursing student when you make the appointment.

****If a student has a current TB test and/or CPR card, he/she can choose to use either of those documents as part of their clinical health requirements. The student will be responsible for submitting proof of updated test/card results prior to the current one's expiration date. Updates can be uploaded into Typhon (FNP and AGNP students), or ACEMAPP (FN students), submitted in person (HHB room 3018), or faxed to 248-898-8285 to the attention of Susan Davis, Program Coordinator. ****

Clinical Agency Requirements

1. Criminal background result (done through **American Databank**, only).
2. Urine drug screen result (done through **American Databank**, only).
NOTE: Background checks and drug screens must be done within 45 days of the deadline date. Student must contact American Databank at oaklandunivcompliance.com or click on the link, and follow directions provided for Graduate (FNP, AGNP, CRNA, FN) students. A receipt with results showing that a drug screen and background check were performed must be included in your packet, so be sure to allow adequate time for this. This one page shows "no flags at this time". Please do not include payment information. The University DOES NOT receive notification from American Databank.*
oaklandunivcompliance.com or click on the link, and follow directions provided for Graduate (FNP, AGNP, CRNA, FN) students. A receipt with results showing that a drug screen and background check were performed must be included in your packet, so be sure to allow adequate time for this. This one page shows "no flags at this time". Please do not include payment information. The University DOES NOT receive notification from American Databank.*

Options for submitting documents

1. Upload documents directly into Typhon. Nurse anesthesia students are encouraged to upload into Typhon. When uploading, please ensure that the documents are a clean copy with all sections completed properly. **Retain a copy of all records and documents submitted.**
2. Fax documents to (248) 898-8285
3. Mail completed packages to Susan Davis at one of the addresses listed below:

Beaumont-Oakland Graduate Program of Nurse Anesthesia

ATTN: Susan Davis

3601 W. 13 Mile Rd

Royal Oak, MI 48073

~OR~

Oakland University School of Nursing

433 Meadow Brook Rd - 3022 Human Health Building

Rochester, MI 48309

OUGPNA Clinical Requirements

Students must maintain and provide proof of the Annual Clinical Requirements (found under clinical agency and OU Health Requirements section of this handbook). If not on file, the student will not be permitted in the clinical area and an unexcused absence will be deducted each day until proof is provided. At all times, students must maintain the following:

- Michigan and appropriate additional state RN License
- BLS, ACLS, PALS
- Liability Insurance
- Health Insurance
- Annual completion of Mandatory Education Modules (including distance students)
- Typhon Case Tracking

Liability Insurance

Students must purchase liability insurance through the AANA before the first day of clinical. Proof of liability insurance and or renewal of liability insurance must be maintained for the remainder of the program. Students will not be able to attend clinical without student liability insurance coverage. Any clinical missed due to failure to obtain coverage or lapse in coverage will be deducted from a student's vacation bank.

CLINICAL INTERNSHIP OBJECTIVES

It is expected that nurse anesthesia students possess the knowledge, skills and abilities of basic nursing practice as they enter the clinical internship sequence for the nurse anesthesia program. It is also expected that the student will correlate didactic knowledge with clinical practice throughout the perioperative period during the course of graduate study. This correlation is an integral part of each clinical internship. There are seven clinical internships throughout the program with specific leveled objectives.

NRS 607, NRS 617: Clinical Internship I & II Objectives

During Clinical internships I & II, the SRNA will attain the following:

I. Assessment & Diagnosis: Collects comprehensive data pertinent to the patient's health &/or situation & analyzes this data to determine the diagnosis. (ANA Standards 1 & 2, AANA Standard I)

- A. Performs health history, physical, & psychosocial assessment
 - 1) Generates thorough health history utilizing proper interview techniques & chart review.
 - 2) Utilizes principles of physical assessment when examining major organ systems.
 - 3) Assesses the effect of interactions among individuals, family, community, & social systems on health & illness.
- B. Initiates & interprets diagnostic testing
 - 1) With guidance, utilizes assessment data & is able to initiate relevant lab work & specialty consultations.
 - 2) Identifies normal & abnormal variations in regard to diagnostic testing.
- C. Prioritizes data collection based on patient's current needs
 - 1) Identifies relevance of assessment data & diagnostic testing.
 - 2) With guidance, prioritizes relevance of assessment data & diagnostic testing.
- D. Derives appropriate diagnosis from assessment data
 - 1) Identifies appropriate physical status using the American Society of Anesthesiologists Physical Status Classification System (ASA Status).
 - 2) With guidance, incorporates assessment & diagnostic data along with hemodynamic parameters into diagnosis.

II. Outcomes Identification: Obtains informed consent for the planned anesthetic intervention & identifies expected outcomes individualized to the patient. (ANA Standard 3, AANA Standard II)

- A. Educates patient & obtains informed consent
 - 1) With guidance, discusses anesthetic plan and risks in language the patient &/or legal guardian can understand.
- B. Obtains informed consent
 - 1) Verifies that informed consent has been obtained from qualified provider.
 - 2) Identifies medical-legal issues involved in obtaining informed consent.
 - 3) Documents that informed consent has been obtained.
- C. Identifies expected outcomes incorporating evidenced based practice
 - 1) Verbalizes expected outcomes based on current recommendations for practice found in literature.

III. Planning: Formulates a patient-specific plan & alternatives to that plan to attain expected outcomes. (ANA Standards 4 & 9, AANA Standard for Nurse Anesthesia Practice III & VIII)

- A. Formulates patient specific verbal & written anesthetic plan of care
 - 1) Utilizing assessment data & planned procedure, writes patient specific care plan including assessment & diagnostic strategies, & therapeutic interventions reflecting current evidence.
 - 2) Communicates plan of care with instructors & with guidance, other members of the health care team.
- B. Selects appropriate equipment, medication, & monitoring modalities
 - 1) Identifies location & function of specific equipment/supplies.
 - 2) Describes advantages/disadvantages of different anesthetic techniques.
 - 3) Describes mechanism of action of different anesthetic therapies.
 - 4) With guidance, utilizes assessment data to determine the type of monitoring devices, equipment, & anesthetic interventions planned.

- C. Performs and documents appropriate safety checks
 - 1) Inspects anesthesia machine & monitors according to established guidelines, including readiness, availability, cleanliness, & working condition of all equipment.
 - 2) Inspects integrity of breathing system & ensures device capable of detecting disconnection with audible alarm is intact.
 - 3) Ensures functionality of oxygen analyzer & confirms audible alarm is intact.
 - 4) Ensures safety measures taken to minimize risk of fire, explosion, electrical shock, & equipment malfunction.
 - 5) With assistance, identifies & troubleshoots problems with anesthesia equipment.
 - 6) Documents safety checks on anesthetic record.
 - 7) Labels medications properly and secures in appropriate location.

IV. Implementation: Implements the identified plan (ANA Standard 5 & 16, AANA Standard IV, V, VI, VII, & IX)

- A. Performs appropriate induction sequence
 - 1) Applies monitoring prior to the start of anesthesia.
 - 2) Pre-oxygenates appropriately.
 - 3) Selects & administers appropriate medication & dosage.
- B. Performs appropriate airway management
 - 1) Demonstrates proper ventilation techniques.
 - 2) Secures airway with LMA or tracheal intubation utilizing basic techniques.
 - 3) Verifies intubation
- C. Positions patient for optimal patient safety, comfort, & surgical exposure
 - 1) Identifies correct patient position for procedure.
 - 2) Recognizes potential complications of various patient positioning.
 - 3) Assesses patient positioning throughout procedure & with assistance makes appropriate interventions.
 - 4) Verifies correct endotracheal tube placement after position changes.
- D. Adjusts anesthetic plan based on patient's physiologic response
 - 1) Continuously assesses the patient's response to the anesthetic/surgical intervention & with assistance, intervenes as required to maintain patient in satisfactory physiologic condition.
 - 2) Determines intraoperative fluid replacement based on patient factors & surgical procedure.
 - 3) Monitors and calculates blood loss & with assistance, implements appropriate therapies.
- E. Manages invasive procedures with skill
 - 1) Successfully insert IV catheters.
 - 2) With guidance, incorporates anatomy & theory to insert arterial lines.
- F. Tailors patient monitoring in accordance with patient needs
 - 1) Monitors continuously: ventilation, oxygenation, cardiovascular status, and when indicated temperature & neuromuscular function.
 - 2) Remains in constant attendance of the patient.
- G. Completes accurate & timely documentation
 - 1) Documents all anesthetic interventions & patient responses.
- H. Manages emergence
 - 1) Verbalizes extubation criteria based on patient history, surgical procedure, & anesthetic interventions.
 - 2) With guidance, determines patient's readiness for extubation.
- I. Assures patient safety while transferring responsibility of care
 - 1) With guidance, determines safe timing for transfer of responsibility of care to other qualified provider.
 - 2) With guidance, accurately reports patient's condition & all relevant information to the provider who is assuming responsibility for patient.
- J. Collaborates with other health care professionals to provide optimal care
 - 1) With guidance, communicates change in patient's status to appropriate person(s) in timely manner & collaborates with surgeons regarding anesthesia care.
- K. Utilizes universal precautions
 - 1) Demonstrates the application of universal precautions in the perioperative setting.
- L. Protects patient from iatrogenic complications & nosocomial infections.
 - 1) Protects patient from identifiable risks.

- 2) Identifies and implements appropriate nausea/vomiting prophylaxis.
- 3) Minimizes risk of infection to the patient.
- M. Adheres to safety precautions as established by the institution
 - 1) Adheres to policies for safety precautions as written by institution.
- N. Practices standards that promote environmental health
 - 1) Implements precautions to secure anesthetic drugs when not in supervision of agents.
 - 2) Implements necessary measures to ensure scavenging system functioning correctly.
 - 3) Protects patients from radiation/laser exposure.
- V. Evaluation: Evaluates progress toward attainment of expected outcomes & assesses their anesthesia care to assure quality & contribution to positive patient outcomes. (ANA Standard 6 & 14, AANA Standard X)**
 - A. Evaluates effectiveness of interventions
 - 1) With guidance, reviews & evaluates quality and appropriateness of anesthesia care.
 - B. Completes post-operative evaluations on patients
 - 1) Using assessment techniques performs postoperative evaluation on all patients cared for.
 - 2) Documentation is timely & accurate.
 - 3) Relays outcomes to appropriate providers.
 - C. Participates in the continuous quality improvement process
 - 1) Verbalizes an understanding of the continuous quality improvement process.
 - 2) Recognizes post-anesthetic complications & notifies appropriate personnel for follow up.
 - 3) Participates in continual process of self-evaluation & strives to incorporate new techniques into practice.
- VI. Standards of Professional Performance: Practices ethically, attains knowledge & competence that reflects current practice, contributes to quality practice, communicates effectively, demonstrates leadership in the professional practice setting and the profession, collaborates with the patient and family, & utilizes appropriate resources to provide care. (ANA Standard 7 & 8, AANA Standard X)**
 - A. Respects & maintains basic rights of patients
 - 1) Preserves the patient's rights to privacy, confidentiality, & autonomy.
 - 2) Demonstrates integrity, compassion, & competence.
 - 3) Delivers culturally competent care throughout the anesthesia course.
 - B. Collaborates with members of the interprofessional team.
 - 1) Participates in pre & post procedure briefing.
 - 2) Treats health care team with respect & dignity, seeking continuous improvement in communication & conflict resolution skills.
 - 3) With guidance, provides direction to enhance effectiveness of health care team.
 - C. Seeks learning experiences to develop clinical knowledge
 - 1) Identifies individual strengths & areas for improvement.
 - 2) Utilizes feedback from clinical instructors & devises a plan for improving performance.
 - 3) Attends and participates in morbidity & mortality conferences, departmental educational meetings, & morning report.
 - 4) Seeks opportunities to develop clinical skills
 - D. Seeks feedback regarding practice from HCT members
 - 1) Maintains communication with other providers to minimize risks & improve outcomes in care delivery.
 - 2) Engages in formal process seeking feedback regarding his/her own practice.
 - E. Mentors peers in acquisition of clinical knowledge & skills
 - F. Models expert practice to interprofessional team
 - G. Utilizes appropriate resources with regard to safety & cost effectiveness
 - 1) Selects interventions that are appropriate & financially responsible.

In addition to the objectives achieved in Clinical Internships I-II, during **Clinical Internships III-IV**, the SRNA will attain the following:

- I. Assessment & Diagnosis: Collects comprehensive data pertinent to the healthcare consumer's health &/or situation & analyzes this data to determine the diagnosis or issues. (ANA Standards I & II, AANA Standard I)**
 - A. Performs health history, physical, & psychosocial assessment
 - 1) Obtains rapid & thorough health history
 - 2) Identifies abnormal pathology from assessment data
 - B. Initiates & interprets diagnostic testing
 - 1) Utilizes assessment data & is able to initiate relevant lab work & specialty consultations
 - C. Prioritizes data collection based on patient's current needs
 - 1) Orders and prioritizes data based on the history and surgical procedure
 - D. Derives appropriate diagnosis from assessment data
 - 1) Utilizes complex data & diagnostics in identifying diagnosis.
 - 2) Synthesizes information obtained & is able to independently arrive at appropriate diagnosis
 - 3) Identifies potential for difficult intubation using assessment data
- II. Outcomes Identification: Obtains informed consent for the planned anesthetic intervention & identifies expected outcomes individualized to the health care consumer. (ANA Standard 3, AANA Standard II)**
 - A. Educates patient
 - 1) Independently discusses anesthetic options & risks in language the patient &/or legal guardian can understand.
 - B. Obtains informed consent
 - 1) Obtains & documents informed consent for anesthetic
 - C. Incorporates evidenced based practice to identify expected outcomes
 - 1) Identifies expected outcomes that incorporate cost & clinical effectiveness, patient & family satisfaction, & that incorporate research & literature.
 - 2) Modifies expected outcomes according to changes in the status of the patient
- III. Planning: Formulates a patient-specific plan & alternatives to that plan to attain expected outcomes. (ANA Standards 4 & 9, AANA Standards III & VIII)**
 - A. Formulates patient specific verbal & written anesthetic plan of care
 - 1) Utilizing patient assessment data, problem analysis, anticipated surgical or therapeutic procedure, patient &/or surgeon preference writes a minimum of one patient specific care plan for general rotation & each assigned care plan for specialty rotations. Care plan should include interventions that reflect current evidence, including data, research, & literature
 - 2) Communicates plan of care with entire health care team.
 - B. Selects appropriate equipment, medication, & monitoring modalities
 - 1) Utilizes assessment data to determine the type of monitoring devices, including invasive monitors, equipment, & anesthetic interventions planned
 - 2) Independently calculates pharmacologic agents based on patient's current condition
 - C. Performs & documents appropriate safety checks
 - 1) Identifies & troubleshoots problems with anesthesia equipment
- IV. Implementation: Implements the identified plan (ANA Standards 5 & 16, AANA Standards IV, V, VI, VII, & IX)**
 - A. Performs appropriate induction sequence
 - 1) Independently performs steps of induction
 - B. Performs appropriate airway management
 - 1) Skilled at various modalities of basic airway management
 - 2) Demonstrate understanding of advanced airway management
 - C. Positions patient for optimal patient safety, comfort, & surgical exposure
 - 1) Independently directs health care team in patient positioning
 - 2) Assesses patient position throughout the procedure & makes appropriate interventions
 - D. Adjusts anesthetic plan based on patient's physiologic response

- 1) Continuously assesses the patient's response to the anesthetic/surgical intervention & independently intervenes as required to maintain patient in satisfactory physiologic condition
- 2) Independently determines, calculates, and adjusts perioperative fluid requirements.
- 3) Initiates blood replacement therapy when necessary
- 4) Identifies the need for intraoperative blood work
- E. Manages invasive procedures with skill
 - 1) Independently inserts arterial lines
 - 2) Identifies proper anatomy associated with regional anesthesia
 - 3) Inserts SAB independently, epidurals with assistance
 - 4) Tailors patient monitoring in accordance with patient needs
 - 5) Utilize all monitors correctly & shows ability to recognize, correlate, & integrate information obtained.
 - 6) Demonstrates competency in monitoring of regional anesthesia
 - 7) Determines need for transferring patients on monitors/with oxygen therapy
 - 8) Identifies & implements appropriate pain management therapies
- F. Completes accurate & timely documentation
 - 1) Timely documents information
- G. Manages emergence
 - 1) Independently emerges & extubates patients.
- H. Assures patient safety while transferring responsibility of care
 - 1) Independently assesses patient's status & determines when it is safe to transfer responsibility of care to other qualified provider
 - 2) Timely & accurately reports patient's condition & all relevant information to the provider who is assuming responsibility for patient
- I. Collaborates with other health care professionals to provide optimal care
 - 1) Independently communicates change in patient's status to appropriate person(s) in timely manner & collaborates with surgeons regarding anesthesia care
 - 2) Assumes responsibility for anesthesia related functions when consulted by other practitioners
- J. Utilizes universal precautions
- K. Protects patient from iatrogenic complications & nosocomial infections
 - 1) Independently protects patient from identifiable risks.
 - 2) Actively evaluates & implements infection control procedures.
 - 3) Independently identifies and implements appropriate nausea/vomiting prophylaxis
- L. Adheres to safety precautions as established by the institution
- M. Practices standards that promote environmental health
- V. Evaluation: Evaluates progress toward attainment of expected outcomes & assesses their anesthesia care to assure quality & contribution to positive patient outcomes. (ANA Standards 6 & 14, AANA Standard X)**
 - A. Evaluates effectiveness of interventions
 - 1) Incorporates critical thinking to enhance ongoing assessment of clinical practice.
 - B. Completes post-operative evaluations on patients
 - 1) Actively participates in CQI process
 - C. Participates in the continuous quality improvement process
 - 1) Prepares for & actively participates in human patient simulator experiences
- VI. Standards of Professional Performance: Practices ethically, attains knowledge & competence that reflects current practice, contributes to quality practice, communicates effectively, demonstrates leadership in the professional practice setting & the profession, collaborates with the patient and family, & utilizes appropriate resources to provide care. (ANA Standards 7 & 8, AANA Standard X)**
 - A. Respects & maintains basic rights of patients
 - 1) Supports & preserves patient's rights to personal dignity & ethical norms of practice.
 - B. Collaborates with members of the interprofessional team
 - 1) Leads pre & post procedural briefing & identifies areas for improvement with post-procedural briefing
 - 2) Provides direction to enhance effectiveness of health care team
 - 3) Respects expertise & responsibilities of all health care providers involved in patient care
 - 4) Functions as a team member during cardiopulmonary resuscitation

- C. Seeks learning experiences to develop clinical knowledge
 - 1) Presents cases in morning report
 - 2) Presents original, evidence based research in journal club, leading a discussion on the topic
 - 3) Incorporates new techniques into practice
- D. Seeks feedback regarding practice from HCT members
- E. Mentors peers in acquisition of clinical knowledge and skills
 - 1) Assists other learners in securing airway skills & with theory content
 - 2) Shares research reading with clinical instructors and other learners
 - 3) Participates in & presents at M & M presentations
- F. Models expert practice to interprofessional team
- G. Utilizes appropriate resources with regard to safety & cost effectiveness
 - 1) Assumes accountability for the worksite

NRS 647, 657, 667: Clinical Internship V - VII Objectives

In addition to the objectives achieved in Clinical Internships I-IV, during **Clinical Internships V-VII**, the SRNA will attain the following:

I. Assessment & Diagnosis: Collects comprehensive data pertinent to the patient's health &/or situation & analyzes this data to determine the diagnosis or issues. (ANA Standards I & II, AANA Standard I)

- A. Performs health history, physical, & psychosocial assessment
 - 1) Demonstrates proficiency in obtaining comprehensive health history
- 2) Demonstrates the ability to rapidly assess all patients including chart review, health history & physical assessment
 - B. Initiates & interprets diagnostic testing
 - 1) Rapidly assesses data & identifies results that impact care
 - C. Prioritizes data collection based on patient's current needs
 - 1) Demonstrates sound judgment in prioritizing assessment data
 - D. Derives appropriate diagnosis from assessment data
 - 1) Utilizes complex data & diagnostics in identifying diagnosis
 - 2) Quickly incorporates information to identify diagnosis

II. Outcomes Identification: Obtains informed consent for the planned anesthetic intervention & identifies expected outcomes individualized to the patient. (ANA Standard 3, AANA Standard II)

- A. Educates patient
 - 1) Demonstrates skill in educating clients & families regarding anesthesia care
- B. Obtains informed consent
 - C. Incorporates evidence-based practice to identify expected outcomes
- 1) Identifies expected outcomes that incorporate cost & clinical effectiveness, patient & family satisfaction, & that incorporate research, literature, & past clinical experience

III. Planning: Formulates a patient-specific plan & alternatives to that plan to attain expected outcomes. (ANA Standards 4 & 9, AANA Standards III & VIII)

- A. Formulates patient specific verbal & written anesthetic plan of care
 - 1) Applies evidence & research into practice in decision-making & problem solving
 - 2) Develops safe verbal care plan for basic cases with minimal preparation
 - B. Selects appropriate equipment, medication, & monitoring modalities
 - 1) Independently plans for care of patient
 - C. Performs & documents appropriate safety checks
- IV. Implementation: Implements the identified plan (ANA Standards 5 & 16, AANA Standards IV, V, VI, VII, & IX)**
- A. Performs appropriate induction sequence
 - B. Performs appropriate airway management
 - 1) Demonstrates skill in advanced airway techniques
 - C. Positions patient for optimal patient safety, comfort, & surgical exposure
 - 1) Advocate for patients to prevent positioning injuries

- D. Adjusts anesthetic plan based on patient's physiologic response
 - 1) Recognizes & appropriately responds to anesthetic complications that occur
 - 2) Independently manages the administration of pharmacologic agents during all types of anesthesia care
 - 3) Demonstrates sound clinical judgment in prioritizing anesthetic interventions
 - 4) Coordinates all aspects of blood transfusion independently
- E. Manages invasive procedures with skill
 - 1) Administers and manages a variety of regional anesthetics, including SABs, epidurals, & peripheral nerve blocks
 - 2) With guidance, places central lines

F. Tailors patient monitoring in accordance with patient needs

- 1) Functions as a resource person for airway & ventilatory management of patient
- 2) Interprets hemodynamic changes & intervenes using advanced clinical judgment

G. Completes accurate & in a timely documentation

- a. Manages-emergence
 - i. Independently determines the need for post-operative ventilation
- b. Assures patient safety while transferring responsibility of care
- c. Collaborates with other health care professionals to provide optimal care
- d. Utilizes universal precautions
- e. Protects patient from iatrogenic complications & nosocomial infections
- f. Adheres to safety precautions as established by the institution
- g. Practices standards that promote environmental health

V. Evaluation: Evaluates progress toward attainment of expected outcomes & assesses their anesthesia care to assure quality & contribution to positive patient outcomes. (ANA Standards 6 & 14, AANA Standard X)

- A. Evaluates effectiveness of interventions
- B. Completes post-operative evaluations on patients
- C. Participates in the continuous quality improvement process
 - i. Independently oversees most aspects of the CQI process
 - ii. Prepares for, actively participates in, & leads human patient simulator experiences

VI. Standards of Professional Performance: Practices ethically, attains knowledge & competence that reflects current practice, contributes to quality practice, communicates effectively, demonstrates leadership in the professional practice setting & the profession, collaborates with the patient and family, & utilizes appropriate resources to provide care. (ANA Standards 7 & 8, AANA Standard X)

- A. Respects & maintains basic rights of clients
- B. Collaborates with members of the interprofessional team
 - 1) Exemplifies collegiality
 - 2) Functions as a team member in cardiopulmonary resuscitation
- C. Seeks learning experiences to develop clinical knowledge
 - 1) Utilizes a variety of current anesthetic techniques, agents, adjunctive drugs, & equipment while providing anesthesia
 - 2) Presents & integrates journal articles into case presentations.
- D. Seeks feedback regarding practice from HCT members
 - 1) Critiques self relative to accepted anesthesia practice
- E. Mentors peers in acquisition of clinical knowledge and skills
 - 1) Leads group discussion in morning report
 - 2) Leads M & M presentation
- F. Models expert practice to interprofessional team
- G. Utilizes appropriate resources with regard to safety and cost effectiveness

CLINICAL SCHEDULING

Student's Monthly Schedule

1. Schedule requests must be entered in Typhon by the 15th of each month, approximately 6 weeks prior to the start of the new schedule. (Example: November schedule requests are due September 15th) Requests will not be honored if submitted past the schedule request date
2. Students may request a maximum of 1 weekend (or 2 weekend days) off per month.
3. Vacation time will not be granted during the last five weeks of the program. Any sick days taken during the last 5 weeks must be made up. Makeup days will be scheduled by the clinical coordinator on the weekend following the unplanned absence.
4. Permission must be granted from *program* clinical coordinators prior to making any changes to the approved Typhon schedule
5. Students may not change their clinical schedule at any clinical site. If an emergency arises, the student must contact *OU-NA program faculty* who will determine if clinical schedules will change. Program faculty reserve the right to make changes as deemed necessary.

Specialty Rotation Schedule

The specialty rotation schedule is usually published 1-2 months in advance of the start of specialty rotations. After publication, revisions to rotation schedule may be made based on individual clinical site or program need. If changes to the clinical rotation schedule are made, students will be informed of changes as far in advance as possible. If an emergency arises, please contact your clinical coordinator.

Clinical Attendance

Clinical attendance is integral to the success of the student. Students must make every effort to be in clinical each scheduled day. Students should familiarize themselves with the call-in procedure for each clinical site on the first day of their rotation and follow the site guidelines. In the *rare* event of an unplanned absence on a scheduled clinical day, faculty and the program administrative assistant, Susan Davis, must be notified before the start of the clinical day via email. This procedure must be followed for **each day** of absence from class or clinical, unless discussed with program faculty. See call in procedure below.

Students must not leave clinical early without faculty permission. Doing so may result in an unexcused absence.

Students are required to attend morning report and all departmental educational offerings on scheduled clinical days at Beaumont Hospital (and affiliate sites if appropriate) unless excused by clinical coordinators.

Call-in Procedure

In the event of an unplanned absence on a clinical day, the following procedure must be followed:

1. Email Susan Davis (davis@oakland.edu) and clinical coordinators (linda.mcdonald@beaumont.org, laura.rodgers@beaumont.org and andrea.bittinger@beaumont.org). Include the reason for the unplanned absence.
2. Follow call in procedures for each clinical site:
 - a. At Beaumont- Royal Oak

- i. Call 248-898-7814 before 0630. Leave your name, shift and OR to which you are assigned
 - ii. To call-in for an evening or midnight shift, dial 248-898-4400 and wait for the charge CRNA to pick up.
 - iii. Notify the CRNA that you were assigned to work with. Pager numbers may be found on the *Inside Beaumont* website or by calling the operator at 248-898-5000
- b. All other clinical sites
 - i. Contact the site coordinator. Site coordinator contact information may be found [here](#)

Clinical Sites & Contact Directory

Clinical site addresses and site coordinator contact information may be found in [APPENDIX E](#)

Time Commitment

The clinical time commitment varies among semesters, ranging from a minimum of eight hours per week in Clinical Internship I to a minimum of 32 hours per week in Clinical Internships IV-VII.

Shift times

Shift times vary as directed by clinical schedules and specific learning needs. Call experience and off shifts will be scheduled throughout the program. The scheduling of clinical experiences on the off shift and weekends will begin with Clinical Internship III.

Students will be scheduled for one eight-hour shift at a time. Because of the nature of a clinical assignment, the student may need to extend their time beyond eight hours to achieve the optimum clinical learning experience. Students should contact the clinical coordinator should their assignment extend beyond 14 hours.

Minimum time between clinical periods

Students must have a minimum 10 hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). Students on call may have less than a 10 hour rest between scheduled clinical duty periods however; at no time may a student provide direct patient care for a period longer than 16 continuous hours.

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.

Early dismissal

Check with the clinical/site coordinator when your room is finished early or cases are cancelled. Leaving clinical without clinical/site coordinator permission before the end of your scheduled shift may result in an unexcused absence.

Holidays

Six holidays per year are recognized: New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, and Christmas Day. Students are not scheduled for class or clinical on these days.

Scheduling Time Off

Vacation Time

1. A total of 25 vacation and 5 unplanned absence days (total of 30 days) are allotted to each student for the duration of the 28-month program. Any unused unplanned absence days may be transferred to vacation time during last two semesters.
2. Students are required to use at least half (13-15 days) of their vacation time by the end of the first year of the program unless otherwise agreed upon by program faculty.
3. During the program, students are scheduled for clinical rotations during university-recognized breaks. Students have the option to take vacation days during this time.
4. Students are required to use all of their vacation time by October 31 of their graduation year. Any unused vacation or unplanned absence days will be forfeited. Any vacation time or sick days taken after this time must be made up before graduation.
5. Students are required to use vacation time between Christmas and New Year's holidays.
6. Guidelines for Vacation during Specialty Rotations:
 - a. Vacation time **may not be used** at Children's Hospital of Michigan, VA Medical Center and Dickinson Hospital.
 - b. **A maximum of two days off** may be scheduled during any specialty rotation or rotation to a clinical site which is not the student's home site.

Unplanned Absences

1. Unplanned absences include illness or any unforeseen problems that prevent a student from attending clinical.
2. Students have a maximum of 5 unplanned absences to use during the program. If a student exceeds these 5 days, he/she will be required to make up days at the end of the program.
3. Students who become seriously ill requiring extended absence must notify the Program Director, Assistant Director and Clinical Coordinators. Students seeking extended periods of time off should refer to the "leave of absence policy".
4. Students who are habitually tardy may be charged an unplanned absence.
5. Students who indiscriminately use unplanned absences may be recommended for dismissal.
6. Unplanned absences on weekends and off-shifts must be made up on similar shifts.
7. Patterns of unplanned absences, such as calling in prior to exams, immediately before or after vacations, etc. is discouraged and will require a physician's note.
8. Absence due to illness on the day of an exam will require documentation from a physician.
9. If a clinical instructor dismisses a student from clinical due to lack of patient and/or care plan preparation or performance, the student must report immediately to program administration and an unplanned absence will be charged

Unexcused Absences

1. An unexcused absence includes but is not limited to the following:
 - Calling in the day before an exam
 - Not attending class or clinical without proper notification
 - Leaving clinical early without faculty permission
 - Missing ECT or Post-Op round when scheduled
 - No show/No call
2. In the event of an unexcused absence, time will be deducted from the student's vacation bank and they will be required to make up the day on a week-end shift.

Mission Trips

Students may request up to 5 days off to serve on a medical mission experience. Although this experience can be extremely valuable, mission trips are not part of the curriculum or clinical internship, and are not sponsored by the Oakland University-Beaumont Graduate Program of Nurse Anesthesia. The student may choose to participate

in longer or multiple mission trips, but any additional time will be deducted from the student's vacation bank. OUBGPNA does not insure, endorse, protect or assume liability for any aspect of these experiences. The student assumes all risks. Students must request permission from the clinical coordinator for participation in mission trips. Students must be in good academic and clinical standing, and the timing of the mission trip should not interfere with any specialty rotation. Students must present their experience and what they learned at a faculty-staff meeting upon return.

Time off for Certification Renewal

1. **One certification/recertification day for BLS, ACLS, PALS will be granted during the program.** This time must be used on the actual day of the certification/recertification course. Any other time needed for maintaining certifications/re-certifications will be completed on the students' own time.
2. Students cannot attend clinical without current certifications on file. If the student allows certification to lapse, they will not be assigned in the clinical area and unexcused absences will be given for each day of absence.
3. BLS, ACLS and PALS certification is required for graduation from the program. Certifications may not expire within the 3 months following graduation
4. Students are responsible for all costs related to maintaining certification.

Bereavement

Up to 24 hours (three 8 hour days) of bereavement may be granted if needed for the death of an immediate family member. Immediate family members are defined as wife/husband, grandparents, parents, brothers/sisters, children, and grandchildren. All of the above designations include "step" and "in-law" derivations. Students should provide an obituary notice or other documentation.

Jury Duty

Students must notify their clinical coordinator immediately upon notification of possible selection for jury duty. A copy of the order to appear for jury duty must be submitted to program faculty.

Human Patient Simulation Laboratory (SIM LAB)

Beginning with Clinical Internship I, students are assigned to the SIM Lab to enhance their understanding of didactic material presented in lecture. Students will be exposed to a wide variety of simulated clinical experiences. The SIM Lab provides instructor-student interactions using scenarios for patient assessment utilizing mannequins and/or student veterans to introduce basic and complex concepts including assessment, troubleshooting and working with equipment, airway skills, difficult airway management, central invasive line insertion, administration of regional anesthesia including ultrasound guided techniques, critical thinking and decision-making in anesthesia, crisis management, crew resource management, team training and specialty anesthesia management skills (obstetrics, cardiovascular, vascular, thoracic, trauma, and pediatrics). Students are expected to schedule additional simulation sessions and utilize task trainers on their own as needed to improve individual areas of weakness.

Simulation hours, simulated case experiences or task training is never counted as real patient experiences. Simulation time cannot be counted as hours of clinical case time.

Assignment to the SIM lab is for an 8-hour day. The student is expected to be available in the hospital for this entire time. When the student is not participating in a simulation, time may be used for written simulation assignments, simulation practice on task trainers or the student may be assigned to clinical opportunities such as IV starts, emergency add-on cases, assisting with ECT and POR, responding to CPR codes in patient care areas.

Simulation lab sessions and their content are proprietary. Purposeful dissemination of this information without faculty permission is considered academic misconduct.

Student Responsibilities in the SIM Lab

- a. Arriving to the SIM lab on time and prepared for simulation experience
- b. Providing the simulation lab coordinator with a student simulation evaluation form and/or skills validation sheet
- c. Performing skills and discussing anesthesia management for specialty anesthesia topics
- d. Using critical thinking skills to independently manage simulated scenarios
- e. Maintaining confidentiality regarding simulation scenarios
- f. Keeping simulation area and anesthesia cart clean and in working order for the next student

STUDENT RESPONSIBILITIES

Clinical Area

1. When in the clinical area students are expected to:
 - a. Review and be aware of clinical internship objectives
 - b. Be prepared to administer anesthesia for *every patient assigned* at the start of each assigned shift.
 - c. Submit an evaluation form and written care plan at the beginning of each day to the clinical instructor.
 - d. Check the operating room schedule for any changes on arrival and throughout the day.
 - e. Arrive promptly and be prepared to participate in scheduled department meetings and morning conference. All students assigned to the clinical area must attend morning conference unless assigned to a heart room, OB, ECT's, or to a case in progress.
 - f. Check with a clinical coordinator regarding reassignment whenever cases are cancelled.
 - g. Comply with departmental policy regarding time spent out of the department for breaks and lunches. (2 - 15 minute breaks and a 30 minute meal period per 8 hour shift when at Beaumont)
 - h. Use unassigned clinical time for educational endeavors. Clinical days are always *at least an 8-hour commitment*. Students are expected to remain on site for the entire clinical day. Pagers must be activated and carried on all clinical and simulation lab days as students may be assigned to do emergency cases.
 - i. Observe the dress code policy of the program and the clinical site. Business wear and/or lab coats are mandatory in the classroom setting. Lab coats are required over scrubs when seeing patients in the hospital.
 - j. Identify informed consent, verify correct patient, procedure, site and sidedness, and participate in final preoperative verification for the surgical procedure according to institutional policy.
 - k. Verbalize anesthetic plan including name, dose, route, rationale for administration, and concentration of infusion of all drugs administered with clinical preceptor.
 - l. Falsifying information about a patient or anesthetic care or in any way failing to share information regarding a patient or their anesthetic care is considered unethical behavior and grounds for dismissal from the program.
 - m. Complete pre- and post- anesthetic assessments on all inpatients assigned and follow-up with appropriate clinical instructors.
 - n. Participate in continuous quality improvement activities relative to post anesthesia assessments and review of perioperative anesthetic complications.
 - o. Any major complication involving a student should be reported to a clinical coordinator immediately. A copy of the anesthesia record and a detailed description of the incident should follow as expeditiously as possible for review.
2. It is expected that the student will continually review didactic material and work toward meeting the terminal objectives of the program.
3. Students may be required to present a brief case report during scheduled CRNA staff meetings at Beaumont and also at affiliate sites.
4. The student must adhere to all program policies and the policies of each clinical site where they rotate. Any student who does not abide by a clinical site's policies or who exhibits unprofessional behavior or conduct endangering patient safety may be recommended for dismissal from the program. A student may be placed on

probation or recommended for dismissal for demonstrating willful or negligent actions reflecting professional misconduct.

5. Students are not permitted to bring backpacks or textbooks into the operating room
6. Time designated for clinical internship may be assigned for other educational activities such as simulator lab, demonstrations, continuous quality improvement activities, journal clubs, seminars, learning laboratory, interviews, IV starts, career fairs, and other professional activities. Program faculty will determine which students will be assigned to these activities based on availability, current academic standing, and rotation schedules.
7. Students must maintain and provide proof of the Annual Clinical Requirements (found under clinical agency and OU Health Requirements section of this handbook). If not on file, the student will not be permitted in the clinical area. At all times, students must maintain the following:
 - Michigan and appropriate additional state RN License
 - BLS, ACLS, PALS
 - Liability Insurance
 - Health Insurance
 - Annual completion of Mandatory Education Modules (including distance students)
 - Typhon Case Tracking

Tracking Clinical Experiences

Nurse anesthesia students must have the opportunity to develop as competent, safe, nurse anesthetists, capable of engaging in full scope of practice as defined by the AANA's "Scope and Standards for Nurse Anesthesia Practice" by the time they complete their program of study. As set forth by the COA to ensure nurse anesthesia students develop the knowledge, skills and abilities for entry into practice, students must participate in all phases of their clinical cases including preoperative, intraoperative and postoperative anesthesia care.

While it may not be possible to participate in all phases of care on every case, students must at a minimum personally provide anesthesia for the majority of any case for which they claim personal participation. In addition, personal participation must include the management of the patient during the beginning or induction of the anesthetic experience and/or the ending or emergence of the anesthetic experience. Students cannot take credit for an anesthetic case if they provide care on a limited basis (e.g., only lunch/or break relief), are not personally involved with the implementation and management of the anesthetic plan of care, or only observe another anesthesia provider manage a patient or their anesthetic care.

The Typhon Nurse Anesthesia Student Tracking System (NAST) is a real time on-line tracking system of all cases. The NAST system fulfills the case and time tracking requirements to meet the case numbers and hours required for initial certification set by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). The Typhon NAST System is also used for daily instructor evaluations, clinical affiliate site evaluations, simulation evaluations, time logs, and schedules.

- Students are expected to enter case data daily, accurately, and honestly. Entering case data begins during the first semester as instructed.
- Clinical instructor evaluations must also be completed each day the student is in the OR.
- Clinical affiliate site evaluations are to be completed at the end of each monthly rotation at clinical affiliate sites.
- Time log entry will begin in the first semester once system training is complete.
- The program clinical coordinator tracks case entry. The coordinator will contact students failing to enter case data daily. If the situation is not quickly rectified or is a persistent problem, program faculty will suspend the student from clinical. The time missed from clinical will be considered an unexcused absence.

Anesthesia time vs. 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, postanesthetic 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*.

Care Plan Requirements

The purpose of this policy is to define the requirements for completion of verbal and written care plans within the context of the clinical internship. A well-researched plan of care is essential to the safe management of a patient. "Formulate a patient-specific plan for anesthesia care" is Standard III in the *AANA Scope and Standards for Nurse Anesthesia Practice*.

The following guidelines must be followed in order to meet the requirements of the program in preparation of care plans:

1. The student must complete a thorough assessment & chart review of the patient and chart review whenever possible
2. All inpatients must be *seen* the day before. No exceptions.
3. The program-derived care plan template must be used.
4. Care plans must demonstrate in depth preparation and planning.
5. Care plans must be submitted to the clinical instructor at the beginning of the day along with the appropriate daily clinical evaluation.
6. Students will discuss their plan of care verbally with their clinical instructor and anesthesiologist prior to proceeding with an anesthetic.
7. All care plans must be signed and dated by the instructor
8. During Clinical Internship I-III, a *patient-specific, in-depth care plan* must be provided for the most difficult anesthetic case of the day. In addition, a *patient specific anesthetic plan* must be submitted for every other scheduled case. Each clinical day, students *must use* templates for both types of care plans. The in-depth care plan should be completed on the most complex surgical procedure or patient diagnosis (co-existing disease) of the day.
9. During Clinical Internship IV-VI, a *patient-specific, in-depth care plan* must be provided for the most difficult anesthetic case of the day.
10. During Clinical Internship VII, students are relieved of the previous care plan requirements with the following exception: a care plan must be completed on any cases not previously done or patient disease states not previously encountered during the previous 24 months in the program.
11. Specialty rotation care plans must be completed prior to the start of each rotation.
12. Three patient-specific care plans must be submitted with the end of semester self- evaluations. Failure to do so will result in an incomplete for the clinical internship.
13. Although collaboration and sharing of ideas is encouraged, ***individual work is required on care plans***. Copying information from other's care plans or texts is not permitted and is considered academic misconduct (see [academic conduct](#) policies).
14. Students having difficulty writing care plans are encouraged to seek assistance from their preceptor followed by program faculty.
15. Students continuing to have difficulty developing care plans will meet with the program clinical coordinator for remediation.

CLINICAL POLICIES

Attendance at Conferences and Departmental Meetings

1. Students are required to attend departmental conferences at Beaumont-RO and other clinical sites where offered. These include monthly Morbidity and Mortality conferences, monthly guest speakers, morning reports and yearly offsite conferences. Currently at Royal Oak, guest speakers are the first Tuesday of every month in the ABW auditorium and M & M conferences are the third Tuesday of every month in the ABW auditorium. Both begin promptly at 7:00 a.m. Attendance is mandatory if you are scheduled to be at Beaumont-Royal Oak at any time during that day.
2. Students are encouraged to attend the AANA Annual Meeting and will receive 5 conference days. This time will not be subtracted from the vacation bank. The five days include travel time. Students will be given an outline each year regarding required scheduled sessions. Students must attend scheduled sessions each day or the conference days may be rescinded and vacation time assigned.
3. **All students must attend at least one meeting of the Michigan Association of Nurse Anesthetists (MANA) each calendar year.** MANA meetings are held in the spring and fall of each year. No conference days are granted for MANA meetings unless a student is traveling more than 2 hours from their assigned clinical site to the conference.
4. Students may be chosen to attend CRNA Impact Day in Lansing and will receive a conference day.
5. **One conference day** will be given for the purposes of taking a board review class. This includes travel time.
6. Requests for additional conference time will be reviewed on an individual basis.
7. Students must bring a copy of the Certificate of Attendance to the program secretary office *within 5 days* of attending a conference. Failure to do so will result in the student being charged vacation time for the conference.
8. A student must be in good academic and clinical standing to attend conferences/meetings. Conference registration does not guarantee that a student will be permitted to attend. If academic, clinical or professional performance is in question; permission to attend may be denied.
9. **Students may not take time off to attend meetings (including the AANA Annual Congress) or conferences during a rotation at Children's Hospital of Michigan.**

Procedure for Injury, Illness or Exposure in the Clinical Area

1. When a student has a work-related illness, exposure or injury, they should immediately report it to program faculty and the anesthesia/operating room supervisor at the clinical site. If urgent medical care is needed, the student should report to the Emergency Room, an urgent care or the Graham Health Center at Oakland University. Payment for these services is the responsibility of the student and will be billed to their health insurance.
2. Students must follow the policies and procedures for the clinical site at which the injury occurred.

Graham Health Center at Oakland University

The Graham Health Center at Oakland University, 248-370-2341, provides nurse practitioner health care services to students, faculty and staff. The Health Center serves as a primary care facility to enrolled students and services include treatment of acute illness, dispensing of prescription drugs, allergy injections, and laboratory services as well as annual physicals. The Counseling Center, located in the health center, offers a broad range of mental

health services, including personal counseling, psychological and psycho-educational testing, career testing and counseling, and substance abuse evaluation, treatment and prevention. Additional information regarding these services can be found in the Oakland University Graduate Catalog.

Health Related Costs

Oakland University and the OUBGPNA are not responsible for student health care related costs. All students are required to maintain current health care coverage at all times while enrolled in the program

Exposure to Communicable Diseases

Any student who has been exposed to a communicable disease, i.e. chicken pox, and are known to be susceptible, may not be allowed to provide patient care during the potential period of communicability. Students unsure of their immune status should not provide care until proof of immunity is provided. Any student who believes they have a transmissible infectious disease, including disease of the respiratory system, GI system or integumentary system must report this to program administration.

Exposure to Environment and Chemical Hazards

Certain environmental and chemical hazards exist in the operating room, which the student entering the profession of nurse anesthesia should be aware of:

1. Selected inhalation anesthetic agents are known to be hepatotoxic and on occasion an individual may develop sensitivity to agents, which are reflected in abnormal liver function studies. In addition, studies performed in the past have demonstrated an association between sustained exposure to an anesthetic environment and an increased incidence of spontaneous abortions, birth defects and certain types of malignancies for both male and female personnel. While no cause and effect relationship has been established, consideration should be given to these findings prior to entry into an anesthetizing area.
2. A student who has a suspected allergy or intolerance to latex and/or powder should be evaluated by their health care provider.
3. Students will be exposed to radiation during certain operative procedures. Lead aprons, thyroid shields, and lead glass eye protection are available at each anesthetizing location and must be worn during radiology procedures
4. Responsibility for accepting the risks associated with this specialty rests with the individual who chooses to work within this environment, rather than with the institution, which takes required precautions to minimize potential hazards.

Commented [S1]: Deleted info stated above

Hospital Manuals, Policies and Procedures

Students are responsible for familiarizing themselves with manuals, policies and procedures at each clinical site.

Manuals, policies and procedures for Beaumont hospitals may be found [here](#).

HIPAA

In accordance with HIPAA (Health Insurance Portability and Accountability Act), patient information is not to leave the hospital or be left in open view of those not caring for the patient. Students should never copy, carry or share any secured patient information (name, hospital number etc.) outside hospital premises. Computers programs that display patient information must be closed and not left unattended. This includes, but is not limited to the surgery schedule used to obtain assignments and specific patient information obtained in preparation for your clinical day. Failure to comply with HIPPA requirements could result in immediate dismissal from the program. All students should review Beaumont Hospital's HIPAA and Confidentiality policies found on the "Inside Beaumont" website.

Lines of Communication Policy

The purpose of this policy is to delineate various modes of communication that a student may use for conflict resolution or questions. Students have the right to expect that the normal lines of student communication begin with the clinical and/or didactic faculty. Subsequent steps include contacting the clinical coordinator(s), followed by the assistant director, and then program director. The Associate Dean, and ultimately the Dean of the School of Nursing at Oakland University may be contacted after the program faculty. In general, any of the program administrative faculty can answer questions as they arise.

Program Faculty

Director	Anne Hranchook, DNP, CRNA	Beaumont office	(248) 898-1270
		Oakland Office	(248) 364-8708
		Cell	(586) 480-0001
Assistant Director	Mary Golinski, PhD, CRNA	Beaumont office	(248) 898-8043
		Oakland Office	(248) 364-8776
		Cell	(248) 709-1605
Admissions Coordinator	Andrea Bittinger, DNP, CRNA	Beaumont office	(248) 898-7683
		Pager	(248) 992-4752
Clinical Coordinator	Linda McDonald, DNAP, CRNA	Beaumont office	(248) 898-1812
		Cell	(248) 408-2016
Simulation Coordinator	Laura Rodgers, DNAP, CRNA	Beaumont office	(248)-898-6234
		Pager	(248) 992-8285
Program Administrator	Susan Davis	Beaumont office	(248) 898-8075
		Oakland office	(248) 364-8774

School of Nursing Faculty

Dean	Judy Didion, PhD, RN	Office	(248) 364-8787
Interim Associate Dean	Carrie Buch, PhD, RN	Office	(248) 367-8716

Attendance at Orientations

Students must attend all scheduled orientations for OU and Beaumont

Graduation Events

Graduating seniors are expected to attend program and university graduation events.

Oakland University Emergency Closing

An emergency closing is an unanticipated official closing of the university in which scheduled classes (on campus) are cancelled and all university offices are closed. An emergency closing will generally occur when the university is unable to function because of utility failure, inability to clear campus roadways and parking lots because of excessive snowfall and when a snow emergency is declared by the State Police. Off-campus clinical and classroom sites are considered extension centers. Clinical and classes held in extension center may be cancelled if the same conditions occur as on campus. According to the university policy, students should be sent home only if the clinical agency's roads and sidewalks are equally impassable.

If the situation occurs that the clinical agency is located where there is weather or other emergency, the **agency** rules must be followed. The safety of students, faculty and nature of clinical commitments are key factors in determining closing a clinical period.

Oakland University encourages you to explore the information on their website. To sign up to receive text message alerts in the event of a major campus emergency, university closure or campus wide cancellation of classes, visit the Emergency Notification website. To register, you must have a Grizz ID and valid OU e-mail address. Voice alerts are available for OU community members without text message capability.

PROGRAM EVALUATION PROCESS

Continuous evaluation of the nurse anesthesia program occurs at regular intervals. The nurse anesthesia program administration, faculty, curriculum, students and resources will be continuously evaluated to assure attainment of educational excellence and compliance with the standards set forth by the Council on Accreditation. The evaluation plan for both undergraduate and graduate programs of the School of Nursing are described in the Oakland University School of Nursing Evaluation Process document. Components that relate directly to the Nurse Anesthesia Track are described below.

Student Evaluation

Evaluation of Student Clinical Performance

1. Beginning with Clinical Internship I, clinical CRNA/MD instructors will complete a Clinical Performance Evaluation tool each clinical day. Students are required to submit and collect daily clinical evaluations through the last clinical day of the program. [See Appendix D– Daily Clinical Evaluation Tool](#)
2. The Clinical Internship objectives are based on the Standards of Nursing Practice for Advanced Practice Nurses (ANA), the AANA Standards for Nurse Anesthesia Practice, and program outcome criteria.
3. It is the student's responsibility to completely fill out the top section of the evaluation form and submit to the clinical CRNA/MD instructor at the beginning of each clinical day. The procedure, date, ASA status and other information must be complete. Incomplete evaluation forms will be returned to the student.
4. Students review their written evaluations and, if necessary, request clarification from the CRNA/MD instructor if they have questions.
5. If students have questions about their evaluation they should speak with their instructor as a first step. Following this, the student may proceed in the following order to discuss their evaluation: the site coordinator, program clinical coordinator, assistant director and director.
6. Students who receive a "1", indicating they performed an action that may be harmful, unsafe or does not meet the objective *must discuss the circumstances with a program clinical coordinator* (assistant or program director if clinical coordinator is not available) *within 24 hours of receiving the evaluation*.
7. Each student must be certain that they have received a completed written evaluation for each clinical day or monthly (site dependent). Total semester evaluations will be tallied by the student and this information will be documented on the student self-evaluation form. The student will receive an *(U)nsatisfactory* grade for the Clinical Internship if at least 90% of evaluations are not turned into program clinical coordinator.
8. If an instructor fails to return an evaluation, the student should request the completed evaluation from the CRNA/MD instructor. It is the student's responsibility to retrieve completed evaluations.
9. Simulation Evaluation: Students will be evaluated daily when assigned to the simulation lab using the student simulation evaluation tool and skill competency checklists as appropriate.
10. In the second year of the program, students may be assigned to a clinical site that requires less frequent evaluations (i.e. Children's Hospital of Michigan). Students will be informed by the program and clinical site when this applies.

Student Formal Self-Evaluation

1. Students will complete a self-evaluation at the end of each semester, beginning with Clinical Internship II and ending with VI. [APPENDIX B STUDENT SELF EVALUATION FORM](#)
2. The self-evaluation form, collected daily evaluations, and care plans are submitted by the student and turned into the program clinical coordinator. The clinical coordinator will then give the completed packet of information to the student's assigned preceptor. The preceptor formulates a summary evaluation and returns it to the clinical coordinator.

End of Semester Clinical Summary Evaluation of Student

Students are assigned a preceptor beginning with Clinical Internship I. The preceptor's role is to instruct, mentor, and guide the student's clinical performance. The student/preceptor relationship allows the clinical coordinator to better communicate specific learning needs to the preceptor to improve the student's clinical performance. Students may use their preceptor as a resource person even when the student is assigned to work with other instructors. The clinical coordinator attempts to schedule the student with their assigned preceptor as often as possible. At the end of the semester the preceptor completes a semester summary of the student's clinical performance and suggests a plan for continued improvement.

1. Evaluation materials will be distributed to each student's CRNA preceptor at the end of each semester by the clinical or site coordinator.
2. The preceptor will review the self-evaluation, care plans, and the clinical performance evaluations.
3. The preceptor will develop a summary statement that details the student's progress and, based on strengths and weaknesses, will offer recommendations for continued improvement and development in the clinical area.
4. At the end of the semester, students will meet with the program clinical coordinator to review and discuss the Clinical Summary evaluation. It will be signed by the student and coordinator and placed in the student's file. Students will be given a copy of this summary.
5. At the end of each semester, a Satisfactory/Unsatisfactory (S/U) grade is assigned for each clinical internship completed. Students must earn a course grade of (S)atisfactory in order to progress to the next clinical internship. Students who fail to meet the objectives for the clinical internship will receive an (U)nsatisfactory grade and will be recommended for dismissal from the program.

Self-Evaluation Examination (SEE)

The SEE examination is a NBCRNA developed computerized adaptive test that is available for students to take who are enrolled in an accredited nurse anesthesia educational program and who are more than 30 days from expected date of graduation. Nurse Anesthesia students enrolled in the OUBGPNA are required to take the self-evaluation exam (SEE) twice during the program—once in the second year and once in the third year. The month that the exam must be taken is designated by faculty and students will be given a day out of clinical to take the exam. Students are responsible for contacting the testing center to schedule their exam and for the costs of the exam.

The three main objectives of the SEE are as follows:

- 1) to provide information to students about their progress in the nurse anesthesia educational program
- 2) to provide information to program administrators on how well their programs are preparing students with the knowledge they need for anesthesia practice
- 3) to prepare students for the National Certification Examination (NCE) experience. To meet these objectives, the examination has specifications similar to those of the NCE, is administered under secure conditions, and has a reporting system designed to provide maximum feedback to students and program administrators.

During the sixth semester of the program, OUBGNPA students must achieve a score on the SEE that equates to success on the NCE. This minimal score is calculated annually by NBCRNA and will be provided by faculty prior to taking the exam. If a student fails to achieve this score, the student must repeat the SEE until that score is achieved. The cost to take the SEE exam is the responsibility of the student.

Faculty Evaluation

Faculty of Record and Didactic Instructor Evaluation

1. Course Evaluation — Students have the opportunity to evaluate each course at the end of each semester in accordance with the Oakland University School of Nursing evaluation plan. Faculty effectiveness evaluations are completed on line via Moodle.
2. Guest/Didactic Lecturers — Students will evaluate guest lecturers for topics presented throughout the semester on Typhon.

Student and Faculty Evaluation of Clinical Agencies/Clinical Instructors

1. Students will evaluate clinical affiliate agencies, clinical instructors and site coordinators at the end of each assigned rotation using Typhon. This should be done within one week of completion of each site.
2. Nurse anesthesia faculty is ultimately responsible for evaluation of student experiences, and will make site visits to affiliating agencies during clinical courses.

3. Nurse anesthesia faculty will visit each clinical site annually, and participate in evaluating students in the clinical area.
4. Results from student Typhon evaluations will be de-identified, summarized and distributed to the affiliate sites during annual site visits.

Program Evaluation

Evaluation of the Oakland University-Beaumont Graduate Program of Nurse Anesthesia will occur as depicted in the tables seen in [Appendix A](#).

ACADEMIC PROGRAM POLICIES

Class Attendance

1. Attendance for all lectures and exams is mandatory.
2. Students rotating to a distance site will be expected to attend class at the nearest location unless another arrangement has been made with the faculty of record.
3. Instructors will notify the faculty of record and program administration if a student is absent or consistently tardy to class.
4. In an extreme emergency, students who are unable to attend a class day must notify the faculty of record for the course and email program secretary at davis@oakland.edu within 2 hours of the scheduled class start time. Failure to do so will result in an unexcused absence.
5. The academic calendar detailing specific class start dates, final exam dates and school breaks is available via the [Oakland University website](#) and in the current Oakland University Graduate Student Catalog.
6. All students (traditional and distance) are expected to be attentive and respectful of all lecturers. Casual conversation, inattentiveness, behaviors that others will find distracting, and leaving the classroom during lecture is inappropriate and disrespectful to classmates and lecturers.
7. Professional attire is expected of all students on class days regardless of location. Professional attire is defined as business casual.
8. Laptops and electronic devices are to be used in class only for work related to the program.
9. Due to the nature of the anesthesia profession and because patient care is a priority, instructors may not be available as scheduled. Therefore, class will occasionally be cancelled, moved to an earlier or later time, or moved to a different day. The program makes every attempt to see that instructors arrive in a timely manner and class is held as scheduled. Program faculty reserves the right to reschedule class/clinical days to meet learning objectives.

Academic Conduct

Students are expected to practice and uphold standards of academic integrity and honesty as outlined in the Oakland University graduate catalog under the section titled "[Code of Student Conduct and Rights](#)." Academic dishonesty may result in a numerical grade of 0.0 for a course.

In addition to the Oakland University Academic Conduct policy, completion of all course related assignments must be the result of the student's individual effort, except in the circumstance where the assignment requires group effort.

1. Students are required to follow instructions contained in policies and procedures provided by the instructor, program and university. The student is charged with the responsibility of assuring that rules and procedures are understood in order to avoid inadvertent misrepresentation of their work.
2. Individual work on in-class, take-home or on-line examinations, reports, care plans, and on line course work is expected unless the instructor specifically makes an exception to this policy. Documentation of references must be honest and accurate.
3. Students must assume that an instructor intends for work to be completed for that course only. Any work that a student completed for a course taken in the past, or is completing for a concurrent course, must not be submitted in that instructor's course unless the student receives the instructor's specific permission.
4. Misrepresentation by words or conduct regarding the source of a student's work is characterized as academic misconduct, meaning a student is claiming credit for ideas or work that is not actually his or hers, and the student is thereby attempting to obtain a grade that is not earned. The following are examples of misrepresentation:
 - A. Looking at another student's test during the exam
 - B. Using materials such as books, notes, or electronic devices when not authorized by the instructor during exams
 - C. Taking advantage of prior information not authorized by the instructor regarding questions to be asked on the exam or in the simulation lab
 - D. Copying from another student's work, paper or care plans
 - E. Sharing answers or working together on take home or on-line exams
 - F. Helping someone copy work
 - G. Substituting another person or that person's work during an examination or on any coursework
5. Plagiarizing from the work of others is prohibited. When utilizing written sources, a clear distinction should be made between quotations, which reproduce information from the source word for word within quotation marks and paraphrases, which are a restatement of the source information produced in the student's own words. Both direct quotations and paraphrases must be referenced. Sources are crosschecked by computer verification.
6. Falsifying information about a patient or anesthetic care, or in any way failing to share information regarding a patient or their anesthetic care.
7. The practice of anesthesia requires a commitment to honesty and integrity at all times. Because of the potential for patient harm in the clinical area, any examples of unethical or academic misconduct are extremely serious and will not be tolerated. Students identified as committing unethical acts or academic misconduct will be reported to the Program Director, Dean of the School of Nursing and the Dean of Students.
8. Students are required to report any evidence of academic or clinical misconduct or dishonesty to their instructor and program director. This information will be kept in confidence and an investigation conducted.

Testing Procedure

Due to the nature of the field of practice, it is essential that evaluative measures, such as written or oral examinations, be given in such a manner as to allow the student the opportunity to demonstrate their knowledge to the greatest extent possible. At the same time, test security must be preserved, and the opportunity for academic misconduct minimized. The purpose of this procedure is to identify the minimum guidelines required for the administration of examinations in the nurse anesthesia didactic courses. The following elements will be present when an examination is administered as part of a nurse anesthesia didactic course.

1. The instructor responsible for the class will provide an examination schedule. This schedule will include major examinations, but may not include other evaluative measures such as quizzes, demonstration evaluations, or oral examinations.
2. During exam administration, the following measures may be employed:

- A. Seating of students via instructor prepared seating chart
 - B. Spacing of students as the room permits, two rooms may be required
 - C. Scrambled exams with each question out of order from another exam
 - D. Seating that permits instructor clear view of laptop or computer
3. Students may not use a PDA, cell phone, or other unapproved electronic devices during examinations. If calculations requiring a calculator are required, the instructor will provide one.
 4. The instructor, or a proctor appointed by the instructor, will administer exams. The table must be cleared of all personal items except a pencil. Students will not be able to leave the classroom until their completed exam is submitted. The instructor may allow students to leave as they finish the exam. *However, once a student has left the classroom, they will not be able to return until everyone has completed their exam.*
 5. Once a quiz or examination has been turned in to the instructor or proctor it is considered complete and the student may not request to review the exam or change answers.
 6. Examinations and quizzes are the property of the program and students may not possess or make copies of any exams. Failure to observe this is a serious violation of academic conduct and will be handled according to the policy on academic conduct.
 7. Review of a completed exam must be done in the presence of program faculty or the program secretary. The review period will be limited to three days immediately following the posting of grades. Distance site students will be allowed to review their exam by appointment on their next rotation to Beaumont, Royal Oak.
 8. Students are not permitted to make written notes regarding exams or place marks on the exam while reviewing it.

Testing Procedure for Students Located at Distance Sites

1. At distant sites, students will be proctored via distance technology.
2. Students' computers must be visible to the monitor and microphones must be on.
3. In the event that a paper and pencil exam is utilized, a proctor will be designated to handle distribution, retrieval and delivery of exams on behalf of OUBGPNA.
4. Distance proctor may be entering the exam room to assure test security and academic conduct.

Student Employment

The purpose of this policy is to define the position of the school as it relates to student employment while enrolled in the program. The time commitment involved in graduate study may prohibit a student from working during the program. In the event that a student chooses to work, the following guidelines are given:

- The student's performance in the program will dictate how much the student may work. If a student is experiencing difficulty in either the didactic or clinical areas, the student may be advised to stop working as part of the corrective plan for didactic/clinical deficits.
- **Under no circumstances may a student be employed or represent themselves as a Certified Registered Nurse Anesthetist (CRNA) by title or function while matriculating in the program.** Violation of this policy is grounds for immediate dismissal from the program.

Student Health Care

Health Insurance

1. Students must obtain and maintain health insurance coverage for the duration of the 28 month program.

2. Clinical agencies are not required to provide free treatment for students and will bill individuals for use of their emergency or employee health services.
3. OU does not cover any costs associated with student injuries or accidents at clinical.

Impairment/Chemical Dependency/Substance Abuse

As noted in the Ethics section in this Student Handbook, patients have the right to expect that the student and supervisory personnel providing services are mentally alert and not impaired by fatigue, drugs or other incapacitating conditions. Therefore students must not be impaired by drug or alcohol use, fatigue, physical or mental illness or any condition that causes impairment at any time during the program. This includes clinical and classroom education at all locations. Students are expected to report any student suspected of drug, alcohol or cognitive impairment to the program director at any time during the program.

Students in the program are subject to the Oakland University Conduct Code, the judicial system and the policy and procedures of the institutions that they rotate to. All students are directed to review policies and procedures for the individual institutions they are assigned to.

STANDARDS OF PROFESSIONAL Performance

The American Association of Nurse Anesthetists and the American Nurses' Association (ANA) Scope & Standards of Practice provide the foundation for the OUBGPNA student expectations. The Standards identify sixteen areas of professional performance that are expected of every nurse. As part of the graduate nursing student's development, it is imperative that this professional conduct be demonstrated in all health care and academic settings. Each standard is followed by competencies for the registered nurse and additional competences for the graduate-level prepared specialty nurse and the APRN.

Reference: <http://www.aana.com/resources2/professionalpractice/Pages/Professional-Practice-Manual.aspx> and American Nurses Association. (2010). *Nursing: scope and standards of practice* (2nd ed.). Silver Spring, MD: Author

Core Performance Standards

Graduate students must be able to demonstrate all of the Core Performance Standards while a student in the SON. Any graduate student who believes that he/she may need assistance meeting the Core Performance Standards should contact the OU Office of Disability Support Services (DSS), 103A North Foundation Hall, phone: (248) 370-3266; TTY (248) 370-3268.

Competency	Standard
Critical Thinking	Inductive/deductive reasoning sufficient for clinical judgment and decision making
Interpersonal	Interpersonal abilities sufficient to interact with individuals, families, and groups from a variety of social, emotional, cultural, spiritual and intellectual backgrounds
Emotional Stability	Emotional stability sufficient to assume responsibility/accountability for actions
Communication	Communication abilities sufficient for interaction with others in verbal and written form
Motor Skills	Gross and fine motor abilities sufficient to provide safe and effective nursing care
Visual	Visual ability sufficient to provide safe and effective nursing care
Hearing	Auditory ability sufficient to provide safe and effective nursing care
Tactile	Tactile ability sufficient for assessment and implementation of care

Competency	Standard
Health	Characteristics that would not compromise health and safety of clients

Standards for Nurse Anesthesia Practice

The graduate student is responsible for reading and adhering to the most up-to-date practice related documents, including the [Scope of Nurse Anesthesia Practice](#) and [Standards for Nurse Anesthesia Practice](#).

The AANA Standards for Nurse Anesthesia Practice offer guidance for Certified Registered Nurse Anesthetists (CRNAs) and healthcare institutions regarding nurse anesthesia practice. CRNAs are responsible for the quality of services they render.

These standards are intended to:

1. Assist the profession in evaluating the quality of care provided by its practitioners.
2. Provide a common base for practitioners to use in their development of a quality practice.
3. Assist the public in understanding what to expect from the practitioner.
4. Support and preserve the basic rights of the patient.

Oakland Beaumont Graduate Program of Nurse Anesthesia Professionalism

Students are responsible for reviewing all content in the [Oakland University Graduate Catalog](#), [Oakland University School of Nursing Graduate Handbook](#) and Nurse Anesthesia Student Handbook.

Students who qualify are strongly encouraged to join Sigma Theta Tau, the International Honor Society for Nurses. Students are encouraged to become active in Sigma Theta Tau, AANA, MANA, MANAS (Michigan Association of Nurse Anesthesia Students), and other professional organizations. Students must be in good academic and clinical standing in order to attend these activities.

As a Student Registered Nurse Anesthesia Student (SRNA), you are a representative of our profession, Oakland University, and our affiliate clinical agencies. Students will conduct themselves in a professional and respectable manner during class time, in the clinical area and during professional meetings and conferences. SRNAs must always identify themselves as nurse anesthesia students and never misrepresent their professional status.

Ethics

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia shall be conducted within the ethical and moral standards defined by those professional groups (organizations, institutions, agencies, government boards, or other entities) having an impact on the individual program and on nurse anesthesia in general.

Interpretation and Guidelines

1. Those professional groups (organizations, institutions, agencies, or governmental entities) that have an impact on this program and on nurse anesthesia in general are defined to include as a minimum, the American Association of Nurse Anesthetists, the American Society of Anesthesiologists, the American Hospital Association, the American Medical Association and American Nurses Association as pertains to medicine and nursing in general state and federal governmental agencies having to do with licensure and

other regulation of hospitals, health personnel, and consumer interest groups. Consumer interests are further defined to include patients, employers and students (as a consumer of the educational program). These third parties shall have access by oral and/or written presentations to the Council on Accreditation.

2. The maintenance of high ethical and moral standards is the joint responsibility of the conducting institutions, the faculty, affiliating institutions, the students, and the accrediting agency. Many of these responsibilities are reciprocal. However, each bears responsibility for assuring that those services provided to patients are in conformance with defined ethical and moral standards.
3. The promotion of attitudes, conducive to the development of high ethical and moral standards among practitioners, relative to the practice of nurse anesthesia, is a responsibility of the program of nurse anesthesia. Attitudes and standards of conduct can seldom be learned from lectures or preachments. The most effective means of teaching these is through acting as role models. Thus, the conduct of the program, as well as the environment within which it exists, will be conducive to promoting appropriate attitudes and standards of conduct, and criteria for graduation will be reasonable assurance that the graduate has accepted these as a part of his or her own personal value system.
4. Loyalty, as a part of an ethical or moral code, flows up and down the organizational channels. It should not be misconstrued to mean absence of valid critique, complaint, or discussion, nor total agreement with consensus or other managerial decisions. It does imply support of management policies or decisions and working within the system to effect change in those policies or decisions in which there is disagreement or difficulty.
5. It is expected that students will demonstrate commitment/loyalty to institutions to which they have accepted financial support and/or made employment agreements.
6. Third party presentations to the Council on Accreditation shall not be made without exhausting first all avenues of due process within the conducting institution.

Guidelines for Ethical Conduct of a Nurse Anesthesia Educational Program

These guidelines shall serve as the basis for assessing the ethical conduct of a nurse anesthesia educational program. They are defined in relation to the rights and responsibilities of the major participants in this joint endeavor - the profession, the patients, the students, the faculty, the conducting and affiliating institutions, and the accrediting agency.

Relative to the Profession:

Honesty and integrity will be the basis for representation of the program to patient, students, and the public.

Relative to Patients:

1. Patients have a right to know who is administering their anesthesia, who will be supervising the administration of the anesthetic and the relationship between the two. No practice shall be engaged in which is intended to deceive the patient in this regard. Student anesthetists are not to represent themselves by title or function as a CRNA.
2. Patients have a right to expect that those anesthesia services provided by students will be under the supervision of a CRNA or an anesthesiologist, consistent with the anesthesia risk of the procedure, the magnitude of the anesthesia and surgery, and the educational level of the student. At all times a CRNA or anesthesiologist shall be immediately available in all anesthetizing areas where students are performing anesthesia.
3. Patients have a right to expect that the student and supervisory personnel providing their services are mentally alert and not impaired by fatigue, drugs, or other incapacitating conditions. The program has the right to require drug screening, physical and psychological assessment by the Occupational Health Services or Emergency Center when impairment or fatigue is suspected.
4. The patient's surgeon, or responsible physician, shall be kept informed pertaining to the anesthetic management and any complications arising from that management.
5. Patients have the right to expect that students will avoid conflicts between his or her personal integrity and the patient's rights. In situations where the student's personal convictions prohibit participation in a particular procedure, the student refuses to participate or withdraws from the case provided that such refusal or withdrawal does not harm the patient.

6. Patients have the right to confidentiality as outlined in the HIPPA regulations.

Relative to Students:

1. Students have a right to expect that:
 - a. Upon acceptance into an accredited program of nurse anesthesia that they will be provided that quality of education necessary to fulfill the objectives of the program.
 - b. The program will prepare graduate nurse anesthetists who have the knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication and the professional role.
 - c. The program provides the opportunity for:
 - i. Integrating theory underlying the practice of anesthesia with the actual practice.
 - ii. Providing anesthetic management to all categories of patients for most or all varieties of diagnostic or therapeutic interventions utilizing consultation as required.
 - iii. Functioning with minimal supervision in all sizes and/or locations of hospitals or agencies.
 - iv. Assuring patient comfort and safety within the confines of those aspects of care over which a nurse anesthetist has control or can influence through consultation, advice or other actions.
 - v. Incorporating sound ethical and moral practices into his/her own personal value system relative to nurse anesthesia practice.
 - d. They will not be exploited relative to time commitment or pay for the profit of the conducting institution or corporation.
 - e. Enrollment in a program of nurse anesthesia is equivalent to an agreement between the student and the program, and that the rights and responsibilities of each party of the agreement are fully understood and complied with. Student's failure to achieve the goal within the time frame expected for which he/she enrolled is based on valid, reliable data and information from evaluations, viewed objectively and fairly, and reviewed as may be required by due process mechanisms when contested.
 - f. Fair and accurate evaluations of their progress in the educational program and to be kept informed of the status of that progress.
 - g. That the normal lines of student communication begin with the clinical and/or didactic faculty. Subsequent steps include the Clinical Coordinator, Assistant Director, Program Director, Associate Dean, and ultimately the Dean of the School of Nursing.
2. Students and graduates have the right to have access to transcripts of their academic and clinical achievements and upon their request have verified copies furnished to institutions, agencies, other programs of nurse anesthesia, or others specified by the student or graduate. A fee for copying may be charged and payment would be the responsibility of the student.
3. Graduates have the right to expect that an official Transcript of Student Record will be forwarded to the National Board of Certification & Recertification for Nurse Anesthetist in sufficient time for eligibility determination so that graduates may schedule the Certification Exam at their earliest convenience following program completion. Students will be held accountable for:
 - a. The quality of preparation, completion and performance of graduate work.
 - b. Complying with the policies, procedures, and regulations pertaining to the program of nurse anesthesia.
 - c. Fulfilling all responsibilities and requirements connected with the program defined at the time of enrollment in the program, or made a part of the educational agreement during the period of enrollment.
4. In addition to the information in this handbook, students are referred to the Oakland University Graduate Catalog and the Oakland University School of Nursing Graduate Handbook. Students are expected to read and be aware of the code of student conduct and rights, student responsibilities and policies and procedures outlined in these publications.

Ethical Responsibilities

Relative to Research:

1. Students who elect to conduct research must do so according to acceptable ethical research and reporting standards established by public law, institutional procedures, and the health professions.
2. The student protects the rights and well-being of people and animals that serve as subjects in research.
3. Students are expected to follow the policies and procedures of Oakland University, the School of Nursing and the institutional review boards in the facilities in which they are conducting research.

Relative to Endorsement of Products and Services

1. Students will adhere to the codes of Business and Ethical Conduct at each affiliate institution

Relative to Protection of Patient Privacy

1. Students will refrain from sharing or discussing protected patient information in public places or through electronic media.
2. Students will uphold the standards, policies and procedures set forth by each institution they are assigned in relations to HIPPA regulations and maintaining patient privacy.
3. Students will refrain from taking photos or sharing any information that may be used to identify patients or violate privacy.

Social Media Policy

See [appendix H](#).

AANA Code of Ethics

Students are responsible for following the AANA code of ethics

Bullying

If you are a student in the SON and you believe that you have been a victim of lateral violence or “Bullying” in any setting, please communicate it to the SON as soon as possible. The SON has a process for communicating your concerns. If the incident(s) occurred during a clinical experience, the communication process is as follows:

1. Discuss the matter with your clinical faculty,
2. If the matter is not resolved to your satisfaction, next discuss the matter with the course Faculty of Record (FOR),
3. If the matter is not resolved to your satisfaction, next discuss the matter with the Graduate Program Director,
4. If the matter is not resolved to your satisfaction, next discuss the matter with the Associate Dean, and
5. If the matter is not resolved to your satisfaction, next discuss the matter with the SON Dean.

If the incident(s) occur in any other academic setting, begin the communication process with #2, the course FOR.

If you experience an incident or are in any academic setting that makes you feel unsafe, call the agency’s security immediately and have them come to the department/unit, walk you to your car, contact OU/local police, etc. For further information, refer to the ANA (2015) position statement on Incivility, Bullying, and Workplace Violence at <http://www.nursingworld.org/MainMenuCategories/Policy-Advocacy/Positions-and->

[Resolutions/ANAPositionStatements/Position-Statements-Alphabetically/Incivility-Bullying-and-Workplace-Violence.html](#)

Boundary Violations

Divulging information of any sort about patients/and or their families on the Internet or any other social medium is considered unethical and unprofessional behavior, and may result in sanctions. Boundary violation web link from the ANA and National Council of State Boards of Nursing is https://www.ncsbn.org/Social_Media.pdf for further information.

Family Educational Rights & Privacy Act

The federal Family Educational Rights and Privacy Act (FERPA) of 1974 pertain to confidential student educational records. This legislation allows students the right to view their own confidential educational records upon request and defines the use of these records by others. The OU Dean of Students is the university compliance officer for the FERPA. OU is subject to the provisions of the FERPA. Accordingly, student grades may not be publicly posted in any form that violates the confidentiality of student records.

POLICIES AND PROCEDURES FOR PROGRESSION, RETENTION, AND DISMISSAL IN THE SCHOOL OF NURSING

Program Progression

Grading

As stated in the Oakland University Graduate Catalog, many programs have more stringent grade requirements for credit and retention. Students enrolled in the Oakland University-Beaumont Graduate Program of Nurse Anesthesia will follow the policies in this handbook in regards to grading and progression for both didactic and clinical courses. Students must successfully pass both the didactic and clinical component each semester in order to progress to the next semester. Some foundation courses may be repeated at the discretion of the Program Director and Dean.

Didactic Evaluation

Evaluation of students' didactic performance is by academic achievement in the classroom. Progression in the program requires maintenance of a 3.0 GPA for each course. Faculty of Record will counsel and issue a midterm academic advisement if a student's course grade is less than 3.0. At the end of the semester, if the student's course grade is less than 3.0, program faculty will recommend that the student be dismissed from the program. Some foundation courses may be repeated at the discretion of the Program Director and Dean.

Clinical Evaluation

Students must earn a clinical internship course grade of (S)atisfactory each semester in order to progress to the next semester. Students who are not making satisfactory clinical progress in the program may be placed on a clinical advisement or probation. A plan for remediation will be developed with the student and the following additional steps will be taken:

- A written copy of the advisement will be given to the student.
- The Dean of the SON at OU will be notified of the clinical advisement.
- During the advisement period, program faculty will meet with the student weekly to discuss the student's clinical performance.

- A student who continues to make progress and meets the clinical objectives will receive a satisfactory grade.
- A student who fails to progress in meeting the Clinical Internship objectives or demonstrates unsafe or egregious practice will receive an (U)nsatisfactory grade for that Clinical Internship and be recommended for dismissal from the program.
- A student can be placed on a maximum of one clinical advisement period during the program. Any subsequent pattern of performance that falls below acceptable standards will result in recommendation for dismissal.

Grounds for Dismissal

While the procedure for dismissal of a student for clinical performance is generally preceded by an advisement period, grave misconduct may warrant immediate dismissal. Grounds for dismissal from the program may include, but are not limited to, the following:

- Theft
- Gross professional misconduct or insubordination
- Cheating
- Any egregious practice
- Conviction of a felony
- Inappropriate credentials/willful misrepresentation with respect to any information provided to the program or clinical affiliates
- Confirmed drug abuse
- Breach of ethical conduct
- Willful or negligent action that may lead to deleterious effects on the patient
- Violation of any rules governing license to practice nursing
- Failure to abide by the policies and procedures of the program and/or any clinical affiliate

Any student who feels that he/she has received unfair disciplinary action or unsatisfactory management of allegations relating to his/her failure to meet clinical objectives or professional misconduct may initiate grievance proceedings. Students are directed to comply with the guidelines and procedures outlined in the Oakland University School of Nursing Graduate Student Handbook.

Grievance Hearing Procedure

See [Grievance Procedure](#) in the School of Nursing Graduate Handbook

Withdrawal Policy

Any student who wishes to withdraw or resign from the program must submit a letter stating such to the Director of the program, their SON academic adviser, and the Dean of the School of Nursing. Additionally, students must submit the SON Withdrawal form. OU withdrawal deadlines can be found on the OU website at: <https://oakland.edu/registrar/registration/dropornot/>.

Leave of Absence Policy

Nurse anesthesia students who are considering a leave of absence must seek immediate guidance from the nurse anesthesia program director. Whenever possible, the request should be made in advance of the anticipated leave or as soon as possible after commencement of an emergency leave. A letter of explanation detailing the circumstances surrounding the request must be submitted to the program director along with notification. The curriculum builds upon didactic and clinical experiences in a sequential manner. Students who are absent beyond the end of an approved Leave of Absence are not guaranteed re-entry into the program.

It is the student's responsibility to ensure that the proposed leave is compatible with the regulations of any granting agency from which funding would normally be received during the leave period and that such agencies are informed of the proposed leave. Student on student loan or financial aid programs should determine the consequences that such a leave may have on their repayment status.

Application to Graduate

Criteria for Graduation

A student will be eligible to take the National Certification Examination, administered by the NBCRNA only after they have met all graduation criteria.

Program graduation criteria:

1. Completion of all program and university requirements
2. Achievement of all program outcome criteria as described in the student handbook
3. Current ACLS, BLS and PALS (must be valid for 3 months after graduation date)
4. Current RN license
5. Return of program property, including keys, ID badge, pager and library materials
6. Forwarding address and e-mail with program secretary
7. Completion of Senior Exit Evaluation
8. Submission of final case records.
9. Payment of all tuition and fees

Students who are following the 42 hour Post-Master's Certificate curriculum will not be eligible to participate in Oakland University's commencement.

Students will complete the application for the National Certification Examination at a time determined by faculty prior to graduation. Proof of a current nursing license as well as ACLS, BLS and PALS certification will be required and must not expire for 3 months. RN licensure must not expire within 90 days of the end date of the program.

In order to graduate you must apply for graduation at: <https://www.oakland.edu/grad/current-graduate-students/graduation/>

APPENDIX A: PROGRAM EVALUATION

Evaluation of the Program

Evaluation of the Oakland University-Beaumont Graduate Program of Nurse Anesthesia will occur as depicted in the following tables:

Program Evaluation Summary

1. Evaluation of Student:

Area	By Whom	Form	Frequency	Reported To	Summary To
Clinical Performance	CRNA/MDA Clinical Instructors	Clinical Internship: Evaluation of Clinical Performance I; II; III-V; V-VIII	Each Clinical Day or Monthly (Site Dependent)	Student	Program Faculty
Informal Daily Self Evaluation	Student	No Form	Each Clinical Day	Clinical Preceptor	N/A
Formal Self Evaluation	Student	Student Self Evaluation	Submitted at end of each semester	Clinical Preceptor Program Faculty	Program Director
Course Grades	Faculty of Record	Posted on OU Website	Ongoing throughout course	Student	Program Director
End of Semester Clinical Summary	Clinical Preceptor	Clinical Evaluation Semester Summary	At end of each semester for Clinical Internship I-VII	Student/Program Faculty	Program Director
Self-Evaluation Examination (SEE)	Program Faculty	Review of NBCRNA Annual Report: Summary NCE/SEE Performance: Review of NBCRNA Self Evaluation Examination Examinee Score Reports	Annual	Faculty	Faculty Community of interest
Attainment of MSN- NA Outcome Criteria	Program Faculty	Certification-Attainment of Outcome Criteria	End of program	Faculty	Program Director Community of interest

2. Evaluation of Faculty:

Area	By Whom	Form	Frequency	Reported To	Summary To
Faculty of Record	Student	OU Classroom Faculty Effectiveness Tool	End of each semester	Faculty of Record/Director	OU SON Evaluation Committee
Didactic Instructor	Student	Guest Lecture Evaluation	After each lecture	Faculty of Record/ Director (End of Semester)	OU SON Evaluation Committee
Clinical Instructor	Student	Typhon Clinical Instructor Eval	Each Clinical Day	Clinical Instructor/Program Faculty/Director(Annually)	OU SON Evaluation Committee

Program Faculty	Program Director	OU or Beaumont Hospital Performance Appraisal	Annually	Individual Faculty	Dean SON
Program Faculty	Program Faculty (self-evaluation)	OU or Beaumont Hospital Performance Appraisal	Annually	Individual Faculty	Program Director
Program Director	OU Dean and Beaumont VP and CNO	OU Performance Appraisal	Annually	Program Director	Provost

3. Evaluation of Clinical Sites:

Area	By Whom	Form	Frequency	Reported To	Summary To
Clinical Site	Student	Typhon Clinical Site Evaluation	End of rotation	Program Faculty	OU SON Evaluation Committee
Clinical Site	Faculty	Written summary of annual site visit	Annually	Program Faculty	OU SON Evaluation Committee

4. Evaluation of Program:

Area	By Whom	Form	Frequency	Reported To:	Summary To:
Exit Evaluation	Students	Senior Exit Evaluation on Typhon	End of Program	Program Evaluation Committee (May)	OU SON Evaluation Committee/Students /Faculty/Community of Interest
Program Summary Discussion	Students	Informal discussion with Director and Assistant Director reflected in notes	End of Program	Program Evaluation Committee (May)	OU SON Evaluation Committee/Students / Faculty/Community of Interest
Post Graduate Evaluation	Graduates	OUBGPNA Graduate Self Evaluation	One year after Program completion	Program Evaluation Committee (May)	OU SON Evaluation Committee/Students /Faculty/Community of Interest
Post Graduate Evaluation	Employers	OUGPNA Employer Evaluation of Graduate	One year after Program completion	Program Evaluation Committee (May)	OU SON Evaluation Committee/Students /Faculty/Community of Interest
National Certification Exam	Graduates	Review of NBCRNA Annual Report Summary of NCE/SEE Performance: Review of NBCRNA National Certification Exam Program Director's Summary	Annually	Program Evaluation Committee (October)	OU SON Evaluation Committee/Students /Faculty/Community of Interest
Annual Report	Program	COA Annual Report	Annually	COA/Program Evaluation Committee (October)	OU SON Evaluation Committee/Students /Faculty/Community of Interest
Accreditation Review	Council on Accreditation	Program Self-Study and COA Site Visit	Accrediting Cycle	COA/Program Evaluation Committee (October of accreditation review year)	OU SON Evaluation Committee/Students /Faculty/Community of Interest

Annual Faculty Evaluation of Program	Clinical Faculty: CRNAs, MDAsNon-clinical OU faculty	Annual Faculty Evaluation Form	Annually	Program Evaluation Committee (May)	Students/Faculty /Community of Interest
Annual Clinical Site Evaluation of Program	Clinical Site Coordinators	Clinical Site Evaluation	Annually in conjunction with site visit	Program Evaluation Committee (May)	Students/Faculty/Community of Interest
Quarterly Program Staff Meeting	Clinical Faculty: CRNAs	Focused question and discussion related to program evaluation reflected in minutes	Quarterly	Program Evaluation Committee (May/October)	Students/Faculty/Community of Interest
Ongoing Program assessment	Current students	Focused question and discussion related to program matters. Open time allotted for students to voice concerns.	Biannual	Program Faculty	SON Community of interest.

APPENDIX B: STUDENT SELF EVALUATION

STUDENT SELF EVALUATION

DATE:

PRECEPTOR:

EVALUATION PERIOD (MONTHS):

ROTATIONS COMPLETED DURING THIS EVALUATION PERIOD:

NUMBER OF **SIGNED** CARE PLANS SUBMITTED:

NUMBER OF **CLINICAL DAYS** PROVIDING ANESTHESIA:

NUMBER OF RETURNED EVALUATIONS (MUST MATCH # OF O.R. DAYS):

NUMBER OF EVALUATIONS **NOT RETURNED** (Indicate site and CRNA):

PLEASE RATE YOUR PERFORMANCE **SINCE YOUR LAST EVALUATION** IN THE FOLLOWING AREAS:

1-NEVER 2-SOMETIMES 3-USUALLY 4-MOST OF THE TIME 5- ALWAYS

COGNITIVE SKILLS

Formulates appropriate care plans	1	2	3	4	5
Demonstrates peri-operative preparation and knowledge of anesthetic and surgical procedures	1	2	3	4	5
Exercises good judgment in problem solving	1	2	3	4	5

PSYCHOMOTOR SKILLS

Meets criteria for safe induction and emergence of patients	1	2	3	4	5
Selects, utilizes and places appropriate monitoring lines and equipment	1	2	3	4	5
Manages intraoperative hemodynamics skillfully	1	2	3	4	5
Maintains organization throughout the day	1	2	3	4	5
Charts completely and legibly	1	2	3	4	5

PROFESSIONALISM

Exhibits a professional demeanor	1	2	3	4	5
Communicates effectively with members of the health care team	1	2	3	4	5
Seeks out learning opportunities	1	2	3	4	5
Demonstrates interest and enthusiasm	1	2	3	4	5

PLEASE IDENTIFY **TWO** AREAS IN WHICH YOU FEEL YOU HAVE IMPROVED SINCE YOUR LAST EVALUATION.

DESCRIBE **TWO** CHALLENGING DAYS THIS EVALUATION PERIOD AND STATE:

- A) WHY THEY WERE CHALLENGING TO YOU,
- B) HOW YOU THINK YOU PERFORMED AND
- C) WHAT YOU LEARNED DURING YOUR EXPERIENCE.

LIST **TWO** OR MORE AREAS IN WHICH YOU WOULD LIKE TO IMPROVE DURING THE NEXT EVALUATION PERIOD AND DEFINE A PLAN OF GROWTH IN THESE AREAS.

COMMENTS:

APPENDIX C: END OF SEMESTER SUMMARY

Oakland University-Beaumont Graduate Program of Nurse Anesthesia
Clinical Internship II-IV Semester Summary

STUDENT:

SEMESTER:

EVALUATION SUMMARY COMPLETED BY:

Number of written evaluations reviewed (**Please arrange evaluations in order by date from last to first**): _____

Number of times you have worked with this student during this evaluation period: _____

SPECIALTY ROTATIONS COMPLETED THIS SEMESTER:

Evaluate the student using the following scale:

- 1-Does not meet objectives
- 2-Meets objectives with assistance
- 3- Meets objectives
- N/A- Not applicable or not mentioned

Patient Care/Clinical Skills	
1. Assessment: performs a comprehensive preoperative interview, incorporates assessment data in diagnostic and therapeutic decisions, sound judgment, obtains informed consent, identifies potential difficult airway	
2. Planning: formulates patient specific written & verbal care plans, selects & prepares appropriate equipment, performs appropriate safety checks, labels & secures medications properly, uses evidence based practice	
3. Implementation	-----
• Induction: Independently performs induction sequence, appropriate monitoring, positioning	
• Maintenance: Independently adjusts anesthetic plan as appropriate, vigilant monitoring, documentation	
• Emergence: timely independent emergence, safe extubation, transfer to PACU/ICU safely	
• Airway skills: skilled at various modalities of airway management	
• Arterial lines: Independently inserts arterial lines	
• Spinals/epidurals: Inserts SAB independently, epidurals with assistance	
•	

Comments:

Knowledge Base	
• Knowledge base is appropriate to the student's level of training	
• Uses analytical thinking in clinical situations	

Comments:

Evaluation	
• Evaluates own performance, incorporates feedback into improvement activities	
• Completes post-operative evaluations on patients	

Comments:

Professionalism	
• Respectful, compassionate, honest, responsible, considerate	
• Attitude: enthusiastic to do cases, flexible, able to accept criticism	
• Attendance: on time, available when needed, prepared for the day	
• Utilizes appropriate resources with regard to safety and cost effectiveness	

Comments:

What are this student's strengths?

What are some things this student needs to work on?

Additional comments:

Student comments:

Preceptor: _____

Date: _____

Student: _____

Date: _____

Clinical Coordinator: _____

Date: _____

APPENDIX D: DAILY CLINICAL EVALUATIONS

Clinical Internship: * Evaluation of Clinical Performance

Oakland University Beaumont Graduate Program of Nurse Anesthesia

Student _____ Year _____ Date _____ Shift/Location _____

Clinical Site _____ CRNA _____ Anesthesiologist _____

Case _____ ASA _____ Technique _____

Case _____ ASA _____ Technique _____

Case _____ ASA _____ Technique _____

Evaluation Scale: N = not applicable; 1=does not meet objective; unsafe or harmful, 2=meets objective with assistance, 3=meets objective

Faculty Comments

I. Assessment and Diagnosis					
A. Performs health history, physical, and psychosocial assessment					N
B. Initiates and interprets diagnostic testing					N
C. Prioritizes data collection based on patient's current needs					N
D. Derives appropriate diagnosis from assessment data					N
II. Outcome					
A. Educates patient					N
B. Obtains informed consent					N
C. Incorporates evidence based practice to identify outcome					N
III. Planning					
A. Formulates patient specific verbal & written anesthetic plan of Care					N
B. Selects appropriate equipment, medication, & monitoring Modalities					N
C. Performs and documents appropriate safety checks					N
IV. Implementation					
A. Performs appropriate induction sequence					N
B. Performs appropriate airway management					N
C. Positions patient for optimal safety, comfort and surgical Exposure					N
D. Adjusts anesthetic plan according to patient's physiological Response					N
E. Manages invasive procedures with skill					N
F. Tailors patient monitoring in accordance with patient needs					N
G. Completes accurate and timely documentation					N
H. Manages emergence					N
I. Assures patient safety while transferring responsibility of care					N
J. Collaborates with other health care professionals to provide optimal care					N
K. Utilizes universal precautions					N
L. Protects patient from iatrogenic complications and nosocomial Infections					N
M. Adheres to safety precautions established by the institution					N
N. Practices standards that promote environmental health					N
V. Evaluation					
A. Evaluates effectiveness of interventions					N
B. Completes post operative evaluation on patients					N
C. Participates in the continuous quality improvement process					N
VI. Standards of Professional Performance					
A. Respects and maintains basic rights of patients					N
B. Collaborates with members of the interprofessional team					N
C. Seeks learning experiences to develop clinical knowledge					N
D. Seeks feedback regarding practice from health care team					N
E. Mentors peers in acquisition of clinical knowledge and skills					N
F. Models expert practice to interprofessional team					N
G. Utilizes appropriate resources with regard to safety and cost Effectiveness					N

Student Comments

CRNA Signature: _____

Front of tool for Internships I-VII is the same-objectives on the back of the tool change for each Internship

APPENDIX E: DISTANCE STUDENT GUIDELINES

Distance Student Guidelines

Distance students have unique needs and concerns that program faculty recognize. Faculty and distance site coordinators are committed to providing students the support and resources needed to succeed in the program.

The increasing use of technology in classroom instruction has grown exponentially over the years. Most universities and colleges have adopted some form of online learning. Distance learning is a rapidly expanding educational advance in nurse anesthesia. The Oakland University – Beaumont Graduate Program of Nurse Anesthesia has made great strides in the use of distance technology.

The Council on Accreditation requires that distance education programs and courses meet the same standards and achieve the same outcomes as traditional educational offerings.

One of the goals of OUBGPNA's distance education program is to overcome barriers of place and time. Distance learning allows education to reach those who are located at distance primary sites. The program endeavors to connect students at Beaumont, Royal Oak and off campus in an atmosphere that promotes a feeling of belonging and camaraderie by the use of video, audio, and active learning.

Some helpful tips for staying connected to your classmates include:

- Make connections with fellow students from Royal Oak, Marquette and Toledo
- Ask questions during lectures to facilitate learning
- Establish a buddy relationship with a Beaumont classmate. In the event you miss a concept presented or have interruptions in transmission, you have an established contact person to provide you with missed information.
- Do not hesitate to notify the instructor to adjust the camera or volume or pause to clarify a point. Take initiative!
- *Make sure your microphones are not muted.* The back of the OU-Beaumont Graduate Program of Nurse Anesthesia Student Handbook provides contact information for Beaumont, including the program secretary, classroom phone number, etc. (see attached).
- The program will have a list of your classroom phone and classroom fax in our classroom. Please provide your cell phone numbers so we can contact you if needed.
- We make every attempt to have our lecture material e-mailed (or posted to Moodle) prior to the scheduled lecture, but that is not always possible. On occasion, lecture material will be faxed to your site. Take the responsibility to contact the faculty of record if you do not have lecture materials prior to the scheduled lecture time.
- It is each student's personal responsibility for checking his or her OU email every day. As a distance student, you may want to check it each morning before you come to class.

Communication

Microphones are in place at each table in the classroom at Beaumont, Royal Oak. Fellow classmates are instructed to use the microphones for all discussions in order to assure that distance students are included in the discussions. Distant students are encouraged to act as though they were in the same physical room as the lecturer (i.e. microphones on, no side conversations, appropriate dress and conduct during lectures).

Distance students are encouraged to communicate frequently via e-mail or phone with the Oakland University-Beaumont clinical coordinator and faculty of record for courses in order to maintain consistent, open dialogue about any matter of concern to you.

Evaluations at Distance Sites

Daily Clinical Evaluations:

Site coordinators collect and review the white copy of student evaluations. He/she will make a copy then forward the original to the program clinical coordinator on a regular basis throughout the program.

The site coordinator may assign students to a clinical instructor or preceptor. Each semester your site coordinator or clinical instructor/preceptor will complete a summary of your clinical progress (see form in [APPENDIX C: END OF SEMESTER SUMMARY](#)). After this form is complete, it will be forwarded to the Beaumont clinical coordinator and placed in your files.

Your first line of communication about clinical-related issues should be with the individual instructor, and then distance site coordinator. If the issue cannot be resolved, you are directed to contact the OU-Beaumont clinical coordinator. Your next line of communication would be the assistant director, then the program director. *You are expected to contact the OU-Beaumont clinical coordinator any time a sentinel event or major error on your part occurs.*

You are asked to communicate with the OU-Beaumont clinical coordinator on a regular basis via phone or email to keep them apprised of your clinical progress. This also provides students with an opportunity to communicate any questions or concerns regarding didactic and clinical issues.

Instructor Evaluations:

All students are expected to complete instructor evaluations daily using the Typhon Case Tracking Instructor Evaluation form.

Distance Clinical Sites

Program faculty will visit distance sites at least annually and complete a site evaluation.

The program director will conduct an Exit Evaluation with all distance students.

Students evaluate their individual distance site using the typhoon tracking system.

Distance Student Rotation to Beaumont Hospital-Royal Oak

1. Distance student will be required to spend 2 weeks at Royal Oak Beaumont in clinical during the second and third semesters of the program. Additional weeks may be required depending on the individual student's performance. *The weeks you select must be full weeks* (i.e. if there is a day off due to a conference that week, do not select).
 - a. You may select the weeks separately or together. For sites that have more than 1 distance student, you may decide to travel together. The program will make every effort to facilitate this but it is not guaranteed.
 - b. Students must select two weeks at the beginning of every semester in order to coordinate the weeks for all distance students. A maximum of two distance students can be at Beaumont during the same week. Dates are confirmed on a "first come first served" basis.
2. Vacation time is not allowed during scheduled time at Beaumont.
3. Once scheduled, students are to contact the OU clinical coordinator one week prior to their scheduled rotation to communicate specific learning experiences needed. Students are responsible for making travel plans so that they are able to get assignments, visit patients and collect all necessary information regarding cases preoperatively.
4. The faculty will facilitate clinical experiences with distance students by working with them if possible during their rotations to Beaumont. When not feasible, coordinators will facilitate assigning clinical instructors to work with students.
5. Students will be required to complete a clinical agency evaluation of the Beaumont site as well as daily instructor evaluation each time they rotate via Typhon.
6. Students are encouraged to communicate with the clinical coordinator frequently during their rotation at Beaumont.
7. Students may be required to attend Simulation learning sessions after class or clinical hours while on your rotation to Royal Oak Beaumont. **

8. You will be required to come back to Beaumont more than 2 weeks/semester if it is determined that your primary site cannot provide the mandated clinical experiences paralleling that of traditional classmates so that you attain the objectives of your clinical internships and obtain needed experiences to graduate.

****One important consideration:** Your position as a distance student is unique. You have the advantage of being assigned to your “home site” for nearly all of your clinical training. Your 2-week/semester rotations to Beaumont provide the program faculty with an opportunity to evaluate you over a very short period of time. An important goal of having students travel to Beaumont for clinical experiences is to expose them to surgical procedures and anesthetic techniques that may not otherwise be gained at your distance primary site.

Beaumont-Royal Oak

Anesthesia Classroom: (248) 898-3271
FAX (248) 898-8285
Oakland University- Beaumont Linda McDonald, CRNA
Phone: (248) 898-1812
Email: Linda.McDonald@beaumont.org

Marquette Distance Students:

Clinical site coordinator: Sarah Humpala sarah.humpala@mghs.org

Test proctor/Anesthesia Department Secretary: Phone: (906)225-3035
Lisa Ward
Phone: (906)225-3595
Fax: (906)225-3697

Classroom Phone: (906) 225-4505
Classroom Fax: (906) 225-3203
IT Support: (906) 225-3018
Video conference: Debra Reed-Fowler
Deborah.Reedfowler@mghs.org

Kalamazoo Distance Students:

Clinical site coordinator:

Primary Chris Quertermus, CRNA
Pager (269) 212-0541
Text Pager (269) 413-2697
Email: cquertermus@aol.com
Secondary Jordan Sullenberger
Pager ()
Email: jordan.sullenberger@yahoo.com

- Primary clinical sites are Bronson and Borgess Hospitals. The OU-Beaumont clinical coordinator must be notified of any schedule and clinical site changes.
- Classroom learning will primarily be held in the Navigation Center.
 - Classroom Phone: (269) 226-7382
 - Classroom Fax: (269) 226-7062
(@ Front Desk of Navigation Center)
Phone: (269) 226-8320 or (269) 226-5170
Fax: (269) 226-5168
Email: PennyConway@borgess.com

Kevin Ketchum (Video Tech for Navigation Center)
Phone: (269) 226-8092
Cell: 269-355-2309
Email: KevinKechum@borgess.com

Kalamazoo Anesthesiology

Administrative Office: Lisa Fisher (for paper & additional toner cartridges)
Phone: (269) 345-8618 x 1223
Fax: (269) 345-1508
Email: lfisher@kalamazooanesthesiology.com

Marquette Duke Life Point Students:

Site Coordinator: Sarah Humpula, CRNA
sarah.humpula@mghs.org
1-906-225-3035

Promedica Students

Clinical site coordinator: Howard Brown, CRNA, MSN
Pager: (419) 291-4491
Email: Howie53@bex.net

- Toledo students will attend all Oakland University/Beaumont Nurse Anesthesia courses/exams at the scheduled campus with their "Traditional" classmates.

Phone: (419) 291-4491
Fax: (419) 479-6905

APPENDIX F: CLINICAL INSTRUCTOR: SRNA RELATIONSHIP STANDARDS

OUBGPNA

Standards of Conduct for the Clinical Instructor-Student Anesthetist Relationship

The Oakland University- Beaumont Graduate Program of Nurse Anesthesia (OUBGPNA) recognizes the importance of clinical instructors serving as role models for student anesthetists and that this role is fundamental to the educational mission of the program. The clinical instructor-student anesthetist relationship confers rights and responsibilities on both parties. Behaving in ways that represent the ideal instructor-student relationship fosters respectful behavior, minimizes the likelihood of student mistreatment or abuse, and optimizes the educational experience for students.

Responsibilities of clinical instructors include:

- Be prepared and on time
- Provide learners with the most current materials
- Treat students fairly, respectfully, and without bias based upon a legally protected characteristic
- Give students timely, constructive and accurate feedback
- Avoid the embarrassment or humiliation of students

Responsibilities of student anesthetists include:

- Be prepared and on time
- Be courteous and respectful of instructors and fellow students and without bias based upon a legally protected characteristic
- Treat fellow students as colleagues and respect mutual the learning environment
- Take responsibility for maximizing educational experiences
- Address conflicts and discomforts which may impede learning while protecting the patient
- Be an enthusiastic learner
- Be trustworthy and honest
- Know limitations and ask for help when needed

In the clinical setting:

- Seek knowledge about patient illnesses. Put patient welfare ahead of educational needs
- Treat all patients and members of the health care team respectfully, and without bias based upon a legally protected characteristic
- Be compassionate
- Respect patients' privacy

The responsibilities of teachers and learners constitute the OUBGPNA's standards for respectful and professional behavior. Behaviors, which fall outside of these standards, are clearly abusive or represent poor judgment, unprofessional behavior or mistreatment. The behaviors listed below are clearly abusive:

- Unwanted physical contact
- Sexual harassment
- Discrimination based upon a legally protected characteristic.
- Requiring students to perform personal chores (i.e. running errands, babysitting, etc.)

Disrespectful or unprofessional behaviors, that may also disrupt the student's educational experience, include:

- Repeated questioning of a student with the primary intent to humiliate or embarrass
- Clinical evaluation based on factors other than performance or merit
- Coercing students to do something they find morally objectionable
- Public humiliation
- Requiring excessive menial, non-educational chores
- Sharing information about student performance in a way that damages student's chances to progress

Reporting Incidents of Mistreatment

Students who believe that they have been mistreated by another student as defined in the Oakland University Standards of Conduct Policy should notify the OUBGPNA clinical coordinator and the Associate Dean of Student Affairs immediately. A written report must be filed within 30 calendar days of the alleged action in order for the allegation to be investigated in a timely manner.

Students who believe that they have been mistreated by a faculty member, clinical instructor (CRNA/MDA), or employee of either Oakland University or Beaumont Health System should notify the OUBGPNA Program Faculty. Students are referred to the School of Nursing Graduate Student Handbook for information on the process for communicating concerns related to bullying.

Regarding an allegation against a faculty member or clinical instructor: A student may request to delay the forwarding of the complaint and resulting action or remedy until after the student is evaluated academically.

APPENDIX G: SOCIAL MEDIA GUIDELINES

SOCIAL MEDIA GUIDELINES

The following are the main points Oakland University-Beaumont Graduate Program of Nurse Anesthesia students should consider when using blogs, social networking sites (Facebook, Twitter, etc.) and other social media:

- **Nothing is private:** Anything you say online could be misunderstood or misinterpreted. Anyone with access to the web can get access to your activity on social media sites. Regardless of how careful you are in trying to keep them separate, in your online activity, your professional life and your personal life overlap.
- **Do no harm.** Respect your audience. Don't use ethnic slurs, personal insults, obscenity, or engage in any conduct that would not be acceptable at Oakland University or any of our many clinical sites. You should also show proper consideration for others' privacy and for topics that may be considered objectionable or controversial—such as politics and religion.
- **Be polite.** Realize that social media communities have their own culture, etiquette and norms, and be respectful of them.
- **Uphold patient confidentiality.** Do not provide confidential patient information in any manner. Failure to do so could result in dismissal from the program.
- **Respect copyright, fair use and financial disclosure laws.** It is critical that you show respect for the laws governing copyright and fair use of copyrighted material owned by others, including copyrights and brands such as Oakland University and Beaumont logos.
- **Don't pick fights.** Be the first to correct your own mistakes, and don't alter previous posts without indicating that you have done so.
- **Try to add value and create interest.** Provide worthwhile information and perspective. Use your own voice and bring your own personality to the forefront.
- **Be vigilant.** Be aware of your association with Oakland University and Beaumont in online social networks. If you identify yourself as an Oakland University-Beaumont Graduate Program of Nurse Anesthesia student, ensure your profile and related content is consistent with how you wish to present yourself with colleagues and patients.
- **Use your personal email address** (not your Oakland.edu address) as your primary means of identification. Just as you would not use Oakland or Beaumont letterhead when writing a personal correspondence, do not use your Oakland email address to express your personal views.
- **Use your best judgment.** If you're about to publish something that makes you even the slightest bit uncomfortable, review the suggestions above and think about why that is. Ultimately, however, you have sole responsibility for what you post to your blog or publish in any form of online social media.

Students must know and abide by the following *Social Networking and Other Web-Based Communications Policies* [Beaumont Policy \(#297\)](#), Oakland University *Use of University Information Resource Technology* [Policy \(#890\)](#) and the *Boundary Violations Policy* stated in the [OU School of Nursing Graduate Handbook](#) (p. 26).

APPENDIX H: RECORD OF CLINICAL EXPERIENCES

Appendix (+)

Applies to students matriculating into anesthesia programs on or after January 1, 2015

The minimum number of clinical hours is 2000 (See Glossary: Clinical hours).

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
----------------------	------------------------------	---------------------------------

PATIENT PHYSICAL STATUS

Class I		
Class II		
Classes III – VI (total of a, b, c, & d)	200	300
a. Class III	50	100
b. Class IV	10	100
c. Class V	0	5
d. Class VI		
Total Cases	600	700

SPECIAL CASES

Geriatric 65+ years	100	200
Pediatric		
Pediatric 2 to 12 years	30	75
Pediatric (less than 2 years)	10	25
Neonate (less than 4 weeks)		5
Trauma/Emergency (E)	30	50
Obstetrical management (total of a & b)	30	40
a. Cesarean delivery	10	15
b. Analgesia for labor	10	15
Pain management encounters (see Glossary: Pain management encounters)	15	50

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
----------------------	------------------------------	---------------------------------

ANATOMICAL CATEGORIES⁴

Intra-abdominal	75	
Intracranial (total of a & b)	5	20
a. Open	3	10
b. Closed		
Oropharyngeal	20	
Intrathoracic (total of a, b, & c)	15	40
a. Heart		
1. Open heart cases (total of a & b)	5	10
a) With cardiopulmonary bypass		
b) Without cardiopulmonary bypass		
2. Closed heart cases		10
b. Lung	5	
c. Other		
Neck	5	10
Neuroskeletal	20	
Vascular	10	30

⁴ Count all that apply

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
----------------------	------------------------------	---------------------------------

METHODS OF ANESTHESIA

General anesthesia	400	
Inhalation induction	25	40
Mask management ⁵	25	35
Supraglottic airway devices (total of a & b)	35	50
a. Laryngeal mask		
b. Other		
Tracheal intubation (total of a & b)	250	
a. Oral		
b. Nasal		5
Alternative tracheal intubation/endoscopic techniques ⁶ (total of a & b) (see Glossary: Alternative tracheal intubation techniques)	25	50
a. Endoscopic techniques ⁷ (total of 1 & 2)	5	15
1. Actual tracheal tube placement		
2. Simulated tracheal tube placement		
3. Airway assessment		
b. Other techniques	5	25
Emergence from anesthesia	300	

⁵ A general anesthetic that is administered by mask, exclusive of induction.

⁶ Tracheal intubations accomplished via alternative techniques should be counted in both tracheal intubation and the alternative tracheal intubation categories.

⁷ Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Regional techniques		
Actual administration (total of a, b, c, & d)	35	
a. Spinal (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
b. Epidural (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
c. Peripheral ⁸ (total of 1 & 2)	10	50
1. Anesthesia		
Upper		
Lower		
2. Pain management		
Upper		
Lower		
d. Other ⁹ (total of 1 & 2)		
1. Anesthesia		
2. Pain Management		
Management (total of 1 & 2)	35	50
1. Anesthesia		
2. Pain management		
Moderate/deep sedation	25	50

⁸ Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

⁹ Examples include truncal, cutaneous, head, and neck blocks (e.g., transversus abdominis plane, rectus sheath, ilioinguinal, iliohypogastric, oral, and maxillofacial blocks).

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
----------------------	------------------------------	---------------------------------

ARTERIAL TECHNIQUE

Arterial puncture/catheter insertion	25	
Intra-arterial blood pressure monitoring	30	

CENTRAL VENOUS CATHETER

Placement ¹⁰ – Non PICC (total of a & b)	10	15
a. Actual		5
b. Simulated		
Placement – PICC (total of a & b)		
a. Actual		
b. Simulated		
Monitoring	15	

PULMONARY ARTERY CATHETER

Placement		5
Monitoring		10

OTHER

Ultrasound guided techniques (total of a & b)		10
a. Regional		
b. Vascular		
Intravenous catheter placement	100	
Advanced noninvasive hemodynamic monitoring		

¹⁰ Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone. Insertion of peripherally inserted central catheters (PICC) does not meet the requirements for central line placement.

SIGNATURE PAGE



September 1, 2017

I have received a copy of the Oakland University – Beaumont Graduate Program of Nurse Anesthesia Student Handbook for students entering in September of 2017. I have had an opportunity to review and discuss its contents and I agree, as a student enrolled in this program, to adhere to the policies and guidelines set forth.

I understand that the OUBGPNA Student Handbook is updated each academic year and will be available to view in the fall. I am responsible for reading the handbook in its entirety each year that I am in the program and for adhering to the policies and guidelines as they are updated.

I agree to not share any information used during the simulation session with anyone. I understand that I may be videotaped during these sessions and that it may be used for educational purposes.

I am aware that program faculty reserves the right to revise all information in this handbook at its discretion and to make reasonable changes in requirements to improve the quality of education or upgrade the program.

Signature_____

Date:_____

Printed Name:_____