STATEMENT CONFIRMING RECEIPT OF PROGRAM OF NURSE ANESTHESIA STUDENT HANDBOOK

I ____________________________________________, acknowledge that I have received (Print name)


Furthermore, I understand that it is my responsibility to become familiar with the contents of this handbook, and to abide by the policies, procedures and educational objectives contained herein during the course of my matriculation in the program.

I accept the fact that policies and procedures may be revised and added at the discretion of program administration and that, when notified in a timely and appropriate manner by the Program Director, I will hold myself accountable to those new directives.

_________________________________________  ____________
Signature  Date

After signing this statement, please remove the page from the handbook and return the document to the Program Director.
Dear Graduate Student,

Welcome to the Samuel Merritt University Program of Nurse Anesthesia! Your educational experience over the next 27 months will serve as the foundation of your professional future as a Certified Registered Nurse Anesthetist. Given the considerable depth and breadth of the field of anesthesiology and its related sciences, one of your many challenges will be to navigate your way through the systems and processes of both our academic institution and multiple hospital facilities that you will be rotating through as a nurse anesthesia resident.

The faculty has prepared this handbook to ease your transition period into our graduate program and provide guidance throughout your entire period of enrollment. Included are the academic and clinical policies of the Program of Nurse Anesthesia, and key procedures and protocols that are utilized in the Program. In addition to this document, you should be familiar with the Samuel Merritt University Catalog and Student Handbook as we refer to it frequently throughout the handbook. An electronic copy of the Catalog and Student Handbook can always be accessed via the University website. Please familiarize yourself with the contents of this program student handbook, especially as you enter the clinical residency - it contains the behavioral and educational objectives upon which you will be evaluated.

We trust that your time with us will be well spent as you receive your education and prepare for clinical anesthesia practice. Our expectations of your abilities and performance are high because you represent the best of the nursing profession. Your expectation of us should be equally high, as we represent members of a highly respected advanced practice specialty charged with enormous responsibility over the patients placed in our care. As nurse anesthesia educators we have an obligation to guide you and provide you with the best opportunities to evolve into excellent practitioners.

Again, the faculty welcomes you to our program. We are eager to be your partners in this educational experience and remain firmly committed to your success.

Sincerely,

Marc Code, CRNA, DNP
Director and Assistant Professor
Program of Nurse Anesthesia
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GLOSSARY OF ACRONYMS
## FALL 2014

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<tr>
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<td>Labor Day</td>
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<tr>
<td>9/2</td>
<td>Classes begin</td>
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<tr>
<td>9/2-9/12</td>
<td>Add/drop period</td>
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<tr>
<td>11/10-11/14</td>
<td>Spring 2015 registration</td>
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<tr>
<td>11/26-11/28</td>
<td>Thanksgiving break</td>
</tr>
<tr>
<td>12/12</td>
<td>Last day of Fall 2014 classes</td>
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<tr>
<td>12/15-12/19</td>
<td>Final exams</td>
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## SPRING 2015

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<td>1/5-1/16</td>
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<td>1/19</td>
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<td>2/16-2/18</td>
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<tr>
<td>3/16-3/20</td>
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## SUMMER 2015

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<td>5/25</td>
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<td>7/2-7/3</td>
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# PROGRAM FACULTY AND STAFF

## Administrative and Core Faculty

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Affiliations</th>
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</thead>
<tbody>
<tr>
<td><strong>Marc E. Code, CRNA, DNP</strong></td>
<td>Director and Assistant Professor, Program of Nurse Anesthesia</td>
</tr>
<tr>
<td><strong>Kenneth Kampman, MD</strong></td>
<td>Clinical Assistant Professor, Medical Director, Chief Emeritus, Kaiser Permanente San Francisco, Department of Anesthesiology</td>
</tr>
<tr>
<td><strong>Joseph Janakes, CRNA, MSN</strong></td>
<td>Associate Director, Program Clinical Coordinator and Instructor</td>
</tr>
<tr>
<td><strong>Ora Bollinger, CRNA, MSN</strong></td>
<td>Instructor</td>
</tr>
<tr>
<td><strong>Kevin Hamby, CRNA, MSN</strong></td>
<td>Instructor and Simulation Coordinator</td>
</tr>
<tr>
<td><strong>Karen Lane, BA</strong></td>
<td>Program Manager</td>
</tr>
<tr>
<td><strong>Erick Pierce, CRNA, PNP-AC, MS</strong></td>
<td>Instructor</td>
</tr>
<tr>
<td><strong>Jennifer Heavenston, CRNA, MSN</strong></td>
<td>Regional Clinical Coordinator – Sacramento</td>
</tr>
<tr>
<td><strong>William O’Donnell, CRNA</strong></td>
<td>Regional Clinical Coordinator – S.F. Bay Area</td>
</tr>
<tr>
<td><strong>Kevin Rhoden, CRNA, MSN</strong></td>
<td>Regional Clinical Coordinator – Fresno</td>
</tr>
<tr>
<td><strong>Joseph Burkard, CRNA, DNSc</strong></td>
<td>Adjunct Assistant Professor</td>
</tr>
<tr>
<td><strong>Kevin Dolan, CRNA, MSN</strong></td>
<td>Adjunct Instructor</td>
</tr>
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</table>

## Basic Science Faculty

<table>
<thead>
<tr>
<th>Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>John J. Nagelhout, CRNA, PhD</strong></td>
<td>Director, Kaiser Permanente School of Nurse Anesthesia</td>
</tr>
<tr>
<td><strong>Christina Lewis, PhD</strong></td>
<td>Assistant Professor, Basic Sciences Department, Samuel Merritt University</td>
</tr>
<tr>
<td>Clinical Coordinators</td>
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<tr>
<td>Karen Wolaridge, CRNA, MSN</td>
<td></td>
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<tr>
<td>Nadia Mihaljcic, CRNA, MS</td>
<td></td>
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<tr>
<td><em>Community Regional Medical Center</em></td>
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<tr>
<td><strong>Major Krista Christianson, CRNA, MSN</strong></td>
<td></td>
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<tr>
<td>David Grant Medical Center, Travis AFB</td>
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<tr>
<td><strong>Tom Broach, CRNA, MS</strong></td>
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<tr>
<td>Fresno Veterans Administration Medical Center</td>
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<tr>
<td><strong>William Miller, CRNA, MSN</strong></td>
<td></td>
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<tr>
<td><em>Highland General Hospital</em></td>
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<tr>
<td><strong>Brett Coleman, CRNA, MSN</strong></td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente, Walnut Creek/Antioch Diablo Service Area</td>
<td></td>
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<tr>
<td><strong>John Hatch, CRNA, MS</strong></td>
<td></td>
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<tr>
<td>Kaiser Permanente, Oakland/Richmond East Bay Region</td>
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<tr>
<td><strong>Kevin Rhoden, CRNA, MSN</strong></td>
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<tr>
<td>Kaiser Permanente Fresno</td>
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<tr>
<td><strong>Jeanne Stiers, CRNA, MSN</strong></td>
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<tr>
<td>Kaiser Permanente, San Leandro/Fremont Greater Southern Alameda Area (GSAA)</td>
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<tr>
<td><strong>Ray Cabagbag, CRNA, MSN</strong></td>
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<tr>
<td>Kaiser Permanente, San Leandro/Fremont Greater Southern Alameda Area (GSAA)</td>
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<tr>
<td><strong>Barbara Horton, CRNA, MSN</strong></td>
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<tr>
<td>Kaiser Permanente Honolulu</td>
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<tr>
<td><strong>Thomas Rexinger, CRNA, MSN</strong></td>
<td></td>
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<tr>
<td>Kaiser Permanente, North Sacramento/Roseville</td>
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<tr>
<td><strong>Lewis DeWitt, CRNA, MSN</strong></td>
<td></td>
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<tr>
<td>Kaiser Permanente, North Sacramento/Roseville</td>
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<tr>
<td><strong>Nicole Gipp, CRNA, MSN</strong></td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanente Redwood City</td>
<td></td>
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<tr>
<td><strong>William O'Donnell, CRNA</strong></td>
<td></td>
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<tr>
<td>Kaiser Permanente San Francisco</td>
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<tr>
<td><strong>Christopher Palombo, CRNA, MSN</strong></td>
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<tr>
<td>Kaiser Permanente San Francisco</td>
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<tr>
<td><strong>Bonna Hopper, CRNA, MSN</strong></td>
<td></td>
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<tr>
<td>Kaiser Permanente San Jose</td>
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<tr>
<td><strong>Tanya Uhl, CRNA, MSN</strong></td>
<td></td>
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<tr>
<td>Kaiser Permanente San Rafael</td>
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<tr>
<td><strong>Doug Pon, CRNA, MSN</strong></td>
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<tr>
<td><strong>Argentina Bogardus, CRNA, MSN</strong></td>
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<tr>
<td><em>Kaiser Permanente Santa Clara</em></td>
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<tr>
<td><strong>Richard Golub, CRNA, MSN</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Kenneth Rogado, CRNA, MSN</strong></td>
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<tr>
<td><em>Kaiser Permanente South Sacramento</em></td>
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<tr>
<td><strong>Henry Morales, CRNA, MSN</strong></td>
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</tr>
<tr>
<td><em>Kaiser Permanente South Sacramento</em></td>
<td></td>
</tr>
<tr>
<td><strong>Robin Ridenour, CRNA, MSN</strong></td>
<td></td>
</tr>
<tr>
<td><em>Kaiser Permanente South San Francisco</em></td>
<td></td>
</tr>
<tr>
<td><strong>Melissa Schwarzenberger, CRNA, MSN</strong></td>
<td></td>
</tr>
<tr>
<td><em>Kaiser Permanente Vallejo/Vacaville</em></td>
<td></td>
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<tr>
<td><strong>Monika Hornyak, CRNA, MSN</strong></td>
<td></td>
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<tr>
<td><strong>Nellie Navaie, CRNA, MSN</strong></td>
<td></td>
</tr>
<tr>
<td><em>Kaweah Delta Memorial Hospital</em></td>
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<td><strong>Monika Hornyak, CRNA, MSN</strong></td>
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<td><strong>Scott Johnson, CRNA, MSN</strong></td>
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<tr>
<td>Saint Helena Hospital</td>
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<tr>
<td><strong>Mark Smith, CRNA, MSN</strong></td>
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<tr>
<td><em>San Francisco General Hospital</em></td>
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<tr>
<td><strong>Allison Harrison, CRNA, MSN</strong></td>
<td></td>
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<tr>
<td><em>San Francisco Veterans Administration</em></td>
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<tr>
<td><strong>Donn Campbell, CRNA, MSN</strong></td>
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<tr>
<td><em>San Joaquin General Hospital French Camp</em></td>
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<tr>
<td><strong>Dianna Hiekkila, CRNA, MSN</strong></td>
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<tr>
<td>Sutter Memorial Hospital, Sacramento</td>
<td></td>
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<tr>
<td><strong>Sharyn Babbitt, CRNA, MSN</strong></td>
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<tr>
<td><strong>Ethan Eller, CRNA, MSN</strong></td>
<td></td>
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<tr>
<td>University of California, Davis Medical Center</td>
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<tr>
<td><strong>Jessica Cushman, CRNA, MSN</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Spencer Yost, MD</strong></td>
<td></td>
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<tr>
<td>University of California, San Francisco Mt. Zion and Moffitt-Long Medical Centers</td>
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HISTORY
The Samuel Merritt University Program of Nurse Anesthesia (PNA) was conceived in 1993 as a joint venture between Samuel Merritt University (SMU) and the Kaiser Permanente Northern California Region. It was established to enhance the numbers of well-qualified CRNAs within the Kaiser Permanente (KP) system, as well as the nation. The program was housed in the Department of Nursing, Samuel Merritt University, and admitted its first class of twelve students in the fall of 1994.

Clinical affiliates initially participating in the program were KP San Francisco, KP Santa Clara, KP Redwood City, Highland General Hospital, David Grant Medical Center and Prineville General Hospital, Prineville Oregon. The clinical education component of the program has experienced significant growth during the past 20 years and currently consists of 32 clinical affiliates, 19 of which are Kaiser Permanente Northern California hospitals.

Initial program planning encompassed nearly two years, using a variety of consultants from across the nation. The program received initial accreditation in April 1994 from the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). The PNA has undergone three subsequent accreditation cycles, one in 1997 that resulted in the maximum six years of renewed accreditation, again in October 2003 that resulted again in the maximum 10 years (to Spring 2014) of renewed accreditation status, and most recently in October 2013 that resulted yet again in the maximum 10 years (to Spring 2024). The School of Nursing (SoN) in which the PNA is housed, received a coveted 10-year accreditation in 2010 from the Collegiate Commission on Nursing Education (CCNE) of the American Academy of Colleges of Nursing (AACN). Since it began ranking nurse anesthesia educational programs in 2003, the US News and World Report on Graduate Education Programs identifies the SMU Program of Nurse Anesthesia amongst the top 10 nurse anesthesia programs (of 112) in the United States.

In 1995, SMU approved and implemented the PNA’s proposal to begin an outreach program for practicing CRNAs to complete a master’s degree. The first class of two students in the MSN Outreach was admitted in the fall of 1995. In 2001 the successful outreach program expanded its applicant pool to nurses in other advanced practice specialties. It was converted to a total online modality, called MSN Online. The MSN Online program was closed in 2011.

The Doctor of Nursing Practice (DNP) began at SMU in the spring of 2011. The DNP is a practice role that applies and evaluates data in the clinical practice, and provides an advanced educational credential for those who do not need or want a research-focused degree. SMU’s DNP program focuses on developing systems of care based on research utilization. The DNP is offered primarily online.

Samuel Merritt University has continuously sought to keep abreast of technology applications for higher education and this is particularly true in the nurse anesthesia program. Selected courses of the PNA can be taken online/weekend intensive format and still other selected courses are provided using distance learning (Tandberg®) technology, available on both the SMU Oakland campus and the Sacramento Regional Learning Center. Beginning in 2001 as early adopters of the innovative educational technique called high-fidelity human patient simulation, the PNA faculty and students provided the driving force behind successful development of the HSSC. In 2006 SMU opened its first phase, 5,000 square foot state-of-the-art Health Sciences Simulation Center (HSSC). In 2009, the second phase of the center’s development was concluded adding another 5,000 square feet to the complex. The CRNA
faculty continues to lead the university in simulation-based education, which is now integrated throughout the PNA curriculum. Simulation reinforces the program’s heavy emphasis on developing interpersonal skill sets that promote human error reduction and patient safety. The Simulation Center allows for computer- and mannequin-based simulation experiences that allow faculty to present and direct a patient care scenario with real-time feedback and consequences for CRNA decision-making. The HSSC also provides debriefing facilities where faculty and students can review the video and data captured throughout the simulation exercise to increase learning by reviewing key decision points, errors, successes, and team interaction. This approach to experiential and reflective learning and critical thinking is a major value-added asset of SMU’s nurse anesthesia program.

As of December 2014, the program will have graduated 19 classes totaling more than 355 alumni. Our graduates hold nearly all of the program’s administrative faculty and clinical coordinator positions. The program currently has a total student body population of 75 (an average of 26 students per class).

**Program Governance**

The Program of Nurse Anesthesia is operated under the sole authority of Samuel Merritt University as one of several graduate nursing programs in the School of Nursing in the University’s Division of Academic Affairs. Since 1993, SMU has maintained a contractual agreement with The Permanente Medical Group (TPMG) of Kaiser Permanente Northern California to provide financial, clinical and instructional support. We believe this relationship to be critical in achieving our collective objective of educating nurse anesthetists of the highest quality.

**MISSION, VISION, PHILOSOPHY and DIVERSITY STATEMENT**

**Mission**
The Program of Nurse Anesthesia strives to educate outstanding clinicians who demonstrate a high level of competence in the full scope of anesthesia practice. We are committed to providing innovative educational opportunities that engender reasoned, safe, evidence-based practice, and practitioners who value integrity and professionalism.

**Vision**
Samuel Merritt University will become nationally recognized as home to a premier nurse anesthesia educational program. Expert anesthesia faculty and staff shape an inclusive learning environment whereby students experience best teaching practices and state-of-the-art learning approaches. The Program of Nurse Anesthesia selects and supports students who flourish in its rigorous academic curriculum, learn to practice expertly through its clinical curriculum, and pass the national certification examination on the first attempt.

**Philosophy**
Students and faculty are partners in an educational endeavor where mutual respect and collegiality are expectations, and excellence in all areas of anesthesia practice is the goal.

**Diversity Statement**
The Program of Nurse Anesthesia strives to engender professionals who subscribe to creating a patient-centered anesthesia management plan that validates age-appropriateness, the patient’s culture, values, experiences and beliefs when engaging them in the treatment plan.
**PROGRAM LEARNING OUTCOMES**

In addition to the goals of the MSN program listed in the *SMU Catalog and Student Handbook*, a graduate of the program must be able to achieve the following objectives as adapted from the Council on Accreditation in the 2014 Standards for Accreditation of Nurse Anesthesia Educational Programs:

The program demonstrates that graduates have acquired knowledge, skills and attitudes/behaviors in patient safety, perianesthetic management, critical thinking, communication, and the professional role.

A. **Patient safety is demonstrated by the ability of the graduate to:**
   1. Be vigilant in the delivery of patient care.
   2. Protect patients from iatrogenic complications.
   3. Participate in the positioning of patients to prevent injury.
   4. Conduct a comprehensive and appropriate equipment check.
   5. Comply with all current patient safety goals outlined by both the Joint Commission and the National Patient Safety Foundation. Utilize standard precautions and appropriate infection control measures.
   7. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).

B. **Individualized perianesthetic management is demonstrated by the ability of the graduate to:**
   1. Provide care throughout the perianesthetic continuum.
   2. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
   3. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
   4. Provide anesthesia services to all patients, including trauma and emergency cases.
   5. Administer and manage a variety of regional anesthetics.
   6. Function as a resource person for airway and ventilatory management of patients.
   7. Possess current advanced cardiac life support (ACLS) recognition.
   8. Possess current pediatric advanced life support (PALS) recognition.
   9. Deliver culturally competent perianesthetic care throughout the anesthesia experience.
   10. Perform a comprehensive history and a physical assessment.

C. **Critical thinking is demonstrated by the graduate’s ability to:**
   1. Apply knowledge to practice in decision-making and problem solving.
   2. Provide nurse anesthesia care based on sound principles and research evidence.
   3. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
   4. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
   5. Interpret and utilize data obtained from the noninvasive and invasive monitoring modalities.
   6. Calculate, initiate, and manage fluid and blood component therapy.
   7. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.
8. Pass the National Board on Certification and Recertification of Nurse Anesthetists' (NBCRNA) certification examination in accordance with NBCRNA policies and procedures.

D. Communication skills are demonstrated by the graduate’s ability to:
1. Effectively communicate with all individuals influencing patient care.
2. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.

E. Professional role is demonstrated by the graduate’s ability to:
1. Participate in activities that improve anesthesia care
2. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
3. Interact on a professional level with integrity.
4. Teach others.
5. Participate in continuing education activities to acquire new knowledge and improve his or her practice.
6. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.
PROGRAM COMMITTEE STRUCTURE

The program will maintain the committees listed below to conduct the business of the program.

PROGRAM ADMINISTRATIVE COMMITTEE (PAC)

This committee is the primary decision-making body within the program. Membership includes the program director (PD), associate director (AD), program clinical coordinator (PCC), and program manager (PM). Administrative Committee meetings are held weekly and are chaired by the PD. Members may attend in person or remotely via conference call.

The PAC’s responsibilities are to:

1. Develop, analyze and approve new or revisions in program procedures, guidelines and policies with input from the program faculty at large. All policies approved by the PAC are sent forward through the approval process as defined in the SMU Faculty Handbook.
2. Review the program curriculum on an ongoing basis with an annual focused full review with all program faculty at the annual retreat. Recommend changes based on:
   - The SMU program review process
   - Data gathered in annual program exit evaluations and interviews, all surveys conducted by the University, the School of Nursing and the Program, and through the Curricular Mapping Initiative (CMI) system.
   - New standards or requirements established by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) or the Collegiate Commission on Nursing Education (CCNE)
   - New standards or requirements established by accrediting bodies for simulation-based education
3. Evaluate the academic and clinical progress of students
4. Recommend advancement and graduation of students
5. Implement other duties deemed appropriate to this body or recommended by the SoN’s Graduate Division Committee or the University’s Academic Council

CLINICAL COORDINATORS COMMITTEE (CCC)

Membership on this committee includes members of the PAC, clinical coordinators (CRNA and MDs) from all active affiliates and one public member from the community. Meetings are held quarterly and are chaired by the PCC or PD. The purpose for the quarterly meetings is to communicate relevant program information for dissemination to all clinical preceptors, and to provide a forum for discussion of topics germane to the duties of clinical site coordinators. A student representative from each class is invited to attend these meetings. The role of the representative for each class at the meetings can either rotate between NARs, or remain the responsibility of a designated class representative – each class cohort makes this decision. Student representatives at these meetings have the opportunity to present and discuss issues of concern of the current student body, provide feedback regarding clinical sites and processes, and importantly, to provide a student perspective on meeting agenda items.

The CCC’s responsibilities include but are not limited to:

1. Review of the clinical sections of the curriculum and recommendations for revision based on program and instructional evaluations.
2. Evaluation of the clinical progress of students.
3. Review and analysis of topics and issues relevant to optimizing the clinical education of nurse anesthesia residents.
4. Any other duties deemed appropriate to this body or recommended by the PAC.
ADMISSIONS COMMITTEE (AC)

The Admissions Committee meets annually to evaluate and select candidates for admission to the PNA. Membership includes the PD, AD, Medical Director, PCC, a member of the program core faculty, the PM, two or three CRNAs within the community representing contracted affiliates, and one senior nurse anesthesia student. The PD or the AD is designated as the committee chairperson and the PM or the core faculty member may be designated as a co-chair. Committee membership for those individuals who are not part of the program administration will generally be for a 1-2 year commitment, renewable and dependent upon a mutual agreement between individual and program needs. The designated chair of the AC selects the senior student representative on each year’s admission committee. Policies and procedures governing the activities of the AC are updated annually by the committee chairperson.

UNIVERSITY AND SCHOOL COMMITTEES

To ensure compliance with the SMU SoN governance guidelines, selected students in the Program of Nurse Anesthesia may be invited to be a member of a standing SoN or university committee. While committee membership is voluntary, students are strongly encouraged to accept committee invitations and participate actively, provided academic or clinical performance is not negatively affected. Program faculty will participate on the standing committees of Samuel Merritt University and the SoN as directed by university administration or determined by the SoN governance guidelines.

PROGRAM OF NURSE ANESTHESIA CURRICULUM TRACKS

There are three courses of study (tracks) established in this program: Full time; Three-year; and Post-MSN Certificate. This section of the handbook describes the program design and the master schedule of courses in the curriculum for each track.

The program curriculum has three major components into which courses are grouped. Each of the three curriculum tracks shares these components.

1. **MSN Core**: Theoretical Foundations of Nursing, Research Methods, and Analysis of Health Care Policy. These courses are mandated to be part of a MSN curriculum by the American Academy of Colleges of Nursing (AACN), as described in their publication, *The Essentials of Master's Education for Advanced Practice Nurses*.

2. **Theoretical foundations of the anesthesia sciences and clinical practicum in anesthesiology**: Clinical Anesthesia I – VI, basic sciences (5), courses in basic and advanced principles of anesthesia (4), 1 course in professional aspects of nurse anesthesia.

   In compliance with the new Advanced Practice for Registered Nurse (APRN) Consensus Model, the Program of Nurse Anesthesia curriculum has separate courses for content in the areas of advanced pharmacology, health assessment and pathophysiology. This content is reflected in the following courses: Advanced Health Assessment, Advanced Pathophysiology and Advanced Pharmacology I and Advanced Pharmacology II.

3. **Synthesis**: SMU thesis equivalent or an approved Special Project (Comprehensive Examinations for the PNA).
All program tracks, except the Post-MSN Certificate, culminate in the Master of Science in Nursing degree (MSN). Students graduate and are eligible for the National Certification Examination (NCE) given by the National Board on Certification and Recertification for Nurse Anesthetists (NBCRNA) only after completion of all academic and clinical requirements accumulated over the required months in residence (see section on Graduation Requirements).

Under no circumstance will a student be eligible to take the National Certification Examination without fulfilling all graduation requirements of both the University and the Program.

1. PROGRAM DESIGN: FULL-TIME TRACK

The full time program is 27 months in length, completed in seven sequential semesters; students enter the program only during a fall semester. The vast majority of students are enrolled in this track.

Integration of Clinical and Academic Curriculum

The didactic component of the program is organized according to the semesters of the University’s academic calendar. **FALL** semester: September through December; **SPRING** semester: January through April; **SUMMER** semester: May through August. The clinical component of the program is organized according to phases (I - III), upon which the Clinical Evaluation Plan is based. Phase I includes the second and third didactic semesters; Phase II the fourth and fifth semesters; Phase III the sixth and seventh semesters. In general, academic coursework is integrated with clinical education throughout the course of the program. An essential characteristic of the full time track is the lock-step nature of the curriculum. That is, the academic and clinical course linkages designed for each of the seven semesters must be taken in the sequence and combination indicated in the full-time track master schedule on page 37.

Year 1: First year nurse anesthesia residents (NAR-1) are in an intense theory phase of the curriculum and follow the normal university academic calendar during the first fall semester. Clinical residency orientation activities are scheduled throughout the semester, and include a significant number of hours of simulation. Other than the aforementioned orientation activities, there is minimal clinical commitment expected of the NAR-1 during the first semester. A winter vacation is granted after FALL 1 until the first official day of class of SPRING 1. The specific dates of this break are assigned annually by the University.

NAR-1s begin their clinical residency during SPRING 1 and are initially obligated to three didactic days and two clinical days (Thursday and Friday) per week, with a gradual change during the semester (May) to one didactic and four clinical days (Tuesday through Friday). **SUMMER 1** entails one didactic and four clinical days per week (Tuesday through Friday). Clinical rotations during SPRING 1 are on a four-month cycle and **SUMMER 1** is on a two/three-month cycle. Thereafter, rotations are scheduled in one to four month cycles depending upon the type of rotation and the overall needs of the clinical residency schedule. Clinical assignments are made at any of the institutions for which the University holds an approved contract.

Year 2: Second year nurse anesthesia residents (NAR-2) have one didactic (Monday) and four clinical days per week (Tuesday through Friday, with Saturday and Sunday as options, at the discretion of each site’s clinical coordinator) during the FALL 2 and SPRING 2 semesters. NAR-2s are afforded a winter vacation during FALL 2. During the balance of the program (SUMMER 2 and FALL 3), the resident is expected to spend the equivalent number of hours of a full-time work week in the clinical area (see Guidelines for NAR Clinical Hours).
NOTES:

1. The program reserves the right to change the clinical and didactic format described here as required in order to meet the educational objectives of students.

2. The program reserves the right to revise the number and/or capacity of clinical affiliations at any time, thereby potentially changing the range of sites through which all residents may be required to rotate.

3. Both first and second year full-time nurse anesthesia residents do not receive regular SMU breaks or other vacations, other than the winter holiday break, that are not otherwise delineated in the Vacation, Holidays, and Personal Time Off (PTO) section (page 51) or the Senior Year Academic Curriculum Table (next section).

Senior Year Academic Curriculum

From SPRING 2 through FALL 3 there are no formal didactic courses in anesthesia specialty content. The didactic curriculum during a student’s senior year is designed to provide the student with ample time and structured academic activity to facilitate mastery of the scientific basis and clinical skills (both technical and non-technical) of clinical anesthesia practice. A simultaneous purpose of the senior year structure is to maximize the student’s preparedness for both the program’s Comprehensive Exam and the National Certification Exam.

The structure of the senior year academic curriculum is comprised of multiple academic activities, with designated timelines for completion. These activities have been designed and sequenced to work in concert to accomplish student preparedness for the aforementioned Exams. They also help students maintain a steady pace of rigorous study while also completing the weekly clinical hours necessary (approximately 40 – 60 hours) for attainment of Clinical Phase II and III educational objectives. The course entitled Synthesis/Special Project (N606) listed on the various program track schedules (pages 37-41) in the FALL 3 semester is the formal course with assigned units that provides the student with academic credit for the educational content of the senior academic curriculum.

The generic senior year academic curriculum structure is summarized on the next 6 pages. Note that specific timeline dates are designated each year by the program director or designate.
# Program of Nurse Anesthesia Senior Year Academic Curriculum

<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
<th>Timeline</th>
<th>Rationale and Comments</th>
</tr>
</thead>
</table>
| **December prior to**      | **Senior Seminar Sessions**                                             | Early/Mid-December        | - Orientation to: Curriculum (program faculty), web-based course management platform format for competency exam (staff of Academic Instruction department).  
- All NCE Prep Series exams are web-based → allows for access to exams on 24/7 basis.  
- Computerized, multiple choice format of NCE Prep Series exams are designed to prepare NARs for computerized format of NCE  
- Content of the three sections of the NCE Prep Series should facilitate NAR’s preparation for both NCE and the Program’s Comprehensive Exams |
| **graduation year**        | Focus on:  
- Orientation to the overall plan of the senior curriculum  
- NCE Prep Series preparation.  
- Pharmacology Comprehensive Exam prep sessions. |                                                                         |                                                                                                                                                                                                                      |
|                            | Pharmacology Practice Exam  
- Prep Session by faculty                                               | Available late December  | - NARs are allowed to take practice Pharmacology Practice Exams as many times as desired prior to taking the Pharmacology Comprehensive Exam.                                                                                 |
| **January of graduation**  | Pharmacology Seminar  
- Session #1                                                               | Early January             |                                                                                                                                                                                                                      |
| **year**                   | Health Care Policy (N602)                                               | Online work starts; Meeting date TBD |                                                                                                                                                                                                                      |
|                            | SEE Exam Registration submitted by PNA Office                            | SEE deadlines:  
- Mid January - submission of group registration to NBCRNA by PNA  
- Deadline for completion of SEE - beginning of May                      | Provides initial self-assessment to guide studying for NCE and Oral Comprehensive Exam  
- All seniors must schedule to take the SEE by mid-February.  
- All seniors must complete the SEE by beginning of May  
- All seniors must meet with Faculty Advisor to discuss SEE Exam scores |
|                            | Program will be responsible for submitting group registration (required) to NBCRNA. |                                                                         |                                                                                                                                                                                                                      |
|                            | NCE Prep Series I  
- Basic Science Practice Exam (BSPE)                                     | Available late December  | - NCE Prep Series: Content and format of NCE Prep Series continues to build on preparation for NCE; forced pacing of study also facilitates preparation for NCE.  
- Program faculty can review at any time the results of NCE Prep Series exams – can track progress of all NARs.                                                                 |
|                            |                                                                          |                                                                         | Successful completion (≥75%) required prior to taking Basic Principles Exams.                                                                                                                                         |
|                            | NCE Prep Series I  
- Basic Science Final Exam (BSFE)                                      | Available late January    |                                                                                                                                                                                                                      |
|                            | Pharmacology Seminar  
- Session #2                                                               | End of January            |                                                                                                                                                                                                                      |
<table>
<thead>
<tr>
<th>Month</th>
<th>Activity</th>
<th>Timeline</th>
<th>Rationale and Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>February</td>
<td><strong>Health Care Policy (N602)</strong></td>
<td><strong>Date TBD</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>NCE Prep Series I</strong></td>
<td><strong>Closes early February</strong></td>
<td></td>
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<tr>
<td></td>
<td>- Basic Science Final Exam (BSFE)</td>
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</tr>
<tr>
<td></td>
<td><strong>NCE Prep Series I</strong></td>
<td><strong>Available early February</strong></td>
<td>(upon closure of BSFE)</td>
</tr>
<tr>
<td></td>
<td>- Basic Principles Practice Exam (BPPE)</td>
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<tr>
<td></td>
<td><strong>Pharmacology Seminar</strong></td>
<td><strong>Early February</strong></td>
<td>• Written comprehensive separated from oral component by 3 full months – allows for more focus on pharmacology content</td>
</tr>
<tr>
<td></td>
<td>- Session #3</td>
<td></td>
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<tr>
<td></td>
<td><strong>Study Break for Pharm Comp Exam</strong></td>
<td><strong>1 week prior to the exam</strong></td>
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<tr>
<td></td>
<td><strong>Pharmacology Comprehensive Exam #1</strong></td>
<td><strong>Pharm Comp Day 1:</strong></td>
<td>• Successful completion of Pharmacology Comprehensive Exam #1 is required to complete Synthesis option (and therefore graduate from program)</td>
</tr>
<tr>
<td></td>
<td><strong>Pharmacology Comprehensive Exam, #2</strong></td>
<td><strong>Pharm Comp Day 2:</strong></td>
<td>• Successful completion of Pharmacology Comprehensive Exam #2 is required to complete Synthesis option (and therefore graduate from program)</td>
</tr>
<tr>
<td></td>
<td>- Case Studies</td>
<td>(written, in-class)</td>
<td>• Exams will take approximately 10 hours</td>
</tr>
<tr>
<td></td>
<td><strong>March</strong></td>
<td><strong>TBD annually</strong></td>
<td>• Mock oral exam sessions focus on preparing students for oral exam format, but also allow faculty to assess overall level of competency of students in areas of basic science, basic and advanced principles</td>
</tr>
<tr>
<td></td>
<td><strong>NCE Prep Series I</strong></td>
<td><strong>Available early March</strong></td>
<td>• Successful completion (≥75%) required prior to taking Advanced Principles Exams</td>
</tr>
<tr>
<td></td>
<td>- Basic Principles Final Exam (BPFE)</td>
<td></td>
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<tr>
<td></td>
<td><strong>NCE Prep Series I</strong></td>
<td><strong>Closes late March</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Advanced Principles Practice Exam (APPE)</td>
<td><strong>Available late March</strong></td>
<td>(upon closure of BPFE)</td>
</tr>
<tr>
<td>Month</td>
<td>Activity</td>
<td>Timeline</td>
<td>Rationale and Comments</td>
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<tr>
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</tr>
<tr>
<td>April</td>
<td>Acute Crisis Resource Management (ACRM) Simulation Sessions - ACRM I</td>
<td>Date TBD annually (April or May)</td>
<td>Weekend simulation sessions; each NAR attends one of the two days.</td>
</tr>
<tr>
<td></td>
<td>NCE Prep Series I - Advanced Principles Final Exam (APFE)</td>
<td>Available mid-April</td>
<td>Successful completion (≥75%) required prior to taking the Oral Comprehensive Exam.</td>
</tr>
<tr>
<td></td>
<td>Senior Seminar Sessions - Mock Oral #2 (pediatrics)</td>
<td>Date TBD annually</td>
<td>Mock oral exam sessions focus on preparing students for oral exam format, but also allow faculty to assess overall level of competency of students in areas of basic science, basic and advanced principles.</td>
</tr>
<tr>
<td></td>
<td>Senior Seminar Sessions - Mock Oral #3 (OB)</td>
<td>Date TBD annually</td>
<td></td>
</tr>
<tr>
<td>May</td>
<td>Senior Seminar Sessions - Case presentation - Robinson Rounds</td>
<td>Senior Seminar Sessions TBD</td>
<td>Focus of these final seminar sessions should be determined jointly by the students and facilitating faculty, based on identified educational needs. The main areas are adult, pediatric and obstetrics. Details are provided at the end of the document.</td>
</tr>
<tr>
<td></td>
<td>NCE Prep Series I - Advanced Principles Final Exam (APFE)</td>
<td>Closes early May</td>
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<tr>
<td></td>
<td>Notification of Pharm Comp Results</td>
<td>By early to late May</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral Comprehensive Exam Assignment Announcement</td>
<td>Just prior to start of Oral Exam study break</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Study Break for Oral Exam (no clinical assignments for all NAR2s)</td>
<td>The two weeks prior to the Oral Exam week</td>
<td>In addition to the assigned exam day, each NAR will be granted time off the day before their assigned exam. 1. Establishing a uniform period for all students to prepare for orals will minimize problematic scheduling issues at clinical sites. 2. This period is intended to be used for “fine tuning” of oral examination skills. 3. Clinical time off is not granted EXCEPT on the day immediately preceding the day of a NAR's exam. Any exception to this policy must be approved by Program Director.</td>
</tr>
<tr>
<td>Month</td>
<td>Activity</td>
<td>Timeline</td>
<td>Rationale and Comments</td>
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</tr>
<tr>
<td>June</td>
<td>Oral Comprehensive Exams</td>
<td>Scheduled over a one-week period: early June</td>
<td>▪ Completion of the Pharmacology Comprehensive Exam is a prerequisite for taking the Oral Comprehensive Examination Exam. (Note: successful completion of Pharmacology Comprehensive Exam is not required to take Oral Comprehensive Examination)</td>
</tr>
<tr>
<td></td>
<td>Notification of Oral Examination Results</td>
<td>Wednesday following completion of exams</td>
<td>▪ Retests of the Pharmacology Comprehensive Exam will take place during the Oral Comprehensive Exam and may be completed orally.</td>
</tr>
<tr>
<td></td>
<td>Oral Comprehensive Exam Retesting (1 case retesting)</td>
<td>Late June or early July determined on case-by-case basis</td>
<td>▪ NCE Prep Series: Content and format of NCE Prep Series continues to build on preparation for NCE; forced pacing of study also facilitates preparation for NCE. Program faculty can review at any time the results of NCE Prep Series exams – can track progress of all NARs</td>
</tr>
<tr>
<td></td>
<td>NCE Prep Series II - Basic Science Practice Exam (BSPE)</td>
<td>Available late June</td>
<td>▪ Successful completion (≥80%) required prior to taking Basic Principles Exams.</td>
</tr>
<tr>
<td>July</td>
<td>NCE Prep Series II - Basic Science Final Exam (BSFE)</td>
<td>Available mid-July</td>
<td>▪ If reexamination for Oral Comprehensive Exams for more than one case is required, the NAR may be removed from clinical assignments during the month of July to allow for concentrated study. Program enrollment may be extended to ensure attainment of required clinical hours and cases.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>▪ Successful completion of Oral Comprehensive Examination required for fulfillment of SMU Synthesis requirement.</td>
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<td></td>
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<td></td>
<td>▪ Failure of either a pharmacology or oral retest constitutes grounds for dismissal from the program.</td>
</tr>
<tr>
<td>August</td>
<td>Oral Comprehensive Exam Retesting (2 or more cases retesting)</td>
<td>All retests to be completed by mid-August determined on case-by-case basis</td>
<td>▪ Successful completion (≥80%) required prior to taking Advanced Principles Exams.</td>
</tr>
<tr>
<td></td>
<td>NCE Prep Series II - Basic Science Final Exam (BSFE)</td>
<td>Closes early August</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NCE Prep Series II - Basic Principles Practice Exam (BPPE)</td>
<td>Available early August (upon closure of BSFE)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NCE Prep Series II - Basic Principles Final Exam (BPFE)</td>
<td>Available late August</td>
<td></td>
</tr>
<tr>
<td>Month</td>
<td>Activity</td>
<td>Timeline</td>
<td>Rationale and Comments</td>
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</tr>
<tr>
<td>September</td>
<td>NCE Prep Series II: Basic Principles Final Exam (BPFE)</td>
<td>Closes mid-September</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NCE Prep Series II: Advanced Principles Practice Exam (APPE)</td>
<td>Available mid-September (upon closure of BPFE)</td>
<td></td>
</tr>
<tr>
<td>October</td>
<td>NCE Prep Series II: Advanced Principles Final Exams (APFE)</td>
<td>Available mid-October</td>
<td>• Successful completion (≥80%) of required to matriculate from the program.</td>
</tr>
<tr>
<td></td>
<td>NCE Prep Series II: Advanced Principles Final Exams (APFE)</td>
<td>Closes late October</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Crisis Resource Management Simulation Sessions</td>
<td>Date TBD annually</td>
<td>• Weekend sessions; each NAR attends one of the 2 days.</td>
</tr>
<tr>
<td></td>
<td>- ACRM II</td>
<td></td>
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<tr>
<td></td>
<td>Exit Interviews</td>
<td>Scheduled during 3-6 weeks prior to program completion</td>
<td>• Exit interviews are completed between each NAR and their faculty advisor. A formal checklist is used to complete the session, which includes a review of performances on NCE Prep Series exams and Comprehensive Exams and discusses student-specific strategy for NCE preparation</td>
</tr>
<tr>
<td>November</td>
<td>Exit Interviews (cont.)</td>
<td>Exit interviews completed in first week of November.</td>
<td></td>
</tr>
</tbody>
</table>

**NOTES:**
See separate documents “Conduct of the Oral Comprehensive Exams”, “Conduct of the Pharmacology Comprehensive Exams”, and “Conduct of NCE Prep Series” (Appendix 2) for complete description of the purpose, format, and process entailed in these exams.

Requests for personal time off (PTO) during the senior academic curriculum should comply with the guidelines delineated in this handbook:
- As noted in the table above, all NARs are provided a two-week study break immediately preceding the one-week oral examination period. With the intent of establishing fair examination conditions, **it is a program policy that no PTO will be granted for the two weeks prior to the oral examination study break, or one week after the study break (during which time examinations are scheduled)**.
- Scheduling requests and rotation preferences during the senior academic curriculum are communicated via the usual procedure delineated on page 53, Requests for Personal Time Off.

If a NAR is required to take time off from clinical work in July in order to study for an oral comprehensive reexamination, time from their bank of personal days may be applied to make up for missed clinical time, at the discretion of the Program Director.

Weekend Intensives dates for Health Policy will be communicated in a separate e-mail.

**Oral exam preparation sessions:** In addition to the mock oral exam sessions the NARs will be responsible for self-directed preparatory seminars. Group study is strongly encouraged.

Suggested, but not limited to, areas of focus within the major categories of Adult, Pediatric and Obstetrics:

<table>
<thead>
<tr>
<th>Adult with the following coexisting diseases:</th>
<th>Adults undergoing specific types of surgical procedures:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Obesity</td>
<td>▪ Thoracic</td>
</tr>
<tr>
<td>▪ Ischemic heart disease, vascular disease</td>
<td>▪ Vascular</td>
</tr>
<tr>
<td>▪ Pulmonary disease</td>
<td>▪ GI</td>
</tr>
<tr>
<td>▪ Endocrine, renal/hepatic, neuromuscular disease, coagulation abnormalities.</td>
<td>▪ Neurosurgery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pediatrics:</th>
<th>Obstetrics:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Physiologic changes</td>
<td>▪ Physiologic changes</td>
</tr>
<tr>
<td>▪ Pediatric surgeries</td>
<td>▪ Parturient with coexisting diseases</td>
</tr>
<tr>
<td>▪ Common problems encountered in pediatric surgeries</td>
<td>▪ OB emergencies</td>
</tr>
<tr>
<td>▪ Pediatric emergencies</td>
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</tbody>
</table>

Timetable written: 12/2002
REVISIONS: 05/2003, 08/2003, 08/2004, 01/2005, 11/06, 9/08, 7/09, 8/10, 8/11, 8/12, 8/13, 8/14
# Simulation Based Learning (SBL) activity

<table>
<thead>
<tr>
<th>Simulation Based Learning (SBL) activity</th>
<th>Methodology: Brief description</th>
<th>Curriculum placement</th>
<th>Hours per student</th>
</tr>
</thead>
</table>
| 1. Introduction to simulation concepts    | Lecture/Discussion: Orientation of new students to the conceptual foundations of simulation, tour of simulation facility | Semester 1/Pre-clinical; Basic Principles I  
  Establish ground rules for SBL sessions, explain program philosophy, establish relaxed alertness environment | 4 |
| 2. Orientation to OR environment         | Experiential: Orientation to OR work environment (all aspects) | Semester 1/Pre-clinical; Basic Principles I  
  Establish sensory familiarity with the environment and general overview of team roles early in training | 2 |
| 3. Introduction to induction – general endotracheal anesthesia (GETA) | Demonstration with HFMBs\(^b\); Modeling by various faculty of proper sequencing, technique, decision-making | Semester 1/Pre-clinical; Basic Principles I  
  Provide exemplars for psychomotor, cognitive, and affective skills for basic induction | 4 |
| 4. Preoperative planning sessions \rightarrow supervised practice of GETA or GA with Laryngeal Mask Airway (LMA) | Lecture/Discussion/Group Work/Role playing \rightarrow Experiential with HFMBS: Three case-based lectures, each followed by mock preoperative assessment exercise (fellow student plays role of patient). Student develops anesthetic plan, presents plan to faculty (preceptor), implements induction under supervision; incrementally complex patients. | Semester 1/Pre-clinical; Basic Principles I  
  Develop assessment and clinical reasoning skills; early bridging of theory to practice (actual implementation of a plan)  
  Note: Students are also provided frequent opportunities to practice induction – emergence sequences for GETA or GA-LMA with faculty assistance available outside course hours | 12 |
| 5. Technical skills workshops (not a comprehensive listing of sessions) | Lecture/Discussion \rightarrow Experiential: Didactic instruction followed by repetitive, supervised practice utilizing an array of task trainers/simulators including:  
  - Airway trainers (basic & difficult)  
  - Back simulators  
  - Central venous access/peripheral nerve block trainer (ultrasound capability) | Semester 1/Pre-clinical; Basic Principles I  
  Basic airway management  
  Semester 1/Pre-clinical; Basic Principles I  
  Advanced airway management I (includes basic fiberoptic intubation skills)  
  Semester 1/Pre-clinical; Basic Principles I  
  SAB/Epidural insertion/management (basics)  
  Semester 2/Clinical Phase I: Basic Principles I  
  SAB/Epidural insertion/management  
  Semester 2/Clinical Phase I: Basic Principles II  
  Peripheral Nerve Block insertion/management  
  Semester 3 or 4/Clinical Phase II: Advanced Principles I or II | 8 |
<table>
<thead>
<tr>
<th>Simulation Based Learning (SBL) activity</th>
<th>Methodology: Brief description</th>
<th>Curriculum placement</th>
<th>Hours per student</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>- SimSuite® (central venous access simulator for cardiology, which is housed in a simulation center at a clinical affiliate site)</td>
<td>▪ Advanced airway management II (Difficult Airway Management and Neonatal Resuscitation Program)</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>- Task trainers for fiberoptic intubation skills development (including dexterity trainer)</td>
<td>▪ Semester 3/Clinical Phase I: Advanced Principles I</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>- Arterial line insertion task trainer</td>
<td>▪ Thoracic anesthesia airway management</td>
<td></td>
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<tr>
<td></td>
<td>▪ Central line (CVC and PAC) insertion using the SimSuite® (via arrangements with University of California, Davis Medical Center Simulation Center) (IP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Anesthesia machine seminars</td>
<td>▪ Lecture/Demonstration → Experiential: hands-on practice with machine check, troubleshooting during MBS scenarios</td>
<td>▪ Semester 1/Pre-clinical; Basic Principles I</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>▪ Computer based simulation (IP)</td>
<td>▪ Focus of initial seminars is on basic competence and safety; all subsequent HFMBS scenarios include opportunities to reinforce competencies related to anesthesia machine operation and troubleshooting</td>
<td></td>
</tr>
<tr>
<td>7. Advanced health assessment skills workshops</td>
<td>Lecture/Demonstration → Experiential using:</td>
<td>▪ Semester 1/Pre-clinical; Advanced Health Assessment course (initiated in 2009)</td>
<td>8 +</td>
</tr>
<tr>
<td></td>
<td>- Harvey™ cardiopulmonary simulator</td>
<td>▪ Refinement of assessment skills (for both pre- and post-op patients)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Standardized Patients culminating in OSCE®</td>
<td></td>
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</tr>
<tr>
<td>8. Clinical Orientation Workshop</td>
<td>Demonstration → Experiential: Series of hands-on workshops comprised of teaching stations (with preceptors) dedicated to essential anesthetic tasks and skills:</td>
<td>▪ Semester 1/Pre-clinical; Basic Principles I</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>- Drug and equipment set up</td>
<td>▪ Reinforcement of concepts from lectures and previous lab sessions to foster students’ confidence and ability to practice safely during initiation to clinical residency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Positioning and monitoring</td>
<td>Note: These station-based workshops entail a significant use of the teaching services of selected senior nurse anesthesia students as preceptors (with faculty supervision) in appropriate stations. This strategy transforms the activity into an experiential learning session for the senior students as well as those they are teaching.</td>
<td></td>
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<tr>
<td></td>
<td>- Documentation</td>
<td></td>
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<td></td>
<td>- Sterile technique for neuraxial block placement</td>
<td></td>
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<tr>
<td></td>
<td>- Malignant Hyperthermia protocol</td>
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<tr>
<td></td>
<td>- Basic pediatric drug and equipment set up</td>
<td></td>
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<tr>
<td>Simulation Based Learning (SBL) activity</td>
<td>Methodology: Brief description</td>
<td>Curriculum placement (Integrated nurse anesthesia curriculum format)</td>
<td>Hours per student</td>
</tr>
<tr>
<td>-----------------------------------------</td>
<td>--------------------------------</td>
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</tr>
<tr>
<td>9. Assessment of preparedness to enter clinical residency</td>
<td>Experiential with HFMBs: Student completes a basic case from preoperative assessment (on Standardized Patient) ➔ presentation of plan to preceptor ➔ presurgical briefings (Joint Commission protocols) ➔ induction ➔ emergence ➔ PACU</td>
<td>• Semester 1/Pre-clinical; Basic Principles I (end of semester) • Assessment of basic competency with essential knowledge, skills and behaviors related to a basic induction of general anesthesia associated with a common post-induction/post-emergence anesthetic complication; foster student confidence and ability to practice safely during initiation to clinical residency Note: Students must attain a threshold numerical score on the assessment checklist used for this mock induction - emergence session in order to progress into the clinical curriculum. Remediation opportunities are available if the student does not succeed on first attempt.</td>
<td>4</td>
</tr>
<tr>
<td>10. Pathophysiology integrative simulation sessions</td>
<td>▪ Experiential with mid-fidelity MBS: Two, four-hour sessions in triads who are presented with scenarios related to a pathophysiologic state recently studied. Student required to plan for and implement preoperative preparation of the patient followed by induction ➔ maintenance ➔ emergence; common complications (mild-severe degrees) are included as part of the scenario; described as mid-fidelity since full scale intra-operative setting is not simulated during maintenance and intermittent teaching occurs during scenario ▪ Experiential with computer-based simulation (IP)</td>
<td>• Semester 2/Clinical Phase I; Pathophysiology &amp; Basic Principles II • Reinforcement of physiology and pathophysiology concepts gained via reading, lecture/discussions and clinical experience; clinical reasoning and decision making also a focus. Example: scenario involving airway and other pulmonary issues follow the pulmonary pathophysiology lectures. • MicroSim® computer simulation—course assignments to include completion of certain case-studies that complement learning by other described modalities</td>
<td>8</td>
</tr>
<tr>
<td>11. Pediatric GETA mock induction sessions</td>
<td>Lecture/Discussion ➔ Experiential with HFMBs: Each student is required to prepare for and implement a GETA induction on an infant</td>
<td>• Semester 2/Clinical Phase I; Basic Principles II Application of principles of pediatric anesthetic management to practice; foster student confidence and safe practice prior to first encounter with pediatric patient during clinical experience</td>
<td>4</td>
</tr>
<tr>
<td>Simulation Based Learning (SBL) activity</td>
<td>Methodology: Brief description</td>
<td>Curriculum placement (Integrated nurse anesthesia curriculum format)</td>
<td>Hours per student</td>
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</tbody>
</table>
| 12. Acute Pain Management: Ultrasound Guided Regional Block Workshop | Experiential: Faculty supervised ultrasound guided regional anesthesia practicum of Standardized Patients with emphasis on anatomical recognition of specific critical landmarks for safe ultrasound guided regional peripheral nerve block placement and mid fidelity mannequin based regional anesthesia insertion task trainer (SimuLab). | • Semester 2/Clinical Phase I; Advanced Principles of Anesthesia II  
• Reinforcement of Ultrasound guided regional anesthesia principles obtained via reading, during lecture/discussions and in the clinical setting, with emphasis on clinical reasoning, decision making and image recognition; major concepts of anesthesia non-technical skills as it related to ultrasound anesthesia. | 8 |
| 13. High risk obstetric anesthesia simulation sessions (IP) | Experiential with HFMBs and Standardized Patients: seminar in ACRM-type format with all scenarios related to high-risk obstetrical patients. These are multidisciplinary learner sessions with both nurse anesthesia and maternal–child health nursing students participating | • Semester 4/Clinical Phase II; Advanced Principles I  
• Reinforcement of obstetrical anesthesia management principles obtained via reading, lecture/discussions, and clinical experience, with emphasis on clinical reasoning and decision-making; major concepts of anesthesia non-technical skills (ANTS) are introduced | 8 |
| 14. Neuroanesthesia and trauma anesthesia simulation sessions (IP) | Experiential with HFMBs and Standardized Patients: seminar in ACRM-like format with all scenarios related either to neurosurgical or trauma patients. Multidisciplinary learners will likely be present | • Semester 4/Clinical Phase II; Advanced Principles II  
• Reinforcement of neuroanesthesia and trauma anesthesia management principles obtained via reading, lecture/discussions and clinical experience, with emphasis on clinical reasoning, decision-making, and continued development of ANTS | 8 |
| 15. Anesthesia Crisis Resource Management I | Lecture/Discussion ➔ Experiential with HFMBs: sessions using the ACRM format described by Gaba  
Six, complex, full-scale scenarios (both adult and pediatric) situated in a variety of anesthetizing locations (operating room, post-operative patient room, interventional radiology suite) are presented to learners in groups of six. A preparatory seminar (3-4 hours) is provided prior to the ACRM I sessions. | • Semester 6/Clinical Phase III; Component of Masters of Science in Nursing Synthesis requirement  
• Build upon the goals delineated for activities 13 and 14, and refinement of ANTS. Non-anesthesia health care personnel are often members of the faculty/staff that present the scenarios to the students, thus providing an interprofessional component to the learning. | 12 |
<table>
<thead>
<tr>
<th>Simulation Based Learning (SBL) activity</th>
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<th>Curriculum placement</th>
<th>Hours per student</th>
</tr>
</thead>
<tbody>
<tr>
<td>16. Anesthesia Crisis Resource Management II</td>
<td>Experiential with HFMBs: ACRM session as described above. Scenarios are more complex and include two obstetric situations.</td>
<td>Semester 7/Clinical Phase III; Component of Master’s of Science in Nursing Synthesis requirement</td>
<td>8</td>
</tr>
<tr>
<td>17. Interdisciplinary simulation sessions with podiatric medicine students</td>
<td>Experiential with HFMBs: nurse anesthesia students take the role of instructor for second year podiatric medical students who are enrolled in a clinical rotation run entirely in the simulation center to prepare them for hospital and clinic rotations.</td>
<td>Semester 6 or 7/Clinical Phase III; Clinical Anesthesia V or VI</td>
<td>4</td>
</tr>
<tr>
<td>18. Interprofessional Team Practice for Error Management</td>
<td>Experiential (PBL) with HFMBs and small group discussion: nurse anesthesia students will be immersed in dynamic clinical situations as a member of a health care team with students from other disciplines, including medical students. Involves some outside learning including online modules.</td>
<td>Semester 4 and 5/Clinical Phase II; Clinical Anesthesia III or IV</td>
<td>27</td>
</tr>
</tbody>
</table>

*a The optimal emotional state for learning as defined by Caine (Brain-Based Learning Framework)

*b HFMBs: High fidelity, mannequin-based simulation. The SMU inventory of full-body patient simulators includes: multiple SimMan® and SimBaby® simulators (Laerdal Medical Corporation, Wappinger Falls, NY); Noelle™ with Newborn Hal® (Gaumard Scientific, Miami, FLA); multiple mid-level mannequins: Vital Sim™ family and ALS simulator® (Laerdal)

*c IP = In progress - any learning activity marked with this indicator is in the process of being introduced or reintroduced into the curriculum after the purchase/faculty training with a new or upgraded simulation product, or the approval of a curricular revision

*d OSCE = Objective Structured Clinical Examination
MicroSim (Laerdal Medical Corporation, Wappinger Falls, NY) – self-directed, computer-screen simulator provides learner with realistic, interactive case scenarios; SMU recently purchased the MicroSim Inhospital product and is in the process of installing/inservicing.

ACRM = Anesthesia Crisis Resource Management, as delineated in item 15; “ACRM-type” refers to the fact that the debriefing periods for these sessions has more of instructional teaching component (relative to the clinical topic of the scenarios) versus true ACRM sessions.

Anesthesia Non-Technical Skills (ANTS), a behavioral marker system for human factors developed by the University of Aberdeen and the Scottish Clinical Simulation Center.

The SMU Master’s of Science in Nursing Synthesis is a master’s thesis equivalent – nurse anesthesia students meet this requirement via completion of comprehensive exams (written and oral) and completion of ACRM I and II, as described in the table.

PBL: Problem Based Learning. The critical feature of PBL is that the learners work as members of a team and that every member of the team has shared responsibility for the learning of each member of the team.
# Full Time Track – Master Schedule

**FALL 1** (5 didactic)
- **Anatomy/Physiology** 657/657L 5
- **Prin of Anesth I** 651/651L 4
- **Adv Health Assmt** 649/649L 3
- **Adv Pharmacology I** 652 4
- **Theor Foundations (intensive*)** 600 3

<table>
<thead>
<tr>
<th>Units</th>
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<tbody>
<tr>
<td>19</td>
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</table>

**Clinical Phase I**

**SPRING 1** (3 didactic/2 clinical)
- **Adv Pathophysiology** 653 3
- **Adv Pharmacology II** 654 3
- **Prin of Anesth II** 655/655L 6

<table>
<thead>
<tr>
<th>Units</th>
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<tbody>
<tr>
<td>13</td>
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</table>

**SUMMER 1** (1 didactic/4 clinical)
- **Adv Prin of Anesth I** 660 4
- **Research (intensive*)** 601 3

<table>
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<tr>
<th>Units</th>
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<tbody>
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<td>10</td>
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</tbody>
</table>

**Clinical Phase II**

**FALL 2** (1 didactic/4 clinical)
- **Adv Prin of Anesth II** 662 3
- **Professional Aspects of Nurse Anesthesia** 659 3
- **Clinical III** 661L 2

### Units
8 units

**SPRING 2** (1 didactic/4 clinical)
- **Senior Academic Curriculum** 000 0
- **Health Policy Analysis (intensive*)** 602 3

<table>
<thead>
<tr>
<th>Units</th>
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<tbody>
<tr>
<td>6</td>
</tr>
</tbody>
</table>

**Clinical Phase III**

**SUMMER 2** (1 didactic/4 clinical)
- **Clinical V** 664L 3

### Units
3 units

**FALL 3** (5 clinical)
- **Synthesis/Special Project** 606 3

<table>
<thead>
<tr>
<th>Units</th>
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<tbody>
<tr>
<td>4</td>
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<table>
<thead>
<tr>
<th>Units</th>
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</thead>
<tbody>
<tr>
<td>2,000+</td>
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</tbody>
</table>

**TOTAL UNITS:** 63

**CLINICAL HOURS:** 2,000 +

* For a description of graduate courses taught in the intensive format see: Student Guidelines for Graduate Courses Taught in the Intensive Format in the Program of Nurse Anesthesia (Appendix 2).
2. PROGRAM DESIGN: THREE-YEAR TRACK

In this course of study, students complete the initial year of enrollment on a very part-time basis. During the first twelve-month period, students will take the nine units of the program’s three MSN core courses, whose curriculum is not specifically focused on the field of anesthesiology. The student then enters the program full-time at the next regular fall admission. Part-time attendance of the program is not an option once the student has entered the full-time year, due to the lock-step nature of the curriculum with the clinical residency, as described on page 23.

This program track is designed for the student who needs to accommodate geographical moves or gain more critical care experience in order to prepare for full-time graduate study. Admission requirements are identical to those for students entering the full-time program immediately upon initial enrollment. The number of units (63) completed for the Three-Year Track is exactly the same as the full-time however the total length of this track is 39 months. Any tuition cost difference between the two tracks would be due to an increase in the tuition rate per unit between years. See the Three-Year Track master schedule for a summary of this program design.

First (part-time) Year of Enrollment

After a student has been accepted into the three-year program and complied with all admissions prerequisites (both academic and administrative), he/she can register for the program’s MSN core course that is offered in the fall semester. It is strongly advised that part-time students maintain regular verbal or written communication throughout the first year with the Program Manager or designate. Three-year students are required by the University to attend the SMU general orientation during the fall semester of their first year. Attendance at the program orientation during the first year is optional; prior to beginning the full-time segment of the program, attendance at the program orientation is mandatory.

Three-Year track students must provide evidence that they have met (or fulfilled) all prerequisite conditions of admission prior to the start of full-time enrollment.

3. PROGRAM DESIGN: POST-MASTER’S CERTIFICATE TRACK

The program will accept qualified applicants holding an appropriate MS (in Nursing) or MSN degree in order to matriculate as a Post-Master’s Certificate (PMC) student (for the purposes of seeking certification) as long as the MSN core requirements approximate in content and unit value the MSN core curricula at SMU. All other program standards and requirements will apply as they do for the degree-seeking student.

Post-Master’s Certificate students are not required to complete a thesis, but are required to complete N606, Special Project, which is the program’s Comprehensive Exam. Therefore, assuming that the PMC student obtains transfer credit for their three courses equivalent to the SMU MSN core courses, this program track is 27 months in length and 54 units total. See the Post-Master’s Certificate Track master schedule for a summary of this program design.
## Three-year Track: Master Schedule

### YEAR 1

**FALL 1**

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Units</th>
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</thead>
<tbody>
<tr>
<td>Theoretical Foundations</td>
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<td>3</td>
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</tbody>
</table>

**Total units**

3 units

**SPRING 1**

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analysis of Health Policy</td>
<td>602</td>
<td>3</td>
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</tbody>
</table>

**Total units**

3 units

**SUMMER 1**

<table>
<thead>
<tr>
<th>Course</th>
<th>Code</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>601</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total units**

3 units

**Three-year Track students are required to take all three courses listed above during their first (part-time) year: 9 units total**

*Refer to the next page for the schedule for the Full-time portion of the program.*
Three-year Track: Master Schedule (cont.)

Courses completed by the student during the first (part time) year are crossed out

<table>
<thead>
<tr>
<th>Clinical Phase II</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FALL 2</strong> (5 didactic)</td>
</tr>
<tr>
<td>Adv Health Assmnt</td>
</tr>
<tr>
<td>Anat/Physi*</td>
</tr>
<tr>
<td>Prin of Anesth I</td>
</tr>
<tr>
<td>Adv Pharmacology I*</td>
</tr>
<tr>
<td>Theor Foundations (intensive)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FALL 3</strong> (1 didactic/4 clinical)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adv Prin of Anesth II</td>
</tr>
<tr>
<td>Professional Aspects of Nurse Anesthesia</td>
</tr>
<tr>
<td>Clinical III</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>SPRING 3</strong> (1 didactic/4 clinical)</th>
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</thead>
<tbody>
<tr>
<td>Senior Academic Curriculum</td>
</tr>
<tr>
<td>Health Policy Analysis (intensive)</td>
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<table>
<thead>
<tr>
<th><strong>Clinical Phase III</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>SUMMER 3</strong> (1 didactic/4 clinical)</td>
</tr>
<tr>
<td>Clinical V</td>
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</table>

<table>
<thead>
<tr>
<th><strong>FALL 4</strong> (5 clinical)</th>
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</thead>
<tbody>
<tr>
<td>Synthesis/Special Project</td>
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<tr>
<td>Clinical VI</td>
</tr>
</tbody>
</table>

| **TOTAL UNITS**: 63 | **TOTAL LENGTH**: 39 months | **CLINICAL HOURS**: 2,000+ |
### Post-Master’s Certificate Track: Master Schedule

#### Clinical Phase II

<table>
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<tr>
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<td>Professional Aspects</td>
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<table>
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<tbody>
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<tr>
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<tr>
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#### Clinical Phase III

<table>
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<tbody>
<tr>
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<thead>
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<tbody>
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<tr>
<td>Clinical VI</td>
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### Clinical Phase I

#### SPRING 1 | (3 didactic/2 clinical)

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<td>Adv Pathophysiology</td>
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<tr>
<td>Adv Pharmacology II</td>
<td>654</td>
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<tr>
<td>Prin of Anesth II</td>
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<tr>
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<table>
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<th>(1 didactic/4 clinical)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adv Prin of Anesth I</td>
<td>660</td>
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</tbody>
</table>

| Research | 601 | 3 |

| Clinical II | 658L | 3 | 7 units |

### TOTAL UNITS: 54

### CLINICAL HOURS: 2,000+
ACADEMIC POLICIES

Students are responsible for policies found in the current SMU Catalog and Student Handbook in addition to those described in this section that address specific requirements unique to the Program of Nurse Anesthesia.

ACADEMIC HONESTY

The official Samuel Merritt University statement of academic honesty is as follows:

Academic integrity is expected of all faculty, staff and students in order to promote a productive and safe environment for learning. Key components of academic integrity are communication and mutual respect among the members of the Samuel Merritt University community. Faculty, staff, and students are expected to abide by the codes of conduct and ethics of this University, as well as, the code of ethics of their respective professions, which includes reporting misconduct to the appropriate authorities. Lack of academic integrity includes, but is not limited to, plagiarizing, cheating, deception, breach of confidentiality, failure to report a clinical error, falsifying research results, and failure to confront and/or report misconduct of others.

Faculty members reserve the right to evaluate individual cases of academic dishonesty by a student and to take appropriate action, which may include failure on a paper or exam or failure in the course. Faculty may also recommend censure, probation, suspension or dismissal to the Academic Vice President. A written report of any action will be placed in the student’s file in the Office of the Registrar. If the student’s status in the program is affected, a permanent notation will be made on his/her transcript.

Regardless of any action taken by the course faculty member, lack of academic integrity constitutes grounds for suspension or dismissal from Samuel Merritt University through the Office of the Academic Vice President.

Students in the Program of Nurse Anesthesia are expected to have signed this university document, to be familiar with the content of this statement, and to abide by the code of conduct and ethical standards it upholds.

PROGRAM OF NURSE ANESTHESIA TESTING POLICIES

The purpose of this section is to delineate testing policies as they relate to academic integrity and the expectations that faculty have of a student’s behavior during an examination period. These policies relate to all types of testing and sites at which tests may be administered.

1. All examinations administered within the program are considered secure unless otherwise designated by the program/course faculty. For the purposes of this policy, “secure” means those exams either written, oral, simulation-based, or internet-based (such as exams on Canvas) that are likely to be used in whole or in part at some future date, that would be jeopardized by their general distribution among the student body.

Unsecured exams are those that are either on reserve in the library, distributed by the faculty of record personally (such as take-home exams) or other means that clearly designates the test is in the public domain (such as those used for study guides). If there is lack of clarity about the test’s designation as “secured” or unsecured” it is the responsibility of the student to confirm the designation with the faculty of record.

2. Testing rooms are to be quiet. There should be no verbal communication among students that would transfer information or interrupt the privacy, confidentiality or concentration of other students.
3. No learning resources can be utilized during testing that have not been authorized by the faculty of record. This includes books, notes, and PDA’s.

4. Cell phones are to be turned off and placed directly in front of student on the desk throughout the administration of exam.

5. Test answers may not be transcribed onto a computer unless the faculty of record has made arrangements for secure examination via computer.

6. The faculty of record for the course will proctor exams. During the infrequent instances where this is not possible, another qualified faculty member will assume proctoring.

7. Exams should be distributed by the faculty of record or faculty designate. They should also be collected by the faculty of record or designate, unless the exam is considered an unsecured exam.

8. Exams are never to be copied OR distributed by students under any circumstance unless they are within the public domain (library), included in a course syllabus or designated by the faculty.

9. Students will take exams at the regularly scheduled times listed in the syllabus. Exceptions to this policy need to be negotiated between the student and the faculty of record prior to the date of the exam. Faculty have no obligation to offer examinations at times other than those designated in the syllabus.

10. Faculty will make every effort to not schedule examinations during the week of the AANA Annual Meeting or either of the biannual meetings of the California Association of Nurse Anesthetists.

ACADEMIC PERFORMANCE STANDARDS

Students are required to maintain a semester and cumulative grade point average (GPA) of 3.0 in all academic courses and a satisfactory (S) in all clinical courses. Students who do not meet this standard will be placed on academic probation, as described in the university catalog. Students may not be allowed to enroll in the clinical component of the curriculum if their GPA does not conform to this standard—this decision is made by the Program Director or his/her designate. Students on academic probation who fail to raise their cumulative grade point average to 3.0 by the time they have completed the next two sequential semesters are subject to dismissal from the program.

Students whose cumulative average falls below 2.5 after any semester, or who receive a grade of “D” or “F” in any one course are also subject to dismissal. If a student receives a “D” or “F” in any one course and is not dismissed the course must be repeated successfully in order to a) begin Clinical Phase I, b) continue with Phase II or Phase III clinical work or c) meet graduation requirements. This will likely require an academic leave of absence (described in the university catalog) as all courses, except the MSN core courses, are offered once a year. Furthermore, clinical progression in any phase of the program is not possible if the student is not enrolled in the

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1 References in this section of the handbook to the University catalog can be found in the Academic Policies section, generally under a subsection titled Graduate Probation and Dismissal (MSN-specific policies are described). Specific pages are not provided here as the catalog is published electronically (accessible via the SMU website) and frequently updated, thus page numbers for certain sections are subject to change.
academic course that is linked with the clinical course – these course linkages are described on page 23.

As indicated in the university catalog, a graduate student in MSN programs has the option to retake a course in which a C grade was received. The option to do this must be discussed with the Program Director as such an option may entail the need to take a leave of absence from full-time academic work.

CLINICAL PERFORMANCE STANDARDS

A student is subject to dismissal if at any time during a course, unsafe clinical performance or behavior jeopardizes the safety of the student or others.²

A grade of U (unsatisfactory) in a clinical course shall be assigned when a student fails to substantially meet phased clinical objectives in one or more rotations. Please refer to the policy for Clinical Probation (page 49) for a description of the procedure that should be followed in this situation.

Competency Assessment Related To Clinical Progression

The purpose of this policy is to address the needs of students who have experienced a substantial lapse from the program curriculum and may require relearning and demonstration (via simulation) of essential clinical skill sets prior to returning to the direct patient care responsibilities of a nurse anesthesia resident. The policy applies to all NARs returning to full-time enrollment regardless of the GPA held prior to the hiatus from full-time enrollment.

Students who are returning to full-time enrollment are usually, but not always, doing so under the following circumstances:

1. A personal leave of absence (PLOA)³ due to academic and/or clinical performance issues and/or personal matters (medical, physical, or other).
2. An academic leave of absence (ALOA).

In all of the aforementioned circumstances, a student’s reentry into the full-time curriculum is contingent upon completion of Criteria for Return (CFR) and a Competency Assessment Plan (CAP).

The Program Director (PD) establishes a timeline and a set of CFR to full-time enrollment upon commencement of the PLOA or the ALOA. These criteria are based on the specific individual circumstances of the student’s departure from full-time enrollment. In preparation for reentry into full-time enrollment, according to the timeline established at the commencement of change in status, the student must initiate communication with the PD related to his/her progress in accomplishing the established CFR and their readiness to develop a CAP.

Working collaboratively, under the direction of the PD, the NAR and program faculty develop a specific CAP to establish the student’s competency to return to a full-time curriculum assignment and fitness for clinical duty. The assessment method(s) utilized to establish competency/fitness are tailored to the individual’s circumstances, clinical performance evaluation prior to the hiatus.

² Refer to the SMU Catalog and Student Handbook, under the Academic Policies section (subsection of Graduate Progression and Graduation) for details.
³ The SMU Catalog and Student Handbook (Academic Policies, Leave of Absence section) provides a clear definition of and guidelines related to the two types of student leaves, personal and academic.
and should be consistent with established program curricular components. Agreement and commitment to the CAP and criteria for its completion by the returning student must be clearly documented via a handwritten signature on a hard copy document.

Upon completion of the CAP, a clear Reentry Action Plan (RAP) is established. The RAP should address the reentry point in the academic and clinical curriculum, and any probationary parameters, if applicable.

Upon reentry into the full-time curriculum, the student is held to the policies and procedures and standards of performance delineated for full-time students in the Program of Nurse Anesthesia Student Handbook.

TESTING AND GRADING PROCEDURES
Grading nomenclature follows the SMU policy for Graduate Grading in the MSN programs. The grading scale for PNA courses are as follows.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Grade</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>92–100%</td>
<td>A</td>
<td>Excellent</td>
<td>4.0</td>
</tr>
<tr>
<td>83–91%</td>
<td>B</td>
<td>Average</td>
<td>3.0</td>
</tr>
<tr>
<td>75–82%</td>
<td>C</td>
<td>Below Average</td>
<td>2.0</td>
</tr>
<tr>
<td>66–74%</td>
<td>D</td>
<td>Below Standard</td>
<td>1.0</td>
</tr>
<tr>
<td>≤65%</td>
<td>F</td>
<td>Failure</td>
<td>0.0</td>
</tr>
<tr>
<td></td>
<td>S</td>
<td>Competent in Course Objectives (Clinical courses/Labs/internships/synthesis/thesis)</td>
<td>Not computed</td>
</tr>
<tr>
<td></td>
<td>U</td>
<td>Unsatisfactory performance (Clinical courses/Labs/internships/synthesis/thesis)</td>
<td>Computed as 0.0</td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>Pass (selected courses)</td>
<td>Not computed</td>
</tr>
<tr>
<td></td>
<td>IP</td>
<td>In progress – extension of thesis or selected courses</td>
<td>Not computed</td>
</tr>
<tr>
<td></td>
<td>I</td>
<td>Incomplete – academic or clinical courses</td>
<td>Not computed</td>
</tr>
<tr>
<td></td>
<td>W</td>
<td>Withdrawal – academic or clinical courses</td>
<td>Not computed</td>
</tr>
<tr>
<td></td>
<td>A</td>
<td>Audit – academic courses</td>
<td>Not computed</td>
</tr>
</tbody>
</table>

The PNA does not utilize curves for assigning grades. All classes are awarded a letter grade with the exception of clinical courses, labs and Synthesis/CRNA Special Project (N606), which will be given an S/U designation.

All Faculty of Record will provide students with a grading rubric(s) for their course at the start of the term to ensure fair and unbiased evaluation of student work. Papers, quizzes and exams may also be blinded to ensure unbiased evaluation by the Faculty of Record.

Testing mechanisms and policies for a course are established by the Faculty of Record (FOR) and should comply with both university and accreditation policy. Testing mechanisms to accommodate disabilities are established in consultation with SMU’s Academic and Disability Support Services. The procedure for evaluation and grading in a course should be clearly delineated in the syllabus. The program standard for the lowest percentage parameter for a C grade is 75%.

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4 Methods by which competency or fitness is established can include, but are not limited to written or oral examinations, simulation-based sessions, and appropriate “fit for duty” documentation from qualified professionals. The student’s academic and clinical performance record prior to the hiatus from full-time enrollment is taken into full consideration during the development of the CAP.

5 The only exception is for N652 Advanced Pharmacology I and N654 Advanced Pharmacology II, taught by Dr. John Nagelhout. The grading scale for these two courses is included in the respective course syllabus.
DISABILITY ACCOMMODATION
For those who are eligible and wish to seek accommodations for a documented learning, physical, medical, or psychological disability, please make an appointment with Diane Hansen, Director of Academic and Disability Support Services as soon as possible. You can reach Ms. Hansen at dhansen@samuelmerritt.edu or 510-869-6616.

Official copies (signed and on letter-head paper) of the Letter of Accommodation (Letter) will be provided by Disability Services directly to the student. Additional official copies can be obtained from Disability Services as needed.

The student is responsible for giving an official copy of the Letter outlining course adaptations or accommodations to each faculty member (theory or clinical) from whom accommodations are requested each semester/term. This should be done during a private appointment with each faculty member at least two weeks in advance of the requested accommodation. All Letters are confidential and will not be shared with other faculty. Clinical coordinators and instructors are responsible for working directly and in a confidential manner with students who have disabilities. If disability information needs to be shared with the clinical site, it will be done with advance student knowledge and in a confidential, need-to-know basis. Accommodations can only be made when the above procedure is followed.

PROFESSIONAL CONDUCT STANDARDS
Students are expected to adhere to the codes of conduct defined by the University, the School of Nursing and the American Association of Nurse Anesthetists (see Appendix 1). Failure to do so may result in disciplinary action, up to and including dismissal.

Professional conduct includes maintaining appropriate and timely communication with program administrators, administrative and clinical faculty. Both students and faculty are accountable for adhering to the University’s expectations related to email as defined in the institutional policy entitled “Email”, available via the SMU website. That policy states: **Samuel Merritt University faculty, staff, and students shall use the samuelmerritt.edu email system as the primary communication medium for the distribution information to the University community.** Each faculty member discloses his/her contact information and hours of availability either in course syllabi or via intermittent general communications to the student body.

PROCEDURE FOR STUDENT EVALUATION OF PROGRAM
All students in the program are required to complete a variety of evaluations relating to general program, academic and clinical coursework. Evaluation forms are distributed in a variety of formats either by the program, the School of Nursing, or a University-wide department or committee. It is both a faculty and student responsibility to ensure that these evaluations are completed in a timely manner as prescribed by accreditation requirements of the COA.

Specific details regarding completion and utilization of clinical evaluations are found in the section on Clinical Evaluation Plan. Clinical evaluation prototypes are provided in Appendix 3 of this manual.

GRADUATION REQUIREMENTS
1) Minimum of twenty-seven (27) months in **full-time** study

2) Completion of all courses stipulated by the program and the SMU School of Nursing, with a cumulative GPA of no less than 3.0
3) Completion of all clinical cases and practice hours stipulated by the Council on Accreditation of Nurse Anesthesia Educational Programs

4) Successful completion of all of the components of the Senior Academic Curriculum: a) the PNA NCE Prep Series and all components of the PNA Comprehensive Exam (which is an approved MSN Synthesis option), b) completion of ACRM I and ACRM II simulation sessions, and c) in some cases the completion of an additional Synthesis option.

5) Satisfactory discharge of all university and program debts

6) Completion of all terminal educational objectives of the program and recommendation by the faculty that such have been met in a satisfactory manner

7) Completion of all mandatory items indicated on the program’s Exit Interview Checklist, a process that results in the completion of the student's official National Certification Exam (NCE) transcript and application packet (submitted to the NBCRNA). All graduating students attend a mandatory orientation session to this process in the early fall (September) of the year of graduation so that they are well apprised of all the requisite steps for this graduation requirement.

NOTE: Students will not become eligible to take the NCE until all requirements for the degree have been met. Students are responsible for ensuring that they are in compliance with all administrative and academic policies of the Program of Nurse Anesthesia and Samuel Merritt University to ensure timely completion of the program and graduation.

Deferral of Graduation
Graduation may be deferred and the program extended if there are unanticipated circumstances preventing timely completion of graduation requirements. Reasons for deferral of graduation may include but are not limited to:

1) Bona fide leave of absence approved by the Program Director and granted by the University. Leave of absence criteria and the process to obtain approval for such a leave can be found in the SMU Catalog and Student Handbook.

2) A period of suspension/probation that must be made up prior to graduation.

3) Excused/unexcused absences beyond the allotted number of excused days.

4) Extenuating circumstances requiring deferral of graduation as deemed appropriate by the Program Director.

5) Failure to meet graduation criteria.

Deferral of graduation is NOT a usual practice and may result in extension of the program. A new graduation date will be assigned by the Program Director in consultation with faculty.
STUDENT ACADEMIC ADVISING
Please refer to page 79 to find a description of the Program of Nurse Anesthesia procedure for student advising.

ACADEMIC DISCIPLINARY ACTIONS
Failure to adhere to university and/or program policies, academic or clinical standards, or professional codes of conduct and behavior, as defined by the university and the nursing profession, may result in disciplinary action, including dismissal. University criteria for graduate academic probation and recommendation for dismissal are found in the SMU Catalog and Handbook. See Appendix 1 for the AANA’s Code of Ethics for the Certified Registered Nurse Anesthetist. Nurse anesthesia students are also subject to the following policies related to academic disciplinary action.

Administrative Suspension
This action can be taken at the discretion of the PD when the student fails to maintain policies and standards cited above or is involved in a critical incident or breach of ethical conduct. Suspension is a time during which the student may be relieved of academic and/or clinical duties pending investigation of complaints or incidences that warrant separation of the student from normal program activities until such time as decisions can be made regarding potential for disciplinary action. An administrative suspension period does not normally exceed 30 days.

Disclosure of Legal or Disciplinary Actions
As part of the registration process each semester, all SMU students are required to attest to whether there have been any changes to their criminal record/background check status during their matriculation at SMU. Failure to notify SMU of any changes via completion of this section in the registration process may be grounds for disciplinary action up to and including dismissal from the University.

Clinical Probation
This status may be assigned when a nurse anesthesia resident (NAR) fails to meet the clinical objectives outlined in the phased Clinical Evaluation Plan and is assigned an overall rating of unsatisfactory for the rotation. Clinical probation may also be assigned at the discretion of the Program Director for critical clinical performance issues that warrant the initiation of probation protocol (see below). If program faculty does not make a recommendation for immediate dismissal at the time that the "U" rating is assigned or the critical performance issue identified, a maximum probationary period of two months may be assigned. At the end of the probationary period, the NAR must:

1) Be reinstated in good standing, or
2) Withdraw voluntarily from the program on recommendation of the faculty, or
3) Be recommended for dismissal to the Academic Vice President and Provost.

An unsatisfactory rotation with a subsequent clinical probation period usually requires additional clinical time beyond the proposed graduation date. In no case will a second clinical probationary period be granted; instead the student will be dismissed.

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6 Implemented in the 2011-2012 academic year.
Probation Protocol

1. Initiation of this protocol begins when a) the student receives verbal or written notice from the site clinical coordinator that he/she has been assigned an unsatisfactory summative rating for a clinical rotation, or b) the student receives verbal or written notice from a program administrator of a serious clinical performance issue that requires assignment of probationary status. See p. 79 for related information regarding unsatisfactory summative ratings.

2. Program administrators must schedule a personal conference between the NAR, PD or AD and the PCC within 7 business days of receiving written documentation of the unsatisfactory rating or clinical issue.

3. The purpose of the first conference is to provide the NAR with the opportunity to review and comment on all material relevant to the clinical rotation summative evaluation, and to allow the PCC to gather information from the NAR related to any of his/her identified performance issues. Discussion at this meeting should also include plans for remediation of all performance issues.

4. Subsequent meetings are scheduled by the PCC as dictated by the case-specific circumstances.

5. Written documentation of key meeting proceedings is provided to the NAR (usually by the PD) that includes clarification of the NAR’s assigned probationary status, a remediation plan (with criteria for completion), and a timeline for implementation of the plan. The NAR must acknowledge receipt of the information in one of three ways: 1) via an email communication to the PD; 2) via a handwritten signature on a hard copy of the proposed plan; 3) via an automated email “read receipt”.

6. Facilitation of the remediation plan with the clinical coordinator of an affiliate site is primarily the responsibility of the PCC, in consultation with the PD. The focus of the plan is to provide optimal opportunities for the NAR to address and resolve their performance issue(s).

7. The PD provides written documentation of the final decision rendered after completion of the probation period to the NAR and all appropriate administrative personnel.

Dismissal

Grounds and procedures for dismissal from the program are detailed in the policy on Safe and Professional Practice in Clinical Settings and Code of Conduct, both found in the SMU Catalog and Student Handbook. Other circumstances under which a student is subject to dismissal from the Program of Nurse Anesthesia are described in various sections of this handbook.

STUDENT COMPLAINTS POLICY & PROCEDURE

Samuel Merritt University has an institutional policy for complaints that students, faculty, staff and parties external to SMU have a right to invoke. This policy and its accompanying procedure can be accessed via the SMU website: www.samuelmerritt.edu/policies

An excerpt of that policy is provided below:

PURPOSE - Complaints are received, monitored, evaluated, and wherever possible within existing policy and resources, resolved. The University values information from students,
faculty, staff, and the public that assists in assuring policies and procedures are applied appropriately and continuing improvement of the institution takes place.

POLICY STATEMENT - The University has a clear and equitable process for receiving, acknowledging, resolving, or responding to complaints in a timely manner.

POLICY - A complaint is a concern or issue identified by a Samuel Merritt University (SMU) student, faculty, staff member, or external party with respect to the operations, services, conditions, or facilities of the University. Complaints concerning the personal lives of individuals connected to the University are not considered. Issues concerning academic or behavioral matters involving students and faculty are governed by the dispute resolution and grievance procedures outlined in the SMU Catalog and Student Handbook, and are not governed by the Complaint Policy as defined here.

In all cases, the policy requires that the complainant receive a preliminary response within three (3) business days and a follow-up response from a University employee or designated representative, within thirty (30) business days, describing the nature of the complaint and the response or resolution provided.

DISPUTE RESOLUTION PROCEDURE

The Program of Nurse Anesthesia dispute resolution procedure is aligned with that defined by the University and the SoN. A full description of these procedures can be located in the Dispute and Grievance Policy in the SMU Catalog and Student Handbook (Academic, Personal, and Professional Integrity section), and the School of Nursing Dispute Resolution Procedure (Appendix 2 in this handbook). In all cases and phases of any dispute resolution, communication and behavior of all parties involved is expected to be professional and cordial.

According to the university-wide policy, the first step in the process by which student disputes and grievances are managed is that the student is expected to demonstrate good faith efforts to resolve differences with those directly involved (most often a faculty member) as soon as possible after the event(s). If the involved parties are unable to resolve the problem within five (5) working days of the event(s) the student shall contact the Program Director.

The Program Director invokes the SoN Dispute Resolution Procedure wherein good faith efforts are continued to resolve the problem. If resolution is not reached, the student presents his/her case to the associate dean or dean of nursing. Thereafter, the procedure to be followed is fully described in the Dispute and Grievance Policy in the university catalog.

ATTENDANCE POLICIES

Students are required to be in TIMELY attendance for all classes. The program office must be notified (via voicemail or e-mail) prior to missed classes in the case of illness or other personal circumstances. The faculty of record for the course should also be notified. See clinical policies for attendance requirements and policies while on clinical rotation.

Vacation, Holidays, and Personal Time Off (PTO)

Over the course of the 27-month program, both first and second year full-time students will be afforded a December vacation. This will generally follow the designated dates for the winter break on the university academic calendar. Second year students will be given a study break to prepare for the Pharmacology Comprehensive Exam and a study break to prepare for the Oral Comprehensive Exam. The official winter vacation dates are listed on the annual Program Calendar, which is distributed at the beginning of every academic year (late August).
Samuel Merritt University observes eight holidays: New Year’s, Martin Luther King Jr. Day, President’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day. If an academic course is scheduled to meet on the day on which the holiday is observed, no class session should be scheduled.

In accordance with SMU policy, **NARs should not be engaged in patient care at a clinical affiliate site when the University is officially closed.** This happens during the holidays listed in the previous paragraph, the day after Thanksgiving and from December 25 through January 1. The date of holiday observances (and thus the official business status of SMU) may vary each calendar year. It is important to understand that the break periods listed on the Academic Calendar (e.g., spring break or semester break) does not necessarily mean that the University is closed.

If the University is open (thus enabling NARs to engage in patient care) but the operating room schedule at a clinical site is altered such that normal activity is not anticipated (e.g., days preceding or following major holidays), the site clinical coordinator is the individual with whom the NAR should communicate regarding scheduling clinical hours.

In addition to vacation periods and holidays in both years, all students are entitled to a total of 20 days of personal time off (PTO) over the course of the program. These days commence only after NARs enter the clinical residency in January of their first year. PTO can be used at the discretion of the student for personal matters, additional vacation, or sick time. Days taken in excess of the allotted 20 will be added to the anticipated program end date for the NAR. The option of working extra hours during Phase II and Phase III of the clinical residency in order to accomplish time compensation for PTO days in excess of 20 should be discussed with the site clinical coordinator after consultation with the program clinical coordinator. Additional PTO days (beyond the allotted 20) may be granted when taken for the intent of attendance at professional meetings, both those required and highly encouraged (see following section on Professional Meetings), at the discretion of the Program Director on an individual basis.

When planning for the use of PTO, it is incumbent upon the NAR to complete due diligence work in order to ensure that any time taken off will not result in a breach of PNA policy or that a program administrator has sanctioned any deviation of policy as described in this handbook section.

PTO will be considered by the Program Clinical Coordinator using the following guidelines:

- Satisfactory Academic standing
- Satisfactory Clinical standing
- Absence of probationary periods

PTO will not be approved or granted:

- For two weeks preceding and following the annual Christmas break.
- For two weeks preceding and following the pharmacology comprehensive examination study break with the exception of the day immediately following the Pharmacology Comprehensive Exams.
- For two weeks preceding and one week following the oral comprehensive examination study break.
- At times based on site-specific criteria.

PTO in the following situations is not recommended however requests will be considered on a case by case basis at the discretion of the Program Clinical Coordinator:

- At the beginning (first week) AND at the end (last week) of a clinical rotation.
• During the first clinical rotation of the clinical residency.
• During any anesthesia specialty rotations which include but are not limited to pediatrics, cardiac anesthesia, obstetrics, neuro-anesthesia and trauma rotations.
• Week immediately preceding and following regional and national nurse anesthesia association meetings.
• One day immediately following Pharmacology Comprehensive Exams.
• PTO requested in excess of 5 business days.

Requests for Personal Time Off
1. Requests for PTO days (20 total throughout the clinical residency) must be submitted at least 60 days in advance. Requests submitted less than 60 days may not be considered.

2. Schedule requests are to be submitted via email to the PCC. Emails submitted to the PCC should read “CLINICAL TIME OFF REQUEST – FULL NAME” in capital letters in the subject line of the email and be flagged as high priority. The request must include the following information:
   - Student’s name and rank in program (NAR1, NAR2, NAR3)
   - Dates of anticipated absence
   - Number of clinical days to be missed
   - Clinical site(s) affected (if known)
   - General reason for PTO (e.g., vacation, personal matter, professional obligation, military obligation)

3. The PCC is responsible for communicating approval of the time off request. NARs can expect an acknowledgement of the request within 5 business days and a decision within 10 business days. If >10 business days have transpired, the NAR should resend the request to the PCC and copy to the PD.

4. A decision regarding the schedule request will be communicated as follows:
   - The PCC will indicate approval or denial with a short statement as a Reply to the original request. Details of the request should be on the email thread.
   - The Reply should be addressed to: the requesting NAR, with a copy to the PM. The PM will record the approved schedule request for program files.

5. The NAR is responsible for forwarding the approved schedule request email thread to the appropriate site clinical coordinator. As a courtesy to the coordinator, ensure that the details of the schedule request are prominently displayed.

6. Each site Clinical Coordinator (CC) determines how to manage recording the schedule request. If the CC does not respond to the NAR notification within 1 week (7 days), the NAR should notify the PCC for further follow up.
Summary of key steps for PTO requests:

Unplanned absences

When students take days off for reasons of illness or extenuating circumstances, they are required to contact the clinical site preferably the day before or no later than 6:00AM of the day of the scheduled clinical assignment. It is a good idea to document the name of the person at the site that took your message. Notification of illness or unexpected absence should also comply with the specific procedure of each clinical facility (information that should be included in a site orientation). Students reporting these unplanned must also notify the program office by 8:00AM via an email to the PM and PCC. Lastly, the absence must be recorded in the appropriate section of the student’s time log in the NAST system. The program administration may require the student to produce a doctor’s note for absence in excess of 3 days.

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7 NAST = Nurse Anesthesia Student Tracking, an information management system that is described on page 64
Bereavement
Students will be granted bereavement leave for members of the immediate family including grandparents and in-laws. The program will grant 3 days for such leave. Days in excess of 3 must be taken from the 20-day excused absence allotment.

Mandatory Attendance Events
Robinson Rounds Case Conferences
Richard Robinson, CRNA, MSN, served for many years as the program’s site Clinical Coordinator for the East Bay Kaiser Permanente Medical Center. He was a beloved teacher and colleague. Robinson Rounds, dedicated to his spirit, energy, and commitment to educational excellence, are held three times per year on the campus of Samuel Merritt University. The purpose of these conferences is for nurse anesthesia residents and clinical faculty to share clinical experiences, information, and research with a focus on quality improvement and error reduction. These conferences are organized and facilitated by NARs, with guidance from the Program Clinical Coordinator.

Attendance at Robinson Rounds is mandatory for all currently enrolled NARs. Details regarding the date, time and location of each of the three conferences held each year are communicated electronically by the NAR responsible for organizing the respective conference. All clinical faculty are invited to attend.

Professional Meetings
Students are required to attend two meetings per year, selected from the regularly scheduled conferences listed below. Other appropriate options for professional meetings to attend during program matriculation can be discussed with program administrators:

The Kaiser Permanente Anesthesiology Symposium
This annual symposium is held in San Francisco, usually in the spring, and has traditionally been a one-day event on a Saturday. The program is responsible for coordinating PNA student registration for this symposium with KP and will notify the student body of the specific symposium date and registration arrangements via e-mail.

The California Association of Nurse Anesthetists (CANA) (1 of the 2 annual meetings)
These educational meetings, sponsored by our state’s professional association are held in the spring (usually June) and in the fall (usually October). Generally speaking, the meeting location alternates between Southern and Northern California. The meetings begin on Friday afternoons and end on Sunday at noon. There is a nominal student registration fee. Current information about CANA meetings is best found on the CANA website: http://www.canainc.org/

The American Association of Nurse Anesthetists (AANA) Annual Meeting
Students are strongly encouraged to attend this professional meeting at least once during the full-time, 27-month course of the program.

The four-day AANA Annual Meeting is traditionally held in August or September from a Saturday through the following Tuesday night. Meeting locations vary from year to year. CRNAs and nurse anesthesia students from across the country attend this important meeting, which contains anesthesia educational content as well as legislative and business topics salient to nurse anesthesia practice. Student activities and opportunities are abundant at this meeting and your attendance and participation is highly encouraged.

Students are responsible for transportation and accommodation expenses for this, and all other professional meetings. Time off for travel may be granted depending on the meeting location. Students who choose not to attend the AANA Annual Meeting will be expected to be in their

Notes:

- Students must be in good academic and clinical standing to take advantage of time off for educational meetings.

- Travel time taken for attendance at meetings located outside the Greater Bay Area MAY be included in this time off allotment for meetings (that is, without using time from the 20-day bank of excused absences) at the discretion of the Program Director.

- The procedure for excused absence requests, described in a previous section of Attendance Policies must be completed for any weekdays taken off for the meetings described above.

- Students attending professional meetings during weekend days are expected to fulfill their clinical assignment during the weeks previous and subsequent to the meeting.

- If the AANA Annual Meeting is scheduled during the fall semester, first-year students will not be eligible to attend.
SYNTHESIS OPTIONS

The synthesis project is the final degree requirement for the MSN degree. This requirement is designed to provide the student with an opportunity to apply new knowledge and insight gained from graduate education via completion of a thesis or special project. Both a thesis and special project (options described below) include the expectation that the student will be able to effectively articulate ideas in writing, use primary and secondary library and information resources, and produce the quality of work that can withstand peer review.

Nursing 605 – Thesis
A thesis is a written report of a research study conducted under the guidance of and in keeping with the expertise of a faculty member with an established research agenda. A student desiring this option should declare this intention no later than the second semester of enrollment in the full-time program in order to ensure that a faculty advisor is formally assigned to provide early direction on the research project.

Nursing 606 – Special Project
To meet this final requirement, all PNA students must complete the Comprehensive Examination, described in the next section. The SoN offers the following two special project options, either of which may be completed by PNA students in addition to the Comprehensive Exam:

1) Presentation of a scholarly paper for publication in concert with a faculty member. This assignment, which requires considerable student initiative, will include participation in the development of a topic, literature review, data collection and analysis as appropriate, and preparation of a scholarly paper for publication.

2) Preparation of a scholarly report on the implementation of a major health program or instructional innovation designed to improve health care to high-risk populations in the community.

Comprehensive Examination

Description and Format: The Program of Nurse Anesthesia Comprehensive Examination – a special project option officially approved by the School of Nursing – meets all expectations for a synthesis project. This multi-faceted exam assesses a student’s comprehension of MSN program objectives as well as specialty content in anesthesiology. This is the only option specifically designed to prepare students for the National Certification Examination, given by the NBCRNA.

The Comprehensive Examination is a combination of written and oral components. The full protocol for the conduct of each Exam component can be located in Appendix 1. It is important to note that this exam is a critical component of the program’s senior year academic curriculum, fully described in the section of Program Design: Full-time track. As such, all students are required to take the exam and in doing so, the University’s synthesis project requirement is fulfilled.

If a student wishes to complete a thesis or other special project in addition to the Comprehensive Exam, they are free to do so; however, given the significant time commitment required to complete the program curriculum and to effectively prepare for the exam, it is generally inadvisable to undertake such a course. It should be clear that completion of the Comprehensive Exam is a requirement for graduation for all students, whether seeking an MSN or a post-master’s certificate.
SELF EVALUATION EXAMINATION (SEE)
All students in the second year of the program are required to take the Self Evaluation Examination (SEE), administered by the NBCRNA, as a self-assessment mechanism in preparation for the national certification examination.

The SEE must be completed during the second spring semester of full-time enrollment. Completion of this exam is an integral part of the Senior Year Academic Curriculum, described in a previous section of the handbook (page 25). Each student must meet with their faculty advisor to discuss his/her exam results during one of the regularly scheduled advising sessions. The Program Director will arrange to meet with a student whose SEE results warrant immediate attention. Information regarding the SEE itself and the procedure for registration is provided by the NBCRNA each year and can be retrieved from the Certification section of the NBCRNA website: www.nbcrna.com.

PROFESSIONAL ACTIVITIES

Associate Membership in the AANA
Associate (student) membership in the American Association of Nurse Anesthetists (AANA) is required for purposes of securing eligibility for the NCE. Students will be assigned an AANA member ID number which is necessary for the NCE application process. There is an initial fee for AANA associate membership which covers a student’s membership while in the program. Membership entitles the student to receive the Association’s publications and to attend state and national meetings at a reduced rate.

Membership registration for matriculating students is coordinated by the program prior to or at the program’s new student orientation.

Professional Association Meetings
Participation in and attendance at professional meetings are an integral part of the nurse anesthesia educational process. Additional time off for attendance at professional meetings is addressed in the section entitled Attendance Policies. There are opportunities for student nurse anesthetists to participate in CANA and AANA committees and to speak at both CANA and AANA educational meetings. Students interested in these professional activities should speak to any member of the program faculty for advisement in these matters.

Student Participation in Program Committees
There are student positions on two of the established program committees: Admissions and Clinical Coordinators.

The chair or co-chairs of the Admissions Committee selects the senior student representative on each year’s admission committee.

A student representative from each current class is invited to attend and participate on the Clinical Coordinators Committee, which meets quarterly, generally in the months of March, May, September and December, on the third Tuesday of the meeting month. This student representative position may be rotated between students. Student representatives at these meetings will have the opportunity to present and discuss issues of concern of the current student body, provide feedback regarding clinical sites and processes, and importantly, to provide a student perspective on meeting agenda items.
POLICIES ON INSURANCE

Professional Liability Insurance
While enrolled in the program, students are covered by Samuel Merritt University for incidents involving medical liability in execution of duties/activities outlined in the curriculum. The Program Manager manages documentation of insurance coverage.

Health Insurance
Students are required to provide evidence of health insurance at the time of enrollment. A minimal health insurance policy is available through Samuel Merritt University. Students should also refer to the section of this handbook on credentialing for immunization requirements of the University.

STUDENT EMPLOYMENT POLICY FOR WORK OUTSIDE THE PROGRAM
The program recommends, in the strongest possible terms, that students do not work during their enrollment period. Students who choose to work must maintain satisfactory performance in both academic and clinical courses. The criteria for satisfactory performance include, but are not limited to: a) academic and clinical performance standards of the program and b) satisfactory summative evaluations. Under no circumstance is a student to work as a nurse anesthetist by title or function during any period of enrollment.

DRESS CODE
1. Appropriate attire and a neat personal appearance are required when interacting with faculty and peers in classroom situations.
2. Appropriate attire and neat personal appearance are required during interactions with patients and clinical colleagues.
3. It is expected that compliance with the dress code (both in and out of the perioperative suites) of each individual clinical agency will be respected.
4. Identification badges that meet state and federal regulations regarding format and appearance should be worn at all times in the clinical agencies, according to the specific requirements of that agency (i.e., agency badge and/or Samuel Merritt University ID badge).
5. Program-issued radiation monitoring badges must be worn at all times in the clinical setting.
6. Nails should be maintained to ensure patient safety. Artificial nails are not permitted for patient care.
7. See Surgical Attire in the Clinical Policy section (page 69).
8. Students must dress in appropriate business attire when attending professional meetings. If ever in doubt about proper attire, err on the side of formality.

SUBSTANCE MISUSE/PHARMACEUTICAL USE
The Program of Nurse Anesthesia recognizes substance abuse and chemical dependency as known hazards of anesthesia practice. By providing a drug (and alcohol) free environment, in conjunction with our clinical agency sites, we are better able to assure a safe and equitable practice setting for anesthesia providers and our patients. To that end, the Program adheres to university and federal policies regarding the Drug-Free Workplace and the Drug Free Schools and Communities Act of 1989 found in the SMU Catalog and Student Handbook.
The SMU School of Nursing requires mandatory drug screening for all nursing students. The school believes that drug screening falls within best practice guidelines and is in the best interest of our patients. Drug screening results are highly confidential and accessible only to the student who is testing and to the Office of the Vice President of Enrollment Services. Refer to the SMU Catalog and Student Handbook for more details regarding the drug screening policy.

While enrolled in the clinical residency, the nurse anesthesia resident (NAR) is held to the policies and procedures relative to substance abuse of the specific clinical agency in which he/she is rotating at any given time. In the event that a CC suspects a student of substance misuse/abuse, the PCC should be notified to help formulate a plan of action. Documented evidence of substance misuse by the student may result in immediate administrative suspension until implementation of university and clinical agency procedures governing substance abuse are complete. The Program supports early identification, intervention, and treatment for the well-being of both the impaired individual and the general public. The program will provide a safe, drug free environment and confidential assistance to individuals who have a problem with substance abuse or chemical dependence.

A student must notify the Program Director if he/she is taking prescription drugs that have the potential to affect performance in the clinical area. Students can be disqualified if therapy precludes satisfactory and safe clinical performance or unacceptable periods of absence from the clinical area.

Provider Wellness

The program enthusiastically supports the mission of the Wellness Program, endorsed by the American Association of Nurse Anesthetists (AANA). Students will be advised of any new policies as they are approved and initiated. All NARs are encouraged to periodically visit the AANA website and Health & Wellness and Peer Assistance page at www.aana.com for current wellness and peer assistance information and resources/referral information. The PNA promotes and provides supports Wellness related programs and resources throughout the curriculum and in concert with our clinical partners. All students are assigned to a faculty advisor for any assistance with wellness issues. Further, junior students are assigned senior student mentors to assist with wellness and the transition to graduate studies.

Student Counseling and Wellness

During the course of this rigorous 27-month program, it is not uncommon for a student and/or the student’s family (especially one’s spouse, partner or significant other) to require counseling services. The SMU Student Health and Counseling Center (SHAC) is a place where students can get help for personal, emotional, psychological, relationship and family problems. Succeeding with academic work often depends on effectively dealing with emotional and social issues. Because understanding and dealing with a situation before it reaches a crisis stage usually leaves more options, students are encouraged to seek help sooner, rather than later. The SHAC is open twelve months of the year and short-term personal counseling is available at no charge to assist SMU students experiencing personal difficulties.

The SHAC’s counseling center is staffed by licensed psychologists and is located at 3100 Telegraph Ave, Suite 3105; Phone: (510) 869-6629. Students are not required to obtain a faculty referral to see one of the psychologists however any faculty member will assist any student to make a connection with the psychologist on staff. Faculty may advise students to seek counseling in appropriate circumstances. All communications related to counseling matters are

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8 Mandatory screening implemented in August 2012.
maintained in adherence to the confidentiality standards of the Family Educational Rights and Privacy Act (FERPA).

PARKING, TRAVEL and HOUSING to CLINICAL AFFILIATES

Students are responsible for securing their own parking at SMU and at all clinical affiliates. The site clinical coordinators are responsible for assistance in securing parking access for SMU students. In general, parking costs at most clinical affiliates are nominal to reduced rates.

Students will also assume the costs of travel and housing when assigned to clinical sites distant from their home base. The Fresno rotations (currently three) are an exception as a furnished apartment is provided at no cost to the student. All NARs who stay in the apartment must coordinate their stay through the Fresno Regional Clinical Coordinator and comply with all established procedures and guidelines (specifically those involving apartment keys, garage access remotes, and providing occupant information), or risk losing housing privileges.

Student housing is sometimes provided for elective, out-of-state, or rural clinical rotations. This should be discussed with the Program Clinical Coordinator when arranging for the out-of-state rotation. Refer to the Out of State Rotations information on page 75.

SCHOLARSHIP AND LOAN INFORMATION

Questions regarding the availability of scholarships and loans can be answered at the SMU Office of Financial Aid, located in the Peralta Medical Office Building (MOB). Other program-related sources of financial support include:

AANA Foundation Scholarship Program
Scholarship funds are available to students who have completed at least six months of their program. Information about the various scholarships is available via the AANA website (Affiliates > AANA Foundation > Applications and Programs.) An application form is posted annually and contains the criteria for each scholarship and relevant deadlines.

Kaiser Permanente CRNA Student Loan Program
These loans, sponsored by The Permanente Medical Group, are available to both first and second year full-time students on a competitive basis. These substantial financial loans (up to $10,000.00 per year) are forgivable on a pro-rated basis upon employment, after program graduation, in a Kaiser Permanente Northern California facility as a CRNA.

The Kaiser Permanente Student Financial Aid Office coordinates delivery and processing of loan applications and loan eligibility. The PNA office will notify SMU CRNA students of the annual application period. Questions about the loan criteria and application procedure should be directed to the PM.

Health Resources and Services Administration (HRSA) Nurse Anesthesia Traineeship Grant and Professional Nurse Traineeship Grant
Currently, the federal government (HRSA) is supporting the education of nurse anesthesia students in their first and second year of a program. The dollar amount of this annual award per student varies and is contingent upon renewed congressional funding. The Program Director is responsible for completing all applications to HRSA for this funding; the SMU Financial Aid Department is responsible for facilitating the awarding of funds once the grant monies have been received.
Dan C. Perry Emergency Loan
Students may apply for up to $500 in emergency loan funding through the university Office of External Affairs.

Chuck Rovinski Memorial Scholarship Fund
A single award conferred at graduation based on academic and clinical performance. Award criteria are available in program offices.

Yuri Nishimura Memorial Scholarship
A single award conferred at graduation. Award criteria are available in program offices.
CLINICAL POLICIES

CREDENTIALS
The Program of Nurse Anesthesia policies related to healthcare providers’ regulatory guidelines for appropriate licensure, certification, or institutional compliance requirements align with those currently enforced by SMU and the SoN. In order to be granted clinical privileges at hospitals to which they rotate, every NAR must provide and maintain documentation of appropriate credentials (example listed below) upon entering the program. It is mandatory that NARs maintain current credentials throughout the program and provide updated documentation to the program office, SMU Student Health and/or appropriate clinical agency as requested. In addition, many clinical agencies have site-specific compliance related prerequisites that require completion prior to beginning and/or continuing a rotation.

Obtaining, providing documentation of, and maintaining proper credentials are the ultimate responsibility of the NAR. Delinquent credentials will result in restriction and/or denial of clinical assignment until the situation is ameliorated. The program does not guarantee alternative clinical placement if the original assignment is challenged due to credentialing delays related to failure of the NAR to comply with Program and clinical agency requirements. If the NAR is not assigned a clinical rotation due to expired or absent credentials, a period of academic suspension may be assigned. This period should not exceed 30 days and may increase the length of the NAR's program beyond 27 months. Periods of suspension from clinical assignment will be retroactive to the date of the initial credential(s) expiration. Persistent or repeated failure to comply with credentials policies will result in further disciplinary actions up to and including dismissal from the Program.

Appropriate credentials will include:

- Current unencumbered California RN license
- Annual physical examination
- Annual (or more frequent as per individual institution requirements) PPD, with CXR results as required
- Vaccination Record
  - MMR vaccine; or Rubeola, Rubella and Mumps positive tires
  - Varicella
  - Tdap
  - Hepatitis B
  - Flu Vaccine (required annually)
- BLS, ACLS and PALS certification
- AANA Associate Membership Card (valid and legible copy)
- Current curriculum vitae/professional resume
- Additional site specific requirements as required

Note: 1) If a NAR is assigned to a clinical rotation in a state outside of California, he/she must obtain and assume the financial responsibility for a registered nursing license for the state in which the rotation is located prior to beginning that rotation. The licensure and any related state-specific required credentials must remain current throughout assignment at that site. All other credentials required by that affiliate site must also be submitted according to the site’s protocol.

2) All NARs are required to complete a special Program of Nurse Anesthesia re-certification (ACLS, BLS, and PALS) class in the fall semester of their junior year. No exceptions will be made. This is to ensure that the student's certifications will not expire during the 23 months of clinical residency.
INSTITUTIONAL COMPLIANCE

Many clinical affiliate institutions require staff and rotating students/residents to complete site-specific programs, policies, and protocols, as delineated on Canvas’ CRNA Clinical Rotation Manager, in order to be in compliance with organizational state and federal regulatory agency rules. Completion of such institutional compliance demands is expected of every NAR and should occur in order to avoid clinical assignment restrictions or denial. Whenever appropriate and feasible, a program-based effort to accommodate such compliance requirements will be offered. **The ultimate responsibility in initiating and maintaining the required documentation and compliance at each individual site is that of the NAR.** (See the bolded section of paragraph 2 on the previous page.)

NURSE ANESTHESIA STUDENT TRACKING SYSTEM™(NAST)

The Program of Nurse Anesthesia utilizes the web-based clinical student tracking system (NAST) developed and maintained by the Typhon Group. This secure, password protected software application has multiple functions related to the general management of the PNA clinical curriculum as well as each student’s individual clinical data that the student is responsible to maintain and manage. This information includes a professional profile, documentation of required credentials, and completed clinical cases.

Every NAR is oriented to the use of NAST during the first semester; thereafter it is the NAR’s responsibility to maintain their NAST account as directed during the orientation. The PNA faculty and staff are responsible for maintaining designated components of Samuel Merritt University’s NAST site.

Each NAR’s NAST account provides program and clinical agency administrators with access to any necessary credential or regulatory document whenever required for the purposes of ascertaining compliance with accreditation standards or policies. **The importance of maintaining all documents up to date on NAST cannot be overemphasized. Additionally, NARs are required to maintain current documents as soft copy on a USB (aka jump- or flash-) drive at all times when physically present at any clinical agency.**

**Student Health Record Confidentiality**

Samuel Merritt University abides by the information in the document entitled Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) And the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule To Student Health Records. This document clearly delineates how the two federal laws intersect in their application to health records maintained on students. Additional information about FERPA can be found in the SMU Catalog and Student Handbook.

**ORIENTATION TO A CLINICAL AFFILIATE SITE**

**Prior to beginning a new clinical rotation,** it is primarily the responsibility of the NAR to initiate communication with the new site clinical coordinator or their designee, confirming the NAR’s anticipated assignment. Some facilities require the completion of key forms and paperwork well in advance of beginning a rotation (e.g., in order to gain computer access to medical information and pharmaceutical access); therefore it is to the advantage of the NAR to be informed early about the prerequisites of a particular site. All available and current contact information for coordinators is available on the CRNA Clinical Rotation Manager site on Canvas on the specific clinical site’s information page. Additionally, the program publishes a program directory on an annual basis, with updates completed on a quarterly basis, which is also posted on the CRNA Clinical Rotation Manager site on Canvas. Specific information about the administrative requirements at various sites can also be obtained from the CRNA Clinical Rotation Manager. Some clinical sites (usually
a specialty rotation) have mandatory reading assignments or other preparatory activity and NARs are expected to comply with those assignments in a timely fashion.

The NAR should expect to receive an adequate orientation to a new clinical site. Orientation should include but is not limited to:

1. Identification of key clinical faculty (clinical coordinator and his/her designated alternate).
2. Facility and departmental tour to include fire and safety protocol.
4. A discussion clearly establishing the amount of experience the NAR has and any specific learning opportunities that would be particularly beneficial to the NAR.
5. Key departmental policies and procedures.
6. Scheduling procedures for department staff and NARs, and how information regarding scheduling and assignments are disseminated.
7. Controlled substance access and management.
9. The process for OR scheduling and case flow within the perioperative suite.
10. Supervisory personnel and key contact information.
11. Record-keeping and any compliance related requirements and related activities.
12. Expectations regarding attending anesthesia department meetings.

If an orientation does not occur, the RCC or PCC should be notified.

The nurse anesthesia resident should also expect to be given access to all pertinent medical information about patients requiring anesthesia care. This includes appropriate computer access codes for each facility and knowledge of the location of current and previous medical records for patients scheduled for surgery.

GUIDELINES FOR THE CLINICAL PRACTICE OF NURSE ANESTHESIA RESIDENTS

Nurse Anesthesia Residents (NARs) are guests of the clinical agency and are required to abide by the policies, procedures and institutional bylaws specific to that agency. This includes, but is not limited to, the method by which case and preceptor assignments are made, the manner in which NARs communicate with their preceptor, supervision of NARs, departmental routines involving all aspects of anesthesia care delivery, and departmental administration. The best source for this information is the site clinical coordinator. Virtually all of the PNA clinical affiliates adhere to an anesthesia care team practice model. All Kaiser Permanente (KP) Northern California Medical Centers abide by the same set of policies (referred to as the CRNA Toolkit) that delineates the scope of practice of nurse anesthetists. Each of the non-KP clinical affiliates has its specific set of policies and bylaws that guide anesthesia practice. It is the responsibility of NARs to ensure that they understand the specific practice model for anesthesia care defined for each institution through which they rotate.

Professional Conduct

Program policies foster the highest standards of conduct held by the university, the hospitals that are contracted as affiliate sites, and the anesthesia practice community. Students are subject to all state and federal laws in addition to all program and professional regulations governing student conduct and responsibilities. Any individual found to be in violation of conduct policies may be subject to disciplinary action up to and including dismissal.

Professional conduct can be divided into three behavioral groups: professional, ethical and moral. Professional behavior is defined as behavior reflecting status, character, and standards of a given profession. Ethical behavior is defined as behavior in accordance with the accepted principles of
right and wrong that govern the conduct of a profession. Moral behavior is defined as behavior concurrent with contemporary community standards of morality.

Examples of unprofessional conduct include but are not limited to:

- Breaching patient confidentiality, revealing personally identifiable facts obtained as a result of student-patient relationship without prior consent of the patient (except as authorized or required by statute).
- Performing a task that the student knows or has reason to know that he/she is not competent to perform unsupervised.
- Functioning in the role of student nurse anesthetist while under the influence of drugs or alcohol, or with physical or mental impairment that make the student unfit for practice.
- Impersonating another healthcare provider.
- Independently delegating a task assigned by his/her instructor to another individual.
- Failing to follow through with all assigned tasks.
- Willfully harassing, abusing, or intimidating another individual (e.g., a patient, peer, faculty or staff).
- Violating a fixed standard of professional conduct (e.g. RN licensure or state or national association).

**Patient Privacy and Confidentiality**

Nurse Anesthesia Residents should be oriented to and comply with all Health Insurance Portability and Accountability Act of 1996 (HIPAA) policies and documentation as it applies to each clinical agency. It is expected that every student/NAR will maintain consistent, complete, and absolute compliance with all policies regarding patient medical records, and institutional health information systems regarding confidentiality. Noncompliance with University and clinical agency policies regarding patient confidentiality can result in disciplinary action up to and including dismissal from the Program.

**HIPAA**

- All patient information should be free of patient identifiers.
- Patient name and MR# must be removed from all printed information.
- Printed patient information must be disposed of in a confidential manner (e.g. shredding the document).

**Computer Use**

- When leaving a terminal at a clinical site, always log off. At a Kaiser site, log off Health Connect (and Windows if outside the OR).
- At no times should printed patient information be left at the printer terminal.
- Never use a computer with any other ID than your own.
- Computer use is for official work use only.

**SMU and Social Media**

SMU has an official *Social Media Policy* (Appendix 2) that stresses the importance of patient confidentiality. SMU also offers *Social Media Guidelines and Best Practices* (Appendix 2) which are the University’s suggestions to help students navigate the world of social media and other information sharing sites. Examples of information sharing sites are, but are not limited to: Facebook, YouTube, Twitter, LinkedIn, MySpace, Wikis, Flickr, Podcasts, and blogs.
When SMU PNA students are engaged in clinical rotations at a specific medical facility, they must abide by that facility’s social media policies. Please be aware of this fact. If you have any questions about their social media policies, please ask the Clinical Coordinator of the assigned clinical site.

The SMU PNA emphasizes the importance of patient confidentiality and respect; therefore, students are expected to abide by the aforementioned social media policy and guidelines. When assigned to a medical facility for a rotation, the policies of that specific facility take precedence over SMU’s social media policy, if the facility’s standard is more restrictive than SMU’s policy.

Program of Nurse Anesthesia Guidelines for the Use of Electronic and Mobile Devices

Purpose:
To establish norms for the use of mobile devices in the clinical setting.

Definition:
- Mobile phones are portable electronic devices used for communication
- Mobile devices include but are not limited to devices such as smart phones, mobile computers (PDAs, laptops, tablets), hand-held game consoles and media recorders and players.

Guidelines:
Avoid the following activities and actions during your clinical rotations with respect to the use of electronic and other mobile devices:
- Information sharing through social media.
- Texting when involved in active patient care.
- Use of phones and other mobile devices for voice or data communication.
- Use of media recorders or players in the clinical setting.
- Taking photos or video during patient care (strictly forbidden).
- Use of game consoles.

Ring tone shall be turned off at all times while the NAR is in the clinical setting. Use of mobile devices for medical reference purposes will be allowed only with the consent of the supervising clinical preceptor.

Clinical Supervision of Nurse Anesthesia Residents

Program policies that regulate the clinical supervision of NARs are fully compliant with those required by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) as well as those of the institutions that have entered into contractual agreements with the PNA/SMU to serve as clinical sites.

Nurse Anesthesia Residents are to be supervised at all times in the clinical area, in both anesthetizing and non-anesthetizing areas, by either a CRNA or anesthesiologist preceptor. A NAR may not perform anesthesia or related duties without the immediate availability of licensed and qualified anesthesia personnel in a supervisory role. Physician residents, fellows or senior NARs are not considered qualified personnel. Under no circumstances is a resident permitted to initiate any type of anesthetic without appropriate and direct supervision. These policies apply to all areas in a clinical facility in which anesthesia services are rendered, e.g., the interventional radiology suite and hospital units in which emergency airway management or conscious sedation is provided. These supervisory policies apply to all clinical affiliate sites.
Supervisory Ratios
Nurse Anesthesia Residents in Clinical Phase I, or until deemed appropriate by program faculty, will be closely supervised on a one resident to one preceptor ratio (1:1). The continual physical presence of a preceptor in the operating room for first year NARs is at the discretion of the preceptor and site clinical coordinator. NARs in Phase II and III, or until deemed appropriate by program or clinical affiliate faculty, may be supervised on a two residents to one preceptor ratio (2:1).

CRNA or physician preceptors must be physically present and directly supervising NARs during induction and emergence in pediatric cases throughout all phases of the clinical residency. Direct supervision of the resident during the maintenance phase of pediatric cases is at the discretion of the preceptor and site clinical coordinator.

NARs are advised that if for any reason while assigned to a clinical site, a qualified supervisor is not immediately available, they should notify the site coordinator or, in his/her absence, inform program faculty.

Procedure for Conflict Resolution
A NAR must comply with direction related to anesthesia care given by a clinical preceptor. If a resident is not willing to comply with direction given, management of the case should be relinquished to the preceptor. In this situation, patient care remains the utmost priority and any discussion regarding contentious issues in case management should be discussed after completion of the case, in an appropriate setting.

Disagreements and conflicts of opinion should be discussed until both the NAR and preceptor consider all relevant issues to be resolved. If satisfactory resolution is not achieved between the parties directly involved, the site clinical coordinator should be consulted, and resolution should be attempted according to the policies of the institution in which the conflict has occurred. Program faculty will be included in resolution of the incident at the site clinical coordinator's discretion. Further steps towards resolution of a conflict in the clinical setting will be taken according to the School of Nursing Dispute Resolution Policy (Appendix 2).

If a NAR is unwilling on ethical or religious grounds to participate in abortion procedures, they should notify the site clinical coordinator at the beginning of the rotation; the Program Clinical Coordinator should also be notified.

Preoperative Consultation with CRNA or Anesthesiologist
Prior to initiating any anesthetic the NAR must consult with the CRNA or anesthesiologist designated as their preceptor for the case, and must attain approval of their anesthetic plan. When both a CRNA and anesthesiologist are supervising the NAR, communication between all three individuals about preoperative planning is critical. In the unexpected event that the student is not adequately prepared preoperatively to the satisfaction of the instructor, the MD or CRNA has the right to deny student participation in the anesthetic. Such an occurrence is grounds for an unsatisfactory rating on the daily evaluation. The site clinical coordinator and program clinical coordinator should be notified when this occurs.

Any pre-anesthetic assessment or perioperative note in the patient’s medical record written by a NAR must be reviewed and co-signed by a CRNA or anesthesiologist. Specific requirements regarding which licensed anesthesia provider must review, approve, and co-sign a pre-anesthetic note written by a NAR is determined by the policy of each clinical site. Similarly, any anesthesia-related consultation or procedural note made by the NAR in areas outside the operating room must be co-signed by a CRNA or anesthesiologist according to the clinical site’s specific policy.
Informed Consent for Anesthesia Care
Nurse Anesthesia Residents will either obtain informed consent for anesthesia care on every patient preoperatively, or ensure that it has been accomplished according to the clinical site’s policy, protocols, and routine practices. Furthermore, they will confirm with their assigned preceptor that proper informed consent has been attained.

Participation in Department Activities
NARs are required to attend and participate in a clinical site’s departmental educational activities, e.g., Continuous Quality Improvement (CQI) conferences, drug and equipment in-services, and colloquiums. Clinical affiliates may require the NAR to participate in and deliver presentations on anesthesia-related topics; all NARs will comply with these requirements as directed by the site clinical coordinator.

The Program Clinical Coordinator and/or the NAR responsible for coordinating the next scheduled Robinson Rounds should be apprised of appropriate cases and experiences for potential case presentations.

Surgical Attire and Hospital Property
Students shall adhere to all dress policies of the clinical facility, including those related to jewelry and the use of surgical caps/hoods and masks. Nails should be maintained to ensure patient safety. Artificial nails are not permitted for patient care and should be removed prior to initiating clinical assignment. Compliance with agency policies related to restriction of wearing of scented products is expected.

Residents should be particularly mindful of policies that relate to wearing operating room scrub clothes outside of the hospital facility. Furthermore, keys, pagers and medications (used or unused) should never be removed from the clinical setting. Failure to comply with these policies constitutes theft of facility property and may result in dismissal from the program and criminal charges as per facility and institutional policies.

Radiation Safety and Monitoring
All students involved with patient care in the vicinity where prescribed radiation is administered are required to wear a dosimetry badge, which must be read on a monthly basis.

To ensure our students receive timely dosimetry reports, the badges are ordered and maintained by the PCC in the PNA. Utilizing this system, all student records are maintained on one report, reducing the chance of missing any problems or issues that are identified. A copy of the dosimetry report is provided to the students monthly to be placed on their clinical flash-drives and on the Canvas CRNA Clinical Rotation Manager for review by the clinical site inspectors or supervisors as needed. All dosimetry reports are also kept on file at SMU PNA Program Manager’s office.

It is the responsibility of the PCC to investigate over-exposures and take corrective actions.
Reporting Complications of Anesthesia Care

Any patient death, adverse outcome (refer to list on next page) or patient safety concern in which a NAR is directly involved should be reported by telephone or e-mail to the program clinical coordinator/associate director within 24 hours of the event by the site clinical coordinator and the NAR. For serious incidents such as loss of life or limb, unexpected hospital admission or neurological damage, the PCC/AD will also notify the PD immediately. The email notification to the PCC/AD should provide the following basic information:

- Clinical agency at which the incident occurred
- Names of the CRNA(s) and/or MD(s) who supervised the NAR during the incident
- Date and time of incident (be as precise as possible)
- A concise, accurate description of the type of clinical incident, e.g., intraoperative death, drug administration error; see examples of types of adverse outcomes below, noting that this list is not complete.
- A narrative summary of the essential details surrounding the event. Note: you may refer to the CIR content if you are attaching it along with the email notification however, most NARs send the email preliminarily and acknowledge their responsibility to submit the full CIR within the 24-hour window.

A PNA-specific Clinical Incident Report (CIR) must also be completed and submitted to the program within 24-hours of the occurrence of the incident. The completed CIR should provide a complete, accurate and factual description of pertinent clinical information related to the event. The CIR template is accessed via the Canvas CRNA Clinical Rotation Manager site and can also be found on the student’s clinical USB/flash drive. The contents of this form can also be reviewed in Appendix 2. Any subsequent action is determined by the Program Director or PD designate, based on the specific circumstances of the case and clinical agency requirements. Anesthetic complications involving a NAR should be reported and/or discussed with the supervising CRNA or anesthesiologist to plan appropriate follow-up. NARs should be involved in any follow-up care provided to a patient experiencing a complication, unless otherwise directed by the supervising anesthesia provider. If a NAR has any questions as to whether a CIR is warranted, the NAR should consult with PCC to make that determination.

Examples of adverse outcomes related to anesthesia and surgical care include, but are not exclusive of the following:

**AIRWAY**
- Unexpected Difficult Intubation
- Reintubation in OR or PACU
- Aspiration
- Dental or other traumatic injury

**PROCEDURAL**
- Corneal abrasion
- Injury during central line placement
- Peripheral nerve injury
- Unintentional dural puncture
- High spinal
- Failed regional anesthetic

**MEDICATION-RELATED**
- Adverse drug reaction
- Drug administration error

**PERIOPERATIVE COMPLICATION**
- Unanticipated hospital admission
- Unanticipated ICU admission or hospital transfer
- Wrong side/wrong site/wrong procedure error
- Myocardial infarction
- Cerebrovascular Accident
GUIDELINES FOR CLINICAL HOURS OF NURSE ANESTHESIA RESIDENTS

This Program of Nurse Anesthesia has significant travel demands during the clinical residency. All admitted residents are apprised of this fact during the application process, the interview process and at program orientation. Logistical preparation and planning for commuting demands are essential to the successful management and completion of the residency.

It is the purview of the clinical coordinator at each site to determine the number of hours that constitutes one clinical day. These decisions are based upon, among other factors, the usual pattern of an operating room schedule (8-24 hours/day, 5-7 days/week), preceptor availability, and the phase of the NAR’s clinical training. General guidelines by which the site clinical coordinators determine the site’s hours are as follows:

1) During Clinical Semester I (2 days/week), NARs should expect to spend approximately 8 – 10 hours a day on assignment.

2) For Clinical Semesters II – VI (3, 4 and 5 days/week) the NARs are expected to spend a minimum of 8 – 10 hours per day on assignment performing anesthesia related duties.

3) Guidelines 1 and 2 represent minimum requirements. If case and preceptor availability allow the NAR to garner more clinical hours and proper protocol is followed by the NAR, longer clinical hours can be negotiated. The recommended maximum number of clinical hours per week (Clinical II-VI) is 50 hours. The Program Administrative Committee recommends that clinical hours (shifts) do not exceed 10 hours throughout Phase 1.

4) The aforementioned recommended hours do not include travel time.

5) Flexible scheduling (e.g., 12 – 16 hour shifts, and in-house call) may be assigned to Phase II residents depending on site resources and the discretion of the clinical coordinator. In-house call assignments given to second year NARs are not optional but are integral to the requirements of the rotation.

6) If a NAR will be assigned a 24-hr call shift at an affiliate clinical site, the student and/or site clinical coordinator needs to inform the Program Clinical Coordinator. At no time should a student be allowed to work 16 hours continuously without a break. It is required by accreditation policies that students have the day off from clinical work but not for academic courses following a 24-hr call shift. The program welcomes the opportunities for NARs to work "off-hours" as the learning experiences are invaluable, providing the resident with a realistic perspective of the "24/7" nature of an anesthetist's work.

7) If a NAR is on call, licensed anesthesia personnel qualified to perform in a supervisory role must be in-house and immediately available to the NAR at all times while on duty.

A reasonable number of hours to ensure patient safety and promote effect student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and in clinical, averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical shifts.

8) Additional clinical experiences/shifts must be coordinated with the Clinical Coordinator in advance.
ANESTHESIA CARE PLANS
During Clinical Phase I students are required to submit **handwritten** care plans on EVERY patient.

During Clinical Phase II students are required to present a care plan for every patient. These can be in verbal form unless required in writing by the site clinical coordinator or preceptor. Written care plans are required for complex cases on patients with significant coexisting diseases.

During Clinical Phase III care plans must be given verbally on each case, to the satisfaction of the preceptor.

Presentations of care plans to preceptors on personal digital assistants (PDAs) are acceptable. They must be printable for review by the preceptor and as required by the COA. Care plans on PDAs must be equal in both content and quality to those in written form.

It should be remembered that care plans provide, in part, the data from which summative evaluations are written. Completion of care plans is the responsibility of the resident.
ATTENDANCE IN THE CLINICAL AREA
Nurse Anesthesia Residents are expected to demonstrate an excellent record of attendance and punctuality in the clinical area. Repeated tardiness, frequent requests for early dismissal or chronic failure to adhere to the Request for Personal Time Off policy are not acceptable and will initiate disciplinary action up to and including dismissal from the program.

Residents must complete their daily case assignments (unless otherwise directed by the preceptor) and all anesthesia-related responsibilities prior to leaving the clinical facility. These responsibilities may include but are not limited to, pre- and post-operative rounds, completion of anesthesia records and controlled substance accountability documentation. NARs must obtain confirmation from the appropriate personnel (usually their clinical preceptor) that they are free to leave the facility for the day.

For clarification of the program’s clinical attendance policy for holidays, refer to the Vacation, Holidays, and Personal Time Off (PTO) section (page 51).

If a NAR is unable to work in the clinical area due to illness the proper procedure for reporting this to both the clinical site and the program office should be followed. This procedure is described in the section on Unplanned Absences (page 54.)

WORK RELATED INJURIES
Nurse Anesthesia Residents are expected to comply with all applicable federal laws issued by the U.S. Occupational Health and Safety Administration (OSHA) regarding safety standards applicable to their domain of clinical practice. These policies can be found on the AANA’s website, under Resources > Professional Practice.

Any accident or injury that occurs at an affiliated clinical agency when the resident is assigned to that facility must be reported immediately to the agency’s appropriate departmental manager (CRNA or anesthesiologist), and to one of the program faculty, preferably the PCC or PM. The resident should then follow the SMU Occupational Injuries protocol, which can be accessed electronically on the Canvas site in the CRNA Clinical Rotation Manager section. A copy of this procedural document should also be loaded onto the NAR’s clinical USB/flash drive which contains all clinical credential documents.

Residents must report any known exposure to tuberculosis, meningitis, hepatitis, HIV, or other communicable/infectious diseases to the program director as follow-up may be required. It is mandatory that residents follow the CDC recommendations that evaluation of needle sticks or exposure to other potentially infectious materials must occur within one hour from time of exposure. Treatment must be sought immediately at the emergency department closest to the location of the exposure or incident.

Accidents or exposure to potentially infectious substances that occur during clinical rotations are considered a work related injury for which all NARs are covered by worker’s compensation (WC) insurance through SMU (refer to the most current version of the SMU Occupational Injuries protocol for the name of the carrier). In order for the appropriate WC paperwork to be generated by the SMU Human Resources Department in a timely fashion (therefore enabling coverage of costs incurred by the NAR for the accident or exposure), the aforementioned protocol should be precisely implemented.
Summary of procedure for reporting injuries incurred at clinical affiliate sites

*Note: Needle sticks and exposures to potentially infectious substances are considered emergencies requiring urgent medical attention for the purposes of this procedure. According to current CDC recommendation, evaluation of needle sticks or exposure to other potentially infectious materials must occur within one hour from time of exposure so treatment should be sought immediately at the nearest emergency department. NARS should also follow the clinical agency’s protocol for needle stick and other types of hazardous exposures.

Injury/Exposure occurs

Urgent need for medical attention*

Report injury/exposure to clinical preceptor and, when possible, site clinical coordinator

No urgent need for medical attention

Report injury/exposure to Program Office.

Completion/submission of the 2 forms & evaluation by SHEBR Employee Health allows for possible coverage by SMU’s Workers’ Compensation, thus avoiding financial liability for the student.

Contact Sutter Health East Bay Employee Health (SHEBR) (510) 869-8920 to report injury & make an appointment to be evaluated.

NAR completes 2 forms within 72 hours of injury:
2. Form 5020- Employer’s Report of Occupational Injury or Illness (State of CA form)

The forms are located on NAR’s clinical flash drive & Canvas CRNA Clinical Rotation Manager site. Specific directions for completion of these forms are delineated on the Canvas page.

Coordinate completion and proper submission of forms with PNA Program Manager.

Rev. 8/11/2014
CLINICAL ROTATION SCHEDULE
The 23-month clinical residency begins in the Spring I semester. Refer to Program Design: Full-time Track for a summary of how the residency is structured. To reiterate an important point made in a previous section of this handbook, the Program reserves the right to revise the number and/or capacity of clinical affiliations at any time, thereby potentially changing the range of sites through which all residents may be required to rotate.

The PCC manages the clinical rotation schedule. Clinical assignments are made at the discretion of the PCC, taking into consideration: a) the current availability of NAR positions at each clinical affiliate, b) the clinical phase (I – III) of the NAR, c) both past and current clinical performance, and the current academic and clinical standing of the NAR, d) individual clinical case requirements as needed for completion of the program, and e) when possible, the geographic constraints of a NAR that would significantly impact their ability to commute to the clinical site.

Scheduling requests are processed according to the Request for Personal Time Off policy outlined on page 53. Rotation preferences (primarily related to need to fulfill case requirements) and/or significant personal circumstances that would impact a specific future rotation assignment should be communicated to the PCC via e-mail as early as possible.

The program reserves the right to assign a NAR to any contracted clinical site (except out-of-state, optional rotations). Residents cannot exchange clinical assignments. Any modifications to the published rotation schedule must be initiated with the Program Clinical Coordinator.

Questions or concerns regarding clinical assignments should be addressed to the PCC. Every effort is made to publish the rotation schedule regularly and well enough in advance to allow ample time for the NAR to make the necessary arrangements for travel, accommodations, and child-care, and for the clinical site leaders to accommodate such assignments. Copies of the most current version of the schedule are always available in the program office, by email or on the Canvas CRNA Clinical Rotation Manager.

It is the desire and intent of the PCC to rotate each NAR through every available clinical experience. However, new clinical affiliations may be created or existing affiliations may be modified or cancelled at any time. Hence each student in the program is not guaranteed the same clinical experience as other students in the same cohort.

Out of State Rotations
Currently, the PNA offers one out-of-state rotation opportunity—Kaiser-Honolulu, HI. This is considered an “elective”/“optional” rotation that ranges from four to eight weeks in duration. Additional out-of-state rotations may be added in the future.

NARs should be aware of the following stipulations when considering applying for an out-of-state rotation:

- Housing may or may not be available.
- NAR must agree to bear the cost of travel, housing, local transportation and daily living expenses.
- NAR must be in good academic and clinical standing in the program.
- NAR must apply for and secure RN licensure for the state in which the rotation will occur.

NAR must not be in violation of the professional (three behavioral groups of professional, ethical and moral behavior) conduct standards as defined by the University and the Code of Ethics for the Certified Registered Nurse Anesthetist as defined by the American Association of Nurse Anesthetists (Appendix 1).
A NAR may express their desire to be considered for any of the program’s current out-of-state rotation opportunities to the PCC. Eligibility of all candidates who have expressed interest will be reviewed and decision-making will occur during the program’s next monthly faculty meeting. For any out-of-state rotation that offers housing to the NAR, should there be insufficient space available for all NARs who may be assigned to the rotation, the housing allocation will be determined via a random drawing from the eligible candidates at the program’s next monthly faculty meeting. Any NAR(s) who is not selected to receive the housing will be responsible for securing and financing their own accommodations for the duration of the rotation.

The final selection will be communicated to the NAR by the PCC.

Medical Mission Policy
The program will notify all NARs, via email, of any medical mission opportunities it is made aware of. NARs will be provided with the dates, location, selection criteria (which may vary depending on the preferences and requirements of the medical mission group), and the contact information of the medical mission coordinator of the sponsoring mission organization. Interested NARs are advised to contact the medical mission coordinator at their earliest convenience. If a NAR is selected by the sponsoring mission organization to participate on a mission, the PNA faculty will make the determination to release the NAR from their standard clinical rotation based on the following:

- The NAR must be in excellent clinical and academic standing.
- The NAR should not be in a specialty rotation (e.g. cardiac) during the scheduled mission dates.

Samuel Merritt University’s Travel Abroad Policy as well as the Travel Abroad Release form must be reviewed by the selected candidate(s). The Travel Abroad release form should be signed and submitted by the NAR to the Program Director (per the University policy), who will in turn submit the waiver to the Office of Academic Affairs. It is the NAR’s responsibility to read, understand and follow the University’s student travel policy.

EMPLOYMENT TRANSITION PROCESS – GRADUATING NARS
It is the intent of the Samuel Merritt University Program of Nurse Anesthesia to assist in the placement of its graduates by providing those employers expressing an interest in a particular graduating NAR with a mechanism to assess the potential of that NAR as a member of their anesthesia team.

The general guidelines for implementation of this process are:

1. Requests for placement should be directed to the PCC by the site clinical coordinator, CRNA or physician department chief of the site. Requests may be communicated at any time during the course of the NAR’s residency; however it is optimal for such requests to be made six months prior to the NAR’s graduation date (which would be June of the year of graduation).
2. The “potential employment” rotations can be made for periods of up to two months at the end of the clinical residency. Scheduling of the rotation remains the prerogative of the program.
3. The NAR will be placed in the clinical facility only after providing verbal confirmation that they are in agreement with the placement. Residents will be placed in requesting facilities only if they are in good academic and clinical standing and a review of their year-to-date
anesthetic case records indicate that all required case and procedure numbers/distributions will be met by the end of the residency period.

4. If more than one NAR is requested by one clinical site, names should be provided in priority order.
CLINICAL EVALUATION PLAN

Clinical performance evaluation of a nurse anesthesia resident is accomplished by the use of two separate evaluation forms. The first is a periodic daily formative clinical evaluation tool and the other is a summative tool. Samples of each of these forms are located in Appendix 3.

As a general rule, the order for all communications regarding issues with clinical performance evaluations is as follows:

Site CC
↓
Regional or Program CC
↓
Program Director or Associate Director

DAILY EVALUATION FORMS

The daily evaluation forms are completed by preceptor(s) with whom the NAR is paired. During Phase I and Phase II clinical rotations, the resident must take responsibility to receive periodic daily evaluations. These daily evaluations are to be completed by preceptors as an effort to reflect the student’s performance regardless of the number of cases completed on those days. During Phase III rotations, daily evaluations must be written and collected by preceptors at least weekly unless otherwise directed by the site coordinator or Program Clinical Coordinator.

It is the resident’s responsibility to provide each clinical preceptor a daily evaluation form prior to the start of cases each day and to make all possible efforts to ensure that the forms are completed by the preceptor(s). All completed daily evaluations are to be reviewed with the NAR in person by the preceptor or by phone conference after the day’s cases are complete or at the faculty advisement session. Reviewed care plans are to be signed by both preceptor and NAR and placed in the students file. Insufficient numbers of daily evaluation forms submitted for the NAR may negatively impact the summative evaluation. Site clinical coordinators forward to the program all completed dailies and care plans after completion of the summative evaluation at the end of the rotation.

The designation of satisfactory or unsatisfactory work is derived from subjective judgments and objective observations of clinical performance as delineated in the Phased (I – III) Objectives (listed in a following section). Explanatory narrative by the preceptor that provides constructive feedback for the resident is strongly encouraged in the case of a rating of ≤ 3 on any one of the items on the daily form.

The reverse side of the daily evaluation form contains a list of critical elements that, when any are checked, constitutes an unsatisfactory rating for the day. Explanatory narrative is required from the evaluator to support any unsatisfactory rating. This should be a written account of how a critical element criterion was met and what was done to correct it. The NAR has the opportunity to comment on the written form.

SUMMATIVE EVALUATION FORMS

The site clinical coordinator, via the NAST system, completes summative evaluations electronically. The specific assessment points by which a NAR’s overall performance is rated are

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9 Periodic Daily Evaluations – Periodic daily evaluations are to be completed and submitted for at least 25% of the student’s clinical days during a clinical rotation. For example, during a 40-day rotation a minimum of 10 daily evaluations will be completed and returned to the PNA by the site clinical coordinator. For clinical phases in which written care plans are required, completed care plans should also be submitted to the PNA with the periodic daily evaluations. We know it is not always possible for a NAR to receive written evaluations every day but we strive towards achieving this goal.
the clinical educational objectives delineated for each clinical residency phase, I, II and III – see pages 81-86. See Appendix 3 for the summative evaluation template. The process for accessing and formally acknowledging completed evaluations will be reviewed during the NAR’s orientation to the clinical residency.

In the case of overall satisfactory performance for the rotation, the clinical coordinator should notify the NAR of such in a conference outlining strengths and weaknesses and submit the online evaluation via the NAST system. Semester clinical grades of satisfactory will be assigned when substantiated by satisfactory summative evaluations.

In the case of overall unsatisfactory performance for the rotation, the clinical coordinator should notify the student of such in a direct conference outlining strengths and critical weaknesses and submit the online evaluation via the NAST system. The clinical coordinator should also notify the program prior to assignment of the unsatisfactory grade (see next paragraph). Program faculty will then meet with the student for a personal conference to assign probationary status and outline remedial steps to be taken if dismissal is not warranted. Refer to the policies on Clinical Probation (pages 49-50) for further explanation of this process.

It is extremely important for site coordinators to communicate with program faculty if it is apparent that the NAR is in danger of receiving an unsatisfactory rating for the rotation, and that communication should transpire as early in the rotation as possible. The assessment of potential failure should be substantiated by documented unsatisfactory performances on daily evaluations. Early and clear communication with program faculty about a NAR’s potential for failing a clinical rotation allows for a reasonable period of time to address critical weaknesses of the resident, and hopefully prevent an overall unsatisfactory rating. Developing strategies for addressing critical weaknesses is a collaborative effort between the site coordinator, program faculty and the NAR.

CLINICAL AGENCY EVALUATION
The NAST system provides a Clinical Agency Evaluation form for the NAR to complete. Submission of agency evaluations is mandatory according to the following guidelines:

- Agency evaluations must be submitted within six months of rotation completion.
- Each NAR should complete one evaluation for an agency one time during any given clinical phase (I through III). That is, if a NAR is assigned to the same clinical site within Phase I, II or III, an agency evaluation need be completed only once; if a NAR is assigned to the same clinical site, but during a different Phase, then a separate agency evaluation must be completed. The intent is to attain feedback from the NAR from varying perspectives of their professional development.

The NAST Clinical Agency Evaluations are designed so that submission is anonymous. If a NAR has concerns related to submitting a particular agency evaluation via NAST, these concerns should be discussed with their faculty advisor and/or a program administrator.

STUDENT ADVISING PROCEDURE
The COA requires that faculty conduct regular sessions with students, specifically for the purpose of discussing progress in the academic and clinical curriculum of the program. Samuel Merritt University has a faculty policy regarding student academic advising (see next page for a summary of this policy). The Program of Nurse Anesthesia has a faculty policy regarding student academic advising, described below. The PNA refers to advising sessions as Faculty Advisement Sessions, described on the next page:

1. NARs are assigned to a faculty advisor during the first semester of the program. The Program AD is responsible for assigning an advisor to each student.
2. An official, faculty advising schedule is published at the beginning of each academic year and posted on the CRNA Clinical Rotation Manager Canvas site. In addition to the initial advisor meeting, each NAR should complete a minimum of 4 advising sessions (including the final exit interview) during the 23-month clinical residency.

3. Each advising faculty member is responsible for initiating the initial advisor meeting with his/her advisees. Each faculty determines the method by which this initial, and subsequent sessions are scheduled and confirmed. The PM should not be given primary responsibility for coordinating advising sessions.

4. Advising sessions may be scheduled on weekdays or weekends. The 4 advisement sessions indicated on the master advising schedule must be in a face-to-face format, including Skype™. Other advising sessions may be conducted via other formats (e.g., email, telephone), as needed, initiated by either the advisor or the advisee.

5. It is the responsibility of the NAR to ensure that Faculty Advisement Sessions are scheduled during the months indicated in the Master Advising Schedule. Again, the method used for scheduling advising sessions should be established by each faculty and communicated clearly to his/her advisees. Every effort will be made by the Program to have all completed summative evaluations to date available during advising sessions.

6. Each advising session is documented utilizing designated forms, which requires the signature of both faculty and NAR after completion. These forms are placed in the NAR’s clinical evaluation file, housed in the Program office. Transitions to more electronic record keeping will likely occur over time.

7. NARs or faculty experiencing challenges in scheduling or completing assigned advising sessions, or who have concerns about the advisement process should direct communications to the Program Director.

**Student Academic Advising**

All faculty are expected to advise students as part of their instructional role. These responsibilities include:

- Providing competent and accurate counsel regarding progression/graduation and other pertinent matriculation policies;
- Advising students in academic jeopardy and identifying resources to enhance success;
- Referring students to appropriate academic support services;
- Counseling students regarding career choices and professional development issues;
- Assisting and participating in planning annual career fairs and other recruitment activities;
- Attending departmental/University sponsored orientation sessions.

**FACULTY ADVISEMENT SESSIONS**

The objectives of these sessions are to:

1. Review all summative evaluations for clinical rotations completed during the semester.
2. Review year-to-date anesthetic case records and discuss strategies for meeting all case requirements.
3. Discuss the self-evaluation completed by the NAR.
4. Remind NAR to submit anonymous Clinical Agency Evaluation via NAST; discuss any related feedback NAR may wish to share.
5. Discuss overall academic and clinical progress in the program.
6. Discuss topics related to NAR’s health and wellness.
7. Obtain feedback from the NAR regarding all aspects of the program.
8. Discuss SEE results when appropriate.

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10 SMU Faculty Handbook – handbook available on SMU website
CLINICAL EDUCATIONAL OBJECTIVES

The Program of Nurse Anesthesia has educational objectives for the six clinical courses (N656L, N658L, N661L, N663, N664L and N665L). These objectives have been categorized into phases I through III, thus represent expectations for incremental levels of competency. See the Full-Time Track Master Schedule on page 37 for a graphic representation of how the clinical courses align with the three phases.

The educational objectives listed on pages 81-86 are used as the individual assessment items on the clinical summative evaluation forms (Appendix 3).

Phase I Objectives

Revised: 8/2013

The Nurse Anesthesia Resident will demonstrate:

1. The organizational and technical skills necessary to prepare self, workspace and patient for and deliver safe, perioperative anesthesia care tailored to the patient and type of procedure, with consideration of and sensitivity to the cultural diversity of the patient.

2. Comprehension of the function and use of the anesthesia machine (including machine check-out procedures), all physiological monitoring systems and ancillary equipment inclusive of their indications for safe use, operational principles, and problem-solving diagnostics.

3. The ability to perform a complete anesthesia machine check and prepare all physiologic monitors for proper use.

4. The ability to conduct a pertinent focused health history, medical record review (including preoperative lab/test results) and pre-anesthetic physical examination.

5. Perioperative planning skills that incorporate a strong theoretical foundation in the basic and applied sciences, focus on patient safety, accepted standards of care and adherence to program and agency clinical policies. That is, operationalize course content in Principles I and II.

6. Compliance with program policy to formulate appropriate care plans for perioperative anesthesia care utilizing general, regional and MAC techniques on the adult patient (ASA class I and II). Care plans must be tailored to the individual patient. Handwritten care plans and verbal presentations of the anesthetic plan to the preceptor are an absolute requirement.

7. The ability to provide informed consent in preparation for anesthesia (within the approved practice of the department).

8. Mastery of all common anesthetic drugs including (but not limited to) classification, mechanism of action, dose/dose range, toxicology, relevant pharmacodynamic and pharmacokinetic profiles and solid rationale for administration to each patient. That is, operationalize course content in Advanced Pharmacology I and II.

9. Proficiency with the technical skills necessary to deliver safe anesthesia care, with critical emphasis on basic airway management skills, intravenous access, positioning, selection and use of equipment including ventilators, drug delivery systems, principles of infection control, and fluid delivery systems.
10. Proficiency with the technical and cognitive skills required to utilize electronic medical record (EMR) applications or other site-specific documentation system while maintaining safe patient care.

11. The ability to implement the anesthetic plan agreed upon including fundamental abilities to recognize normal and abnormal responses to anesthesia/surgery and implement appropriate interventions to address potential or actual problems.

12. Proficient management (with level appropriate guidance) of patients undergoing general anesthesia (via ETT, LMA, mask) and conscious sedation.

13. Proficiency (with level appropriate guidance) with skills necessary to administer and manage subarachnoid and epidural anesthetics.

14. Analytical skills required to develop a differential diagnosis for perianesthetic complications or issues that occur, and the decision making skills (with appropriate guidance) to select interventions based on evidence and rational thought.

15. Vigilance and situation awareness throughout all anesthetic phases for every patient.

16. Communication skills that promote safe, patient-focused care, effective contributions to team working, and compassionate, culturally competent patient care.

17. Ethical behavior by adhering to the American Association of Nurse Anesthetist’s code of ethics and the Samuel Merritt University code of ethics and code of conduct.

18. Compliance with all program and hospital policies related to maintaining and documenting current professional licensure/certification, and completion of all regulatory agency requirements mandated for healthcare providers.

19. Compliance with HIPAA standards for patient confidentiality and prevention of fraud and abuse within the healthcare system.

20. Participation in departmental activities (with the guidance of the clinical coordinator) that promotes quality improvement of care and/or professional staff development.

21. Behavior that provides a clear indication of the student’s full commitment to become a nurse anesthetist, enthusiasm for learning, and adaptability to dynamic situations.

22. The ability to secure daily evaluations from clinical preceptors and incorporate constructive criticism from formative evaluations into an evolving clinical practice.
Phase II Objectives
Revised: 8/2011

The Nurse Anesthesia Resident will demonstrate:

1. Proficiency in all Phase I objectives.

2. Compliance with program policy to formulate appropriate care plans for every patient – verbal presentation is acceptable. Written care plans are required for complex cases on patients with significant coexisting diseases.

3. The ability to formulate an appropriate anesthetic management plan for ASA class I-V patients undergoing elective surgery requiring anesthesia sub-specialty care (vascular, thoracic, neurosurgical), and emergent/urgent cases.

4. Perioperative planning skills that indicate the ability to collaborate with all members of the perioperative team (e.g., surgeons medical subspecialty consultants, laboratory personnel, OR nurses).

5. The ability to prepare oneself, the workspace and the neonatal/pediatric patient for a procedure that requires anesthesia care, including locations remote from the operating room.

6. The ability to prepare oneself, the workspace and the obstetric patient for labor analgesia and surgical procedures.

7. The ability to prepare oneself, the workspace and the trauma patient for required procedures.

8. The ability to increasingly integrate advanced theoretical knowledge into a broad range of clinical situations with effective speed, accuracy, consistency and accommodation to changing circumstances.

9. Proficiency with the skills required for delivery of safe anesthesia care, with critical emphasis on advanced/difficult airway management skills. This includes assessment skills, decision-making skills, and technical skills with airway adjuncts.

10. Proficiency in skills required for obtaining vascular access on all types of patients (adult/pediatric) for infusion purposes or invasive monitoring purposes (e.g., arterial and central venous lines.)

11. Proficiency in management and interpretation of invasive and non-invasive physiological monitoring systems (hemodynamic monitoring, pulmonary function monitoring on ventilator.)

12. Analytical skills required for establishment of a differential diagnosis for peri-anesthetic complications or issues that occur, and the decision-making skills to select interventions based on evidence and rational thought.

13. Clear evidence of progress toward increasing levels of independence in decision-making, problem solving, incorporation of expert consultation, consistent performance and self-direction. Minimal preceptor intervention is required.

14. High-level task management skills.

15. Taking increasing responsibility for managing postoperative care.
16. Vigilance and situation awareness throughout all anesthetic phases for every patient.

17. Communication skills that promote safe, patient-focused care, effective contributions to team working, and compassionate, culturally competent patient care.

18. Ethical behavior by adhering to the American Association of Nurse Anesthetist’s code of ethics and the Samuel Merritt University code of ethics and code of conduct.

19. Compliance with all program and hospital policies related to maintaining and documenting current professional licensure/certification, and completion of all regulatory agency requirements mandated for healthcare providers.

20. Compliance with HIPAA standards for patient confidentiality and prevention of fraud and abuse within the healthcare system.

21. Participation in departmental activities (with the guidance of the clinical coordinator) that promotes quality improvement of care and/or professional staff development.

22. Behavior that provides a clear indication of the student’s full commitment to become a nurse anesthetist, enthusiasm for learning, and adaptability to dynamic situations.

23. The ability to secure daily evaluations from clinical preceptors and incorporate constructive criticism from formative evaluations into an evolving clinical practice.

24. Professional attributes required of a CRNA that would ensure delivery of high quality anesthesia care, including competent self-evaluation of personal and professional limitations.
Phase III Objectives
Revised: 8/2013

The Nurse Anesthesia Resident will demonstrate:

1. Continued proficiency in all Phase I and Phase II objectives.
2. The ability (commensurate with experience) to competently plan, manage and evaluate the full range of anesthetics for surgical procedures done in the clinical agency for all ASA patient classifications across the adult life span.
3. The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for ASA I or II pediatric patients.
4. The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for all ASA patient classifications and risk categories for thoracic surgery cases.
5. The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for all ASA patient classifications and risk categories for vascular surgery cases.
6. The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for all ASA patient classifications and risk categories for neurosurgical cases.
7. The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for all ASA patient classifications and risk categories for obstetric cases.
8. The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for all ASA patient classifications and risk categories for trauma cases.
9. The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for all ASA patient classifications in anesthetizing locations out of the OR (diagnostic, therapeutic, consultative or resuscitative procedures.)
10. Anesthesia skills and practices that are characterized by consistent attention to patient safety and standards of care.
11. Anesthesia skills and practices that are characterized by consistent application of advanced theoretical principles to practice.
12. Anesthesia skills and practices that are characterized by consistent appreciation for subtle nuances of patient response.
13. Anesthesia skills and practices that are characterized by consistent anticipation of potential complications or untoward effects.
14. Anesthesia skills and practices that are characterized by consistent appropriate use of or referral to medical consultants.
15. Anesthesia skills and practices that are characterized by consistent interventions to modify management plans effectively.
16. Proficient use of critical thinking techniques that supports effective clinical decision-making.
17. Substantial progress toward self-direction and independence in clinical practice.
18. Leadership capability within the context of the perioperative care team, including proficiency in ACLS protocols (if required during the rotation), Time Out and related compliance issues.

19. Applications of evidence based practice (systematically finding, appraising, and using the most current and valid research findings as the basis for clinical decisions.)

20. Communication skills that promote safe, patient-focused care, effective contributions to team working, and compassionate, culturally competent patient care.

21. Ethical behavior by adhering to the American Association of Nurse Anesthetist’s code of ethics and the Samuel Merritt University code of ethics and code of conduct.

22. Compliance with all program and hospital policies related to maintaining and documenting current professional licensure/certification, and completion of all regulatory agency requirements mandated for healthcare providers.

23. Compliance with HIPAA standards for patient confidentiality and prevention of fraud and abuse within the healthcare system.

24. Participation in departmental activities (with the guidance of the clinical coordinator) that promotes quality improvement of care and/or professional staff development.

25. Behavior that provides a clear indication of the student’s full commitment to become a nurse anesthetist, enthusiasm for learning, and adaptability to dynamic situations.

26. The ability to secure daily evaluations from clinical preceptors and incorporate constructive criticism from formative evaluations into an evolving clinical practice

27. Professional attributes required of a CRNA that would ensure delivery of high quality anesthesia care, including competent self-evaluation of personal and professional limitations.

28. Complete all clinical requirements of the Samuel Merritt University Program of Nurse Anesthesia and the Council on Accreditation, which would qualify the graduate for certification by the National Board of Certification and Recertification of Nurse Anesthetists and state Boards of Registered Nursing across the United States.
APPENDIX 1

Professional Performance and Conduct Documents

Program of Nurse Anesthesia Technical Standards
(ADA Guidelines)

Code of Ethics for the Certified Registered Nurse Anesthetist
(American Association of Nurse Anesthetists)

Standards for Nurse Anesthesia Practice
(American Association of Nurse Anesthetists)
Definitions

Title III of the Americans with Disabilities Act provides comprehensive civil rights protections for “qualified individuals with disabilities.” An “individual with a disability” is a person who:

• has a physical or mental impairment that substantially limits a “major life activity,” or
• has a record of such an impairment, or
• is regarded as having such an impairment.

The ADA Handbook published by the Equal Employment Opportunity Commission and the Department of Justice states: “examples of physical or mental impairments include, but are not limited to, such contagious and non-contagious diseases and conditions as orthopedic, visual, speech, and hearing impairments; cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism. Homosexuality and bisexuality are not physical or mental impairments under the ADA.”

“Major life activities” include functions such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. Individuals who currently engage in the illegal use of drugs are not protected by the ADA when an action is taken on the basis of the recurrent illegal use of drugs.

“Qualified” individuals are defined as follows:

• A “qualified” individual with a disability is one who meets the essential eligibility requirements for the program or activity offered.
• The “essential eligibility requirements” will depend on the type of service or activity involved.

The stated mission of the nurse anesthesia program at Samuel Merritt University is to educate and prepare certified registered nurse anesthetists (CRNAs) who can safely perform the full scope of anesthesia-related clinical practice: a) pre-anesthetic preparation and evaluation, b) anesthesia induction, maintenance and emergence, c) post-anesthesia care, and d) peri-anesthetic and clinical support functions. Potential nurse anesthetists are expected to complete all the academic and clinical requirements of an accredited nurse anesthesia program before they are eligible to take the national exam for certification as a nurse anesthetist. The purpose of this document is to delineate the cognitive, affective and psychomotor skills deemed essential to the completion of this program and to perform as a competent certified registered nurse anesthetist.

If a student cannot demonstrate the following skills and abilities, it is the responsibility of the student to request an appropriate accommodation. The University will provide reasonable accommodation as long as it does not fundamentally alter the essence of the program offered and does not impose an undue hardship such as those that cause a significant expense, difficulty or are unduly disruptive to the educational process.

Cognitive Learning Skills

The student must demonstrate the ability to:

1. Assimilate and learn large volumes of complex, technically detailed information to perform clinical problem solving. To synthesize and apply concepts and information from different health professional disciplines in formulating diagnostic and therapeutic judgments.
2. Learn and perform common diagnostic procedures, e.g., laboratory, cardiographic, radiologic, and to interpret the results, recognizing deviations from the norm and identifying pathophysiologic processes.
3. Perform physical assessments of the surgical patient during all peri-operative phases and make sound, timely, evidence-based decisions regarding appropriate courses of action/treatment.
4. Troubleshoot mechanical problems with complex patient monitors, anesthesia machines and adjunct equipment.
5. Apply critical thinking and problem solving methods that results in independent decision making skills.
6. Differentiate and prioritize among multiple, simultaneous problems occurring in one patient within the dynamic context of a surgical, obstetric, medical therapeutic, or interventional radiology procedure.
7. Record examination and diagnostic results clearly, accurately, and efficiently and to communicate them effectively to the patient and colleagues.
8. Apply quantitative methods of measurement, including calculation, analysis, reasoning and synthesis.
9. Comprehend three dimensional relationships and to understand the spatial relationships of structures.

**Psychomotor Skills**
The student must demonstrate the ability to:
1. Sitting: Maintain an upright posture.
2. Standing: Maintain upright posture
3. Locomotion: Ability to:
   a. Get to lecture, lab and clinical locations, and move within rooms as needed for changing groups, partners and work stations, and perform assigned clinical tasks;
   b. Physically maneuver in required clinical settings, to accomplish assigned tasks.
   c. Rapidly get to locations within hospitals that may have limited access and space (e.g., responding to calls for emergency airway management during “code blue” situations, or “Code C” in the obstetric suite)
4. Manual tasks:
   a. Maneuver or move an individual’s body parts or clinical equipment from side to side, forward and backward, or from a lower to higher position.
   b. Maintain an object in a constant position for an extended period.
   c. Connect a variety of types of tubing via adapters, sometimes in complex configurations
   d. Competently perform cardiopulmonary resuscitation (CPR) and all ACLS protocols using guidelines issued by the American Heart Association or the American Red Cross.
   e. Pushing/pulling ability to exert force against a small or large object to move it closer or further away.
5. Reaching:
   a. Ability to extend arm(s) over and under individuals and equipment as required by each clinical setting.
6. Small motor/hand skills:
   a. Legibly record/document evaluations, patient care notes, referrals, etc. in standard medical charts in hospital/clinical settings in a timely manner and consistent with the acceptable norms of clinical settings.
   b. Legibly record thoughts for written assignments and tests.
   c. Document communications in written form in charts, compose reports and correspondence.
   d. Apply a firm grasp, as well as a flexible grasp (e.g., threading catheters over guidewires, endotracheal tubes over stylets or tube exchangers)
   e. Operate a push-button telephone and a computer keyboard (for automated record keeping, and retrieval of patient information from a computer terminal)
   f. Perform precision movements, i.e., venipuncture, arterial puncture, peripheral and central intravenous line placement, IV regulation, use of an array of airway management equipment, fiberoptic intubating scope, administration of subarachnoid blocks, epidural catheters, peripheral nerve blocks).
   g. Elicit data from patients via palpation, auscultation, and percussion.
   h. Manipulate a blood pressure cuff, stethoscope, insert NG tubes; perform injections and adjust IV drips or other equipment as required.
7. Visual acuity to:
   a. Legibly record/document evaluations, anesthesia care notes in standard anesthesia records in hospital settings in a timely manner and consistent with the acceptable norms of clinical settings.
   b. Perform the precision movements delineated in number 6.
   c. Identify tiny markings and inscriptions (i.e., on syringes, thermometers, IV bags, etc.).
   d. Identify color changes and coding systems.
e. Identify waveforms and digital readouts from monitors

8. Hearing or ability to receive and:
   a. Effectively respond to verbal requests from patients and team members, especially in noisy operating rooms.
   b. Interpret the language used to communicate lectures, instructions, concepts, narratives, questions and answers.
   c. Auscultate and percuss for internal body sounds, e.g., heart, bowel, lungs.
   d. Respond in a timely manner to a variety of machine alarms, and changes in sounds from monitoring equipment (e.g. esophageal/precordial stethoscope, pulse oximeter)

9. Communication ability:
   a. Effectively and sensitively communicate with team members in both verbal and written formats and in an effective, efficient and appropriate manner.
   b. Should be able to speak, to hear, and to observe patients in order to elicit information, perceive non-verbal communication, and describe changes in mood, activity, posture, color, and physical presence.
   c. Communicate on the spot to other students, teachers, patients, peers, other staff and personnel to ask questions, and explain conditions and procedures within a reasonable time period.

10. Self Care ability to:
   a. Maintain general good health and self-care in order not to jeopardize the health and safety of self and individuals with whom one interacts in the academic and clinical settings.
   b. Arrange transportation and living accommodations for/during off-campus clinical assignments to foster timely reporting to the classroom and clinical center.

Affective Learning Skills

The student must be able to:

1. Maintain composure and emotional stability during periods of high acute stress as well as periods of chronic stress.
2. Possess and maintain the emotional health required for the full utilization of his/her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive and effective relationships with patients.
3. Tolerate physically and intellectually demanding workloads (averaging 50 – 60 hours/week).
4. Adapt to constantly changing environments, display flexibility, and learn to function in the face of uncertainty or ambiguity.
5. Demonstrate the personal qualities of compassion, integrity, concern for others, open-mindedness, self-discipline, focus, and self-motivation.
Code of Ethics for the Certified Registered Nurse Anesthetist

Preamble
Certified Registered Nurse Anesthetists (CRNAs) practice nursing by providing anesthesia and anesthesia-related services. They accept the responsibility conferred upon them by the state, the profession, and society. The American Association of Nurse Anesthetists has adopted this Code of Ethics to guide its members in fulfilling their obligations as professionals. Each member of the AANA has a personal responsibility to uphold and adhere to these ethical standards.

1. Responsibility to Patients
CRNAs preserve human dignity, respect the moral and legal rights of health consumers, and support the safety and well being of the patients under their care.

1.1 The CRNA renders quality anesthesia care regardless of the patient’s race, religion, age, sex, nationality, disability, social or economic status.
1.2 The CRNA protects the patient from harm and is an advocate for the patient’s welfare.
1.3 The CRNA verifies that a valid anesthesia informed consent has been obtained from the patient or legal guardian as required by federal or state laws or institutional policy prior to rendering a service.
1.4 The CRNA avoids conflicts between his or her personal integrity and the patient’s rights. In situations where the CRNA’s personal convictions prohibit participation in a particular procedure, the CRNA refuses to participate or withdraws from the case provided that such refusal or withdrawal does not harm the patient or constitute a breach of duty.
1.5 The CRNA takes appropriate action to protect patients from healthcare providers who are incompetent, impaired, or engage in unsafe illegal or unethical practice.
1.6 The CRNA maintains confidentiality of patient information except in those rare events where accepted nursing practice demands otherwise.
1.7 The CRNA does not knowingly engage in deception in any form.
1.8 The CRNA does not exploit nor abuse his or her relationship of trust and confidence with the patient or the patient’s dependence on the CRNA.

2. Competence
The scope of practice engaged in by the CRNA is within the individual competence of the CRNA. Each CRNA has the responsibility to maintain competency in practice.

2.1 The CRNA engages in lifelong, professional educational activities.
2.2 The CRNA participates in continuous quality improvement activities.
2.3 The practicing CRNA maintains his or her state license as a registered nurse, meets state advanced practice statutory or regulatory requirements, if any, and maintains recertification as a CRNA.

3. Responsibilities as a Professional
CRNAs are responsible and accountable for the services they render and the actions they take.

3.1 The CRNA, as an independently licensed professional, is responsible and accountable for judgments made and actions taken in his or her professional practice. Neither physician orders nor institutional policies relieve the CRNA of responsibility for his or her judgments made or actions taken.
3.2 The CRNA practices in accordance with the professional practice standards established by the profession.
3.3 The CRNA participates in activities that contribute to the ongoing development of the profession and its body of knowledge.
3.4 The CRNA is responsible and accountable for his or her conduct in maintaining the dignity and integrity of the profession.
3.5 The CRNA collaborates and cooperates with other healthcare providers involved in a patient’s care.
3.6 The CRNA respects the expertise and responsibility of all healthcare providers involved in providing services to patients.
3.7 The CRNA is responsible and accountable for his or her actions, including self-awareness and assessment of fitness for duty.

4. Responsibility to Society
CRNAs collaborate with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

4.1 The CRNA works in collaboration with the healthcare community of interest to promote highly competent, safe, quality patient care.

5. Endorsement of Products and Services
CRNAs endorse products and services only when personally satisfied with the products or service’s safety, effectiveness and quality. CRNAs do not state that the AANA has endorsed any product or service unless the Board of Directors of the AANA has done so.

5.1 Any endorsement is truthful and based on factual evidence of efficacy.
5.2 A CRNA does not exploit his or her professional title and credentials for products or services which are unrelated to his or her professional practice or expertise.

6. Research
CRNAs protect the integrity of the research process and the reporting and publication of findings.

6.1 The CRNA evaluates research findings and incorporates them into practice as appropriate.
6.2 The CRNA conducts research projects according to accepted ethical research and reporting standards established by law, institutional procedures, and the health professions.
6.3 The CRNA protects the rights and well being of people and animals that serve as subjects in research.
6.4 The CRNA participates in research activities to improve practice, education, and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

7. Business Practices
CRNAs, regardless of practice arrangements or practice settings, maintain ethical business practices in dealing with patients, colleagues, institutions, and corporations.

7.1 The contractual obligations of the CRNA are consistent with the professional standards of practice and the laws and regulations pertaining to nurse anesthesia practice.
7.2 The CRNA will not participate in deceptive or fraudulent business practices.

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.

Standards for Nurse Anesthesia Practice

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.

These standards apply to all anesthetizing locations and may be exceeded at any time at the discretion of the CRNA. Although the standards are intended to promote high-quality patient care, they cannot assure specific outcomes. The CRNA should consider the integration of new technologies into current anesthesia practice.

There may be exceptional patient-specific circumstances that require deviation from a standard. The CRNA shall document any deviations from these standards (e.g., emergency cases for which informed consent cannot be obtained, surgical interventions or procedures that invalidate application of a monitoring standard) and state the reason for the deviation on the patient's anesthesia record.

Standard I
Perform and document a thorough preanesthesia assessment and evaluation.

Standard II
Obtain and document informed consent for the planned anesthetic intervention from the patient or legal guardian, or verify that informed consent has been obtained and documented by a qualified professional.

Standard III
Formulate a patient-specific plan for anesthesia care.

Standard IV
Implement and adjust the anesthesia care plan based on the patient’s physiologic status. Continuously assess the patient’s response to the anesthetic, surgical intervention, or procedure. Intervene as required to maintain the patient in optimal physiologic condition.

Standard V
Monitor, evaluate, and document the patient’s physiologic condition as appropriate for the type of anesthesia and specific patient needs. When any physiological monitoring device is used, variable pitch and threshold alarms shall be turned on and audible. The CRNA should attend to the patient continuously until the responsibility of care has been accepted by another anesthesia professional.

a. Oxygenation
   Continuously monitor oxygenation by clinical observation and pulse oximetry. If indicated, continually monitor oxygenation by arterial blood gas analysis.

b. Ventilation
   Continuously monitor ventilation. Verify intubation of the trachea or placement of other artificial airway devices by auscultation, chest excursion, and confirmation of expired carbon dioxide. Use ventilatory pressure monitors as indicated. Continuously monitor end-tidal carbon dioxide during controlled or assisted ventilation and any anesthesia or sedation technique requiring artificial airway support. During moderate or deep sedation, continuously monitor for the presence of expired carbon dioxide.
c. **Cardiovascular**
Continuously monitor cardiovascular status via electrocardiogram. Perform auscultation of heart sounds as needed. Evaluate and document blood pressure and heart rate at least every five minutes.

d. **Thermoregulation**
When clinically significant changes in body temperature are intended, anticipated, or suspected, monitor body temperature in order to facilitate the maintenance of normothermia.

e. **Neuromuscular**
When neuromuscular blocking agents are administered, monitor neuromuscular response to assess depth of blockade and degree of recovery.

f. **Positioning**
Monitor and assess patient positioning and protective measures, except for those aspects that are performed exclusively by one or more other providers.

**Interpretation**
Continuous clinical observation and vigilance are the basis of safe anesthesia care. Consistent with the CRNA’s professional judgment, additional means of monitoring the patient’s status may be used depending on the needs of the patient, the anesthesia being administered, or the surgical technique or procedure being performed.

**Standard VI**
Document pertinent anesthesia-related information on the patient’s medical record in an accurate, complete, legible, and timely manner.

**Standard VII**
Evaluate the patient’s status and determine when it is safe to transfer the responsibility of care. Accurately report the patient’s condition, including all essential information, and transfer the responsibility of care to another qualified healthcare provider in a manner that assures continuity of care and patient safety.

**Standard VIII**
Adhere to appropriate safety precautions as established within the practice setting to minimize the risks of fire, explosion, electrical shock and equipment malfunction. Based on the patient, surgical intervention or procedure, ensure that the equipment reasonably expected to be necessary for the administration of anesthesia has been checked for proper functionality and document compliance. When the patient is ventilated by an automatic mechanical ventilator, monitor the integrity of the breathing system with a device capable of detecting a disconnection by emitting an audible alarm. When the breathing system of an anesthesia machine is being used to deliver oxygen, the CRNA should monitor inspired oxygen concentration continuously with an oxygen analyzer with a low concentration audible alarm turned on and in use.

**Standard IX**
Verify that infection control policies and procedures for personnel and equipment exist within the practice setting. Adhere to infection control policies and procedures as established within the practice setting to minimize the risk of infection to the patient, the CRNA, and other healthcare providers.

**Standard X**
Participate in the ongoing review and evaluation of anesthesia care to assess quality and appropriateness.

**Standard XI**
Respect and maintain the basic rights of patients.

In 1974, the *Standards for Nurse Anesthesia Practice* were adopted. In 1983, the “Standards for Nurse Anesthesia Practice” and the “Scope of Practice” statement were included together in the *American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist*. That document subsequently has had the following name changes: *Guidelines for Nurse Anesthesia Practice* (1989); *Guidelines and Standards for Nurse Anesthesia Practice* (1992); and *Scope and Standards for Nurse Anesthesia Practice* (1996). The *Scope and Standards for Nurse Anesthesia Practice* was most recently revised in January 2013. In February 2013, the AANA Board of Directors approved separating the *Scope and Standards for Nurse Anesthesia Practice* into two documents: the *Scope of Nurse Anesthesia Practice* and the *Standards for Nurse Anesthesia Practice*. 
APPENDIX 2

Protocols and Forms

PROGRAM

Conduct of Crisis Resource Management (CRMs)
Conduct of Oral Comprehensive Exams
Conduct of Pharmacology Comprehensive Exams
Conduct of the NCE Prep Series
Radiation Safety & Monitoring Program
Clinical Incident Reporting Form
Anesthetic Care Plan Form

SCHOOL OF NURSING

MSN Synthesis Guidelines
Dispute Resolution Procedure

SAMUEL MERRITT UNIVERSITY

Student Guidelines for Graduate Courses Taught in the Intensive Format in the Program of Nurse Anesthesia
SMU Social Media Policy
SMU Social Media Guidelines
PROGRAM OF NURSE ANESTHESIA
Crisis Resource Management Session Protocol

Purpose
Crisis Resource Management (CRM) is a type of simulation-based training that utilizes high-fidelity manikin-based simulation (HFMS). The primary purpose of including CRM as an integral part of the Synthesis experience for Program of Nurse Anesthesia (PNA) students is that it is yet another method (in addition to the NCE Prep Series and Comprehensive Examinations) to determine if a student is on track to accomplish key PNA Student Learning Outcomes (SLOs) and SMU Core Learning Competencies (CLCs). A second, equally important purpose is to provide SMU students with substantive training in human factors (HF) with a focus on how HF impact patient safety.

The objectives of ACRM-like training are to:
1. Have participants learn generic principles of complex problem solving, decision making, resource management, and teamwork behaviors during clinical care in order to prevent, ameliorate, and resolve critical incidents and crisis situations.
2. Have participants improve their medical/technical, cognitive, and social skills in the recognition and treatment of realistic, complex medical situations.
3. Have participants build their capacity for reflection, self-discovery, and teamwork, and build a personalized tool kit of attitudes, behaviors, and skills that characterize expert performance through highly intensive and highly interactive instruction, critique, and feedback in a realistic environment.

Crisis Resource Management (CRM) aka Anesthesia Crisis Resource Management (ACRM)

Format: There are two CRM sessions that Program of Nurse Anesthesia students are required to complete as part of the Special Project – CRNA (N606 Synthesis requirement.) CRM I is scheduled in Spring of the year of graduation of a student and CRM II is scheduled during Fall of the year of graduation.

The PNA CRM sessions are patterned after the model developed by David Gaba and his colleagues at the Stanford University Palo Alto Veterans Hospital Simulation Center. The following criteria were developed by that Stanford group of simulation experts in 1998 and are still relevant for current day practice. The PNA sessions do meet these criteria.

Required Core Characteristics of ACRM-like Training
1. At least 50% of the emphasis of the course is on crisis resource management behaviors (or crew resource management behaviors) as opposed to the medical and technical aspects of managing the specific situations presented during simulation.
2. The bulk of the training course consists of realistic simulations followed by detailed debriefings. Simulation training may be supplemented by additional modalities including such activities as assigned readings, didactic presentations, analyses of videotapes, role-playing, or group discussions.
3. Simulations strive for a high degree of realism. Simulations are conducted with personnel to individually represent those personnel found in the typical work environment of the participant, including nurses, surgeons, technicians. Simulation scenarios require participants to engage in appropriate interactions with these individuals.
4. The scenarios include situations in which the primary participant can request and receive help from other participants. Participants may rotate between different roles during different scenarios so as to gain different perspectives. In addition to the course participants, additional observers may observe directly or by remote connection. Observation only, without rotating through the roles in the simulations, is not equivalent to actual participation in the course.

5. One or more instructors with special training or experience lead debriefings. Debriefings are performed with the whole group of participants together, using audio/video recordings of the simulation sessions. As per Core Characteristic 1, the primary emphasis in debriefing is on exploring aspects of behavior. Debriefings emphasize constructive critique in which the participants are given the greatest opportunity possible to speak and to critique and learn from each other.

6. The training is intense and involves a high involvement of faculty with the participants and a low participant to faculty ratio. It is difficult at this time to prescribe a specific number of hours per course. However, given the requirement for complex simulations followed by detailed debriefings, supplemented by other training modalities, it is difficult to imagine conducting a satisfactory ACRM-like training experience in less than half a day. Most ACRM-like training workshops conducted to date have typically lasted 7-10 hours and have involved 4 - 6 participants.

The following are PNA-specific activities that are routine in terms of format for CRM sessions:

- PNA faculty with simulation expertise facilitate a 4-hour, interactive preparatory session on fundamental concepts of CRM prior to the students’ participation in ACRM I
- Each session (I and II) is approximately 8 hours in duration
- Scenarios are generally designed to run for 15 minutes, followed by 30-minute debriefings
- There are generally two active learners per scenarios and 4 observing learners
- Each PNA student is required to participate in 2 scenarios as an active learner: in one scenario their role is as the primary anesthesia provider, in the second scenario their role is the first responder; this means that each student is an observing learner in 4 other scenarios. All scenarios have different clinical content and contexts
- All scenarios are implemented using templates/programmed software to provide standardized experiences for all learners
- The scenario template for each crisis situation (documented electronically in the Orion database in the Health Sciences Simulation Center) provides the information related to which CLC and SLO is being addressed in the scenario.
- Virtually all scenarios test for Critical Thinking, Clinical Competence, Communication and Leadership
- All faculty/staff who run ACRM sessions have appropriate training for the roles that they take in delivering the simulation experience

Evaluation:
For each CRM scenario there is a Debriefing Guide that delineates expected objectives (many of them with critical time elements) based on the medical management and technical skills required for resolution of the particular crisis. There is also a second set of performance assessment items that are based on the behavioral marker system entitled Anesthesia Non-Technical Skills (ANTS)\[^{11}\], a peer-reviewed and research-tested tool that generates a quantitative result for specific categories of non-technical skills.

Qualified faculty (in terms of anesthesia content and simulation-based learning) are designated

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\[^{11}\] Developed by the Industrial Psychology Research Centre and Department of Anesthesia, University of Aberdeen in conjunction with The Scottish Clinical Simulation Centre. [http://www.abdn.ac.uk/iprc/ants/](http://www.abdn.ac.uk/iprc/ants/)
to complete the evaluation tools used in CRM.

**Criteria for successful completion of exam:**
Crisis Resource Management sessions have not been designated as high stakes exams (as is the case with the Oral and Pharmacology Comprehensive Examinations and the online NCE Prep Series.) To date, there is insufficient evidence to support use of CRMs as a high stakes summative assessment tool.

However, there IS ample evidence to claim that CRMs (especially in combination with oral examinations for anesthesiology residents) provide a good opportunity to assess for successful learning. Students' active engagement and participation in both CRM I and CRM II is mandatory. Students who do not perform well in terms of the medical and technical management of a crisis situation will receive counseling, which may take into account the summative clinical evaluations submitted for the student.

**Preparation for the Comprehensive Exam**
The concepts of human factors are introduced early in the PNA curriculum, during the Critical Thinking Orientation of the first semester. There is a thread through the curriculum of human factor/non-technical skills. As mentioned previously, a focused, interactive seminar on human factors and fundamental CRM concepts is provided to all students. Required and supplemental readings are assigned.

**CRM Coordinators:**
Marc Code, CRNA, MSN – Director, Program of Nurse Anesthesia
Kevin Hamby, CRNA, MSN - Instructor

08/2011: cgv
PROGRAM OF NURSE ANESTHESIA
CONDUCT OF THE Oral COMPREHENSIVE EXAMS

Purpose:
The Comprehensive Exam (CE) is an approved option of the School of Nursing that fulfills course requirements for the Synthesis Project, a Samuel Merritt University prerequisite for completion of a Master’s Degree. This examination assesses a NAR’s comprehension of MSN program objectives as well as specialty content in anesthesiology and critical thinking ability.

Although there are other Synthesis options available (see MSN Synthesis Guidelines), this is the only option designed specifically to prepare NARs for the National Certification Examination (NCE). The National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) is responsible for the development and administration of the NCE.

There are two components of the Program of Nurse Anesthesia Comprehensive Exam: The Pharmacology Comprehensive Exam, taken in the spring preceding the oral exam and the Oral Comprehensive Exam (ORALCOMP). The ORALCOMP is typically administered in June/July of the year in which the NAR will graduate.

The focus of the ORALCOMP is on the ability of the NAR to fully integrate principles of basic science and anesthetic management in managing realistic clinical scenarios within a time and situational context that reflects the true anesthetic process. Additionally, the oral exams provide the opportunity for faculty to assess the NAR’s level of critical thinking and their ability to formulate and articulate cogent responses to clinical questions.

The Comprehensive Exam is the only option accepted by the Program of Nurse Anesthesia for the fulfillment of the School of Nursing’s Synthesis Project requirement.

Eligibility Criteria:

1. Candidates must successfully complete all the courses of Basic Science and Anesthesia Specialty courses as required by the Program of Nurse Anesthesia. The NAR must be in good academic standing and should have a cumulative GPA of greater than 3.0 to be eligible to take the Comprehensive Exams (pharmacology and oral exams).

2. Candidates will be completing Phase II (of III) of their clinical residency and will be approximately four to five months from completion of the program. Candidates must have completed the PHARMCOMP in order to be eligible for the oral comprehensive exam. If a candidate has completed and failed the PHARMCOMP, they will still be eligible to take the ORALCOMP in June/July of their graduating year. A Pharmacology retest will be integrated into the ORALCOMP exam for students failing minor sections of the initial PHARMCOMP Exam.
Format:

1. The oral comprehensive exam format is an adaptation of the oral examinations traditionally used in the medical disciplines. Preparation of candidates is extensive. In the early spring preceding the exam, the Program Director will present an orientation workshop for candidates.

Further, on subsequent dates senior faculty members will provide 3 mock oral exam sessions to provide clarification for any questions that candidates might have regarding the ORALCOMP format. These mock oral exams will cover the three major areas of emphasis of the ORALCOMPS; pediatric anesthesia, adult anesthesia and obstetrical anesthesia.

2. Assignments for each of the exam slots will be made via a random drawing and these assignments will be announced electronically on the Friday before the start of the two week study break. The ORALCOMPS will be administered in the Health Sciences Simulation Center and the exams will be recorded.

3. Each examinee is given 3 case scenarios within a 2.25 hour session – an adult patient with a set of coexisting diseases, a pediatric patient, and an obstetric patient.

4. There will be 2 to 3 examiners, 1 chairperson and up to 2 observers (for each session). The number of examiners/observers in the exam room will not exceed 6 persons. Examiners/observers will be provided with exam questions prior to the exam date for preparation. Exams will be provided to examiners via a secure internet site.

5. The examinee will not have prior knowledge of the case study prior to examination. All personal belongings and electronic devices will be removed from the quiet room at the beginning of the exam session. Paper and calculator will be provided for the candidate. Prior to each exam session, the examinee is given a short stem question that introduces the anesthetic/surgical context of the case. A ten-minute interval in a quiet room is provided the NAR to organize his/her thoughts and write down notes for reference during the testing session.

6. The primary examiner then asks questions relative to each major phase of the anesthetic. The role of the primary examiner is described in the following section. All examiners will have had access to an information “packet” for each case scenario. This packet can be construed as a cheat sheet or answer key for the examiner. Included in it are the stem questions, the questions to be posed relative to the stem, the content of expected answers to each question, plus additional data that can be provided to the examinee when appropriate and/or if requested by the examinee.

7. The questions cover the major phases of an anesthetic: preoperative, intraoperative (phases of the actual anesthetic plus special considerations and monitoring), and postoperative (including acute pain management). Questions related to physiology, pathophysiology, and pharmacology are integrated into each of the phases.

8. During the third case session, at the discretion of the committee a more focused oral comprehensive exam will be administered. If the examinee has demonstrated mastery of fundamental knowledge as it relates to principles of basic science and anesthetic management during the previous questions then the examiner will proceed to more advanced science and anesthetic management content questions as it relates to the final oral comprehensive exam question.

9. At the completion of the third case, “Pharm or focus” time is allocated to facilitate any Pharmacology Comprehensive required retest or to allow for additional time for the third “focused” oral comprehensive exam as directed by the committee chair. Successful completion of the integrated pharmacology questions, which is at the discretion of the Oral Comprehensive Exam Committee, will satisfy the Pharmacology Comprehensive Exam retest requirements.
The approximate time breakdown of each 2.25 hour session is as follows:

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0730-0800</td>
<td>Oral Exam Comp Committee Meeting</td>
</tr>
</tbody>
</table>

### 1st Student Oral Comp Exam

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0800-0810</td>
<td>Case 1 Stem Question Review (Examinee)</td>
</tr>
<tr>
<td>0810-0845</td>
<td>Case 1 Oral Comp Exam</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0845-0850</td>
<td>Break</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>0850-0900</td>
<td>Case 2 Stem Question Review (Examinee)</td>
</tr>
<tr>
<td>0900-0935</td>
<td>Case 2 Oral Comp Exam</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0935-0940</td>
<td>Break</td>
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</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>0940-0950</td>
<td>Case 3 Stem Question Review (Examinee)</td>
</tr>
<tr>
<td>0950-1005</td>
<td>Case 3 Focused Oral Comp Exam</td>
</tr>
<tr>
<td>1005-1015</td>
<td>Pharm or Focus Session</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>1015-1030</td>
<td>Committee Break</td>
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</table>

### 2nd Student Oral Comp Exam

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>1030-1040</td>
<td>Case 1 Stem Question Review (Examinee)</td>
</tr>
<tr>
<td>1040-1115</td>
<td>Case 1 Oral Comp Exam</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>1115-1120</td>
<td>Break</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>1120-1130</td>
<td>Case 2 Stem Question Review (Examinee)</td>
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<tr>
<td>1130-1205</td>
<td>Case 2 Oral Comp Exam</td>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>1205-1210</td>
<td>Break</td>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>1210-1220</td>
<td>Case 3 Stem Question Review (Examinee)</td>
</tr>
<tr>
<td>1220-1235</td>
<td>Case 3 Focused Oral Comp Exam</td>
</tr>
<tr>
<td>1235-1245</td>
<td>Pharm or Focus Session</td>
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<table>
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<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>1245-1330</td>
<td>Committee Lunch Break</td>
</tr>
</tbody>
</table>

### 3rd Student Oral Comp Exam

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>1330-1340</td>
<td>Case 1 Stem Question Review (Examinee)</td>
</tr>
<tr>
<td>1340-1415</td>
<td>Case 1 Oral Comp Exam</td>
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</tbody>
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<table>
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<tr>
<th>Time</th>
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<tr>
<td>1415-1420</td>
<td>Break</td>
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<table>
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<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>1420-1430</td>
<td>Case 2 Stem Question Review (Examinee)</td>
</tr>
<tr>
<td>1430-1505</td>
<td>Case 2 Oral Comp Exam</td>
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<table>
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<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>1505-1510</td>
<td>Break</td>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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</thead>
<tbody>
<tr>
<td>1510-1520</td>
<td>Case 3 Stem Question Review (Examinee)</td>
</tr>
<tr>
<td>1520-1535</td>
<td>Case 3 Focused Oral Comp Exam</td>
</tr>
<tr>
<td>1535-1545</td>
<td>Pharm or Focus Session</td>
</tr>
<tr>
<td>1545-1600</td>
<td>Conclusion and wrap up</td>
</tr>
</tbody>
</table>
1. During the oral exam, no feedback will be given to answers. The examiners continue upon a preplanned line of questioning with room for appropriate variation or digression.

2. The examinee is not given an assessment of his/her performance on the day of the exam. The committee Chair will inform the examinee of when they can expect to be notified of the exam results.

**Evaluation - Examiner roles and responsibilities:**

Examiners consist of:
- Program faculty, including core and adjunct
- Clinical Faculty

The Oral Exam Committee currently consists of twelve to sixteen clinical faculty members – Committee is expanded each year. All examiners are oriented to the process and underlying philosophy.

Oral examiners are involved in authoring future exam case studies. To ensure uniformity a master template is utilized for constructing the new exam questions. Assistance in developing the question and an editorial review for the work may be provided by Program of Nurse Anesthesia core faculty.

A primary examiner (PE) will take the lead in asking the sequential questions for the case and should be the person to whom the examinee should direct his/her responses. The PE will know in advance which case scenario he/she will be testing the examinee on for the day. The author of a question, if present, may be considered the PE for their case scenario. The other examiners assigned to the exam sessions will primarily be responsible for evaluating the candidate’s responses but they are also free to participate in the line of questioning, as they will have the case packets for the day’s sessions. There are up to 3 examinees per day.

An assessment form and process based on objective parameters is defined for these oral exams. A thorough orientation to this assessment process is provided to each examiner prior to their initial session by the chairperson. The final assessment score, a tabulation of all exam committee members present will result in either a pass or fail for the oral section.

**Evaluation - Oral Exam Committee Chair role and responsibilities:**

The primary role of the committee chair is to facilitate an efficient and proper execution of the oral examination process. Responsibilities are as follows:

Conduct a review session with the day’s group of examiners prior to the first exam session. The purpose of the session is to briefly review all case studies to be used that day, and ensure that all examiners are clear on case study content and the testing focus of each section of the case study.

Facilitate the examinee’s 10-minute preparatory session of each stem question. Ensure that the examinee is clear on the sequence of events for the session and is directed to the appropriate place at the right time.

Monitor the progress of the 35-minute testing sessions for each case study. This includes being a timekeeper, facilitating an appropriate pace of the questioning to ensure that the intended content of the case study is covered, and determining if any intervention is necessary should the examinee be experiencing significant difficulty during the session.
Generally speaking, the chair will interject questions in the testing sequence when he/she is not fully convinced that a major testing point has been adequately addressed by the examinee.

Facilitate group discussion and documentation of the examinee’s performance, using the assessment tools and forms provided.

**Performance Assessment Rubric:**

A. **Objective scoring system utilized by examiners**

B. **Criteria**

- **CLARITY:** Ability to organize and articulate thoughts clearly/precisely.
- **DEPTH:** Demonstrates comprehensive knowledge of subject.
- **APPLICATION:** Ability to apply principles of basic science and anesthesia to clinical problems.
- **JUDGMENT:** Demonstrates sound judgment in decision making and application.
- **ADAPTABILITY:** Demonstrates adaptability to changing clinical outcomes.

**Criteria for successful completion of exam:**

A candidate must receive a passing score for each of the three case studies in order to successfully complete the oral exam. Failure in one or more of the cases will require a retest; the candidate will be required to retest only on the failed cases.

**Retesting:**

If a candidate fails one oral exam case study, he/she will be allowed to continue enrollment in the clinical residency. The retest for that failed case study will be conducted within 1 month of the original exam, schedule permitting. The category for the retest will be the same as the original (pediatric, adult, obstetrics); however, the specific case study may be different. In the event of a failed retest, a final decision on the student’s standing in the program will be made at the discretion of the Program Director with input from the Program Administrative Committee (PAC).

If a student fails more than one oral exam, he/she can be suspended from clinical assignments for a thirty-day period (July/August of their graduating year) to prepare for an oral comprehensive exam retest. This decision is made by the Program Director based upon input from the Chair of the Oral Exam Committee, faculty and in consultation with the student. The retest will be scheduled after the month of dedicated study, in August/September of the graduating year. Failure of the oral reexamination may constitute grounds for dismissal from the program. Final decision regarding oral examination retesting will be made on a case by case basis by the Program Director with input from the PAC.

The student should be aware that any required study period for retesting subsequent to a failed oral comprehensive exam will require an equal amount of time be added to the program, for which full payment of tuition may be required (3 units).

The format for the ORALCOMP reexamination will be the same as the original exam. The content of the oral reexamination will depend on the candidate’s original performance on each case study of the first exam. The candidate may be tested on an entirely different topic, or a more in-depth version of the first case(s) may be presented. The specific anesthesia specialty category for the repeated case (obstetrics, pediatrics, adult) will remain the same.
For an unsuccessful attempt on either the pharmacology or oral section of the Comprehensive Exam, the student’s faculty advisor or the Chair of the Oral Exam Committee will review the failed section in depth with the candidate, with attention to specific areas of weakness. The focus of these counseling sessions is to clarify the expectations for successful completion of the exams, and assist the candidate in identifying areas of concern that will be addressed during the reexamination.

Summary of Comprehensive Exam Performance Criteria for Earning Dismissal from the Program of Nurse Anesthesia:

1. If a student fails the pharmacology comprehensive exam, he/she will still be eligible to take the oral comprehensive exam. If he/she passes the oral comprehensive exam but FAILs the pharmacology reexamination, the failure will constitute grounds for dismissal from program.

2. If a student passes the pharmacology comprehensive exam, but fails the oral comprehensive exam, he/she will be scheduled for an oral reexamination. If the student FAILs the oral reexamination, the failure will constitute grounds for dismissal from program.

3. If a student fails the pharmacology comprehensive exam, then takes the oral comprehensive exam AND fails the oral exam, he/she will be scheduled for reexamination of both exams. If the student PASSES the oral reexamination but FAILS the pharmacology reexamination, the failure will constitute grounds for dismissal from the program. Attempts will be made to accomplish pharmacology retesting on the same day as the first offering of the oral comprehensive exam.

4. If a student fails the pharmacology comprehensive exam then takes the oral comprehensive exam AND fails the oral exam, he/she will be scheduled for reexamination of both exams. If the student PASSES the pharmacology reexamination but FAILS the oral reexamination, the failure will constitute grounds for dismissal from the program. Attempts will be made to accomplish pharmacology retesting on the same day as the first offering of the oral comprehensive exam.

5. If a student fails both the pharmacology and oral comprehensive exams and then FAILS both the pharmacology and the oral reexaminations this will lead to the student’s dismissal from the program.

Preparation for the Comprehensive Exam

Sessions designed to assist NARs in their preparation for both the pharmacology and oral comprehensive exam are scheduled throughout the period of January – May of the graduating year. Program faculty members are available for consultation about comprehensive exam preparation.

Comprehensive Examination Coordinators:
Joseph Janakes, Associate Director and Clinical Coordinator, Oral Exam Committee Chair
Marc Code, Program Director
Revised 01, 11/2006, 8/09, 8/12, 6/13 JJ, MC and RM
PROGRAM OF NURSE ANESTHESIA
CONDUCT OF THE Pharmacology COMPREHENSIVE EXAMS

Purpose
The Comprehensive Exam (CE) is an approved option of the School of Nursing that fulfills course requirements for the Synthesis Project, a Samuel Merritt University prerequisite for completion of a Master’s Degree. This examination assesses a NAR’s comprehension of MSN program objectives as well as specialty content in anesthesiology and critical thinking ability.

Although there are other Synthesis options available (see MSN Synthesis Guidelines), this is the only option designed specifically to prepare NARs for the National Certification Examination (NCE). The National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) is responsible for the development and administration of the NCE.

There are two components of the Program of Nurse Anesthesia Comprehensive Exam:

- The Pharmacology Comprehensive Exam
- The Oral Comprehensive Exam

Eligibility Criteria:

1. One must successfully complete all the courses of Basic Science and Anesthesia Specialty courses as required by the Program of Nurse Anesthesia. The NAR must be in good academic standing and should have a cumulative GPA of greater than 3.0 to be eligible to take the Comprehensive Exams (pharmacology and oral exams).

2. Successful completion of the NCE Prep Series (Round I) will be used as a qualifying criterion for determining eligibility to take the Pharmacology Comprehensive Exams. The BSCE Final must be passed in order to qualify for the Pharmacology Comprehensive Exam.

Pharmacology Comprehensive Exam (PHARMCOMP)

Format: The 10 to 12-hour (approximately) written exam takes place over a 2-day period and will cover only pharmacology content via case-study analysis, short-answer and multiple-choice questions. This exam is administered in February, March or April of the year in which a NAR graduates.

The first section of the pharmacology exam is comprised of short-answer, true/false, and multiple-choice types of questions. These questions may pertain to pharmacokinetics, pharmacodynamics, general concepts of pharmacology, pharmacological concepts specific to but not limited to pediatric, geriatric and obstetric patients, primary anesthetics and adjunct medications. Questions on medications from the primary and secondary medication list, as provided by the faculty of record will be included in this exam.

The second section of the pharmacology comprehensive exam consists of multiple case studies with questions related specifically to the situation described. In each case study, the NAR will be provided with a patient medical history and the procedural context (e.g. operating room, OB suite, radiology/other remote locations etc.) and a series of questions relevant to the given case.
scenario. In general, these questions require short essay responses. Multiple choice questions may also be interspersed. The assessment objectives of this section are problem-solving, clinical judgment and critical thinking.

Location: Peralta Pavilion Computer Lab in a secure and proctored environment

The maximum time-limit limit for completing the exam will be strictly enforced.

Evaluation:

Completed PHARMCOMPs will be evaluated by two readers: a clinical faculty member designated by the program administration will complete the first reading of the exams, and one of the administrative program faculty members will complete a second reading. The PHARMCOMP faculty of record has the ultimate responsibility for the grading of the PHARMCOMP.

Criteria for evaluation are as follows:
- Command of a fundamental pharmacology knowledge base (Depth and Accuracy)
- Comprehensiveness and clarity of narrative (Clarity and Accuracy)
- Organization and legibility of narrative (Clarity and Accuracy)
- Scientific justification for statements or positions taken (Judgment)
- Quality of clinical judgments (Clinical Reasoning)
NARs will be notified of the results of the PHARMCOMP via email within two months of completing the exam. The result will be either PASS or FAIL.

Successful completion of ALL of the following criteria of the pharmacology comprehensive exam is required for a PASS:

- An overall score of greater than or equal to 75%.
- Achievement of greater than or equal to 75% in each divided components of the comprehensive exam.
- Achievement of greater than or equal to 75% in each case scenario.

The PHARMCOMP faculty of record will review all failed sections with individual students.

**Retesting:**
If a NAR does not successfully complete the pharmacology exam, he/she will be required to repeat specific portions of the original exam, or will be retested on a new set of questions. The retest will be in oral format and scheduled on the same day as the Oral Comprehensive Exam. The faculty of record for the PHARMCOMP may elect to have the NAR retest in a written format if any of a majority of the PASS criteria have not been achieved. This decision may be made on an individual case basis in extenuating circumstances, at the discretion of the PHARMCOMP faculty of record.

NARs who must repeat the pharmacology exam will not be suspended from clinical assignments and will be scheduled for the oral comprehensive exam in June/July of their graduating year. **Failure of the pharmacology retest will constitute grounds for dismissal from the program.**

**Summary of Comprehensive Exam Performance Criteria for Dismissal from the Program of Nurse Anesthesia:**

1. If a student fails the pharmacology comprehensive exam, he/she will still be eligible to take the oral comprehensive exam. If he/she passes the oral comprehensive exam but FAILS the pharmacology reexamination, the failure will constitute grounds for dismissal from program.

2. If a student passes the pharmacology comprehensive exam, but fails the oral comprehensive exam, he/she will be scheduled for an oral reexamination. If the student FAILs the oral reexamination, the failure will constitute grounds for dismissal from program.

3. If a student fails the pharmacology comprehensive exam, then takes the oral comprehensive exam AND fails the oral exam, he/she will be scheduled for reexamination of both exams. If the student PASSES the oral reexamination but FAILS the pharmacology reexamination, the failure will constitute grounds for dismissal from the program. Attempts will be made to accomplish pharmacology retesting on the same day as the first offering of the oral comprehensive exam.

4. If a student fails the pharmacology comprehensive exam then takes the oral comprehensive exam AND fails the oral exam, he/she will be scheduled for reexamination of both exams. If the student PASSES the pharmacology reexamination but FAILS the oral reexamination, the failure will constitute grounds for dismissal from the program. Attempts will be made to accomplish pharmacology retesting on the same day as the first offering of the oral comprehensive exam.

5. If a student fails both the pharmacology and oral comprehensive exams and then FAILS both the pharmacology and the oral reexaminations this will lead to the student’s dismissal from the program.
**Preparation for the Comprehensive Exam**

Sessions designed to assist NARs in their preparation for both the pharmacology and oral comprehensive exam are scheduled throughout the period of January – May of the graduating year. Program faculty members are available for consultation about comprehensive exam preparation.

**Comprehensive Examination Coordinators:**
Faculty of Record – Pharm Review/PHARMCOMP Chair
Program Director
Associate Director

Revised 01, 11/2006, 8/09, 8/12, 8/13

RM, JJ, EP, MC
Purpose:
The online NCE Prep Series (formerly known as, "Competency Exams") was instituted as part of the Program of Nurse Anesthesia (PNA) curriculum in 2003 and has contributed to the record of strong performance of Program graduates on the National Certification Exam (NCE). It is a series of online exams that are available to second year NARs via Canvas (the web-based electronic learning platform utilized by Samuel Merritt University).

The online exams serve three primary purposes:

1. To assist the NAR in accomplishing a systematic review of material relevant to the pharmacology and oral comprehensive examinations (Comprehensive Exams).
2. To function as qualifying criteria for Comprehensive Exams (CE). That is, NARs must pass certain online exams in order to qualify for each of the subsequent CES.
3. To assist the NAR in preparing for the National Certification Exam (NCE).

Background
The original databank of questions from which the online exams are formulated are the result of a collaborative effort of the SMU Program of Nurse Anesthesia and the faculty of the Kaiser Permanente School of Anesthesia. The databank currently consists of approximately 3,000 questions, the result of an annual peer review and revision of the exam content. The questions are categorized according to the major sections of the NCE: Basic Science (BS), Basic Principles (BP), and Advanced Principles (AP). Each of the online exams, generated by the electronic learning platform, result in a randomized collection of questions in predetermined quantities.

Attempts are ongoing and in progress to correlate the percentage of questions generated for the specific topics in each of the categories of BS, BP and AP to the percentage of content assigned to the same categories on the official NCE outline. These percentages are delineated in the National Board on Certification and Recertification of Nurse Anesthetists’ (NBCRNA) information handbook for the NCE.

Canvas
NARs will be oriented to the use of the current electronic learning management platform and the NCE Prep Series Protocol/Guidelines during the fall semester of the year preceding graduation. The timeline containing key dates relative to exam availability is also provided during this orientation. This session is mandatory, as key logistical issues regarding the learning management system are reviewed.

Final exams are only accessible using Respondus LockDown browser. The LockDown Browser has been installed on all SMU lab and library computers and is available for installation on NARs’ personal computers for use off campus. The program is compatible with both Windows and MAC operating systems.

Before starting your exam, please:
- Review the Respondus LockDown Browser information page.
- Take the Sample test located in the Tests & Quizzes section.

Canvas Resources:
If you require help with Canvas, the first point of contact for Canvas assistance is the Canvas
Support Line. You can click on the "Help" link at the top right hand corner of any Canvas page. There is also a 24 hour online chat support person available to you. If they cannot help you, they will refer you to someone at SMU that can.

- **Canvas 24/7 Support Line: (888) 233-7764**

**SMU contact for Canvas technical issues**

- You can also contact the SMU Helpdesk: **(800) 869-6836**. They have a ticketing system that is available to students to report Canvas problems.

- Alternatively, go the SMU website below, and select "helpdesk" and click on "Submit a Helpdesk Request"
  
  [http://www.samuelmerritt.edu/helpdesk](http://www.samuelmerritt.edu/helpdesk)

- **Canvas Quick Start Guide** – located on the Canvas Resource page on SMU’s website, under the Student Training column.
  
  [http://www.samuelmerritt.edu/kc_upload/files/Student_Canvas_QuickSheet.pdf](http://www.samuelmerritt.edu/kc_upload/files/Student_Canvas_QuickSheet.pdf)

- **Canvas Student Guide** – located in the Canvas Help Center, accessible from the SMU Canvas Resource Page, under the Student Training column
  
  [http://guides.instructure.com/m/4212](http://guides.instructure.com/m/4212)

**Respondus LockDown Browser Resources:**
Links to the following guides can be found on the Student Technology Resources page of SMU’s website.

- **Student QuickStart Guide**
- **Video Demo** (may take a moment to load)
- **Respondus LockDown Browser Installation**

**NCE Prep Series Guidelines**

NARs are required to complete a series of online exams during the Senior Academic Curriculum.

The specific dates on which each of these exams will be available are delineated in the annual senior timeline, as well as in the corresponding Canvas course. Each practice and final exam has 100 questions and you will have 2½ hours (150 minutes) to complete each exam. NARs are strongly advised not to wait for the final deadline to take the final exams. Questions include multiple choice, multiple answer, true/false, and matching questions.

The following exams will be available:

1. **Basic Science Practice Exam (BSPE)**
2. **Basic Science Final Exam (BSFE)**
3. **Basic Principles Practice Exam (BPPE)**
4. **Basic Principles Final Exam (BPFE)**
5. **Advanced Principles Practice Exam (APPE)**
6. **Advanced Principles Final Exam (APFE)**
PROCEDURE AND POLICIES:

Please note that there will be two rounds of the NCE Prep Series:

- **NCE PREP SERIES Round I**
- **NCE PREP SERIES Round II**

1. **NCE PREP SERIES – Round I** *(late Fall 2 through early Summer 2 semesters)*
   - Successful completion of a final exam is defined as a score of ≥ 75%. Scores will not be rounded-up.
   - The BSFE must be completed successfully in order to qualify for the Pharmacology Comprehensive Exam (PCE).
   - The BSFE must be completed successfully in order to start taking the BPPEs.
   - The BPFE must be completed successfully in order to start taking the APPEs.
   - The APFE Final must be completed successfully in order to qualify for the Oral Comprehensive Exam.
   - NARs may retake the practice exams as often as desired. With each attempt, a different, randomized set of questions will be generated. Canvas will keep a record of all practice exam attempts, but will only record the one most recently taken. Therefore, if NARs wish to track their performance on practice exams it is advised that they keep a written record.
   - Final exams in each category can only be taken once. There is generally a 2 week window during which these exams are made available to NARs.
   - The score of the final exam in each category is recorded in the Canvas grade book and reviewed by the faculty of record or designate to confirm eligibility for taking the next series of exams or one of the Comprehensive Exams. Scores on practice exams will not be considered as qualifiers for continuing the sequence of exams.
   - The correct answers to all exams (practice or final) are provided at their completion. If NARs wish to contest a designated correct answer, direct the issue via email to Annette Chenevey and "cc" the NCPE Prep Series Coordinator.
   - If a NAR does not attain 75% on a final exam, the Program Director, Associate Director and the NCE Prep Series Coordinator should be notified. Advisement regarding areas in need of improvement will ensue, practice exams will still be available for the NAR to take, and arrangements will be made, by the NCE Prep Series Coordinator, for the final exam to be repeated.
   - The consequences of repeated attempts to pass the final exam in any category will be determined on an individual basis.
   - Practice exams will continue to be available for use at any time until completion of the Program.

2. **NCE PREP SERIES – Round II** *(late Summer 2 through Fall 3 semesters)*
   - Successful completion of a final exam is defined as a score of > 80%. Scores will not be rounded-up.
   - The BSFE must be completed successfully in order to start taking the BPPEs.
   - The BPFE must be completed successfully in order to start taking the APPEs.
   - Each NAR will be provided ONLY 1 ATTEMPT to successfully complete each of three final exams (BSFE, BPFE, and APFE).
   - Mandatory counseling by the Program Director or designate will be provided for those NARs who have an unsuccessful attempt. Advisement regarding areas in need of improvement will ensue and arrangements will be made for the final exam to be repeated. The consequences of repeated attempts to pass the final exam in any category will be determined on an individual basis during the advisement sessions.
Addendum:

Continuous Quality Improvement Process:

The NCE Prep Series of exams were instituted as part of the Program of Nurse Anesthesia curriculum in 2003 and have contributed to the record of strong performance of graduates on the National Certification Exam. We consider the Exams a work in progress and the faculty sincerely seek your input regarding its content. Your collaboration and open communication is extremely important and valuable – consider it part of your legacy to the future generation of CRNAs! The process for quality improvement is as follows:

The current set of questions in each category (Basic Sciences, Basic Principles and Advanced Principles) are reviewed, referenced and updated by Ms. Annette Chenevey, CRNA, MSN. Specific inquiries and concerns regarding the content and accuracy of the questions in each category should be addressed directly to Ms. Chenevey with a copy of the message to Ora Bollinger, CRNA, MSN, the NCE Prep Series Coordinator.

Please include the following information in your e-mail message:

a. The question number,
b. the stem (or the main components of the question),
c. the nature of the grievance (e.g. typographical error, erroneous information, mislabeled answer etc.).

For content grievances, please provide documentation to support your position so that the information can be reviewed and a decision made regarding the revision of the question. Additionally, if there are any other issues with the online exams that you would like addressed, please notify Annette and Ora.

Annette’s e-mail address is: accrna@gmail.com

NCE Prep Series Coordinator’s e-mail address is: obollinger@samuelmerritt.edu

ACADEMIC INTEGRITY

The online exams are considered secure under the CRNA Program Testing Policy (see separate document). NARs are held accountable to the academic integrity code as defined by Samuel Merritt University (see University Catalog/Student Handbook) when taking these exams.

Please read the excerpt about academic honesty. A brief outline has been provided for your ready reference.

ACADEMIC POLICIES

NARs are responsible for policies found in the current SMU Catalog in addition to those described in this section that addresses specific requirements unique to the Program of Nurse Anesthesia.

ACADEMIC HONESTY

The official Samuel Merritt University statement of academic honesty is as follows:

Honesty is expected of all students. Academic dishonesty includes, but is not limited to, plagiarizing, cheating, intentional deception, or failure to report clinical errors. The faculty reserves the right to evaluate individual cases of academic dishonesty and to take appropriate action. The faculty may assign a failing grade for the course or any component thereof and/or recommend...
disciplinary action including suspension from a course or dismissal from the program to the Academic Dean. A counseling note will be written and placed in the student's file in the Office of the Registrar.

Beyond whatever action is taken by the course faculty, academic dishonesty constitutes grounds for suspension or dismissal through the Office of the Academic Dean.

NARs in the Program of Nurse Anesthesia are expected to have signed this document, to be familiar with the content of this statement, and to abide by the code of conduct and ethical standards it upholds.

PROGRAM OF NURSE ANESTHESIA TESTING POLICIES

The purpose of this handbook section is to delineate testing policies as they relate to academic integrity and the expectations that faculty have of a student's behavior during an examination period. These policies relate to all types of testing and sites at which tests may be administered.

1. All examinations administered within the program are considered secure unless otherwise specifically designated by the program/course faculty. For the purposes of this policy, "secure" means those exams either written, oral, or internet-based (such as exams on that are likely to be used in whole or in part at some future date, that would be jeopardized by their general distribution among the student body. Unsecured exams are those that are either on reserve in the library, distributed by the faculty of record personally (such as take-home exams) or other means that clearly designates the test is in the public domain (such as those used for study guides). If there is lack of clarity about the test's designation as "secured" or unsecured" it is the responsibility of the student to confirm the designation with the faculty of record.

2. Testing room is to be quiet. There should be no verbal communication among students that would transfer information or interrupt the privacy, confidentiality or concentration of other students.

3. No learning resources can be utilized during testing that have not been authorized/approved by the faculty of record. This includes books, notes, and PDA's.

4. Cell phones are to be turned off and placed directly in front of student on the desk throughout the administration of exam.

5. Tests answers may not be transcribed onto a computer unless the faculty of record has made arrangements for secure examination via computer.

01/2003
Radiation Safety & Monitoring Program

Organization and Administration
The Samuel Merritt University (SMU) Program of Nurse Anesthesia (PNA) enforces radiation safety policies and procedures throughout the entirety of all medical procedures that use ionizing radiation. The SMU Program Clinical Coordinator is designated as the Radiation Safety Officer (RSO) and the Program Director (PD) is designated as the Alternate Radiation Safety Officer. The PNA will maintain the services of a Certified Radiation Officer to oversee radiation reports.

The RSO works in conjunction with the individual Site Clinical Coordinators (SCC) to ensure the students are in compliance in their clinical settings.

Radiation Safety Training – The ALARA Program
Radiation safety is presented and reinforced throughout the entire program. Students receive training principles of ALARA (As Low As Reasonably Achievable) exposure in the course N651- Basic Principles of Anesthesia I from the Program Clinical Coordinator/RSO and annually during a Robinson Rounds by the Certified RSO.

Students are expected to follow the three cardinal rules of radiation protection:
- Limit the time spent near a radiation source
- Keep as much distance from the source as possible
- Use protective shielding.

Dosimetry Program
Radiation monitoring is performed for our students following the same procedures as Kaiser Permanente medical imaging employees. All PNA students are required to wear a dosimetry badge at all times while in the clinical setting and the badge must be read on a monthly basis. To ensure our students receive timely dosimetry reports, the badges are ordered and maintained by the SMU PNA. Students are responsible for the monthly collection and distribution of radiation monitoring badges during designated times and place as determined by the Program Manager.

Radiation dosimeters for fetal monitoring, lead aprons, and consultation are readily available for pregnant nurse anesthesia residents to ensure radiation dose levels to the embryo/fetus are below the established regulatory limits.
**Maximum Permissible Dose Limits:**

- **Nurse Anesthesia Residents**: whole body dose equivalent, 5rem/yr
- **Pregnant Nurse Anesthesia Residents**: 0.5 rem for gestation period, with no monthly dose exceeding 0.05rem

*As stated in the SMU PNA student handbook:*

Proper handling and wearing of monitoring devices is essential for accurate measurement of occupational exposure. Students must follow the procedure below:

Wear the monitoring badge attached to your clothing, at the collar level, while working in the vicinity of a source of exposure. If wearing a lead apron, the badge must be worn outside of the garment at the collar level.

- Protect the monitoring device from exposure to excessive heat.
- Do not subject the monitoring device to direct x-ray exposure.
- Do not lend your monitoring device to another student.
- Do not wear your monitoring device while undergoing an x-ray procedure for medical purposes. The sole purpose of the monitoring device is to monitor occupational exposure to radiation.
- Badge should remain in student’s possession at all times to minimize the possibility of loss or damage.
- Notify the Radiation Safety Officer if your monitoring device becomes damaged or misplaced.
- Exchange your monitoring device monthly, per the Program protocols.

**Documenting Improper Handling or Loss of Student Dosimetry Badges**

As indicated in the Student Handbook, students are given instructions on proper handling of dosimetry badges when they receive them. If the dosimetry badge is handled improperly (ie: left in car) the student will document the issue on the Radiation Monitoring Program Concern/Issue Reporting Form and report to the RSO. The RSO will notify the PD and respective SCC (when applicable).

If the badge is lost the student is responsible for reporting the loss immediately to the RSO and completing a Radiation Monitoring Program Concern/Issue Reporting Form. The student will not be allowed to return to their clinical site until they receive a new dosimetry badge from the PNA.

**Dosimeter exchange protocol**

Badges are exchanged monthly. Residents are expected to exchange badges up to 3 days before the start or end of each calendar month. Snap the old body badge out of the badge holder and deposit it into the designated secure collection receptacle. Keep the badge holder in order to affix the new badge for wear during the subsequent clinical month. Old badges are returned for proper processing the fifth business day of a new month. New pre-assigned badges are located in a secure cabinet located near the PNA administrative offices. Badges are only to be worn by the nurse anesthesia resident they were designated for and cannot be worn or exchanged for other resident radiation badges. If an exchange badge is missing contact the RSO or appropriate PNA administrative designee immediately in order to receive a new badge.
SMU PNA Declared Pregnant Student Procedure
If a student becomes pregnant during enrollment in any program, disclosure of her pregnancy is voluntary; however it is highly recommended that she notify the Program Director and/or RSO immediately.

The Program Director and/or RSO will meet with the student to discuss any potential risks of occupational exposure and the appropriate precautions to protect the unborn fetus. The student will then be required to sign a declaration of pregnancy, in addition to an affidavit confirming that she is aware of the risks of exposure during pregnancy (see attachments). The PD and/or RSO will then notify the Site Clinical Coordinator of the pregnancy.

A pregnant student may continue didactic and clinical hours up to the time of delivery unless medically contraindicated. As established by the Nuclear Regulatory Commission in the Code of Federal Regulations, section 20.1208, the licensee shall ensure that the dose equivalent to the embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 0.5 rem. The individual is to be monitored by an additional dosimeter worn at waist-level (beneath a lead apron, if worn) and specifically tagged for the fetus.

The student should meet with the Program Director to discuss any LOA options.

Record Keeping
All student records will be maintained on one report to reduce the risk of missing any identified problems or issues. The dosimetry records will be filed in the PNA office and maintained by the Program Manager under the direction of the Radiation Safety Officer. A copy of the monthly dosimetry report will be made available to students on the CRNA Clinical Rotation Manager on Canvas, where it can also be reviewed by their Site Clinical Coordinator as needed.

The SMU PNA will keep dosimetry reports for students on file indefinitely.

Reporting
The Certified Radiation Safety Officer will review all reports on a monthly basis. The Certified Radiation Safety Officer and the PD will discuss with the respective student all readings identified as exceeding normal limits. All discussions will be documented in the student’s program file. The Certified Radiation Safety Officer will also notify the Radiation Safety Officer to inform the respective Site Clinical Coordinator.

In the event that a student knows they were exposed to an excessive amount of radiation the student will report it to their SCC, Preceptor for that day and the RSO. It is the responsibility of the Certified Radiation Safety Officer to investigate over-exposures and take corrective actions.

Over-Exposure/Excessive-High Reading Levels:
The basic principles of time, distance and shielding will be used as required to maintain doses As Low As Reasonably Achievable (ALARA). SMU PNA would consider any reading that exceeds the Occupational dose limits listed in 10 CFR 20, section 20.1201, an annual limit of: total effective dose equivalent being equal to 5 rems, the sum of the deep-dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye being equal to 50 rems; the annual limits to the lens of the eye, to the skin of the whole body, and to the skin of the extremities of: a lens dose equivalent of 15 rems, a shallow-dose equivalent of 50 rem to the skin of the whole body or to the skin of any extremity.
Reporting Over-Exposure or Excessive-High Reading to RHB
As established by the Nuclear Regulatory Commission in the Code of Federal Regulations, section 20.2202, the SMU PNA would:
   a) immediately report to the Radiologic Health Branch (RHB) any student that receives a total effective dose equivalent of 25 rems or more, a lens dose equivalent of 75 rems or more, a shallow-dose equivalent to the skin or the extremities of 250 rads or more, or the release of radioactive material, inside or outside of a restricted area, so that, had an individual been present for 24 hours, the individual could have received an intake five times the annual limit on intake.
   b) notify the RHB within 24 hours if an individual receives in a 24 hour period a total effective dose equivalent exceeding 5 rems, a lens dose equivalent exceeding 15 rems, a shallow-dose equivalent to the skin or extremities exceeding 50 rems or the release of radioactive material, inside or outside of a restricted area, so that, had an individual been present for 24 hours, the individual could have received an intake in excess of one occupational annual limit on intake.

In addition to notifications required in 20.2202, according to section 20.2203, the SMU PNA will submit a written report within 30 days, any doses in excess of the following:
   • occupational dose limits stated in 20.1201 (Refer to page 1 of this document)
   • the limits for an embryo/fetus of a declared pregnant woman in 20.1208 (refer to page 1 of this document)

The contents to be sent to the RHB would include a description of the extent of exposure to radiation and radioactive material, estimates of the individual’s dose, levels of radiation and concentrations of radioactive material involved, the cause of the elevated exposures, dose rates, or concentrations and corrective steps to avoid reoccurrence, the individual’s name, social security number and date of birth.

Annual RPP Audit Report
The RSO will complete an RPP audit and summary annually and the documents will be filed in the PNA office.

Verification of Adequacy of Clinical Sites’ RPP
During one of the bi-annual site visits completed by RSO and PNA affiliated Regional Clinical Coordinators, the PNA representative will verify that an adequate RPP is in place at each clinical site utilized by SMU PNA students. If a site lacks an adequate RPP, no SMU PNA students will be placed at the site for rotation until this is rectified. As part of the initial site visit for any proposed new clinical sites, the RPP will be verified by the SMU PNA representative.

This topic is also addressed at one of the bi-monthly meetings held between SMU PNA and the Site Clinical Coordinators.
# CLINICAL INCIDENT REPORT
## PROGRAM OF NURSE ANESTHESIA

**DIRECTIONS:** This form is completed electronically by the nurse anesthesia resident and submitted electronically to the program director, program clinical coordinator and associate director within 24 hours of the occurrence. After a program administrator reviews the initial report, additions or revisions may be requested (usually to increase the accuracy or comprehensiveness of the report.) Resubmit any revised forms electronically AND submit a hard copy of the final version with handwritten signature to the program manager who will place it in the confidential PNA files.

This form is to be completed in addition to other documents required by the clinical affiliate site.

<table>
<thead>
<tr>
<th>NAR Name:</th>
<th>&lt;Put information in this column&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of graduation (Class of):</td>
<td></td>
</tr>
<tr>
<td>Date of incident:</td>
<td></td>
</tr>
<tr>
<td>Time of incident:</td>
<td></td>
</tr>
</tbody>
</table>

**Information regarding clinical affiliate site at which incident occurred**

<table>
<thead>
<tr>
<th>Name of Clinical Affiliate:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address, City/State/Zip</td>
<td></td>
</tr>
<tr>
<td>Telephone #: (Department of Anesthesia)</td>
<td></td>
</tr>
<tr>
<td>Anesthetizing location: (OR, PACU, L&amp;D, ED, Interventional Radiology, Patient Care Unit- please be as specific as possible)</td>
<td></td>
</tr>
<tr>
<td>Physician Chief of Anesthesiology:</td>
<td></td>
</tr>
<tr>
<td>Chief Nurse Anesthetist:</td>
<td></td>
</tr>
<tr>
<td>Site Clinical Coordinator:</td>
<td></td>
</tr>
</tbody>
</table>

**Date and time of notification of department administrator** (one of the 3 providers listed immediately above)

**Contact person to coordinate communication regarding this situation** (it may be a person not listed above)

<table>
<thead>
<tr>
<th>Course Number/Title: (indicate the clinical case in which you are currently enrolled)</th>
<th>N656L Clinical Anesthesia I</th>
<th>N663L Clinical Anesthesia IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>N658L Clinical Anesthesia II</td>
<td>N664L Clinical Anesthesia V</td>
<td></td>
</tr>
<tr>
<td>N661L Clinical Anesthesia III</td>
<td>N665L Clinical Anesthesia VI</td>
<td></td>
</tr>
</tbody>
</table>

05/2005 (adapted from SMU Clinical Incident Report Form/Office of Academic Affairs, 2/9/2005); rev. 05/2010; rev. 8/2012; rev. 7/2013
### Information regarding anesthesia care team involved

<table>
<thead>
<tr>
<th>Clinical Preceptor:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of anesthesia providers involved in the incident:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Identify providers whose name will appear on the anesthesia record)</td>
</tr>
</tbody>
</table>

### Information regarding patient and the occurrence

<table>
<thead>
<tr>
<th>Name of patient:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>MR#:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preoperative Diagnosis:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Significant history (medical, surgical, anesthetic). Describe briefly.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medications</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Description of occurrence (Sequence of events, interventions initiated, efficacy of interventions, final outcome)</th>
</tr>
</thead>
<tbody>
<tr>
<td>* Exact times are not required – provide some relative chronology when possible. Add rows to the Description column as needed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time element*</th>
<th>Description</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What was the apparent/suspected cause of the occurrence? (List the differential diagnosis)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>How could this occurrence have been avoided?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe real and potential effects of the occurrence on the patient.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action taken relative to risk management and requirements of the Quality Department of clinical affiliate</td>
</tr>
<tr>
<td>(Will the case be scheduled for review by the department/hospital Quality and/or Risk Management committees or department? If so, when?)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature, NAR</th>
<th>Date (form completed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic signature is acceptable for initial submission. A signed hard copy of this form must also be submitted</td>
<td></td>
</tr>
</tbody>
</table>

| Signature, Program Director (or designee) | Date (form reviewed) |

For office use only:
### SAMUEL MERRITT UNIVERSITY – ANESTHETIC CARE PLAN

**NAR NAME:**

**CASE# (assigned by NAR):**

**ASA:**

**AGE:**

**Male/Female:**

**HT:**

**WT/KG:**

**BSN:**

**ASW:**

**BMI:**

**PROCEDURE:**

**DX/MS:**

**POSITION:**

**EST. TIME:**

**BP:**

**HR:**

**FR:**

**T:**

**AIRWAY**

**MRDS:**

**LAB:**

- T & S
- T & H
- PT
- PTT
- Ca:
- Mg:
- Phos:
- Hct:

**VENT SETTINGS**

**TV:**

**RESPIRATORY RATE:**

**PEEP:**

**FLUIDS:**

**1st HR:**

**2nd HR:**

**3rd HR:**

**4th HR:**

**EKG**

**SPO2**

**BLOOD**

**GAS:**

**DEFICIT**

**3rd SPACE**

**EBL**

**ABL**

**TOTAL**

**PRE-OP WETS/TOD**

**SUPPLIES**

**Cultural Considerations:**

**PLAN A:**

**INDUCTION:**

**MAINTENANCE:**

**EMERGENCY**

**PLAN B:**

**INDUCTION:**

**MAINTENANCE:**

**EMERGENCY**

**Revised:** 8-9-13
INTRODUCTION

The synthesis project is the final requirement for completion of the academic master's degree at Samuel Merritt University. Students from disciplines that award the academic master's degree will use the guidelines in this document to complete the experience. This requirement is designed to provide the student with an opportunity to demonstrate that s/he can apply new knowledge and insight from his/her graduate education in the completion of a thesis or special project. While there are various options, all of the options include the expectation that the student will be able to effectively articulate ideas in writing, use primary and secondary library and information sources, present and discuss the findings, and produce the quality of work that can withstand peer review. Three semester units of credit are awarded upon completion of the synthesis option.

The synthesis guidelines provide the student with four options for their synthesis project. They are:

- **Option 1:** The Thesis (N605)
- **Option 2:** Special Project Options (N606)
  - 2A: A Theoretical Treatise
  - 2B: Implementation of a Program or Innovation
  - 2C: The Directed Synthesis Option (FNP and Case Management)
  - 2D: The Comprehensive Examination (CRNA)

The only synthesis option required by the PNA is Option 2D listed above. All other options are acceptable in addition to the completion of the Comprehensive Exam.

A student's decision to pursue any option should reflect two points that are woven throughout these guidelines. First, the student should be associated with a faculty member from the start of the project. This faculty member functions as the student mentor. The faculty assists the student in selecting the synthesis option that best fits the student's learning needs and the study question(s) and/or hypotheses that the student has formulated. Second, for each synthesis option, the student will have a committee of at least two members. One of the two members must have an MS or higher degree in nursing, one must be doctorally prepared, and at least one must be a Samuel Merritt University faculty member. The chair is generally a doctorally prepared Samuel Merritt University faculty member.

**Option 1: Thesis  N605**

A thesis is a written report of a research study. It is conducted using an established research agenda, under the guidance of a faculty member who normatively serves as the chair. To ensure that a faculty advisor is formally assigned to provide early direction to the research project, a student desiring this option should declare this intention no later than the second semester of enrollment.

At the conclusion of the thesis, the student will have demonstrated:

1) The capacity to formulate a meaningful and researchable topic or problem in a field of interest. This formulation may arise from any one or a combination of the following: (a) experience in clinical practice, (b) examination of theoretical arguments, and (c) literature review.
2) The capacity to design a research plan that will yield results relevant to the topic or problem addressed.

3) The capacity to administer the research plan with reasonable efficiency (data collection and analysis) taking into consideration the research setting and method.

4) The capacity to write a clear report of the study in conformity with acceptable standards of scientific writing.

5) The capacity to present and discuss the findings of the thesis in an informed and professional manner.

**Thesis Methods**
The thesis, as independent research, may involve investigations of an experimental or non-experimental nature and may, therefore, use a broad range of research methods and approaches. The range of methods available for the conduct of scientific inquiry dictate the existence of broad guidelines for research reports, including the thesis. Therefore, the following descriptions and suggestions are to be understood as guidelines rather than firm rules for the conduct of the thesis.

**The Thesis Process**
The thesis process represents a systematic implementation of a research plan based upon the scientific method or aesthetic theory. The steps of typical research, however, may be viewed as sequenced activities that the student undertakes to complete the thesis. This section of these guidelines describes a typical sequence of tasks necessary to implement the research study.

**Initial Meeting with the Proposed Chair of the Thesis Committee**
As a first step, the student meets with a faculty member who may become the chair of the student’s thesis committee. The selection of the chair is based on the student's prior contacts with the professor, the research interests of the student, and the research interests of the professor. The purpose of the initial meeting is to establish the student's interest in the thesis option and to clarify the direction for the development of the research question and/or hypotheses. The student will develop a plan, including a time line.

**Selection of the Thesis Committee**
The thesis committee consists of at least two professors who will direct the student in the completion of the thesis. One professor serves as the chair. Constitution of the thesis committee must be completed prior to enrolling for thesis credit. It is customary that the thesis committee will consist of professors who hold regular, ranked appointments at Samuel Merritt University. Adjunct professors of the university may serve on the committee, but the role of chair is normally reserved for a doctorally prepared professor with a regular appointment at the University. Not all members of the committee must come from within the University. A student's interest in research dictates the composition of the committee.

The steps to committee composition are: 1) selection of the chair (see above) and 2) selection of the committee members (the student must consult with the chair before inviting other individuals to serve on the committee).

**Thesis Proposal**
The thesis proposal is reviewed by the thesis committee, who determines its approval. The purpose of the research proposal is to communicate to the thesis committee and any Institutional Review Board (IRB) or other Committee on Human Subjects the plan for implementing the research. The specific structure of the proposal will depend upon the nature of the proposed research and the desires of the committee and the student. At a minimum, the thesis proposal should identify the research problems and provide a clear understanding of the research context, the research methods and the assumed significance of the finding(s). Providing this information
may or may not require an extensive review of the literature, but will at least require an initial reading of current literature on the topic. The following suggested components may be included if they add to the strength and clarity of the research proposal.

The proposal should acquaint the committee with the research topic/problem to be researched, provide a background for the proposed research, identify the significance of completing the proposed project, and clearly delineate the methods to be undertaken in completion of the independent research project.

While the specific outline of the thesis proposal will vary according to the nature of the proposed research, the following represents a rough guideline for the proposal:

I. Introduction
   A. Background
   B. Problem or Purpose
   C. Theoretical/Conceptual Framework(s) (as appropriate)
   D. Research Question(s), Hypotheses or Lines of Inquiry
   E. Significance

   Additional introductory components may also include:
   F. Definitions
   G. Limitations
   H. Assumptions

II. Review of Related Literature (as appropriate)

III. Methods
   A. Subjects (Population/Sample)
   B. Instruments
   C. Procedures
      1. Data Collection
      2. Data Analysis

   **Committee Approval of the Proposal**
   The student's proposal must be reviewed and approved by the student's thesis committee. This approval takes place in a formal meeting scheduled by the student following the completion of the proposal. Following approval of the proposal by the committee, and if indicated, the student submits the study for IRB approval.

   **Implementing the Research**
   Following IRB approval, when indicated, the student initiates the research, including the data collection and analysis. These activities may be conducted in consultation with the committee chair or other consultants that are approved by the chair. A draft of the thesis, including relevant results, discussion, and conclusions is completed with the guidance of the chair. Once the draft is completed to the satisfaction of the student and the chair, the entire completed document is distributed to the other committee members for their review.

   **Responsibilities of the Committee**
   The responsibilities of the committee are to:
   1. Review and approve the thesis proposal
   2. Review drafts of the thesis
   3. Assist the student in obtaining IRB approval
   4. Monitor the overall process of the research
   5. Approve the thesis.
**Thesis Content**

The thesis is divided into chapters that serve different functions for different research projects. In general, the content of the thesis should include at least six major blocks of information regarding the completed research project, although it should not be assumed that the blocks of information must be organized as chapters for every thesis. The six major blocks of information include: 1) Abstract, 2) Introduction, 3) Review of related literature, 4) Methods, 5) Results, and 6) Discussion, conclusions, and implications.

Other Required Components:

The format and guide for the thesis will be established by the University's guidelines. Additional components to the thesis include; 1) Pertinent appendices; 2) References; and 3) a Curriculum vitae of the student.

**Formal Oral Presentation**

A formal presentation is required of each candidate following approval of the final draft of the thesis by the committee. The purpose of this presentation to the committee and, if desired, members of the university community, is to enable the committee to determine the ability of the student to adequately discuss research findings in an informed and professional manner and to assess the student's beginning competence in research.

The student schedules the formal presentation, arranges for meeting space with faculty assistance, submits the final draft to the committee prior to the formal presentation, and communicates this information, in writing, to the committee. At the presentation, which typically takes about an hour, the student presents the study. Following the presentation, the committee questions the student regarding any aspect of the research. After the question/answer period, the committee convenes in private to determine whether the formal presentation fulfilled the purpose. The student returns after the committee concludes its discussion and is informed of the committee's decision.

**Final Steps**

Following a successful defense of the thesis, three steps must be completed prior to graduation: 1) completion of any further revisions of the thesis arising from the defense, 2) completion of any IRB reports; and 3) submission of thesis copies to the Samuel Merritt University library for binding (see University binding policy), the student's department, and chair of the committee.

**Option 2: Special Project N606**

The special project may take three forms:

2A) A significant theoretical treatise resulting in preparation of a scholarly paper for publication. The student may publish the paper independently or with a faculty member. This option includes the development of a topic, literature review, data collection and analysis as appropriate, and preparation of a scholarly paper for publication.

2B) Implementation of a major health program or innovation designed to improve health care resulting in preparation of a scholarly report. Such a project is the culmination of work initiated in the core theory and clinical courses in the student's area of concentration.

2C) Directed synthesis option, by arrangement with the program.

Each student's written project must satisfactorily demonstrate:
1) the capacity to formulate a meaningful topic or problem in a field of interest. The formulation may arise from any one or a combination of the following: (a) experience in clinical practice, (b) examination of theoretical arguments, and (c) review of findings of previous studies or reports on health care programs.

2) the capacity to write a clear report of the study or project in conformity with (a) acceptable standards of scientific writing and (b) publishing standards contained in a refereed journal.

In addition, each student must present an oral component of the project. See below for details.

**2A. Preparation of A Scholarly Paper**

**Initial Meeting with the Proposed Chair of the Synthesis Project Committee**
As a first step, the student meets with a faculty member who may become the chair of the student's synthesis project committee. The selection of the chair is based on the student's prior contacts with the professor, the interests of the student, and the interests of the professor. The purpose of the initial meeting is to establish the student's interest in this option and to clarify the direction for the development of the topic, question(s), and/or hypotheses. The student will develop a plan, including a timeline.

The student and chair agree to which faculty members they will invite to serve as the readers for the scholarly paper.

**Research and/or Scholarly Ideas**
The generation of the idea for the scholarly paper may involve a variety of sources: discussion with appropriate faculty, preceptors, or peers; clinical experiences; and literature review.

**Paper Proposal**
The student will develop a proposal outlining the criteria for the paper. At the minimum the paper will contain: 1) an identification of a problem and the significance of the problem for the discipline of the student, 2) an extensive review and analysis of the literature, 3) data collection methods and analysis of data collected (when indicated by the problem under study), and 4) original interpretation or proposed solution to the delineated problem, 5) conclusions /implications. The chair and readers will review and approve the proposal.

The student will identify a refereed journal in which the article could be published and will request author/manuscript guidelines from the journal. Thus, the length and content of the paper will be based on the journal's guidelines.

**Implementing the Work**
Following IRB approval, when indicated, the student initiates the project including data collection and analysis. These activities are conducted in consultation with the chair or other consultants that are approved by the chair. A draft of the paper, including all necessary components as outlined in the journal's author/manuscript guidelines, is completed with the guidance of the chair.

After it has met the criteria established in the proposal, the scholarly paper is considered a finished product. The criteria become a template for the evaluations that the readers provide. The student will send a final draft of the paper to the chair and the readers four weeks before the end of the semester. The student will provide the readers with the journal's author/ manuscript guidelines.
Responsibilities of the Committee

The responsibilities of the committee are to:
1. Approve the proposal.
2. Assist the student in solving problems with IRB.
3. Monitor the progress of the overall project.
4. Approve the final paper and presentation.

Formal Oral Presentation

A formal presentation is required of each candidate following approval of the final draft of the paper by the committee. The purpose of this presentation to the committee and, if desired, members of the university community, is to enable the committee to determine the ability of the student to adequately discuss scholarly work in an informed and professional manner and to assess the student's beginning competence in research and scholarly work.

Following approval of the draft by the chair and readers, the student schedules the formal presentation with the committee. The faculty arranges for the meeting space and communicates this information, in writing, to the committee. At the presentation, which typically takes about an hour, the student presents the findings from the synthesis project.

Following this oral presentation, the committee questions the student regarding any aspect of the project. After the question/answer period, the committee determines in private whether the project met its expectations. It is customary that the student returns to the room of the presentation after the committee concludes its discussion. The committee's decision about the student's performance is relayed at this time.

Final Steps

Following a successful presentation, three steps must be completed prior to graduation: 1) completion of any further revisions of the paper arising from the presentation, 2) completion of any IRB reports; and 3) submission of copies of the paper to the student's department, and the synthesis committee.

2B. Preparation of a Scholarly Report on the Implementation of a Major Health Program or Innovation

Identifying a Problem

The intent of this major project is to acquaint the student with the process of creating a major change in health care delivery. As a first step, the student identifies a group of individuals, families or communities who are at risk for adverse health outcomes.

The selection of the problem is done with a faculty mentor of Samuel Merritt University and, when indicated, a contact in the community who will provide access for the student to the aggregate and to service agencies that work with the aggregate. Therefore, the student first makes an appointment with the professor to discuss the proposed project. During this initial meeting, the student and professor review the problem, the planned intervention, and evaluation strategies. The student and chair also agree which two additional faculty members they will invite to serve as readers for the written portion of the final product.

After the chair has approved the initial problem, intervention and evaluation plans, the student will register for the special project with the registrar's office. Completion and filing of the petition are the responsibilities of the student.
Developing the Proposal
The proposal will be based on the nature of the problem that was identified in the initial discussions between the student and professor. The proposal will include a time-line with projected dates for completion of specific activities that the student believes are essential to creating the outcome that was identified during the problem identification phase.

The student will deliver the written proposal to the chair and to the contact person in the community. The document consists of four parts: 1) an overview of the problem that specifies the nature of the problem and the characteristics of the aggregate; 2) an extensive review of the literature regarding the problem; 3) a list of interventions that the student proposes, rationales for the interventions, and time-line for each; 4) the proposed plan for evaluation.

In addition, the student will identify a refereed journal in which the written report might be published and will request author guidelines from the journal. Thus, the length and content of the paper will be based on the journal's guidelines for authors.

Implement and Evaluate the Plan
After the plan has been judged to be acceptable by the chair and the community contact person, the student will need to obtain any other consents that are necessary, such as IRB approval. During the period of implementation, the student and chair will meet at least once to discuss progress according to the time-line that was developed in the proposal.

Length and Content of the Paper
The final written report will be a scholarly paper written based on the targeted journal's guidelines for authors. The student should send the final draft of the written report along with the journals author guidelines to the chair, community contact person, and the two readers.

Disseminating the Findings from the Project
The completed written report forms the basis for the student's presentation of the project to a group of colleagues. Usually this will occur at least two weeks before the end of the semester in which the student will graduate. It is the student's responsibility to arrange the date for the presentation in consultation with the chair, to arrange the room for the event, and to publicize it, if desired.

The presentation before the committee and, if desired, members of the university community becomes an opportunity for the committee to determine the ability of the student to adequately discuss the project in an informed and professional manner. At the presentation, which typically takes about an hour, the student presents the summation of the project in a verbal presentation. Following the oral presentation, the committee is free to question the student regarding any aspect of the project. After the question/answer period, the committee will determine in private whether the project met its expectations. It is customary that the student will return to the room of the presentation after the committee concludes its discussion. The committee's decision about the student's performance is relayed at that time.

Filing the Completed Written Report of the Project
Once the student has met the standards of the chair and readers in the written report of the project, copies of the paper will be filed with the students department and the chair of the committee.

Responsibilities of the Chair, Readers, and Community Contact Person
1. To assist in the development of the proposal.
2. To review drafts of the proposal.
3. To assist the student in solving problems with the IRB.
4. To monitor the progress of the overall project.
5. To approve the final product.
2C. & 2D. Directed Synthesis and Comprehensive Examination Options: by Arrangement

Other scholarly projects may fulfill the requirements for the synthesis experience. Students who choose this option will be provided specific guidelines from their Program Director. This option provides the student with the opportunity to apply the knowledge gained from their graduate curriculum to the completion of a focused project in an area of study. The project will reflect the student's ability to synthesize theoretical, research and practical knowledge. There is a structured timeline and specific evaluation criteria for successful completion of this option. Students interested in this option should review the Directed Synthesis Option guidelines or Comprehensive Examination guidelines before committing to this option.
Appendix A

Synthesis Requirements
The following steps apply to Options 1, 2A and 2B:

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
<th>Step 6</th>
<th>Step 7</th>
<th>Step 8</th>
<th>Step 9</th>
<th>Step 10</th>
<th>Step 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choose Option</td>
<td>Identify chair;</td>
<td>Establish a plan</td>
<td>Write the proposal</td>
<td>Enroll in the synthesis course for the semester in which it will be completed</td>
<td>Committee approves the proposal; IRB as indicated</td>
<td>Data collection or development of the program</td>
<td>Analyze results with input from the committee</td>
<td>Submit draft of completed project to the committee</td>
<td>After approval of final draft, schedule formal presentation with the committee</td>
<td>Conduct formal presentation to the committee at least two weeks before the end of the term in which registered</td>
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The following steps apply to Option 2C:

<table>
<thead>
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<th>Step 1</th>
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<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
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</thead>
<tbody>
<tr>
<td>Confirm DSO with Program Director</td>
<td>Review the timeline</td>
<td>Establish a plan</td>
<td>Choose the Topic or Problem</td>
<td>Enroll in the synthesis course for the semester in which it will be completed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Follow the timetable set forth in the DSO guidelines</td>
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</table>
In the case in which students and faculty have a difference of opinion on educational matters, such as when a student disagrees with the substance or conclusion of a faculty member’s educational assessment, it is expected that the informal resolution of this dispute be completed using the School of Nursing chain-of-command prior to invoking the University-wide grievance policies and procedures. In all circumstances, professional communication is expected.

- Resolution procedure begins at the most basic level of the dispute between two parties. Advisors, University staff, other faculty, and higher authorities will not hear a complaint unless the person(s) bringing the dispute have made every effort to reach resolution with the other involved party. Students are encouraged to consult with Academic Support Services or the University counseling service for assistance with preparing effective communication strategies.
- Should the issues involve multiple members of the same class or course section, students will name one to two class representatives who will meet with the faculty and communicate discussions and decisions to the class.
- Although initial contact may be made by phone, e-mail, or during a brief class interaction, a face-to-face meeting is necessary to ensure that all issues are completely addressed and documented adequately. Written documents may be provided only to those with a direct need-to-know.
- Faculty and student(s) must meet and discuss the issues. Either party may request that another person be present as a witness, but not a participant. Faculty will document the communication in a counseling note. The document will include the resolution reached or a list of next steps, responsibilities, and timeline.
- On-line course disputes: Physical meetings between parties may be difficult due to physical location constraints. Parties may choose the most appropriate method of communication.
- If the issue is unresolved with the faculty member, the student should next present to the course manager, and subsequently to the program director/chairperson, and then to the associate dean or dean.
- In the case of failure to reach consensus, the decision regarding final action will be made by the associate dean/dean unless substantial evidence supports a claim of arbitrary or capricious treatment of the student(s) warranting escalation to the University grievance process as described in the University Catalog.
- Implementation of University policies of general applicability cannot be grieved. For example, a student dismissed for reasons of course failures or grade point average who wishes to petition for exception to the dismissal policy (which is different from contesting a course grade) should meet with the program director. However, if the director/chair does not support the petition, the dismissal stands and cannot be grieved.
Student Guidelines for Graduate Courses Taught in the Intensive Format in the Program of Nurse Anesthesia

1) Graduate intensive courses involve 32 in-class hours instead of the usual 45. Therefore, there will be a greater amount of work required outside of class - prior to the first session, between sessions, and after the final session. Documentation of these activities is required. The course does not differ from those taught in the traditional weekly format in terms of overall course objectives or outcomes.

2) Since students in intensives may not be on campus at other times, it is the responsibility of the faculty-of-record to ensure that course syllabi and materials are emailed to students or posted on their Canvas course by the regular first day of classes in the term. Such materials will include confirmation of exact course days, hours, rooms, and any other expectations.

3) Course materials will contain clear information regarding the process for ongoing communication between students and faculty i.e. mail, phone numbers, fax, e-mail.

4) Syllabi will indicate the location and availability of required course materials such as journal articles and videos. Textbooks will be ordered and placed in the bookstore according to deadlines established for all courses.

5) Due to the compacted nature of the in-class hours, teaching and learning strategies may vary from those in the weekly classes. Student self-direction will play a key role in insuring success in intensive courses.

6) Required group activities outside of class hours will be extremely limited since students may come from geographical dispersion.

7) The usual drop/add period and process will be adhered to for intensives. Due to the unique nature and timing of communications for these courses, a request to add a course requires the instructor’s permission. Since students must have completed course work prior to the first class session, students may not be added to the class at that time.

8) Time off will not be granted on weekends in which weekend intensive courses are scheduled to meet. The PNA will make every attempt to notify students of the weekend intensive meeting dates as early as possible so that students may plan their schedule accordingly.

Intensive sessions will be scheduled for approximately 1/3 and 2/3 through the term (e.g. weeks 5 and 10 in a 15 week semester). Additional consideration is given to avoid holidays and major professional organization conferences. Dates of the intensives should be finalized for each term by the faculty of record at least two months prior to the start of the term.
Social Media

SAMUEL MERRITT UNIVERSITY
INSTITUTIONAL POLICY

Subject: SOCIAL MEDIA

Effective Date: April 2013

PURPOSE:
When used responsibly, social media sites have tremendous potential to enhance the learning environment and to share information and perspectives across a broad range of topics. However, the use of social media also carries the risk of revealing private and confidential information. This policy formalizes Samuel Merritt University’s (SMU) position regarding the use of social media by SMU students, faculty and staff. Log-in may be required to access some of the links noted throughout this policy.

POLICY:
As representatives of SMU, students, faculty and staff must abide by SMU standards of conduct when using these tools to communicate regarding the work and mission of Samuel Merritt University.

The student Code of Conduct can be found in the SMU Catalog and Student Handbook: http://www.samuelmerritt.edu/academic_affairs/catalogs.

Information about the Code of Ethics and Code of Conduct for SMU Staff and Faculty can be found in the SMU Staff and Faculty Handbook: http://www.samuelmerritt.edu/files/publications/staff_faculty_handbook.pdf.

SMU’s Principles of Community can be found on the Diversity and Inclusion webpage: http://www.samuelmerritt.edu/diversity.

The SMU Anti-Harassment Policy can be found on the HR Policies page (log-in required): http://www.samuelmerritt.edu/policies/hr.

Definitions

Social Media
For the purpose of this policy, social media is defined as internet or mobile tools and systems used to share and/or receive information or conversation. Examples include, but are not limited to; Facebook, Twitter, YouTube, Flickr, LinkedIn, and comment-enabled websites and blogs.

SMU-Sponsored Social Media Sites
This term refers to Samuel Merritt University-sponsored social media sites operated by SMU departments, divisions or schools and approved by The Office of the President. *See The Creation and Management of SMU-Sponsored Social Media Sites section.
Non-SMU-Sponsored Social Media Sites
This term is defined as any site not managed by the Samuel Merritt University Office of the
President, and/or SMU deans, chairs, department heads or administration.

Confidentiality
Protect confidential information and relationships. Do not post confidential or proprietary
information about SMU, its students, alumni, faculty, staff or clients. Follow University
policies and federal regulations such as the Family Educational Rights and Privacy Act
(FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).

Read more about FERPA:
http://www.samuelmerritt.edu/files/forms/family_educational_rights_and_privacy_act_ferpa.
pdf.

Read more about HIPAA:

Do not use or disclose any identifiable student or client information of any kind, including
medical records or images, on any social media platform without the express written
authorization. Any social media activities regarding students or clients that may
compromise their personal dignity, or otherwise make them question the confidentiality of
the services provided, are prohibited.

Consent
When posting photos or videos on SMU-sponsored sites, individuals are responsible for
obtaining appropriate authorization and consent forms from all such persons in the photos
or videos, including clients, students, faculty, staff, and visitors. Consent forms must be
kept on record as long as the photo/video remains in use. Consent forms can be found
here: http://www.samuelmerritt.edu/president/publications.

Personal Responsibility
Online communications represent an individual’s personal opinions, and must clearly state
they do not reflect the opinion of SMU, unless the individual is serving as an approved,
official spokesperson for SMU. The University is not responsible for any individual activities
or statements made by faculty, staff or students as members of the public. Individuals are
personally responsible for any publicly viewable intentionally false statements that damage
SMU or SMU’s reputation.

SMU students, faculty or staff participating in non-SMU-sponsored social media who
disclose their affiliation with SMU must disclaim their opinions’ connection to SMU. Sample
language: “These postings are my own, and do not necessarily represent the opinion of
Samuel Merritt University.”

If an individual posts photos and videos from a personal account on a SMU-Sponsored
social media site, they are responsible for obtaining the consent of persons represented in
the photos/videos. *See Consent section.

Representing SMU in Social Media
Do not use the University name to promote or endorse any product, cause, religious view,
political party, candidate, etc.

If an individual wishes to represent the University in order to correct misstatements of facts
about SMU or its programs, or comment on issues that are being reported in the press, they
are required to get prior approval from the Executive Director, Office of the President. Email officeofthepresident@samuelmerritt.edu for more information. All postings of this type should clearly identify the poster as a member of the SMU community who is representing SMU.

SMU Logos and Intellectual Property
All policies and guidelines related to privacy, logos, intellectual property, etc. apply to social media. Personal blogs and social media sites may not use Samuel Merritt University or SMU in the name of the site, nor may they display the SMU logo or branding. In official capacities, use SMU logos only as specified in the University guidelines, found here: https://www.samuelmerritt.edu/president/publications

Contact the Office of the President at officeofthepresident@samuelmerritt.edu for details on approvals, legal responsibility, privacy policies and logo usage.

The Creation and Management of SMU-Sponsored Social Media Sites
The Office of the President must approve SMU-sponsored blogs or social media sites. Email officeofthepresident@samuelmerritt.edu for more information about the approval process.

The sponsoring department, school or division is responsible for ensuring that if the social media site contains any personally identifiable information, it is compliant with all privacy laws. The sponsoring department, school or division is responsible for ensuring that the content of the social media site is appropriate and does not cause damage to SMU’s reputation. The sponsoring entity is responsible for continued management of the site and its content as long as it is “live.”

The selling of advertising by departments, divisions or programs is prohibited on SMU-sponsored sites.

Policy Violations
SMU reserves the right to suspend the use of or modify content on SMU-sponsored blogs and social media sites within University policy and applicable law. Any use of social media that threatens the safety of SMU students, faculty, staff or clients; is unlawful; and/or is a violation of University policy that may result in disciplinary action, up to and including termination. Individuals may be held responsible for any personal legal liability imposed for any published content.

Please contact the Office of the President at officeofthepresident@samuelmerritt.edu with questions about the SMU Social Media Policy. To review the Sutter Health and Affiliates Policy for Social Networking and Other Web-Based Communications, visit: http://www.sutterhealth.org/employees/sutter-health-social-media-policy.pdf

Note - The Social Media Guidelines and Best Practices, though not part of the official policy, offer suggestions that may help you navigate the sometimes-tricky world of social media, and may be found here: https://www.samuelmerritt.edu/president/publications
Samuel Merritt University
Social Media Guidelines and Best Practices

Introduction
The Samuel Merritt University Social Media Policy (published in 2013), is the University’s official policy regarding confidentiality, consent, personal responsibility, representing SMU, logos and intellectual property, and the creation and management of SMU-sponsored social media sites.

The following guidelines and best practices, though not part of the official policy, offer suggestions that may help you navigate the sometimes-tricky world of social media. Because of the inappropriate use of social media, some medical professionals have lost their jobs, been disciplined by their Board, and have even been a target of lawsuits and criminally charged. And, a study in the September 2012 *Journal of the American Medical Association* found that 60% of U.S. medical schools surveyed reported incidents of students posting unprofessional content online. These types of infractions can lead to disciplinary actions, and even dismissals.

We hope that you will find these guidelines and best practices helpful. If you have any feedback or suggestions, please contact Judi Baker at jbaker@samuelmerritt.edu. This document is meant to be a flexible, updatable tool.

Confidentiality and Privacy
These points are covered in the official SMU Social Media Policy, but it is the most important take-away for any future or current health care provider. Do not use or disclose any identifiable student or client information of any kind, including medical records or images, on any social media platform without written authorization. Refer to the Social Media Policy for more information.

Social Media Sites are Public Forums
Assume everyone can read your posts, no matter how obscure or secure the site to which you are posting may seem. Remember that someone within your social circle could easily share your content, on purpose or accidentally.

Think before you post. Though you may be able to edit content after you post it, remember that once something is posted, it can never be fully removed from the Internet. Even if you don’t see it, it has been captured.

Set your privacy settings as high as possible, and check your settings often. A change in privacy policies may change how your information is viewed. Sign out and view your accounts to see what is visible to the public.
Although a law in California recently went into effect prohibiting hiring managers and higher education institutes from demanding that students, employees and job applicants divulge their Facebook and other social media logins and passwords, it does not mean that potential employers and school administrators will not Google your name and view your accounts.

**Professional vs. Private Accounts**
Maintain clear lines between professional and personal social media activities.

It is recommended to consider setting up both personal and professional accounts for platforms like Facebook and Twitter if you are going to use them for both purposes. Online contact between health care practitioners (or students) and patients or former patients is not advisable, particularly when using a personal account. Online contact with patients or former patients blurs the distinction between a professional and personal relationship. The fact that a patient may initiate contact with a health care practitioner does not permit them to engage in a personal relationship with a patient.

When working as a health care practitioner, always maintain appropriate boundaries of the patient-practitioner relationship online in accordance with professional ethical guidelines. Conduct yourself online in a way that is similar to a clinical encounter between patient/client and practitioner.

Health care practitioners must recognize that actions online and content posted may negatively affect their reputations among patients and colleagues, may have consequences for their medical careers (particularly for health care professionals in training and medical students), and can undermine public trust in the medical profession.

In the University environment, professors, supervisors and managers should be careful when connecting with their students/employees on social media sites. For example, a friend request from a professor or supervisor can put the student/reporting employee in an uncomfortable situation.

Do not use Samuel Merritt University’s name or logo on any personal online sites you might maintain.

**Use Good Judgment and Be Respectful**
Refrain from posting material that is profane, libelous, obscene, threatening, abusive, harassing, hateful, defamatory or embarrassing to another person or entity.

Respectfully withdraw from discussions that go off topic or become profane.
Protect SMU’s mission by avoiding comments, postings, photos, videos or images that could be interpreted or perceived as slurs, demeaning, inflammatory, unduly suggestive, inappropriate or otherwise contrary to SMU’s mission.

Avoid criticizing your current employer/school. Even if you don’t divulge their name, criticizing them might make potential employers think twice.

If you spot a potential issue, and believe an official response is needed from Samuel Merritt University, contact the Office of the President at officeofthepresident@samuelmerritt.edu.

Successful Social Media
Used correctly, social media can be a great tool to:

- Connect with the right people—cohorts, industry professionals, potential employers
- Showcase your professional interests and skills
- Join discussions across social networks and communities
- Stay up-to-date on the latest research and treatment standards
- Share your knowledge: answer questions, provide respectful opinions and constructive feedback
- Increase awareness and visibility of a cause, program, or service
- Educate and inform: combat misinformation posted online
Clinical Agency Evaluation
Daily Formative Clinical Evaluation
Preceptor Evaluation
Student Self Evaluation
Summative Clinical Evaluation Phase I
Summative Clinical Evaluation Phase II
Summative Clinical Evaluation Phase III
Clinical Agency Evaluation by NAR

Completed by the Students anonymously, regarding the Clinical Sites, answered on a As needed basis.
Before beginning an evaluation, the students will be asked to select which clinical site they are evaluating, followed by the date of the evaluation period.

This evaluation should be completed after each clinical rotation, regardless of the number of times you have been assigned to a clinical agency. Your responses are registered anonymously.

Reports summarizing the results of the evaluations will be generated on a regular basis and delivered to the site clinical coordinator or another designated agency liaison. Your thoughtful and honest responses are greatly appreciated.

I received a timely orientation to the clinical agency that provided the information and resources necessary to function at my particular phase of the clinical residency.

- Definitely disagree
- Disagree somewhat
- Agree somewhat
- Definitely agree

Comment (optional): [ ]

(ANSWER REQUIRED)

The clinical coordinator of this clinical agency was accessible and supportive throughout the rotation.

- Disagree strongly
- Disagree
- Neutral
- Agree
- Agree strongly

Comment (optional): [ ]

(ANSWER REQUIRED)

A backup/assistant individual for the clinical coordinator was designated and available.

- Definitely disagree
- Disagree somewhat
- Agree somewhat
- Definitely agree

Comment (optional): [ ]

(ANSWER REQUIRED)

This clinical rotation experience was structured and well organized.

- Disagree strongly
- Disagree
- Neutral
- Agree
- Agree strongly

Comment (optional): [ ]

(ANSWER REQUIRED)
6. Administrative processes provided me with adequate access to patient information and hospital systems, allowing me to prepare well for cases, time permitting.

- Disagree strongly
- Disagree
- Neutral
- Agree
- Agree strongly
- Comment (optional):

(ANSWER REQUIRED)

7. The CRNA preceptors adhered to policies and processes of the SMU program and of the agency’s department as they relate to the direction/supervision of nurse anesthesia residents.

- Disagree strongly
- Disagree
- Neutral
- Agree
- Agree strongly
- Comment (optional):

(ANSWER REQUIRED)

8. The MD preceptors adhered to policies and processes of the SMU program and of the agency’s department as they relate to the direction/supervision of nurse anesthesia residents.

- Disagree strongly
- Disagree
- Neutral
- Agree
- Agree strongly
- Comment (optional):

(ANSWER REQUIRED)

9. I would rate the overall quality of the teaching provided by the CRNA preceptors as

- unsatisfactory
- needing significant improvement
- average
- above average
- excellent
- Comment (optional):

(ANSWER REQUIRED)
I would rate the overall quality of the teaching provided by the MD preceptors as

- unsatisfactory
- needing significant improvement
- average
- above average
- excellent

(Comment (optional): )

Qualified anesthesia providers were readily available for consultation and assistance during all rotation assignments (i.e., in all perioperative areas in which I provided care).

- Definitely disagree
- Disagree somewhat
- Agree somewhat
- Definitely agree

(Comment (optional): )

The availability of case assignments commensurate with the current Clinical Phase in which I am enrolled were

- consistently low
- inconsistent
- consistently high

(Comment (optional): )

The variety of cases available to nurse anesthesia residents was

- consistently low
- inconsistent
- consistently high

(Comment (optional): )

The expectations for clinical time commitment was fair and reasonable

- Disagree strongly
- Disagree
- Neutral
- Agree
- Agree strongly

(Comment (optional): )
Interaction and communication with the perioperative provider and support staff was professional, cordial, and supportive of a positive learning environment.

- Disagree strongly
- Disagree
- Neutral
- Agree
- Agree strongly
- Comment (optional): 

(ANSWER REQUIRED)

I was encouraged to participate in departmental conferences that related to my role while assigned to the facility.

- Definitely disagree
- Disagree somewhat
- Agree somewhat
- Definitely agree
- Comment (optional): 

The level of departmental collegiality and professionalism was

- no opinion
- poor
- fair
- strong
- excellent
- Comment (optional): 

List significant strengths of this rotation. Please respond with at least one item.

Strength 1
Strength 2
Strength 3

(ANSWER REQUIRED FOR EACH OPTION)

List some challenges that you identify for this rotation/clinical site AND suggestions for improvement. Please provide at least one item.

Challenge 1
Challenge 2
Challenge 3

(ANSWER REQUIRED FOR EACH OPTION)

I would consider applying for a position in this anesthesiology department. Assume that employment opportunities are available.

- Definitely not
- Possibly
- Undecided
- Probably
- Definitely
- Comment (optional): 

(ANSWER REQUIRED)
# Daily Clinical Evaluation Form

**Name of SRNA/NAR**

**Date**

**Clinical Preceptor**

**Clinical Site**

(Phase I II III) Circle current phase

**Daily Case Summary:** (ASA status/surgical procedure/type of anesthetic)

## Phase-Specific Criteria

<table>
<thead>
<tr>
<th>Phase I: Jan (1st yr) - July (2nd yr)</th>
<th>Phase II: Aug (2nd yr) - April (3rd yr)</th>
<th>Phase III: May (3rd yr) - Nov (3rd yr)</th>
</tr>
</thead>
</table>
| Adults: low to moderate risk surgical procedures  
ASA I, II  
General, regional, and monitored anesthesia care | Adults & pediatric pts > age 4 weeks: elective & emergent surgical procedures of moderate to high risk  
Adults: ASA I - V  
General, regional, and monitored anesthesia care | All ages and all surgical risk categories  
All ASA classes: elective & emergent cases  
General, regional, and monitored anesthesia care |

## Rating Scale:

5 = Exceeded phase-specific objectives. 4 = Consistently met phase-specific objectives (Definite pass). 3 = Inconsistently met phase-specific objectives but passed. 2 = Performed below phase-specific objectives (does not pass). 1 = Failed to meet phase-specific objectives.

## Category/Examples | Criteria | Rating | Comments
|---------------------|----------|--------|----------------|
| **Preparation for Anesthetic**  
Machine Check, Drug Set Up, Airway Equipment, Suction, Adjunct Drugs/ Equipment | Organizational and technical skills necessary to prepare self, the workspace, and the patient for anesthesia care (tailored to patient and type of procedure) | | |
| Ability to perform a complete machine check and all physiologic monitors for proper use. | | | |
| **Pre-Anesthetic Assessment**  
Airway, I.V. access, Medications, Allergies, ASA Status, Labs/ ECG/ CXR, Blood availability, Anesthetic plan | Ability to conduct a pertinent focused health history, medical record review and physical examination. | | |
| Ability to formulate case plans utilizing general, regional and MAC techniques either in written or verbal presentation (Phase-appropriate - see page 2) | | | |
| **Induction**  
Monitors (Routine/Invasive)  
Mask management, Intubation, Regional anesthesia | Proficiency with the skills necessary to deliver safe anesthesia care, with critical emphasis on basic airway management skills, mask management, IV access, positioning, selection and use of equipment and proficiency with skills necessary to administer and manage general anesthesia (ETT, LMA, mask) and regional anesthesia (SAB, epidurals and peripheral nerve blocks) | | |
| **Peri-Operative Planning Skills** | Ability to incorporate strong theoretical foundation in the basic/applied sciences focused on patient safety, accepted standards of care (including standard precautions/infection control) & adherence to program & agency clinical policies. | | |
| **Vigilance & Management**  
Cardiac, Pulmonary & fluid status, and anesthetic requirements. | Ability to maintain vigilance & situation awareness throughout all phases for every patient.  
Ability to recognize normal and abnormal responses to anesthesia/surgery and ability to implement appropriate interventions to address potential or actual problems. | | |
| **Documentation** | Anesthetic record legible, accurate, & completed in timely manner | | |
**EMERGENCE, TRANSPORT & TRANSFER OF CARE**
Smooth emergence, Safe management of airway and transport-OR to PACU, Accurate assessment of immediate post-op status, Organized Report

| Critical-thinking skills required to develop a differential diagnosis for peri-anesthetic complications or issues and the decision-making skills to select appropriate interventions based on evidence and rational thought |

**PROFESSIONALISM & COMMUNICATION**
- Communication skills that promote safe patient focused care.
- Professional attitude.
- Collaboration with all members of the peri-operative team.
- Culturally competent and age-appropriate care.
- Compliance with HIPAA standards & institutional policies.

---

**NAR Patient Care Plans Reviewed:** Yes ____ No ____

**Areas of Excellence/Strengths:**

**Areas to Strengthen:**

**Plan/Ideas for improving areas to strengthen**

---

**Any Adverse Outcome(s)?**
Yes ____ No ____

**Critical Elements:**
*(Check all that apply)*

- Breach of standard of care
- Machine/equipment error
- Medication error
- Patient assessment failure
- Lack of appropriate preceptor notification
- Lack of competent preparation
- Lack of vigilance
- Attendance/Issues
- Other, Please specify here:

---

**Daily Performance Rating:**

- ____ SATISFACTORY
- ____ UNSATISFACTORY
  [see Critical Element(s)]

**Overall rating of performance for the day based on following score:**

---

**SRNA/NAR Signature**

---

**Overall Performance Rating Scale:**
5 = Demonstrates outstanding performance in technical skills and correlation of didactic and practicum knowledge.
4 = Demonstrates consistent performance.
3 = Inconsistently met phase-specific objectives but passed.
2 = Performed below phase-specific objectives (does not pass).
1 = Failed to meet phase-specific objectives
0 = Not acceptable (Poor correlation of didactic knowledge and clinical performance).
N/A = Not applicable; not observed.
SAMUEL MERRITT UNIVERSITY PROGRAM OF NURSE ANESTHESIA
CRNA/MD Preceptor Evaluation

Instructor Name: ________________________________ Date: ______________

1=strongly disagree, 2=disagree, 3=no opinion, 4=agree, 5=strongly agree.

1. Demonstrates and communicates a competent level of knowledge in anesthesia and provides rationale for decision making.  
2 3 4 5

2. Demonstrates interest and motivation in clinical teaching  
2 3 4 5

3. Identifies and prioritizes appropriate learning experiences for students, based on clinical objectives and individual needs.  
2 3 4 5

4. Exhibits professional behavior during interactions with students/team members/patients.  
2 3 4 5

5. Demonstrates anesthesia skills, procedures and judgments in a competent manner  
2 3 4 5

6. Provides direction and support when needed in the clinical setting  
2 3 4 5

7. Is immediately available for consultation  
2 3 4 5

8. Objectively considers student's concerns  
2 3 4 5

9. Encourages students to develop professional autonomy and accountability  
2 3 4 5

10. Provides suggestions for student growth in a constructive manner  
2 3 4 5

11. Conducts constructive post-op conferences  
2 3 4 5

12. Completes evaluations based on student Performance and attainment of clinical objectives  
2 3 4 5
SAMUEL MERRITT UNIVERSITY PROGRAM OF NURSE ANESTHESIA
STUDENT SELF EVALUATION

Samuel Merritt University
Program of Nurse Anesthesia
Student Self Evaluation
*PILOT

Instructions: This form is to be completed by the student at the end of every clinical phase. Please refer to the clinical objectives listed in your Program of Nurse Anesthesia Student Handbook as a guide.

NOTE: You will only have 60 minutes to complete and submit this evaluation. The system will not allow you to save and return at a later time to finish. Additionally, if you receive a 5-minute notification and do not click on the "Submit Survey" button before that 5 minutes is up, your survey will be lost and you will need to start all over. Please keep this in mind before you begin.

* We are testing out this new form and will be asking for your feedback at the end of this evaluation.

Clinical Phase

Please select the Clinical Phase you just completed.

--SELECT ONE--

(ANSWER REQUIRED)

Knowledge Base for Phase in Curriculum

My perception is that my theoretical knowledge is:

Excellent  Above Average  Average  Below Average  Poor

My plans to improve my knowledge base:

(ANSWER REQUIRED)

Clinical Technical Skills

My perception is that my clinical technical skills are:

Excellent  Above Average  Average  Below Average  Poor

(ANSWER REQUIRED)

Clinical Technical Skills

My Specific Clinical Strengths: 
My Specific Clinical Weaknesses: 
My Plans to Improve My Technical Skills: 

(ANSWER REQUIRED FOR EACH OPTION)
Critical Thinking and Clinical Reasoning Skills

My perception is that my critical thinking and clinical reasoning skills are:

- Excellent
- Above Average
- Average
- Below Average
- Poor

(ANSWER REQUIRED)

Critical Thinking and Clinical Reasoning Skills

My plans to improve my critical thinking skills:

My plans to improve my clinical reasoning skills:

(ANSWER REQUIRED FOR EACH OPTION)

Clinical Daily Evaluations

Please describe and explain any failure of daily clinical evals and your plan to remedy the deficiency.

*If not applicable, please type in "N/A" in the comments field.*

(ANSWER REQUIRED)

Clinical Daily Evaluations

Please describe and explain any clinical rotation failure and your plan to remedy the failure.

*If not applicable, please type in "N/A" in the comments field.*

(ANSWER REQUIRED)
**Wellness**

Please select the response that best describes your current, overall feelings towards each of the following aspects of your well-being.

<table>
<thead>
<tr>
<th>Very Good</th>
<th>Good</th>
<th>Acceptable</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>My relationships with others are:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My exercise program is:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My dietary intake is:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My sleep schedule is:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My overall wellness is:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(ANSWER REQUIRED FOR EACH OPTION)

**Wellness**

I would welcome assistance with my wellness program.

Yes | No | Unsure

Comments: ______________________________________________________________________________________

(ANSWER REQUIRED)

**Additional Comments or Feedback:**

___________________________________________________________________________________________

**Your Feedback**

We would appreciate your feedback on this new form regarding the content, ease of use, and any other thoughts you might have.

Thank you.

(ANSWER REQUIRED)
Summative Evaluation Form - PHASE I
Completed by the Sub-Administrators, regarding the Students, answered on a As needed basis. Before beginning an evaluation, the sub-administrators will be asked to select which student they are evaluating.

1. Clinical affiliate agency name - Kaiser Permanente Medical Centers:  
   Non Kaiser agencies please select "Not applicable."
   
   [SELECT ONE]
   (ANSWER REQUIRED)

2. Clinical affiliate agency name:  
   Kaiser Permanente agencies please select "Not applicable."
   
   [SELECT ONE]
   (ANSWER REQUIRED)

3. Rotation Date: Select the appropriate time period for this evaluation.
   - Jan - Mar
   - Apr - Jun
   - Jul - Aug
   - Other: Type in month(s) and year(s):
   (ANSWER REQUIRED)

4. Rotation Date: Select the year of this evaluation period.
   
   [SELECT ONE]
   (ANSWER REQUIRED)

5. Number of daily evaluations submitted for this nurse anesthesia resident:
   
   (ANSWER REQUIRED)

6. Number of days for which you would expect a daily evaluation to be submitted for this NAR.
   
   Note: Consider the program policies (in handbook) regarding frequency of evaluations during each phase (I - III) of the clinical curriculum, and your specific departmental practices.
   
   (ANSWER REQUIRED)
Percentage of days for which a formative (daily) evaluation was completed and submitted. Divide the number in Question #5 by the number in Question #6 and multiply by 100.

*Please report as a whole number without the percentage sign (0-100).*

| (ANSWER REQUIRED) |

Was the attendance record of this NAR satisfactory? Did they adhere to program and departmental processes regarding personal time off from clinical responsibilities?

| (ANSWER REQUIRED) |

The following 6 items provide an assessment of the nurse anesthesia resident's knowledge, skills and behaviors related to planning and preparing to administer an anesthetic during PHASE I of the clinical curriculum. Please provide an explanation for any rating below "consistently met" or for a rating of "exceeded expectations."

The NAR demonstrated:

<table>
<thead>
<tr>
<th>Failed to meet expectations</th>
<th>Performed below expectations</th>
<th>Inconsistently met expectations</th>
<th>Consistently met expectations</th>
<th>Exceeded expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

- The organizational and technical skills necessary to prepare him/her, their workspace, and the patient for anesthesia care. Preparations must be tailored to the patient and the type of procedure.

  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

  Comments: ____________________________

- The ability to perform a complete anesthesia machine check and prepare all physiologic monitors for proper use.

  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

  Comments: ____________________________

- The ability to conduct a pertinent, focused health history, medical record review (including preoperative lab/test results), and pre-anesthetic physical examination.

  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

  Comments: ____________________________

- Perioperative planning skills that incorporate a strong theoretical foundation in the basic/applied sciences, focus on patient safety, accepted standards of care and adherence to program and agency clinical policies.

  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

  Comments: ____________________________

- Compliance with program policy to formulate case plans for anesthesia care utilizing general, regional, and MAC techniques on the adult patient (ASA I and II). Written and verbal presentation to preceptor are required.

  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

  Comments: ____________________________

- The ability to provide informed consent in preparation for anesthesia (within the approved practice of the department).

  - [ ]
  - [ ]
  - [ ]
  - [ ]
  - [ ]

  Comments: ____________________________

(ANSWER REQUIRED FOR EACH OPTION)
The following 8 items provide an assessment of the nurse anesthesia resident's knowledge, skills and behaviors related to administration of an anesthetic during PHASE I of the clinical curriculum. Please provide an explanation for any rating below "consistently met" or for a rating of "exceeded expectations." Use the N/A rating if the experience or activity described was not available during the rotation.

The NAR demonstrated:

<table>
<thead>
<tr>
<th>Failed to meet expectations</th>
<th>Performed below expectations</th>
<th>Inconsistently met expectation</th>
<th>Consistently met expectations</th>
<th>Exceeded expectations</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastery of knowledge of all common anesthetic drugs including (but not limited to) classification, mechanism of action, dose/dose range, toxicology, relevant pharmacokinetics/dynamics, and a solid rationale for administration to each patient.</td>
<td></td>
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</tbody>
</table>

Additional Comment:

Proficiency with the skills necessary to deliver safe anesthesia care, with critical emphasis on basic airway management skills, IV access, selection and use of equipment including ventilators, drug delivery systems, fluid delivery systems.

Additional Comment:

Proficiency with the technical & cognitive skills required to utilize electronic medical record (EMR) applications while maintaining safe patient care. If EMR is not operational at the agency, rate this objective for the documentation system used.

Additional Comment:

The ability to implement the anesthetic plan agreed upon including fundamental abilities to recognize normal & abnormal responses to anesthesia/surgery and implement appropriate interventions to address potential or actual problems.

Additional Comment:

Proficient management (with level appropriate guidance) of patients undergoing general anesthesia (via ETT, LMA, mask) and conscious sedation.

Additional Comment:

Proficiency (with level appropriate guidance) with skills necessary to administer and manage subarachnoid and epidural anesthetics.

Additional Comment:

Analytical skills required to develop a differential diagnosis for perianesthetic complications or issues that occur, and the decision-making skills (with appropriate guidance) to select interventions based on evidence and rational thought.

Additional Comment:

Vigilance and situation awareness throughout all anesthetic phases for every patient.

Additional Comment:

(ANSWER REQUIRED FOR EACH OPTION)
The following 7 items provide an assessment of the nurse anesthesia resident's knowledge, skills and behaviors related to their professional role during PHASE I of the clinical curriculum. Please provide an explanation for any rating below "consistently met" or for a rating of "exceeded expectations."

The NAR demonstrated:

<table>
<thead>
<tr>
<th>Failed to meet expectations</th>
<th>Performed below expectations</th>
<th>Inconsistently met expectation</th>
<th>Consistently met expectations</th>
<th>Exceeded expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills that promote safe, patient-focused care, effective contributions to team working, and compassionate, culturally competent patient care.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Additional Comment:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ethical behavior by adhering to the American Association of Nurse Anesthetist's code of ethics, and the Samuel Merritt University code of ethics and code of conduct.</td>
<td></td>
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<tr>
<td>Additional Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compliance with all program and hospital policies related to maintaining and documenting current professional licensure/certification, and completion of all regulatory agency requirements mandated for healthcare providers.</td>
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<tr>
<td>Additional Comment:</td>
<td></td>
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<tr>
<td>Compliance with HIPAA standards for patient confidentiality and prevention of fraud and abuse within the healthcare system.</td>
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<tr>
<td>Additional Comment:</td>
<td></td>
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</tr>
<tr>
<td>Participation in departmental activities (with the guidance of the clinical coordinator) that promotes quality improvement of care and/or professional staff development.</td>
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</tr>
<tr>
<td>Additional Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavior that provides clear indication of the student's full commitment to become a nurse anesthetist, enthusiasm for learning, and adaptability to dynamic situations.</td>
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<td></td>
</tr>
<tr>
<td>Additional Comment:</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>The ability to secure daily evaluations from clinical preceptors and incorporate constructive critique from evaluations into an evolving clinical practice.</td>
<td></td>
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</tr>
<tr>
<td>Additional Comment:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Answer required for each option)

Please use this section of the evaluation to provide an assessment of any additional learning activities designated as a required component of this specific clinical rotation (e.g., presentation to department staff, colloquium participation, skills workshop).

List the activity and provide a brief assessment (250 character limit) based on the established performance criteria.

**If there are no additional activities established for this rotation, please skip this item.**

Activity 1: 

Activity 2: 

Activity 3: 

162
Please indicate areas of strength of this Nurse Anesthesia Resident.

At least one response is required; if you do not have responses to fill in the second and third spaces available, please indicate N/A.

Strength 1
Strength 2
Strength 3

(ANSWER REQUIRED FOR EACH OPTION)

Please indicate challenges (beyond expectations commensurate with Phase I in the clinical curriculum) that have been identified for this nurse anesthesia resident AND suggested strategies for improvement.

At least one response is required; if you do not have information to fill in the second and third spaces available, please fill in N/A.

Challenge 1
Challenge 2
Challenge 3

(ANSWER REQUIRED FOR EACH OPTION)

**PERFORMANCE RATING FOR THIS CLINICAL ROTATION**

- Satisfactory
- Unsatisfactory

(ANSWER REQUIRED)

**ELECTRONIC SIGNATURE OF THE SUB-ADMINISTRATOR**

"I have reviewed the responses on this form and attest to this by entering my password below."

Typhon Group password of the Sub-Administrator: 

Comments from the Sub-Administrator (Optional):

(SIGNATURE PASSWORD REQUIRED)
Program of Nurse Anesthesia
Clinical Summative
Phase II

Summative Evaluation Form - Phase II
Completed by the Sub-Administrators, regarding the Students, answered on a As needed basis. Before beginning an evaluation, the sub-administrators will be asked to select which student they are evaluating.

1. Clinical affiliate agency name - Kaiser Permanente Medical Center:
Non Kaiser agencies please select "Not applicable."

   --SELECT ONE--
   (ANSWER REQUIRED)

2. Clinical affiliate agency name:
Kaiser Permanente agencies please select "Not applicable."

   --SELECT ONE--
   (ANSWER REQUIRED)

3. Rotation Date: Select the appropriate time period for this evaluation.
   - Jan-Feb
   - Mar-Apr
   - Jan
   - Feb
   - Mar
   - Apr
   - Sept-Oct
   - Nov-Dec
   - Other: Type in month(s) and year(s):
   (ANSWER REQUIRED)

4. Rotation Date: Select the year of this evaluation period.

   --SELECT ONE--
   (ANSWER REQUIRED)

5. Number of daily evaluations submitted:

   (ANSWER REQUIRED)

6. Number of days for which you would expect a daily evaluation to be submitted for this NAR.

   Note: Consider the program policies (in handbook) regarding frequency of evaluations during each phase (I - III) of the clinical curriculum, and your specific departmental practices.
Percentage of days for which a formative (daily) evaluation was completed and submitted. Divide the number in Question #5 by the number in Question #6 and multiply by 100. Please report as a whole number without the percentage sign (0 - 100).

(ANSWER REQUIRED)

Was the attendance record of this NAR satisfactory? Did they adhere to program and departmental processes regarding personal time off from clinical responsibilities?

(ANSWER REQUIRED)

Does the nurse anesthesia resident (NAR) continue to meet all the educational objectives from Phase I?

If the answer is NOT "Definitely yes," please provide an explanation for your response.

Please notify the program clinical coordinator immediately (if you have not already done so) if the NAR is no longer meeting Phase I objectives.

<table>
<thead>
<tr>
<th>Definitely no</th>
<th>Yes, with reservation</th>
<th>Definitely yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
</tbody>
</table>

Explanation: [ ]

(ANSWER REQUIRED)

The following 6 items provide an assessment of the nurse anesthesia resident's knowledge, skills and behaviors related to planning and preparing to administer an anesthetic during PHASE II of the clinical curriculum. Please provide an explanation for any rating other than "consistently met" or "exceeded expectations." Use the N/A rating if the experience or activity described was not available during the rotation.

The NAR demonstrated:

<table>
<thead>
<tr>
<th>Failed to meet expectations</th>
<th>Performed below expectations</th>
<th>Inconsistently met expectation</th>
<th>Consistently met expectations</th>
<th>Exceeded expectations</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
<td>C</td>
</tr>
</tbody>
</table>

Comments: [ ]

Compliance with program policy to formulate and present case plans for every patient - verbal presentation is acceptable. Written case plans are required for complex cases on patients with significant coexisting diseases.

<table>
<thead>
<tr>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
</tr>
</thead>
</table>

Comments: [ ]

The ability to formulate an appropriate anesthetic management plan for ASA class I-V patients undergoing elective surgery requiring anesthesia sub-specialty care (vascular, thoracic, neuro), and emergent/urgent cases.

<table>
<thead>
<tr>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
</tr>
</thead>
</table>

Comments: [ ]

Perioperative planning skills that indicate the ability to collaborate with all members of the perioperative team (e.g., surgeons, medical subspecialty consultants, laboratory personnel, OR nurses)

<table>
<thead>
<tr>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
<th>C</th>
</tr>
</thead>
</table>
The ability to prepare him/her self, their workspace and the neonatal/pediatric for a procedure that requires anesthesia care (includes locations remote from the operating room).

Comments:

The ability to prepare him/her self, their workspace and the obstetric patient for labor analgesia and surgical procedures.

Comments:

The ability to prepare him/her self, their workspace and the trauma patient for required procedures.

Comments:

(Answer required for each option)

The following 6 items provide an assessment of the nurse anesthesia resident’s knowledge, skills and behaviors related to administration of an anesthetic during Phase II of the clinical curriculum. Use the N/A rating if the experience or activity described was not available during the rotation.

The NAR demonstrated:

<table>
<thead>
<tr>
<th>Failed to meet expectations</th>
<th>Performed below expectations</th>
<th>Inconsistently met expectations</th>
<th>Consistently met expectations</th>
<th>Exceeded expectations</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ability to increasingly integrate advanced theoretical knowledge into a broad range of clinical situations with effective speed, accuracy, consistency and accommodation to changing circumstances</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Proficiency with the skills required to deliver safe anesthesia care, with critical emphasis on advanced/difficult airway management skills. This includes assessment skills, decision-making skills, and technical skills with airway adjuncts.

Comments:

Proficiency in skills required for obtaining vascular access on all types of patients (adult/pediatric) for infusion purposes or invasive monitoring purposes (e.g., arterial and central venous lines)

Comments:

Proficiency in management and interpretation of invasive and non-invasive physiological monitoring systems (hemodynamic monitoring, pulmonary function monitoring on ventilator)

Comments:

Analytical skills required to develop a differential diagnosis for perianesthetic complications or issues that occur, and the decision-making skills to select interventions based on evidence and rational thought.

Comments:

Clear evidence of progress toward increasing levels of independence in decision-making, problem-solving, incorporation of expert consultation, consistent performance and self-direction. Minimal preceptor intervention is required.

Comments:
The following 7 items provide an assessment of the nurse anesthesia resident’s knowledge, skills and behaviors related to their professional role during PHASE II of the clinical curriculum.

The NAR demonstrated:

<table>
<thead>
<tr>
<th>Failed to meet expectations</th>
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<th>Inconsistently met expectation</th>
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<tr>
<td>Communication skills that promote safe, patient-focused care, effective contributions to team working, and compassionate, culturally competent patient care.</td>
<td><img src="#" alt="Selection" /></td>
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<td>Comment:</td>
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<td>Ethical behavior by adhering to the American Association of Nurse Anesthetist’s code of ethics, and the Samuel Merritt University code of ethics and code of conduct.</td>
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<tr>
<td>Compliance with all program and hospital policies related to maintaining and documenting current professional licensure/certification, and completion of all regulatory agency requirements mandated for healthcare providers.</td>
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<tr>
<td>Compliance with HIPAA standards for patient confidentiality and prevention of fraud and abuse within the healthcare system.</td>
<td><img src="#" alt="Selection" /></td>
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<tr>
<td>Participation in departmental activities (with the guidance of the clinical coordinator) that promotes quality improvement of care and/or professional staff development.</td>
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</tr>
<tr>
<td>Behavior that provides clear indication of the student’s full commitment to become a nurse anesthetist, enthusiasm for learning, and adaptability to dynamic situations.</td>
<td><img src="#" alt="Selection" /></td>
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<td>The ability to secure daily evaluations (as appropriate for site and phase) from clinical preceptors and incorporate constructive critique from evaluations into an evolving clinical practice.</td>
<td><img src="#" alt="Selection" /></td>
<td><img src="#" alt="Selection" /></td>
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</table>
Professional attributes required of an CRNA that would ensure delivery of high quality anesthesia care, including competent self-evaluation of personal and professional limitations.

(ANSWER REQUIRED FOR EACH OPTION)

Please use this section of the evaluation to provide an assessment of any additional learning activities designated as a required component of this specific clinical rotation (e.g., presentation to department staff, colloquium participation, skills workshop).

List the activity and provide a brief assessment (250 character limit) based on the established performance criteria.

If there are no additional activities established for this rotation, please skip this item.

Activity 1:
Activity 2:
Activity 3:

Please indicate areas of strength of this Nurse Anesthesia Resident.

At least one response is required; if you do not have responses to fill in the second and third spaces available, please fill in N/A.

Strength 1
Strength 2
Strength 3

(ANSWER REQUIRED FOR EACH OPTION)

Please indicate challenges (beyond expectations commensurate with Phase I in the clinical curriculum) that have been identified for this nurse anesthesia resident AND suggested strategies for improvement.

At least one response is required; if you do not have information to fill in the second and third spaces available, please fill in N/A.

Challenge 1
Challenge 2
Challenge 3

(ANSWER REQUIRED FOR EACH OPTION)

PERFORMANCE RATING FOR THIS CLINICAL ROTATION

☐ Satisfactory
☐ Unsatisfactory

(ANSWER REQUIRED)

ELECTRONIC SIGNATURE OF THE SUB-ADMINISTRATOR

"I have reviewed the responses on this form and attest to this by entering my password below."

Typhon Group password of the Sub-Administrator:

Comments from the Sub-Administrator (Optional):
Summative Evaluation Form - PHASE III
Completed by the Sub-Administrators, regarding the Students, answered on a As needed basis.
Before beginning an evaluation, the sub-administrators will be asked to select which student they are evaluating.

1. Clinical affiliate agency name - Kaiser Permanente Medical Center:
   Non Kaiser agencies please select "Not applicable."
   [---SELECT ONE---]
   (ANSWER REQUIRED)

2. Clinical affiliate agency name:
   Kaiser Permanente agencies please select "Not applicable."
   [---SELECT ONE---]
   (ANSWER REQUIRED)

3. Rotation Date: Select the appropriate time period for this evaluation. Check all months that apply.
   - April
   - May
   - June
   - July
   - August
   - September
   - October
   - November
   - December
   - Other: Type in month(s) and year:
   (ANSWER REQUIRED)

4. Rotation Date: Select the year of this evaluation period.
   [---SELECT ONE---]
   (ANSWER REQUIRED)

5. Number of daily evaluations submitted:
   (ANSWER REQUIRED)

6. Number of days for which you would expect a daily evaluation to be submitted for this NAR.
   Note: Consider the program policies (in handbook) regarding frequency of evaluations during each phase (I - III) of the clinical curriculum, and your specific departmental practices.
   (ANSWER REQUIRED)
Percentage of days for which a formative (daily) evaluation was completed and submitted. Divide the number in Question #5 by the number in Question #6 and multiply by 100.

Please report as a whole number without the percentage sign (0 - 100).

(ANSWER REQUIRED)

Was the attendance record of this NAR satisfactory? Did they adhere to program and departmental processes regarding personal time off from clinical responsibilities?

(ANSWER REQUIRED)

Does the nurse anesthesia resident (NAR) continue to meet all the educational objectives from Phase I? If the answer is NOT “Definitely yes” please provide an explanation for your response.

Please notify the program clinical coordinator immediately (if you have not already done so) if the NAR is no longer meeting Phase I objectives.

Certainly no
□
Yes, with reservation □
Certainly yes □

Explanation:

(ANSWER REQUIRED)

Does the NAR continue to meet all the educational objectives from Phase II? If the answer is NOT “Definitely yes” please provide an explanation for your response.

Please notify the program clinical coordinator immediately (if you have not already done so) if the NAR is no longer meeting Phase II objectives.

Certainly no
□
Yes, with reservation □
Certainly yes □

Explanation:

(ANSWER REQUIRED)

The following 17 items provide an assessment of the nurse anesthesia resident's knowledge, skills and behaviors related to planning/preparing to administer an anesthetic and administration of an anesthetic during PHASE III of the clinical curriculum. Please provide an explanation for any rating other than "consistently met" or "exceeded expectations."

Note the opportunity to provide assessment for specific anesthesia subspecialties. Use the N/A rating if the experience or activity described was not available during the rotation.

The NAR demonstrated:

Failed to meet expectations □
Performed below expectations □
Inconsistently met expectation □
Consistently met expectations □
Exceeded expectations □
N/A □

The ability (commensurate with experience) to competently plan, manage and evaluate the full range of anesthetics for surgical procedures done in this institution for all ASA patient classifications across the ADULT life span.

□ □ □ □ □ □

Comments:

□ □ □ □ □ □
The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for ASA I or II PEDIATRIC patients.

Comments: 

The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for all ASA patient classifications and risk categories for THORACIC SURGERY cases.

Comments: 

The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for all ASA patient classifications and risk categories for VASCULAR SURGERY cases.

Comments: 

The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for all ASA patient classifications and risk categories for NEUROSURGICAL cases.

Comments: 

The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for all ASA patient classifications and risk categories for OBSTETRIC cases.

Comments: 

The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for all ASA patient classifications and risk categories for TRAUMA cases.

Comments: 

The ability (commensurate with experience) to competently plan, manage and evaluate anesthetics for all ASA patient classifications in anesthetizing locations OUT OF THE OR (diagnostic, therapeutic, consultative or resuscitative procedures.)

Comments: 

Anesthesia skills and practices that are characterized by CONSISTENT attention to patient safety and standards of care.

Comments: 

Anesthesia skills and practices that are characterized by CONSISTENT application of advanced theoretical principles to practice.

Comments: 

Failed to meet expectations Performed below expectations Inconsistently met expectation Consistently met expectation Exceeded expectations N/A

Anesthesia skills and practices that are characterized by CONSISTENT appreciation for subtle nuances of patient response.

Comments: 

Anesthesia skills and practices that are characterized by CONSISTENT anticipation of potential complications or untoward effects.

Comments: 

Anesthesia skills and practices that are characterized by CONSISTENT appropriate use of or referral to medical consultants.
Anesthesia skills and practices that are characterized by CONSISTENT interventions to modify management plans effectively.

Proficient use of critical thinking techniques that supports effective clinical decision-making.

Substantial progress toward self-direction and independence in clinical practice.

Leadership CAPABILITY within the context of the perioperative care team, including proficiency in ACLS protocols (if required during the rotation), Time Out and related compliance issues.

Applications of evidence based practice (systematically finding, appraising, and using the most current and valid research findings as the basis for clinical decisions.)

The following 9 items provide an assessment of the nurse anesthesia resident’s knowledge, skills and behaviors related to their professional role during PHASE III of the clinical curriculum.

The NAR demonstrated:

<table>
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Full accountability for his or her actions.

Communication skills that promote safe, patient-focused care, effective contributions to team working, and compassionate, culturally competent patient care.

Ethical behavior by adhering to the American Association of Nurse Anesthetist's code of ethics, and the Samuel Merritt University code of ethics and code of conduct.

Compliance with all program and hospital policies related to maintaining and documenting current professional licensure/certification, and completion of all regulatory agency requirements mandated for healthcare providers.

Compliance with HIPAA standards for patient confidentiality and prevention of fraud and abuse within the healthcare system.
Participation in departmental activities (with the guidance of the clinical coordinator) that promotes quality improvement of care and/or professional staff development.

Behavior that provides clear indication of the student’s full commitment to become a nurse anesthetist, enthusiasm for learning, and adaptability to dynamic situations.

The ability to secure daily evaluations (as appropriate for site and phase) from clinical preceptors and incorporate constructive critique from evaluations into an evolving clinical practice.

Professional attributes required of a CRNA that would ensure delivery of high quality anesthesia care, including competent self-evaluation of personal and professional limitations.

Please use this section of the evaluation to provide an assessment of any additional learning activities designated as a required component of this specific clinical rotation (e.g., presentation to department staff, colloquium participation, skills workshop).

List the activity and provide a brief assessment (250 character limit) based on the established performance criteria.

If there are no additional activities established for this rotation, please skip this item.

Activity 1:

Activity 2:

Activity 3:

Please indicate areas of strength of this Nurse Anesthesia Resident.

At least one response is required; if you do not have responses to fill in the second and third spaces available, please fill in N/A.

Strength 1

Strength 2

Strength 3

Please indicate challenges (beyond expectations commensurate with Phase III in the clinical curriculum) that have been identified for this nurse anesthesia resident AND suggested strategies for improvement.

At least one response is required; if you do not have information to fill in the second and third spaces available, please fill in N/A.

Challenge 1

Challenge 2

Challenge 3
PERFORMANCE RATING FOR THIS CLINICAL ROTATION

- Satisfactory
- Unsatisfactory

(ANSWER REQUIRED)

ELECTRONIC SIGNATURE OF THE SUB-ADMINISTRATOR

"I have reviewed the responses on this form and attest to this by entering my password below."

Typhon Group password of the Sub-Administrator: 

Comments from the Sub-Administrator (Optional): 

(SIGNATURE PASSWORD REQUIRED)

Submit Evaluation
## GLOSSARY OF ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AANA</td>
<td>The American Association of Nurse Anesthetists</td>
</tr>
<tr>
<td>AC</td>
<td>Admissions Committee</td>
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<tr>
<td>ACRM/CRM</td>
<td>Anesthesia Crisis Resource Management</td>
</tr>
<tr>
<td>AD</td>
<td>Associate Director</td>
</tr>
<tr>
<td>ALOA</td>
<td>Academic Leave of Absence</td>
</tr>
<tr>
<td>ANTS</td>
<td>Anesthesia Non-Technical Skills</td>
</tr>
<tr>
<td>APCE</td>
<td>Advanced Principles Competency Exam</td>
</tr>
<tr>
<td>BPCE</td>
<td>Basic Principles Competency Exam</td>
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<tr>
<td>BSCE</td>
<td>Basic Science Competency Exam</td>
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<tr>
<td>CANA</td>
<td>The California Association of Nurse Anesthetists</td>
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<tr>
<td>CAP</td>
<td>Competency Assessment Plan</td>
</tr>
<tr>
<td>CC</td>
<td>Clinical Coordinator</td>
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<td>CE</td>
<td>Comprehensive Exam</td>
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<td>CFR</td>
<td>Criteria for Return</td>
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<tr>
<td>CIR</td>
<td>Clinical Incident Report</td>
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<tr>
<td>CLC</td>
<td>Core Learning Competency</td>
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<tr>
<td>COA</td>
<td>Council on Accreditation of Nurse Anesthesia Educational Programs</td>
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<tr>
<td>CRM/ACRM</td>
<td>Crisis Resource Management</td>
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<td>FOR</td>
<td>Faculty of Record</td>
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<td>HFMBS</td>
<td>High-Fidelity Manikin-Based Simulation</td>
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<tr>
<td>HSSC</td>
<td>Health Sciences Simulation Center</td>
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<td>KP</td>
<td>Kaiser Permanente</td>
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<td>NAR</td>
<td>Nurse Anesthesia Resident</td>
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<td>NAR-1</td>
<td>First-year Nurse Anesthesia Resident</td>
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<tr>
<td>NAR-2</td>
<td>Second-year Nurse Anesthesia Resident</td>
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<td>NAST</td>
<td>Nurse Anesthesia Student Tracking</td>
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<td>NBCRNA</td>
<td>National Board on Certification and Recertification for Nurse Anesthetists</td>
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<tr>
<td>NCE</td>
<td>National Certification Examination</td>
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<td>ORALCOMP</td>
<td>Oral Comprehensive Exam</td>
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<td>PD</td>
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<td>PHARMCOMP/PCE</td>
<td>Pharmacology Comprehensive Exam</td>
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<td>Program of Nurse Anesthesia</td>
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<td>Personal Time Off</td>
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<td>Reentry Action Plan</td>
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<td>Samuel Merritt University</td>
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<td>School of Nursing</td>
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<tr>
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<td>The Permanente Medical Group</td>
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