

University of North Dakota  
**Nurse Anesthesia Specialization**

**STUDENT & FACULTY HANDBOOK**  
**2008–2009**



430 Oxford Street Stop 9025 • Grand Forks, ND 58202-9025 •  
Phone (701) 777-4509 • Fax (701) 777-4096

[www.nursing.und.edu/grad/anesthesia](http://www.nursing.und.edu/grad/anesthesia)

Approved by Program Review & Evaluation Committee 05/26/1999  
Reviewed/ & Revised 12/13/1999; 09/15/2000; 08/01/2002; 08/26/2003; 08/17/2004; 08/01/2005, 08/15/2006,  
08/10/2007; 08/07/2008

UNIVERSITY OF NORTH DAKOTA  
**NURSE ANESTHESIA SPECIALIZATION**  
 2008-2009 STUDENT & FACULTY HANDBOOK

<b>I. COLLEGE OF NURSING .....</b>	<b>1</b>
College of Nursing Mission Statement.....	1
Nursing Graduate Program Objectives.....	1
College of Nursing Organizational Chart - CON Policy 105 .....	2
 <b>II. ANESTHESIA PROGRAM OVERVIEW.....</b>	 <b>3</b>
Forward .....	3
Accreditation .....	3
History .....	3
Philosophy.....	3
Disclaimer.....	4
Program Faculty and Staff Contact Information.....	5
Terminal Behavioral Objectives/Outcome Criteria.....	6
Organizational/Communication Chart.....	7
Nurse Anesthesia Program Committee Structure.....	7
Nurse Anesthesia Admissions Sub-committee.....	8
Anesthesia Advisory Committee.....	8
Program Review and Evaluation Committee (PREC).....	8
Records Retention .....	8
Registered Nurse Licensure.....	8
Background Checks .....	9
Patient Rights and Responsibilities.....	9
Applicant Rights and Responsibilities .....	9
Student Rights and Responsibilities .....	9
Faculty Expectations of Students.....	10
Graduates.....	10
 <b>III. CURRICULUM.....</b>	 <b>11</b>
Program Design .....	11
Course Duration .....	11
Time Commitment.....	11
Curriculum Outline .....	12
Course Descriptions.....	13
N500. Theories and Concepts in Nursing. 3 credits.....	13
N504. Advanced Pharmacology I. 3 credits .....	13
N506. Advanced Pharmacology II. 3 credits. Continuation of N504 .....	13
N507. Anesthesia Seminar & Clinical Practicum. 4 credits.....	13
N510. Advanced Physiology/Pathophysiology I. 3 credits .....	13

N511. Advanced Physiology/Pathophysiology II. 3 credits .....	13
N517. Anesthesia Seminar & Clinical Practicum II. 4 credits .....	13
N520. Professional Role Development for Nurse Anesthesia. 3 credits .....	13
N521. Foundations of Anesthesia Practice. 2 credits.....	14
N527. Anesthesia Seminar and Clinical Practicum III. 4 credits .....	14
N530. Research Design and Methods in Nursing. 3 credits.....	14
ANAT 590. Anatomy for Anesthetists. 1 credit .....	14
First Year Students Clinical & Didactic Format.....	14
Second Year Students Clinical & Didactic Format.....	15
Clinical Simulation/Laboratory Experience .....	15
SEE Exam .....	15
Thesis/Non-Thesis Option Course Work .....	15
Graduation Criteria.....	16
Deferral of Graduation.....	16
<b>IV. GRADUATE PROGRAM POLICIES.....</b>	<b>17</b>
Course and Faculty Evaluations .....	17
Faculty Self-Evaluations.....	17
<b>V. NURSE ANESTHESIA SPECIALIZATION POLICIES.....</b>	<b>17</b>
Attendance Policy .....	17
Testing.....	18
Challenging Test Questions.....	18
Cheating and Plagiarism .....	18
Late Coursework .....	19
Fraternization .....	19
<b>VI. CLINICAL STUDENT CONCERNS &amp; PROCEDURES .....</b>	<b>19</b>
Professionalism and Integrity.....	19
Professional Decorum.....	19
Guidelines for Clinical Conduct.....	20
Medical Record & Health History Confidentiality (HIPAA) .....	20
Title and Identification .....	21
Practice and Professional Ethics .....	22
Clinical Tardiness.....	22
Student Responsibilities for Case Management.....	22
Clinical Objectives.....	22
YEAR 1, SEMESTER 1 .....	22
YEAR 1, SEMESTER 2 .....	24
YEAR 1, SEMESTER 3 .....	26
YEAR 2, SEMESTER 4 .....	28
YEAR 2, SEMESTER 5 .....	29
YEAR 2, SEMESTER 6 .....	31

Clinical Affiliations .....	32
Clinical Supervision of Students .....	32
Student Supervision Outside Anesthetizing Areas .....	33
Clinical Site Review.....	33
Split Clinical Rotation .....	33
Clinical Assignments & Rotations .....	33
Preoperative Consultation by CRNA or Physician .....	33
Postoperative Patient Assessments .....	34
Reporting Complications (see also CON Risk Management Policy) .....	34
Call Experience .....	34
Clinical Evaluation Procedure .....	35
Clinical Non-progression .....	36
Care Plans & Daily Clinical Evaluations.....	37
Monthly Student Clinical Case Records.....	37
In-service Conferences .....	38
Absence from Clinical .....	38
Clinical Removal Policy.....	39
Clinical Site Injuries/Exposures.....	40

**VII. NON-CLINICAL STUDENT CONCERNS & PROCEDURES..... 40**

Financial Aid Options .....	40
Tuition and Fees .....	40
Educational Resources .....	40
Student Employment Policy for Work Outside the Program .....	41
Associate Membership in the AANA .....	41
Professional Activities .....	41
Professional Liability Insurance <sup>3</sup> .....	41
Substance Abuse/Pharmaceutical Use.....	41
Student Policy for Bloodborne Pathogens (OSHA) .....	43
CPR/ACLS/PALS Certification .....	43
Health Insurance .....	43
Tuberculin Testing.....	44
Hepatitis B Immunization .....	44
Program Calendar .....	44
Academic Probation .....	44
Grievance Procedure .....	45
Student Time Studies.....	45

**VIII. STUDENT-FACULTY HANDBOOK ACKNOWLEDGEMENT ..... 46**

---

# **I. COLLEGE OF NURSING**

---

## **College of Nursing Mission Statement**

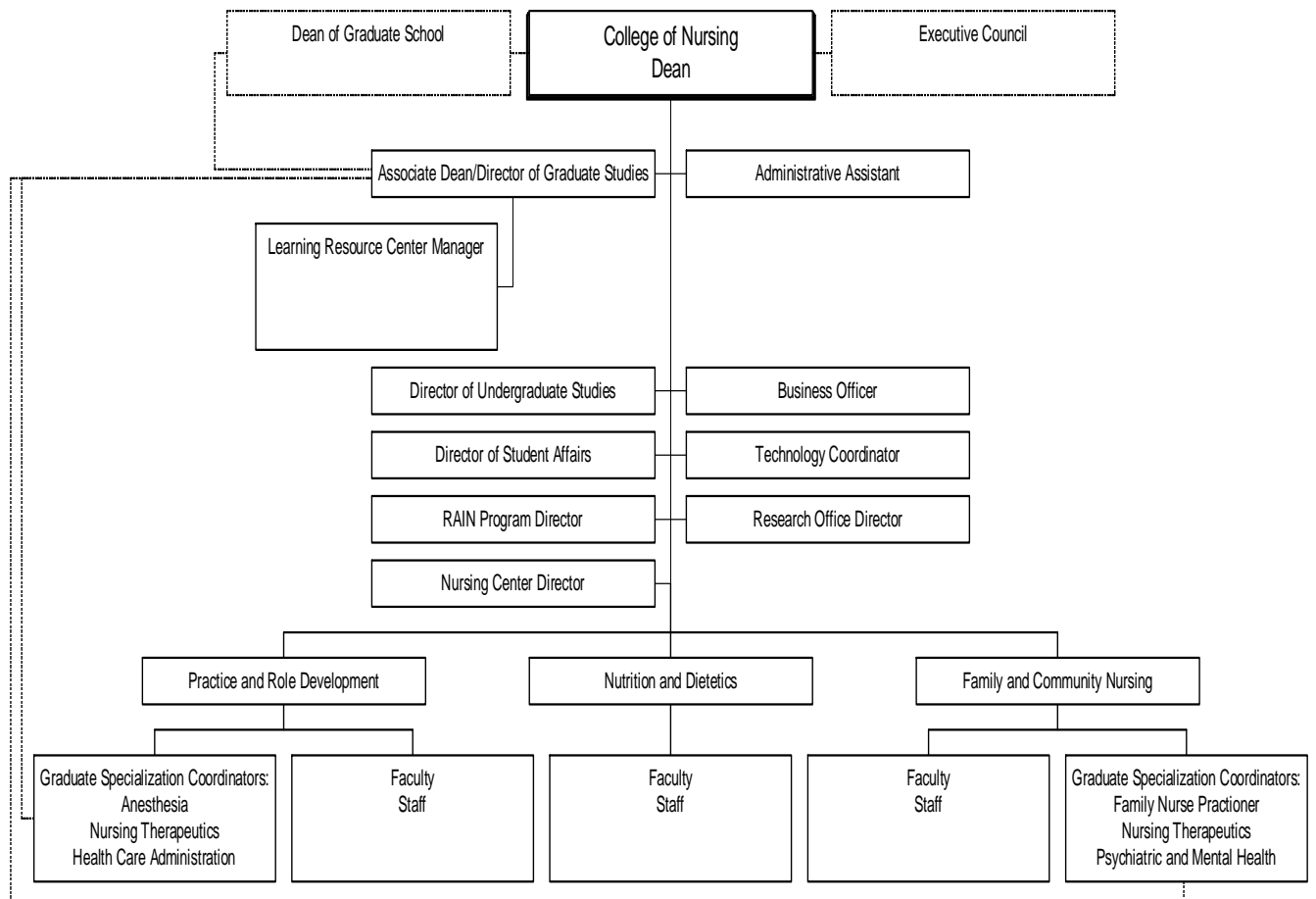
The mission of the College of Nursing is to educate individuals for professional roles in nursing and nutrition. The College strives to enhance the health of people in the region by preparing leaders in nursing and nutrition through innovative, accessible programs, and significant faculty and student scholarship and service.

## **Nursing Graduate Program Objectives**

1. Integrate theory, research, and experimental knowledge into advanced nursing practice.
2. Demonstrate competence in advanced nursing practice consistent with applicable professional standards.
3. Practice in roles appropriate to their respective clinical and functional preparation.
4. Investigate researchable nursing problems.
5. Effect change in nursing practice using leadership, management, and teaching strategies.
6. Collaborate with other disciplines to improve the delivery of health care and influence health policy.
7. Contribute to the advancement of nursing practice and the profession.

## College of Nursing Organizational Chart - CON Policy 105

UND College of Nursing  
Organizational Chart



Approved by Joint Committee of Faculty Organization 1/12/89; R 2/20/89; R 10/26/93

Approved by Faculty Organization 3/6/92; R 11/5/93

Approved by Dean's Executive Council 2/12/99; R 9/10/99

Approved by Dean Nichols 9/24/02

## II. Anesthesia Program Overview

---

### Forward

Welcome to the University of North Dakota Nurse Anesthesia Specialization. This Student-Faculty Handbook is intended to be used as a reference for questions regarding policy, procedure or any other matters related to the nurse anesthesia program. It should be referred to on an ongoing basis as questions arise. In addition to the policies in this handbook, students are expected to adhere to all policies in the University of North Dakota Graduate Student Handbook and Catalog and the Nursing Graduate Handbook. Students will be held accountable for all information within this student handbook.

### Accreditation

The University of North Dakota Nurse Anesthesia Specialization is fully accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, which is recognized by the US Department of Education and the Council for Higher Education Accreditation (CHEA). The address is Council on Accreditation of Nurses Anesthesia Educational Programs, 222 South Prospect Avenue Suite 304, Park Ridge IL 60068-4001. Telephone (847) 692-7050 ext 1160. Fax (847) 692-7137. Email: [accreditation@aana.com](mailto:accreditation@aana.com)

### History

The University of North Dakota (UND) Program in Nurse Anesthesia is housed in the College of Nursing. The program was founded in 1986 at the Grand Forks campus, with the first students admitted to the twenty-four month program in August 1987. The Master of Science program has been accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs since its inception.

### Philosophy

The faculty and students of the Program of Nurse Anesthesia believe that:

1. Students enrolled in the nurse anesthesia program must be provided education of such quality that they are able to excel in the practice of anesthesia.
2. Nurse anesthetists provide a valued and definitive role in the delivery of anesthesia care.
3. It is the right of all individuals to receive high quality anesthesia care conducted according to recognized tenets of patient safety and respect.

The educational program for the preparation of nurse anesthetists is conducted as a shared responsibility between student and faculty. Students must be intensely committed to achieving their goals through a

consistent demonstration of purpose, motivation, responsibility to patients and colleagues, independence of thought, creativity and professional demeanor. Faculty is committed to the responsibilities of serving as resources, facilitators of learning and professional role models. The program is committed to each student through individualized instruction and counsel.

Our primary goal is to provide the graduate student with an advanced scientific knowledge base and a comprehensive array of clinical skills that hallmark the standard of care in anesthesia practice. Our obligation to graduates is to prepare them for full participation in the delivery of anesthesia care in concert with other members of the health care team. Graduates will be competent in independent judgment as professional nurses practicing in the field of anesthesia.

Our responsibility to the community is expressed in the provision of an educational program that will prepare the nurse anesthetist to meet the health care needs of the public in a competent and ethical manner.

Our obligation to the profession is to prepare a nurse anesthetist who will serve as a valuable resource in support of the goals of the American Association of Nurse Anesthetists and the advancement of the profession of nurse anesthesia.

The anesthesia program adopts the College of Nursing Mission Statement: The mission of the College of Nursing is to educate individuals for professional roles in nursing and nutrition. The College strives to enhance the health of people in the region by preparing leaders in nursing and nutrition through innovative, accessible programs, and significant faculty and student scholarship and service.

## **Disclaimer**

The UND Nurse Anesthesia Program reserves the right to make policy changes as the needs of its administration, faculty, students and conducting or affiliating institutions change. These changes may occur without prior notification.

## Program Faculty and Staff Contact Information

**Darla Adams, CRNA, PhD**, Program Administrator*Anesthesia Seminar & Clinical Practicum I, II, & III**Foundations of Anesthesia Practice**Professional Role Development for Nurse Anesthetists*College of Nursing, Office 347, Phone: 777-4509, Email: [darlaadams@mail.und.edu](mailto:darlaadams@mail.und.edu)**Heidi Stahl, CRNA, MS**, Assistant Program Administrator*Anesthesia Seminar & Clinical Practicum I, II, & III**Foundations of Anesthesia Practice**Professional Role Development for Nurse Anesthetists*College of Nursing, Office 317, Phone: 777-4521, Email: [heidistahl@mail.und.edu](mailto:heidistahl@mail.und.edu)**Jamie Sperle, CRNA, MS** Clinical Instructor*Anesthesia Seminar & Clinical Practicum I, II, & III**Foundations of Anesthesia Practice**Professional Role Development for Nurse Anesthetists*College of Nursing, Office 317, Phone: 777-4521, Email: [jamiesperle@mail.und.edu](mailto:jamiesperle@mail.und.edu)**Kevin Buettner, CRNA, MS** Clinical Instructor*Clinical Simulation Specialist*

College of Nursing, Office 317 and Clinical Simulation Center,

Phone: 777-4521, Email: [kevinbuettner@mail.und.edu](mailto:kevinbuettner@mail.und.edu)**Mandy Panasuk**, Nurse Anesthesia Specialization Program Secretary

College of Nursing, Office 360

Phone: 777-4552, Email: [mandypanasuk@mail.und.edu](mailto:mandypanasuk@mail.und.edu)**Cindy Anderson, PhD, RN***Advanced Physiology/Pathophysiology I & II*

College of Nursing, Office 307

Phone: 777-4354, Email: [cindyanderson@mail.und.edu](mailto:cindyanderson@mail.und.edu)**Kevin Kern, PharmD**

Advanced Pharmacology I &amp; II

Altru Health System - Pharmacy Department

Phone: 780-5150, Email: [kevinkern@mail.und.edu](mailto:kevinkern@mail.und.edu)**Loretta Heuer, PhD, RN**

Chair, Department of Practice &amp; Role Development

College of Nursing, Office 323

Phone: 777-4527, Email: [lorettaheuer@mail.und.edu](mailto:lorettaheuer@mail.und.edu)

## Terminal Behavioral Objectives/Outcome Criteria

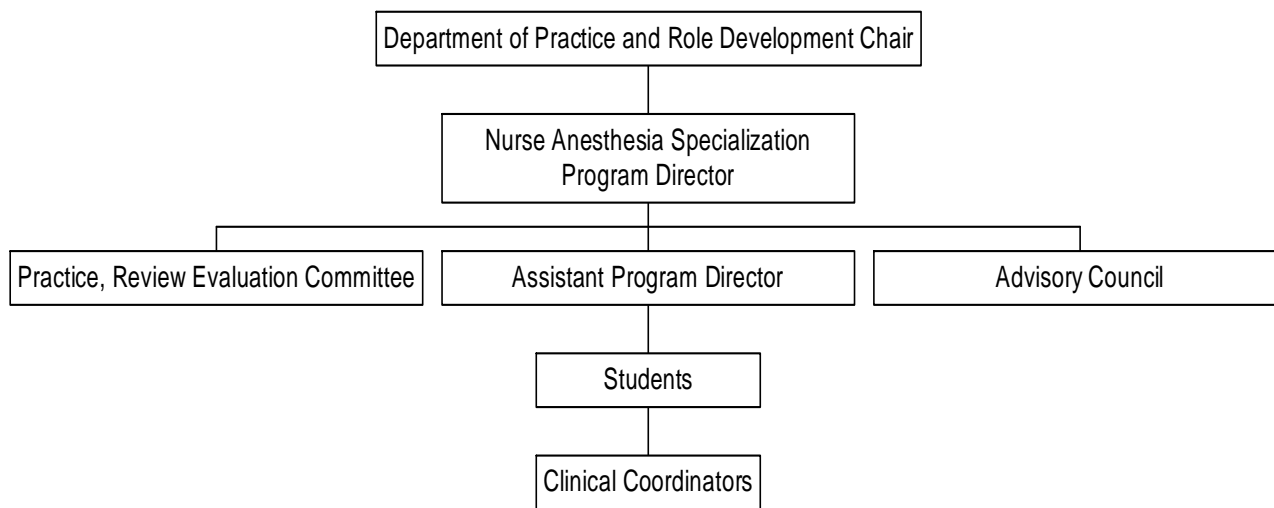
The broad-based objectives of the Anesthesia Specialization are to prepare nurses who are:

- ... seekers of new knowledge by means of critical thinking, creative reasoning, and scientific investigation in anesthesia nursing practice and theory;
- ... decision-makers who utilize advanced knowledge in anesthesia and ethical principles in serving the needs of individuals and society;
- ... clinical specialists with expertise and advanced knowledge in anesthesia nursing who function independently and collaboratively with other health care team members;
- ... leaders capable of determining strategies which stimulate change in nursing practice, the profession and the health care delivery system, and
- ... effective communicators of anesthesia nursing knowledge in oral and written forms.

**As such, graduates of the Program must be able to:**

1. Perform a pre-anesthetic interview and physical assessment using patient history, physical examination, review of medical records, and appropriate laboratory data.
2. Develop an appropriate anesthesia care plan consistent with the overall medical and nursing regimen and established guidelines, utilizing appropriate principles of basic and behavioral sciences in protecting patients from iatrogenic complications.
3. Administer physiologically sound anesthetics to patients of all ages and physical status categories, utilizing universal precautions and the principles of general and regional anesthesia as they apply to the diagnostic, operative and physiologic condition of the patient.
4. Perform comprehensive and appropriate equipment checks and position or supervise positioning of patients to assure optimal physiologic function and patient safety.
5. Recognize and evaluate physiologic responses to the anesthetic, implementing appropriate action that reflects the use of sound physiologic and pharmacologic principles, referring to a physician those responses beyond the nurse anesthetist's ability to manage consistent with practice standards and policies.
6. Use and interpret a broad variety of monitoring modalities including electronic monitors, taking appropriate action based on sound principle of anesthesia management.
7. Evaluate the post-anesthetic course of the patient and recommend a course of action directed toward correcting any anesthesia-related complications.
8. Serve as a resource person, team leader or team member, in the areas of acute care, cardiopulmonary resuscitation, respiratory therapy and fluid management and assist others to expand their knowledge in these areas.
9. Perform within appropriate medical, legal, and ethical standards of anesthesia practice, accepting responsibility and accountability for own practice, recognizing personal and professional strengths and limitations, and taking appropriate actions consistent with valid self-awareness.
10. Demonstrate active professional commitment and involvement in the state organization for nurse anesthetists, and, active commitment and involvement in quality management activities.

## Organizational/Communication Chart



## Organizational Communications

Questions regarding the subjects listed below should be directed to the indicated administrative faculty member.

<b>Subject:</b>	<b>Refer Questions to:</b>
General questions/advisement	Assigned student advisor
Clinical Instruction	Affiliate Clinical Coordinator Assistant Program Director Program Director
Clinical Scheduling	Assistant Program Director
Clinical matters (unresolved by coordinator)	Assistant Director or Program Director
Didactic curriculum	Program Director
Research matters	Thesis chair, then thesis committee or Independent study advisor
Any clinical matter not listed, or if Assistant Director is unavailable	Program Director

## Nurse Anesthesia Program Committee Structure

Various established committees within the College of Nursing serve to provide structure and governance for graduate programs and are described in the College Bylaws. Other committees unique to the program are listed below. Committee membership unique to the anesthesia program will be renewable from year to year dependent upon a mutual agreement between individual and program needs. All committees will meet annually or more frequently if deemed necessary by the individual committee chairs.

## **Nurse Anesthesia Admissions Sub-committee**

The Graduate Admission Committee reviews applicants and recommends admission to the College of Nursing. The Anesthesia Admissions Sub-committee then interviews, evaluates, and recommends candidates for admission to the anesthesia program. Membership includes the Program Director, Assistant Director, Department Chair, Director of Graduate Studies, a graduate faculty member, and not less than two affiliate clinical coordinators.

## **Anesthesia Advisory Committee**

The Anesthesia Advisory Committee serves as a forum for College of Nursing administrators, program faculty, including clinical coordinators from each clinical affiliate, a public member and student representatives to discuss relevant issues with the community of interest. This committee also monitors compliance with accreditation standards. This committee meets annually.

## **Program Review and Evaluation Committee (PREC)**

This committee serves as a steering committee which reviews all aspects of the program, and whose responsibilities include: to bring, evaluate and recommend program policy changes to the Graduate Council; to process and evaluate the academic and clinical progress of students; to periodically review and evaluate the didactic and clinical curriculum. Other duties may be recommended by faculty or College administrative staff. Membership includes the Director and Assistant Program Director, the program's Department Chair, and the Director of Graduate Studies. Other individuals, including students and clinical faculty, may be requested to participate. This committee meets as issues arise and as needed.

## **Records Retention**

Academic records of currently enrolled students, which include semester grades, are retained in the Program Director's office and in the office of the Director of Graduate Studies. The Director of Graduate Studies is responsible for the final disposition of all official records. Ongoing student files retained in the Assistant Program Director's office consists of correspondence, care plans, clinical evaluations, and clinical records. After five years, only the CCNA transcript and final clinical evaluation are retained for placement in the graduate's permanent file. These files are retained in accordance with the College of Nursing Records Retention policy.

## **Registered Nurse Licensure**

Prior to acceptance into the program students are required to provide the College of Nursing with evidence of current licensure as a registered nurse in any state. Verification of this licensure must be on file with the office of the Director of Graduate Studies. After entry into the program, students are required to provide evidence of on-going current licensure on an annual basis to the Anesthesia Program Secretary. Students enrolled in an approved educational program within the state of North Dakota are exempt from the

requirement for ND licensure, but must maintain a current RN licensure from any state. Students are responsible for obtaining Minnesota licensure when appropriate and for maintaining current licensure within their state and will not be allowed to attend clinicals without the appropriate current RN license.

## **Background Checks**

According to UND College of Nursing policy, annual background checks are required for all graduate nursing students. Please see the UND Graduate Nursing Handbook for more information.

## **Patient Rights and Responsibilities**

Patients have a right to know who is administering their anesthesia, who will be supervising the administration of the anesthetic and the relationship between the two. No practice shall be engaged in which is intended to deceive the patient in this regard. Patients have a right to expect that those anesthesia services provided by students will be under the supervision of a CRNA and/or an anesthesiologist. This should be consistent with the anesthetic risk of the patient, the magnitude of the anesthesia and surgery, and the educational level of the student.

At all times a CRNA and/or anesthesiologist shall be immediately available in all anesthetizing areas where students are performing anesthesia. Patients have a right to expect that the student and supervisory personnel providing their services are mentally competent and not impaired by fatigue, drugs or other incapacitating conditions. The patient's surgeon, or responsible physician, shall be kept informed pertaining to the anesthetic management and any complications arising from that management. Nothing shall prevent any patient from requesting not to be a teaching patient, or prevent any member of the medical staff from designating any patient as a non-teaching patient.

## **Applicant Rights and Responsibilities**

Applicants have a right to be treated in a respectful manner, be communicated with in a truthful and timely fashion, have their application considered with the same degree of consideration as any other applicant, be notified when their application is incomplete, and what items they need to submit for application completion. Applicants have a responsibility to inform the program of changes in contact information (address, email, and phone number), complete their application and send in all supporting documentation before the deadline, be truthful and complete on the application and in all aspects of their communication, provide the program the information necessary to make decisions about their qualifications for admission into the program.

## **Student Rights and Responsibilities**

Students have a right to expect that upon acceptance into an accredited program of nurse anesthesia, they will be provided the quality of education necessary to fulfill the objectives of the program to prepare competent nurse anesthetists capable of:

- Integrating theory underlying the practice of anesthesia with the actual practice
- Providing anesthesia management to all categories of patients for most or all varieties of diagnostic or therapeutic intervention utilizing consultation as required
- Functioning with minimal supervision in all hospitals or agencies
- Assuring patient comfort and safety within the confines of those aspects of care over which a student has control or can influence through consultation, advice or other actions
- Incorporating sound ethical and moral practices into his/her own personal value system

Students have a right to expect that they will not be exploited relative to time commitment for pay or profit of the conducting institution. Enrollment in a program of nurse anesthesia grants certain rights and responsibilities to both the student and the program. These rights and responsibilities of each party should be fully understood and complied with. A student's failure to achieve the goal within the time frame expected should be based on valid, reliable data and information from evaluations, viewed objectively and fairly and reviewed as may be required. Appeals mechanisms are available when decisions are contested. Fair and accurate evaluations of their progress in the educational program will be made and they will be kept informed of their progress.

Students will be held accountable for the quality of preparation, completion and performance of assignments; for complying with the policies and procedures pertaining to the program of nurse anesthesia and all affiliate sites; and ethical and legal responsibilities for repayment of student loans from any source, public and private.

## **Faculty Expectations of Students**

Faculty expectations of students are carefully enumerated in course syllabi and clinical objectives; however, in addition to these, program faculty has additional expectations. Faculty expect that students are intellectually curious and are sensitive of the need to study independently and in depth; to return to basic physiology and pharmacology, nursing science and other basic courses; to make inferences, draw upon past experience and integrate them with the present; develop concepts, think through processes and to ask questions of oneself and others. The faculty also expects that students will learn to adapt to new stresses and experiences and not give up. The volume of material is much greater than most students may be accustomed to and it isn't possible to succeed utilizing poor study patterns. Memorization of isolated facts is not enough. It is expected that each student's concern and respect for their classmates will be as great as their concern and respect for themselves; if a student comes unprepared for class or clinical assignments, they will require a disproportionate amount of the instructor's time and deprive them and other students of their rightful share of time for learning.

## **Graduates**

Graduates may have access to transcripts of their academic and clinical achievements and upon request have verified copies furnished to institutions, agencies, other programs of nurse anesthesia or others as specified by the student or graduate. There is a fee for photocopying of all transcripts and records.

Records retained by the program after graduation may include grades, certification exam application,

special awards or honors, licenses and certifications. Graduates have the right to expect that a complete, accurate, certified transcript of student educational experiences will be forwarded to the Council on Certification of Nurse Anesthetists upon graduation. It is the student's responsibility to make arrangements to take the Certification Examination at the specified site within the Council on Certification's specified time period. It is ultimately the student's responsibility to ensure that all guidelines and deadlines in the Candidate Handbook of the Council on Certification of Nurse Anesthetists are followed.

---

## **III. CURRICULUM**

---

### **Program Design**

The College of Nursing academic standards are identical with those in the [University of North Dakota \(UND\) Academic Catalog](#). Selected additional information that will help you progress through the anesthesia program follows:

### **Course Duration**

The program, with a thesis or non-thesis option, begins in August of each year and continues for a consecutive full 24 months. Upon completion of all academic and clinical requirements, students graduate with a Master of Science degree with a major in Nursing. The final day of the program will be the Friday immediately prior to the beginning of the Fall semester.

Students who are earning their first Master's Degree will be permitted to participate in the Summer campus graduation ceremony. Certificate students who have earned a previous Master's Degree will not be able to participate in the commencement ceremony.

### **Time Commitment**

Successful completion of the program requires a substantial time commitment. This commitment averages 50-60 hours a week, year round, assuming that two hours of study are required for each class hour. This commitment figure includes time spent in the classroom, in clinical, and in study.

## Curriculum Outline

Anesthesia Specialization	
<b>FIRST YEAR - Semester I (Fall)</b>	
N500 Theories and Concepts in Nursing	3
N504 Advanced Pharmacology I	3
N507 Anesthesia Seminar & Clinical Practicum I	4
N510 Advanced Physiology/Pathophysiology I	3
N521 Foundations of Anesthesia Practice	2
	<b>15</b>
<b>FIRST YEAR - Semester II (Spring)</b>	
N506 Advanced Pharmacology II	3
N511 Advanced Physiology/Pathophysiology II	3
N517 Anesthesia Seminar & Clinical Practicum II	4
N530 Research Design and Methods in Nursing	3
BIMD 510 Basic Biomedical Statistics	2
Anat 590 Anatomy for Anesthetists	1
	<b>16</b>
<b>FIRST YEAR - Semester III (Summer)</b>	
N520 Professional Role Development in Nurse Anesthesia	3
N527 Anesthesia Seminar & Clinical Practicum III	4
N597 Advanced Clinical Practicum	2
	<b>9</b>
<b>SECOND YEAR - Semester IV (Fall)</b>	
N597 Advanced Clinical Practicum	10
N998 Thesis (if choosing thesis option) OR	(2)
N590 Directed Studies (If choosing non-thesis and Class of 2009) OR	(2)
N997 Independent Study (if choosing non-thesis and Class of 2010)	(2)
	<b>12</b>
<b>SECOND YEAR - Semester V (Spring)</b>	
N597 Advanced Clinical Practicum	10
N998 Thesis (if choosing thesis option) OR	(2)
N997 Independent Study (if choosing non-thesis option and Class of 2009 only, nothing here for class of 2010)	(2)
	<b>12</b>
<b>SECOND YEAR - Semester VI (Summer)</b>	
N597 Advanced Clinical Practicum	9
	<b>9</b>

\*\* Non-thesis students enroll in the following courses:

N590: Directed Studies (2 credits for Class of 2009 only)

N997: Independent Study (2 credits for Class of 2009 and Class of 2010)

## Course Descriptions

### **N500. Theories and Concepts in Nursing. 3 credits**

Analysis of current nursing and related theories and concepts which guide clinical practice, curriculum development, research, and nursing administration.

### **N504. Advanced Pharmacology I. 3 credits**

Pharmacodynamic and pharmacokinetic principles with a focus on clinical anesthesia practice. Physiologic systems and drug classifications are used; emphasis on therapeutic use, side effects, drug interactions, and contraindications of drugs used for intravenous anesthesia induction, inhalation, and balanced anesthesia maintenance. Pediatric and geriatric variations will be addressed.

### **N506. Advanced Pharmacology II. 3 credits. Continuation of N504**

Continuation of Pharmacology I. Advanced pharmacology for clinical nurse anesthesia practice.

### **N507. Anesthesia Seminar & Clinical Practicum. 4 credits**

A study of the basic principles of anesthesia practice, related physical, chemical and pharmacological concepts and an introduction to pathophysiological principles applied to problems encountered in the surgical/anesthesia setting. Analysis, integration, and utilization of research to improve practice is emphasized. Includes laboratory, simulation and clinical experiences.

### **N510. Advanced Physiology/Pathophysiology I. 3 credits**

Normal physiologic functions associated with cellular structure and environment. Physiologic and pathophysiological functions of the human body and its organ systems, both separately and integrated in whole activities.

### **N511. Advanced Physiology/Pathophysiology II. 3 credits**

Physiologic and pathophysiological functions of the human body and its organ systems, both separately and integrated in whole activities.

### **N517. Anesthesia Seminar & Clinical Practicum II. 4 credits**

Advanced anesthesia principles are applied to the geriatric, pediatric, and obstetrical patients as well as to other specialty surgical procedures and patients. Various regional anesthesia techniques are discussed and students are provided the opportunity to review important anatomical structures in the cadaver lab. Analysis, integration, and utilization of research to improve practice is emphasized. Includes laboratory, simulation and clinical experiences.

### **N520. Professional Role Development for Nurse Anesthesia. 3 credits**

The focus of this course is on the identification and analysis of the professional components of nurse anesthesia practice, emphasizing role development, medical, ethical and legal responsibilities, scope of practice and standards of care. Other areas that will be explored include quality assurance, the legislative process, credentialing, reimbursement, professional organization, conflict resolution and analyzing complex

practice models. Overview of the history of nurse anesthesia practice as well as an in-depth analysis of current trends and issues affecting the delivery of anesthesia services are included in the course content.

### **N521. Foundations of Anesthesia Practice. 2 credits**

The focus of this course is on applied chemical, physical, and biochemical concepts as they relate to the practice of anesthesia. In addition, students will be oriented to the chemical and physical laws which are basic to the understanding and use of the anesthesia machine and related equipment.

### **N527. Anesthesia Seminar and Clinical Practicum III. 4 credits**

The course includes a detailed investigation and analysis of anesthetic management of patients with complex co-existing diseases. Exploration and determination of various anesthesia care modalities to optimize patient care and safety are considered. Analysis, integration, and utilization of research to improve practice is emphasized. An extensive clinical experience component is included.

### **N530. Research Design and Methods in Nursing. 3 credits**

Core course focused on examining the research process in nursing, critiquing nursing research, and writing a research proposal. Knowledge of statistics is essential.

### **ANAT 590. Anatomy for Anesthetists. 1 credit**

Review of anatomy as it relates to nurse anesthesia practice utilizing human cadavers. Topics include upper airway anatomy, anatomy for regional anesthesia and anatomy for central venous catheterization.

## **First Year Students Clinical & Didactic Format**

Students are predominantly in the didactic phases of the curriculum during the Fall and Spring semesters and for a portion of the first summer session of their first year. A clinical experience will be incorporated into the Fall semester and will focus primarily on airway management, post-anesthesia care, and the pre-op evaluation of surgical patients. Full-body patient simulation will be introduced during the Fall semester of the first year for the further development of airway management skills, positioning, patient safety, medication administration and sequence development, among other skills. The Spring semester will also include a clinical component during which students will be able to expand their clinical skills, to become more familiar with the operating room environment, and to begin to apply theory to practice. Midway through the Summer semester and following the final didactic phase, students will begin a full-time clinical schedule.

Clinical practicum during the Fall semester of the first year of instruction will be conducted at approved sites while the student continues the didactic courses. Clinical practicum during the First year may be assigned at one or two of the following institutions: Altru Health Systems -Grand Forks; MeritCare - Fargo; Innovis - Fargo; Trinity Hospital - Minot; Med Center One - Bismarck; St. Francis Medical Center - Breckenridge; Riverview Health - Crookston, MN; or St. Mary's Duluth Clinic – Duluth, MN.

## **Second Year Students Clinical & Didactic Format**

The second year of the program focuses on clinical practicum, including one day per week call beginning in the Fall semester. Students typically continue work on their independent or thesis project during the Fall semester. Following completion of a cardiac surgery learning module, students will begin a one-month-long cardiac anesthesia rotation, usually during the Spring semester of the second year. During the Spring semester, as well, students complete their thesis or independent study project. Also during the second year of the program students will participate in a monthly teleconference that includes a review of a current journal article and patient case studies.

## **Clinical Simulation/Laboratory Experience**

Beginning in the Fall Semester of the student's first year, laboratory experiences and clinical simulation will be introduced. Students will work with faculty to establish an understanding of the specialty of nurse anesthesia. This experience will focus on developing basic skills to prepare students in anesthesia management of patients undergoing a variety of surgical and/or diagnostic procedures. This "hands-on" experience includes preparation of patients and equipment, pre/postoperative patient evaluation, planning and implementing individualized anesthesia care plans, non-invasive and invasive monitoring, patient positioning, pain, and airway management. During this experience, faculty will utilize a variety of teaching methods, including simulation and discussion. Simulation will be used initially for physical assessment, evaluation/ management of non-difficult airways, positioning, induction sequence, and monitoring. As students progress through the program, difficult airway and crisis management training will be included in the simulation experience. Students may continue with simulation training at various times during their second year, as well.

## **SEE Exam**

Students are required to complete the Self Evaluation Examination offered by the Council on Certification of Nurse Anesthetists in the summer of their first and second year. Students are registered for the exam by the program director in the Spring of each year. It is the student's responsibility to schedule a testing date and time with the testing center. Test center information will be provided to the students by the Council on Certification of Nurse Anesthetists. First year students are required to have the SEE exam completed by July 15th of their first academic year and Second year students must have their second SEE exam completed by July 1st of their second year. Students are encouraged to prepare for this exam and strive to excel.

## **Thesis/Non-Thesis Option Course Work**

Students may opt to complete either a thesis or develop a non-thesis independent project. For students completing the thesis option, the final thesis defense serves as the comprehensive examination. The independent project may take the form of a clinical study, presentation of a paper suitable for publication, or development of materials related to the students specialization. Students are encouraged to meet with their advisor in formulating topics for either the thesis or non-thesis option. Further information on either

option may be found the in College of Nursing Graduate Student Handbook.

All students complete two (2) to four (4) credit hours of course work for either option, depending on which graduating class they belong to. The thesis students enroll in 4 hours of N998. The independent study/ non-thesis option students Class of 2009 enroll in 2 hours of N590: Directed Studies and 2 hours of N997: Independent Study. The independent study/ non-thesis option students Class of 2010 enroll in 2 hours of N997: Independent Study. Students in both options can elect to take the required thesis/non-thesis option course work in one or two hour blocks, thus allowing the student to complete the option and remain full-time within the program.

All students must complete their thesis or non-thesis (independent project) by June 1<sup>st</sup> of their second year. Many nursing faculty are not on contract during the summer semester, making it very difficult for students and faculty to complete this work in the summer. Additionally, during the summer semester, students should be preparing for the certification examination and not focusing on completing their projects.

## Graduation Criteria

To be eligible for graduation, all students must meet didactic and clinical requirements including completion and submission of all required elements of their thesis or independent project. Specific criteria and performance objectives for the clinical curriculum, which cover affective, ethical, and behavioral aspects, are located in this Handbook. Expectations for didactic courses are published in their respective syllabi. All of the above must be met prior to graduation.

Program requirements that must be completed include:

- Library/LRC materials returned (books, journals, tapes, etc.)
- Forwarding address left with the program
- All terminal objectives met (See Objectives)
- Petition to graduate filed with Registrar's office at UND
- Current ACLS and PALS certification, current licensure
- Exit interview completed (optional)
- Final case record totals submitted, which show completion of all requirements of the Council on Certification of Nurse Anesthetists, and the Council on Accreditation of Nurse Anesthesia Educational Programs
- All final evaluations completed
- All care plans and daily evaluations submitted
- Copy of SEE exam results on file in the Program office
- Final transcripts verified and signed
- Application to sit for the certification exam completed

## Deferral of Graduation

The University of North Dakota Nurse Anesthesia Specialization reserves the right to defer a student's graduation until all requirements, including attendance make-up days, have been met. Students who have not fulfilled their graduation requirements will not be allowed to participate in the graduation ceremony with

their classmates.

---

## **IV. Graduate Program Policies**

---

For policies and procedures related to academic progression through the program, graduation policies and procedures, academic grievance, disciplinary actions, due process, petitions and appeals, dismissal or withdrawal from the university, and student ethics, the student is referred to appropriate sections as outlined in the UND Academic Catalog, College of Nursing Graduate Student Handbook, or the Code of Student Life. Academic grading policies and procedures are outlined in the UND Academic Catalog and the College of Nursing Graduate Student Handbook, as well as contained in individual course syllabi.

### **Course and Faculty Evaluations**

Students will evaluate each course and faculty member at the end of each semester course. This information will be used to ensure that faculty provide high quality instruction, student learning needs are being met and for the future development of courses within the curriculum. The results of these evaluations will be shared with the Chair of the Department of Practice and Role Development in the College of Nursing.

### **Faculty Self-Evaluations**

Program faculty is required to complete a thoughtful and comprehensive self-evaluation on an annual basis and the results shared and acknowledged by the Chair of the Department of Practice and Role Development in the College of Nursing. This information along with evaluations from students will be used to ensure that faculty provides high quality instruction and guidance to students, as a source of feedback regarding teaching styles, course content preparation, organization and delivery, and to ensure that course objectives are consistent with the Programs terminal objectives and stated mission and goals of the College of Nursing.

---

## **V. Nurse Anesthesia Specialization Policies**

---

### **Attendance Policy**

Attendance for lectures and exams is mandatory. Due to the large volume of classroom material, it is very difficult for students to make up missed class lectures and labs. Due to the nature of the course, it is expected that professional courtesy be extended to each other as well as faculty. The instructor must be notified by the student if the student is unable to attend class on a given day. The Program Director must also be notified by the student of any absences. Special assignments may be used in place of missed classes. This is at the discretion of the Program Director. During the first year of the program, attendance at all clinical experiences is mandatory and any missed clinicals must be made up. In the event that a

student must miss a clinical day, both the clinical site and the Program or Assistant Program Director must be notified and a make-up date scheduled. Personal leave days may be used during the second year of instruction.

## Testing

Fair and accurate measurement of students cognitive and critical thinking skills obtained through didactic, assigned readings and lab experiences will include the administration of closed book examinations at no fewer than three per anesthesia course in the curriculum. Test questions are predominantly multiple choice. Short answer and essay questions may be included for assessment of critical thinking ability. Computerized item analyses of questions are employed to ensure that student responses accurately reflect assimilation of course content. Written course examinations are utilized in concert with other evaluation tools such as the completion of clinical care plans, daily instructor clinical evaluations as well as mid and end of term clinical evaluations. Student presentations of selected topics and contributions to classroom and case study discussions also provide valuable feedback to program and clinical faculty in assessing student acquisition of cognitive, integrative and critical thinking skills.

## Challenging Test Questions

Challenges to test questions must be presented in writing (email is acceptable) and specify an alternate "correct" answer with appropriate rationale and reference(s). Challenges concerning appropriateness or relevancy of the question are not within the purview of the student and will not be considered. Challenges will only be received for 3 working days after test administration. Challenges received after 3 working days will not be considered. Challenges should be directed to the Program Director or the Assistant Program Director. The Program Director will make the final decision concerning the challenge and notify the student and/or class.

## Cheating and Plagiarism

A student who is determined to have plagiarized, fabricated documentation, submitted unoriginal work or cheated on any assignment or examination is considered in violation of ethical standards deemed essential to the integrity of the UND Nurse Anesthesia Specialization. Such violations of ethical conduct are grounds for disciplinary action, which can include dismissal from the program.

As members of an academic community engaged in the pursuit of truth and with a special concern for values, students are expected to conform to a high standard of honesty and integrity in their academic work. The fundamental assumption under which the University operates is that work submitted by a student is a product of his/her own efforts.

Among the most serious academic offenses is plagiarism, submitting the style of another author or source without acknowledgment or formal documentation. Plagiarism occurs when specific phrases or entire passages, whether a sentence, paragraph or longer excerpt, are incorporated into one's own writing without quotation marks or documentation. One also plagiarizes by paraphrasing the work of another, that is, retaining another writer's ideas and structure without documentation.

Students are advised always to set off another writer's exact words by quotation marks, with appropriate references. Students avoid plagiarism by concentrating on their own words and ideas and by fully crediting others' words and ideas when they find their way into the writing. Whenever in doubt, cite the source.

Students who purchase essays from other students or agencies or who copy from one another or from prohibited sources, commit the most serious type of academic dishonesty. The consequences of plagiarism, or any act of academic dishonesty, may range from failure in a course to dismissal from the University.

## **Late Coursework**

Assignments turned in late may be decreased 5% for each day the assignment is late.

## **Fraternization**

Personal or business relationships between faculty and students are discouraged. Faculty, clinical or didactic, who have personal or business relationships with students beyond the normal faculty role will not directly supervise these students in classroom or clinical. These faculty members will disclose outside relationships to the program director, who will determine whether or not to excuse them from deliberations on that student's academic progress. Faculty/student professional boundaries are expected, respected and must be maintained.

---

# **VI. CLINICAL STUDENT CONCERNS & PROCEDURES**

---

## **Professionalism and Integrity**

Patient rounds, case preparation, reading, meeting attendance and other types of inquiry often have to be performed on the student's own time. Students shall also conduct themselves in a professional and respectable manner during class time, clinical time and during professional meetings and seminars. All students should be dressed neatly and appropriately when on hospital property (no shorts, sweat suits, etc.) See the various hospitals' dress code policy.

## **Professional Decorum**

The Student Registered Nurse Anesthetist (SRNA) is a representative of the specialty, the profession, the University, and the clinical affiliates. The maintenance of a professional appearance and demeanor facilitates the acceptance of the profession and the individual by patients and other health professionals. It is expected that students will assume responsibility for observing the following guidelines on professional attire and demeanor. While attending classes or laboratory sessions on the University of North Dakota campus, students may express their personal choice in dress. Choices should be tasteful and neat.

While participating in any Program activity outside of the University of North Dakota campus, such as the clinical sites, students should present a professional appearance. Lab coats, program identification/name tags **MUST** be worn while on the hospital grounds and at all clinical training sites. The hospital or university issued identification badge must also be worn at all times while on those sites. All SRNAS must be clearly and continuously identified as students during clinical experiences. No other credentials will be displayed on the student I.D. badge.

Professional attire should be observed whenever students are on hospital or institutional sites. This includes visits to study in the hospital library, didactic examinations administered in the hospital facility, major group meetings etc. Jeans, sweat pants and shirts, sandals and casual accessories are not considered appropriate in these settings. During clinical experiences, students are expected to follow policies and procedures put forth by each clinical site. Students may not wear artificial nails or dangly jewelry in the operating room or while caring for patients.

## **Guidelines for Clinical Conduct**

As the program offers new clinical challenges, the developing professional bears the responsibility of representing the profession to patients, the public, and other members of the health care team. The following guidelines should be observed in representing the profession:

- Consistently demonstrate your concern for the welfare of the patient.
- Be thoughtful and professional when obtaining the history and performing the physical exam.
- Treat patients with respect and dignity, both in your interactions with them, and in your patient related discussions with other professionals.
- Demonstrate your concern not only for the medical problem but also for the total patient.
- Conscientiously respect the rights of your colleagues.
- Characterize all of your professional encounters with cooperation and consideration.
- Strive to assume an appropriate and equitable share of patient care duties.
- Approach your responsibilities with dedication.
- Be truthful in all professional communications.
- When meeting multiple demands, establish patient-centered priorities to guide you in completion of such work.

## **Medical Record & Health History Confidentiality (HIPAA)**

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 mandates Federal privacy protection for individually identifiable health information. All data gathered about a patient and his/her illness, including all items within a patient's medical history, is privileged information. Students should not discuss or present a patient's records in a manner or situation which would violate the confidential nature of that record. Charts or contents, e.g., lab reports, etc., are not to be removed from the hospital or clinical setting.

Standards have been set for health care providers who transmit health care transactions electronically.

While in clinical practice, most of the health care providers you will come in contact with will be under the HIPAA guidelines and requirements. In your studies, and during your clinical practice, you need to be aware of these requirements, and additionally, the health care provider will often train you on their HIPAA policies and practices. HIPAA Training must also be completed at the College of Nursing. The required training can be found on the CON website at: [http://www.nursing.und.edu/hipaa\\_oshc.cfm](http://www.nursing.und.edu/hipaa_oshc.cfm) .

Verification of completion must be submitted to the Assistant Program Director/Anesthesia Program Secretary.

Some of the pertinent requirements of HIPAA are:

- Notifying patients about their privacy rights and how their information is used.
- Adopting and implementing privacy procedures for the practice or hospital.
- Training employees so that they understand the policies.
- Designating an individual as a Privacy Officer who is responsible for seeing that the privacy procedures are followed.
- Securing patient records containing individually identifiable health information so that they are not readily available to those that do not need them.

While participating in clinical practice, you will be expected to comply with HIPAA requirements, and you need to conduct yourself in the following manner during any clinical experience:

- Use safeguards to prevent the use or disclosure of PHI (Protected Health Information) other than for your direct performance of services.
- Notify your supervisor or faculty member of any use or disclosure of PHI that is contrary to your service and its purposes.
- Ensure that fellow students do the same.
- Cooperate and abide by with the training, policies and procedures of the health care provider.

## **Title and Identification**

Role and title confusion are common problems encountered in dealing with patients, e.g., some patients identify all those wearing white coats as physicians. Students should be aware of this problem and avoid misrepresentation by politely explaining their role and position. In professional interactions with patients and others, a student should introduce himself or herself as a "Student Registered Nurse Anesthetist." Students should use the designation, SRNA, following all notations in charts, records, and other medical forms. In all professional communications, including paging or beepers, a student should introduce him or herself as a "Registered Nurse Anesthesia Student" or "Student Registered Nurse Anesthetist". No student should casually accept the "page" of doctor. Students may be subject to sanctions within the Program for failure to observe any of these ethical guidelines. Photo identification badges must be worn by students at all times while in the clinical setting.

## Practice and Professional Ethics

The program expects students to adopt and observe the [AANA Code of Ethics](#). Violations of this ethical conduct standard will be regarded as professional and academic misconduct and failure to meeting term objectives, and be subject to review as such.

## Clinical Tardiness

Students are expected to report promptly for all clinical assignments. If unavoidably detained, the student must notify the clinical coordinator or the clinical instructor that he or she is assigned with for that day. Three instances of tardiness subject the student to clinical removal.

## Student Responsibilities for Case Management

A student must comply with directions regarding case assignment and case management given by the clinical instructor and/or clinical coordinator. If a student is unable or unwilling to follow directions, the case management should be immediately turned over to the CRNA clinical instructor. Following the incident, the situation should be discussed in detail with the clinical coordinator. If the student or instructor remains dissatisfied, the situation should be brought to the attention of the Assistant Program Director or Program Director.

## Clinical Objectives

Objectives for each year and semester are as follows:

### YEAR 1, SEMESTER 1

At the completion of the First Semester of clinical and simulation experience, the registered nurse anesthesia student will be able to meet the following objectives:

#### I. READINESS/PREPARATION FOR CLINICAL

1. Pre-anesthesia assessment
  - Demonstrates an ability to make pre-op visits on each assigned case
  - Thoroughly reviews the chart including laboratory values, X-rays, EKG's consult, H&P, vital sign sheet and nurses notes
  - Reviews old charts from previous anesthetics
  - Participates in patient interviews
  - Assigns the appropriate ASA classification in care plan
2. Anesthesia Plan
  - Recognizes the need for independent research prior to discussing the anesthetic management plan for each individual patient with the CRNA
  - Recognizes the importance of this consultation and remains adaptable to changes in plans before and during administration of anesthesia

- Prepares a written anesthesia care plan for each patient including a fluid management data.
- Considers an alternate plan
- 3. Preparation of Equipment and Drug/Pharmacology
  - Prior to starting each case, assembles the necessary equipment and drugs to manage anesthetic procedure
  - Completes a thorough pre-anesthesia machine and equipment check according to acceptable protocol
  - Demonstrates the ability to operate the routine anesthesia equipment including anesthesia machine, vaporizers, EKG O<sub>2</sub> analyzer, automatic BP cuff, pulse oximeter, blood warmer, nerve simulator, ventilator, BIS monitor, etc
  - Exhibits a satisfactory knowledge of the most commonly used drugs in anesthesia, including the concentration, the average dose, absolute contraindications, and how to calculate the required dose for a particular patient

## **II. INDUCTION**

1. Demonstrates the ability to follow the routine steps of induction with assistance in an organized and accurate manner
2. Exhibits knowledge of patients safety during anesthesia

## **III. MAINTENANCE**

1. Demonstrates an awareness of the importance of utilizing all senses in gaining a complete assessment of the patient's condition
  - Monitors BP, EKG, ETCO<sub>2</sub>, breath sounds, and temperature routinely on each patient
2. Begins to demonstrate a working knowledge of intra-anesthetic management with the following agents/techniques, utilizing instructor for assistance.
  - Inhalation Agents
  - Balanced Anesthesia technique
  - Monitored Anesthesia care
  - Regional Anesthesia
3. Utilizes the written fluid management plan and considers urine output and blood loss
4. Provides an accurate and legible chart for the patient's hospital record

## **IV. EMERGENCE**

1. Follows the routine steps of emergence with assistance
  - Appropriate sequencing
  - Extubates with proper technique and assistance
  - Transports the patient to PAR safely
2. Includes all pertinent data in report to PAR
3. Makes post-op visit on patients

## **V. COMMUNICATION AND PROFESSIONALISM**

1. Shows an awareness of the responsibilities of the anesthetist in the clinical area and his/her position as a member of the OR team

2. Demonstrates sincere willingness to cooperate and communicate with instructors, MDA's, surgeons and OR team
3. Accepts instructor's constructive critiques, if any, in a professional manner
4. Works effectively under the stern of the new operating room environment, maintaining an ability to be adaptable

## **YEAR 1, SEMESTER 2**

At the completion of the Second Semester, the registered nurse anesthesia student will be able to meet the following objectives:

### **I. READINESS/PREPARATION FOR CLINICAL**

1. Makes a pre-anesthesia visit on each assigned case
  - Evaluates each patient through the use of personal interview, patient history, physical examination, psychological assessment and review of current chart and previous records
  - Evaluates laboratory results, EKG's, CXR's, and medical consultations, recognizing pertinent abnormalities related to the anesthetic management
  - Obtains informed consent, written if required by the institution's protocol
  - Determines the appropriate ASA classification
  - Records a pre-anesthetic note on care plan
  - Discusses care plan with CRNA and orders appropriate pre-anesthetic medications
2. Utilizing pre-anesthetic assessment, prepares a written anesthesia plan for each patient, including choice of anesthetic and technique, fluid requirements or/and type of airway management
3. Formulates an anesthetic plan based on didactic knowledge and independent research, correlating theory to clinical practice
  - Researches the information obtained during pre-anesthetic assessment, and the anesthetic considerations of the proposed surgical procedure
  - Develops an alternative plan
  - Considers the position of the patient and the anesthetist during anesthetic management
4. Discusses plan with instructor in an organized and knowledgeable fashion
5. Assembles routine and special equipment and appropriate drugs prior to starting each anesthetic
  - Cart is clean, organized and stocked
  - Has suction available and functioning for each anesthetic
6. Checks all equipment for proper function and is familiar with its use
7. Exhibits a knowledge of the most commonly used drugs in anesthesia

### **II. INDUCTION**

1. Prepares the patient for induction with minimal assistance
  - Positions the patients on the operating room table
  - Applies appropriate monitors
2. Assists in placement of regional anesthetic utilizing appropriate sterile technique
3. Follows the routine steps of inductions with assistance
4. Initiates an organized, time efficient, and accurate induction
5. Determines the proper time for intubation
6. Positions patients for optimum safety and surgical accessibility

### **III. MAINTENANCE**

1. Monitors the BP, pulse, EKG, respiratory rate, breath sounds, ETCO<sub>2</sub>, temperature and general appearance of each patient, utilizing all senses to gain a complete assessment of the patients condition
  - Monitors systolic, diastolic, pulse pressure, and mean pressure
  - Monitors the rate, quality and rhythm of the pulse utilizing precordial or esophageal stethoscopes
  - Monitors and interprets EKG rhythms
  - Monitors the ETCO<sub>2</sub> pattern and value
  - Monitors the temperature by the appropriate method (oral, nasal, rectal axillary or skin)
  - Monitors the bispectral index (BIS) and understands its application to the anesthetic process
2. Recognizes changes in the monitored parameters
3. Correlates the information obtained through monitoring to the depth of anesthesia, the surgical procedure, the effects of the various anesthetic agents the principles of physiology, and pathophysiology
4. Calculates the fluid requirements based on a sound didactic knowledge of fluid replacement therapy, for the surgical patient
  - Monitors urine output and correlates it with the amount of fluid infused, state of hydration and type of surgery to maintain fluid and electrolyte balance
  - Monitors blood loss and recognized the need for replacement when indicated
5. Tailors replacement therapy to the individual patient
6. Maintains an appropriate level of anesthesia for general, regional or monitored anesthesia care utilizing inhalational agents, narcotics, local anesthetic, muscle relaxants, and accessory anesthetic agents, alone or in combination
  - Correlates degree of neuromuscular block with twitch, tetanus, fade, and post-tetanic facilitation
7. Recognizes significant events during intra operative management and discusses these with instructor
8. Completes the total anesthetic record by the end of the case
  - Emphasizes legibility, accuracy and completeness in charting

#### **IV. EMERGENCE**

1. Follows the routine steps of emergence in the appropriate sequence
  - Times emergence to correlate with the completion of the surgical procedures
2. Assesses the level of consciousness and respiratory adequacy with assistance
3. Administers neuromuscular and narcotic reversal drugs with assistance
4. Extubates with proper technique
5. Recognizes and initiates treatment of emergence complications
6. Determines proper and safe time for transport of patient to the PAR
7. Gives accurate and concise report to PAR nurse
8. Conducts a post-anesthesia visit on each patient
  - Notes the post-anesthesia course in the chart including anesthetic complications not evident at the termination of the anesthetic
  - Communicates the program of the patient to the CRNA and/or MDA for follow-up if necessary

#### **V. COMMUNICATION AND PROFESSIONALISM**

1. Demonstrates the ability to work as a member of the surgical team
  - Communicates effectively with peers, physicians, OR personnel, faculty and patients
  - Displays appropriate confidence level
2. Considers the patient's comfort, safety, and emotional needs
3. Gives an accurate verbal report to the instructor
  - Asks appropriate questions
  - Seeks help as needed
4. Cooperates and accepts constructive critiques with a positive and professional attitude
5. Can adapt to changes in routines and functions effectively under stress
6. Makes decisions based on theoretical knowledge and clinical experience
7. Demonstrates a professional commitment by good attendance and punctuality

### **YEAR 1, SEMESTER 3**

At the completion of the Third Semester, the registered nurse anesthesia student will be able to meet the following objectives:

#### **I. READINESS/PREPARATION FOR CLINICAL**

1. Takes a pertinent health history, does a thorough chart review, and a relevant pre-anesthetic physical examination during the pre-anesthetic visit
2. Analyzes the information obtained and confers with CRNA
3. Develops an anesthetic plan taking into consideration the pre-anesthesia finding and the type of surgical procedure
  - Identifies particular areas important to anesthetic management
  - Applies theoretical knowledge to the plan
  - Considers regional anesthesia
4. Chooses an appropriate anesthetic technique and agent for the individual patient based on theoretical knowledge of anesthesia and knowledge of the particular surgical procedure
  - Chooses a variety of anesthetic methods and techniques
5. Applies a theoretical knowledge of the various types of intubations in determining the appropriate techniques for the individual patient
6. Demonstrates a beginning skill in managing increasingly complex cases and is aware of the specific needs of each type of case
7. Begins to identify potential problems and hazards for a particular case
8. Develops a plan for emergence and post anesthesia management of the individual patient
9. Selects the appropriate equipment and is familiar with its use
  - Organizes the cart and equipment set-up
  - Checks the equipment for proper functioning
10. Prepares the necessary anesthetic and accessory drugs
  - Exhibits a working knowledge of all the common anesthetic agents

#### **II. INDUCTION**

1. Organizes the induction of anesthesia and initiates a smooth anesthesia with speed, accuracy and minimal assistance on ASA I and II patients
  - Recognizes the relative priorities for the various aspects of induction

- Asks for assistance during induction if indicated
- 2. Individualize drug dosages in accordance with patient requirements
- 3. Assists with placement of arterial catheter for continuous blood pressure monitoring
- 4. Demonstrates the ability to safely place regional anesthetic with assistance from clinical instructor

### **III. MAINTENANCE**

1. Provides an appropriate level of anesthesia throughout the procedure
2. Skillfully monitors routine parameters of the patient requirements
3. Utilizes various types of anesthetic agents
4. Recognizes and responds to the physiological effects of anesthesia
  - Recognizes and responds quickly to adverse patient responses to anesthesia
  - Seeks assistance when indicated
5. Determines when accessory drugs are indicated and employs these agents based on theoretical knowledge
6. Applies a knowledge of drug interactions in utilizing drug combinations
7. Demonstrates an understanding of fluid and electrolyte management in anesthesia based on the needs of the individual patients
  - Calculates fluid replacement and correlates IV's, UO, and blood loss
  - Alters fluid management plan to correspond with individualized patient requirements and surgical events
8. Demonstrates an understanding of charting principles by accurate and complete documentation on the anesthetic record
9. Handles maintenance of ASA I and II patients with little assistance

### **IV. EMERGENCY**

1. Utilizes appropriate sequence and timing of emergence to correspond with completion of the surgical procedure
2. Accurately assesses the level of consciousness or level or sensory block based on response to verbal and painful stimuli
3. Accurately assess respiratory adequacy based on respiratory rate, tidal volume, chest movement and the effects of the anesthetic agents
4. Recognizes and treats emergence complications
5. Safely transports patients to the PAR
6. Assesses patient's needs in the PAR including mechanical ventilation, respiratory adequacy, need for pain medication and laboratory tests
7. Makes a post-anesthesia evaluation on each patient and writes an accurate and complete note
  - Recognizes and reports post-anesthesia complications appropriately

### **V. COMMUNICATION AND PROFESSIONALISM**

1. Demonstrates the ability to work as a team member by displaying a mature and professional attitude, effective communication skill, appropriate confidence and sincere willingness to cooperate and accept instruction
2. Recognizes capabilities and limitations and asks for assistance appropriately
3. Makes appropriate decisions that are based on sound anesthetic principles
4. Works effectively under stress

5. Demonstrates a professional commitment by good attendance and punctuality

## **YEAR 2, SEMESTER 4**

At the completion of the Fourth Semester the registered nurse anesthesia student will be able to meet the following objectives:

### **I. READINESS/PREPARATION FOR CLINICAL**

1. Takes a pertinent health history, does a thorough chart review, and a relevant pre-anesthetic physical examination during the pre-anesthetic visit
2. Analyzes the information obtained and confers with CRNA
3. Develops an anesthetic plan taking into consideration the pre-anesthetic findings and the type of surgical procedure
  - Identifies particular areas important to anesthetic management
  - Applies theoretical knowledge to the plan
4. Chooses an appropriate anesthetic agent for the individual patient based on theoretical knowledge of anesthesia and knowledge of the particular surgical procedure.
  - Chooses a variety of anesthetic methods and techniques
5. Applies a theoretical knowledge of the various types of intubations in determining the appropriate techniques for the individual patient
6. Demonstrates the ability to manage increasingly complex cases and is aware of the specific needs of each type of case
7. Identifies potential problems and hazards for a particular patient/case
8. Develops a plan for emergence and post anesthesia management of the individual patient and follows through with that plan in an organized and smooth method
9. Selects the appropriate equipment and is familiar with its use
  - Organizes the cart and equipment set-up
  - Checks the equipment for proper functioning
10. Prepares the necessary anesthetic and accessory drugs
  - Exhibits a working knowledge of all the common anesthetic agents

### **II. INDUCTION**

1. Organizes the induction of anesthesia and initiates a smooth anesthesia with speed, accuracy and minimal assistance on ASA I, II, and III routine and emergent patients
  - Recognizes the relative priorities for the various aspects of induction
  - Requires little or no assistance during induction though seeks it as necessary
2. Individualized drug dosages in accordance with patient requirements
3. Places intra-arterial monitoring lines with minimal assistance
4. Places CVP lines with assistance from clinical instructor

### **III. MAINTENANCE**

1. Provides an appropriate level of anesthesia throughout the procedure
2. Skillfully monitors routine parameters of the patient requirements
3. Monitors and understands ABP and CVP monitoring as it relates to surgical case type and patient

- ASA status and underlying pre-existing conditions
4. Utilizes various types of anesthetic agents
  5. Recognizes and responds to the physiological effects of anesthesia
    - Recognizes and responds quickly to adverse patient responses to anesthesia
    - Seeks assistance when indicated
  6. Determines when accessory drugs are indicated and employ these agents based on theoretical knowledge
  7. Applies a knowledge of drug interactions in utilizing drug combinations
  8. Demonstrates an understanding of fluid and electrolyte management in anesthesia based on the needs of the individual patients
    - Calculates fluid replacement and correlates IV's, UO, and blood loss
    - Alters fluid management plan to correspond with individualized patient

#### **IV. COMMUNICATION AND PROFESSIONALISM**

1. Demonstrates the ability to work as a team member by displaying a mature and professional attitude, effective communication skill, appropriate confidence and sincere willingness to cooperate and accept instruction
2. Recognizes capabilities and limitations and asks for assistance appropriately
3. Makes appropriate decisions that are based on sound anesthetic principles
4. Works effectively under stress
5. Demonstrates a professional commitment by good attendance and punctuality

### **YEAR 2, SEMESTER 5**

At the completion of the Fifth Semester, the registered nurse anesthesia student will be able to meet the following objectives:

#### **I. READINESS/PREPARATION FOR CLINICAL**

1. Takes a complete and pertinent health history, does a thorough chart review, and a relevant pre-anesthetic physical examination during the pre-anesthetic visit
2. Analyzes the information obtained and confers with CRNA
3. Develops an anesthetic plan taking into consideration the pre-anesthesia finding and the type of surgical procedure
  - Identifies particular areas important to anesthetic management
  - Applies theoretical knowledge to the plan
4. Chooses an appropriate anesthetic agent for the individual patient based on theoretical knowledge of anesthesia and knowledge of the particular surgical procedure
  - Chooses a variety of anesthetic methods and techniques
5. Applies a theoretical knowledge of the various types of intubations in determining the appropriate techniques for the individual patient
6. Demonstrates an ability to manage increasingly complex cases and is aware of the specific needs of each type of case
7. Identifies potential problems and hazards for a particular patient/case
8. Develops a plan for emergence and post anesthesia management of the individual patient and follows through with that plan in an organized and smooth method

9. Selects the appropriate equipment and is familiar with its use
  - Organizes the cart and equipment set-up
  - Checks the equipment for proper functioning
10. Prepares the necessary anesthetic and accessory drugs
  - Exhibits a working knowledge of all the common anesthetic agents

## **II. INDUCTION**

1. Organizes the induction of anesthesia and initiates a smooth anesthesia with speed, accuracy and minimal assistance on ASA I, II, III, and IV patients and with special emphasis on the patient undergoing cardiac surgery
  - Recognizes the relative priorities for the various aspects of induction
  - Requires little or no assistance during induction or placement of regional block
2. Individualized drug dosages in accordance with patient requirements
3. Places intra-arterial lines with minimal assistance
4. Places CVP catheters with assistance from clinical instructor

## **III. MAINTENANCE**

1. Provides an appropriate level of anesthesia throughout the procedure
2. Skillfully monitors routine parameters of the patient requirements
3. Monitors and understands ABP, CVP, PA, LVEDP, and other invasive monitoring techniques, particularly as they relate to the cardiac patient
4. Utilizes various types of anesthetic agents
5. Recognizes and responds to the physiological effects of anesthesia
  - Recognizes and responds quickly to adverse patient responses to anesthesia
  - Seeks assistance when indicated
6. Determines when accessory drugs are indicated and employ these agents based on theoretical knowledge
7. Applies a knowledge of drug interactions in utilizing drug combinations
8. Demonstrates an understanding of fluid and electrolyte management in anesthesia based on the needs of the individual patients
  - Calculates fluid replacement and correlates IV's UO, and blood loss
  - Alters fluid management plan to correspond with individualized patient requirements and surgical events
9. Demonstrates an understanding of charting principles by accurate and complete documentation on the anesthetic record
10. Handles maintenance of ASA I, II, III, and IV patients for routine and emergent cases with little assistance

## **IV. EMERGENCY**

1. Utilizes appropriate sequence and timing of emergence to correspond to completion of the surgical procedure
2. Accurately assesses the level of consciousness based on response to verbal and painful stimuli
3. Accurately assess respiratory adequacy based on respiratory rate, tidal volume, chest movement and the effects of the anesthetic agents

4. Recognizes and treats emergence complications
5. Safely transports patients to the PAR or SCCU
6. Assesses patients needs in the PAR or SCCU including mechanical ventilation, respiratory adequacy, need for pain medication and laboratory tests
7. Makes a post-anesthesia evaluation on each patient and writes an accurate and complete note
  - Recognizes and reports post-anesthesia complications appropriately

## **V. COMMUNICATION AND PROFESSIONALISM**

1. Demonstrates the ability to work as a team member by displaying a mature and professional attitude, effective communication skill, appropriate confidence and sincere willingness to cooperate and accept instruction
2. Recognizes capabilities and limitations and asks for assistance appropriately
3. Makes appropriate decisions that are based on sound anesthetic principles
4. Works effectively under stress
5. Demonstrates a professional commitment by good attendance and punctuality

## **YEAR 2, SEMESTER 6**

At the completion of the Sixth and Final Semester of clinical experience the registered nurse anesthesia student will be able to meet the following objectives of the program:

1. Perform a preanesthetic interview and physical assessment using patient history, physical examination, review of medial records, and appropriate laboratory data.
2. Develop an appropriate anesthesia care plan consistent with the overall medical and nursing regimen and established guidelines, utilizing appropriate principles of basic and behavioral sciences in protecting patients from iatrogenic complications.
3. Administer physiologically sound anesthetics to patients of all ages and physical status categories utilizing the principles of general and regional anesthesia as they apply to the diagnostic, operative and physiologic condition of the patient.
4. Perform comprehensive and appropriate equipment checks and position or supervise positioning of patients to assure optimal physiologic function and patient safety.
5. Recognize and evaluate physiologic responses to the anesthetic, implementing appropriate action that reflects the use of sound physiologic and pharmacologic principles, referring to a physician those responses beyond the nurse anesthetist's ability to manage consistent with practice standards and policies.
6. Place, use and interpret a broad variety of monitoring modalities including electronic and invasive monitors, taking appropriate action based on sound principle of anesthesia management.
7. Evaluate the post-anesthetic course of the patient and recommend a course of action directed toward correcting any anesthesia-related complications.
8. Serve as a resource person, team leader or team member, in the areas of acute care, cardiopulmonary resuscitation, respiratory therapy and fluid management and assist others to expand their knowledge in these areas.
9. Perform within appropriate medical, legal, and ethical standards of anesthesia practice, accepting responsibility and accountability for own practice, recognizing personal and professional strengths and limitations, and taking appropriate actions consistent with valid self-awareness.
10. Demonstrate active professional commitment and involvement in the state organization for nurse

anesthetists, and, active commitment and involvement in quality management activities

## Clinical Affiliations

Students rotate to various hospitals throughout the program. Affiliations are designed to provide a variety of clinical experiences and to increase the breadth and depth of the clinical learning experience. Clinical affiliates include:

Altru Health System, Grand Forks, ND  
Department of Veterans Affairs, Fargo, ND  
Innovis Health, Fargo, ND  
MedCenter One, Bismarck, ND  
MeritCare, Fargo, ND  
Northwest Medical Center, Thief River Falls, MN  
Red River Anesthesia, PC, Wahpeton, ND/ St. Francis Health Care Campus, Breckenridge, MN  
Riverview Hospital, Crookston, MN  
St. Mary's Innovis Health / Dakota Clinic Ambulatory Surgery Center, Detroit Lakes, MN  
St. Mary's/Duluth Clinic Health System, Duluth, MN  
Trinity Medical Center, Minot, ND

## Clinical Supervision of Students

The College and University maintain written agreements with all clinical agencies with regard to scheduling students to obtain clinical experience. These contracts are reviewed on a regular basis, their currency being the responsibility of the Director of Graduate Studies. In the clinical environment, students are supervised, mentored, and directed by individuals as established in the agency agreement. Such individuals include anesthesiologists and certified registered nurse anesthetists and other professionals as may be utilized to meet the educational objectives of the program.

A CRNA clinical coordinator is assigned at each clinical affiliation to serve as the primary student contact person and student resource. They have several duties, which include but are not limited to:

- Serve as a liaison between the affiliate site and the UND Nurse Anesthesia Program
- Convey suggestions from their clinical site for program improvement or enrichment
- Sit on the Nurse Anesthesia Admissions Sub-Committee
- Provide on-going communication, guidelines and feedback to students assigned to clinical site
- Sit on the Nurse Anesthesia Specialization Advisory Committee
- Provide case assignments to students
- Monitor student professionalism, attendance, and clinical performance
- Inform program faculty of any student performance that is below average, unsatisfactory, or unprofessional
- Function as second-line problem resolution if dispute arises between student and clinical faculty

## **Student Supervision Outside of Anesthetizing Areas**

Students may participate in educational activities involving the non-anesthetizing duties of a Nurse Anesthetist. These activities may include, but are not limited to, postoperative rounds, IV starts and resuscitative services. Students responding to cardiac or respiratory arrests are required to do so under the direct supervision of a licensed anesthesia provider who is physically present. Individual clinical affiliate policies/procedures will dictate appropriate supervision of students for other activities, such as IV starts, etc.

## **Clinical Site Review**

To ensure high quality clinical experiences for students, annual visits by Program faculty, Assistant Program Director and/or Program Director will be made to evaluate clinical sites. Written evaluation tools will be utilized and results shared with the site clinical coordinator. Both the program faculty evaluator and clinical coordinator are required to acknowledge reviewing the results of the site evaluation by their signatures. Documentation of these visits will be maintained in the Program office.

## **Split Clinical Rotation**

A semester clinical assignment may entail a student being assigned to and dividing time between two clinical sites. It is expected that if the student has completed their daily assignment by noon or earlier they travel to their other assigned clinical site, check in with the clinical coordinator and be available for anesthesia activities for the remainder of their scheduled day. Failure to act in this way places the student at risk for disciplinary action.

## **Clinical Assignments & Rotations**

Students gain anesthesia experiences in a variety of surgical, obstetrical, radiological, and outpatient services. Students are generally scheduled at one or two clinical sites during their first year in the program, receiving approximately 20 days of clinical experience during the Fall and Spring semesters and five days per week during the summer session beginning in late June or early July, following the didactic portion of the program.

During the second year of the program, the student will rotate through not less than two, and usually not more than four clinical sites. Individual clinical rotations are determined by the Program faculty, with assignments made to maximize the student's opportunity to experience as wide a range of surgical cases and anesthesia techniques as possible. Students are responsible for obtaining suitable housing at each clinical assignment.

## **Preoperative Consultation by CRNA or Physician**

A thorough pre-operative evaluation is required prior to any anesthetic administration. With the exception of

pre-induction administration of drugs (as may be accepted protocol), students are not permitted to begin the conduct of anesthesia, general or regional anesthesia, without a preoperative consult with a qualified CRNA or physician anesthesiologist.

## **Postoperative Patient Assessments**

Students are required to complete a postoperative assessment on all patients that the student anesthetizes except for ambulatory care patients and early discharges. Whenever possible, ambulatory care and early discharge patients should also be seen and assessed postoperatively by students. Individualized, problem-oriented patient assessment is important to ensure optimal postoperative recovery and offers the student valuable feedback on their delivery of anesthesia services. The postoperative assessment is to be noted on the anesthesia care plan when appropriate, shared with the clinical preceptor, and documented in the student's Medatrax clinical case tracking record.

## **Reporting Complications (see also CON Risk Management Policy)**

During the course of anesthesia conduct, or during other various activities in which the student may engage during the course of his/her program, events may arise which place the patient or members of the health care team at risk. In the event that any such untoward events arise, during or irrespective of the conduct of the anesthetic, which are an imminent or potential threat to the well being of the patient or any health care team member, the student is required to inform his/her assigned preceptor immediately.

Any patient death or major complication involving a student, or any injury incurred by a student should be reported the Assistant Director of the Program. As indicated, students will promptly and properly document occurrences, including the completion of incident reports or other documents as may be required by the university and clinical affiliate.

## **Call Experience**

As part of clinical practicum, students are assigned to call experiences during their second year in the program. The purpose of such assignments is to provide students with opportunities to gain experience in the management of emergency surgical cases, to further develop critical thinking and decision making skills, and to participate as an anesthesia team member in a surgical setting unique from day to day practice.

Assignment to call generally begins during the first semester of the student's second year in the program and is assigned by the clinical coordinator in conjunction with Program faculty. Call is assigned as one shift per week, of which one day per month is a Saturday. Sunday is considered the day off after a Saturday call shift. Sunday call is not assigned. Students are assigned on call with a CRNA or anesthesiologist who is responsible for determining the level of independent practice allowed the student. At no time are students allowed to be the sole anesthesia care-giver, meaning that a CRNA or anesthesiologist preceptor must be immediately available in the operating area for consultation.

Based on varied department policies regarding CRNA call, students may stay in-house, be provided with a beeper, or called in from home. If students are actually providing documented anesthesia services after 8:00 pm on a call day, they may be provided the day off after call. If students take in house call, they will be provided the day off after call. This reflects a safety concern for students working late in the evening or night and then performing clinical activities the following morning.

If students are not called back or involved in anesthesia services after 8:00 pm on a call day, they must report to the clinical area per their usual routine the following day and be assigned cases like any other day in the clinical setting. In other words, being on call does not mean that students automatically receive the following day off from clinical activities. There will be no call shifts assigned during clinical weeks that are less than 5 days unless the student chooses to take call on the Saturday of a short week.

Considerations unique to anesthesia department call that may impact the student's role and responsibility during the call experience are clarified through discussions between the clinical coordinator and the Director or Assistant Director of the program.

## **Clinical Evaluation Procedure**

Students receive their first summative clinical performance evaluation at the completion of their first Summer semester. Thereafter, as clinical participation increases students receive formative clinical evaluations at mid-term, followed by a summative clinical evaluation at the end of the semester.

Student self-evaluations are required each time a formative and summative clinical evaluation is completed by clinical faculty. Mid-term and end of semester clinical performance evaluations are based on clinical objectives consistent with the student's level in the program and are prepared by members of the clinical faculty through review of daily formative evaluations and personal interactions with the student. Daily performance evaluation records are completed by CRNA preceptors and are kept on file in the clinical areas of all clinical affiliates. Students receive daily feedback on their clinical performance (i.e., written and/or oral).

Evaluations are forwarded by each student to the Assistant Director's office at the end of each semester for review and filing. In order to track student's clinical progress, photo copies of each mid-term and end-of-term evaluation from all clinical experiences must be retained in individual 3-ring binders. The evaluations should be made available by students to each clinical coordinator as students move from clinical site to clinical site.

The original copy of these evaluations is forwarded to the Assistant Program Director from each clinical site for review and placement in the student's permanent file. Information on the evaluations is reviewed by the clinical coordinator only and is used for assessment and planning purposes should the need for focusing on specific clinical concerns exist.

Students are provided with self-evaluation forms for completion prior to the mid-term formative and end-of-semester summative evaluation conferences and are intended to reflect the student's perception of his/her progress. A photocopy of these evaluations must also be placed in the student's three-ring binder. The original will be forwarded to the Assistant Program Director along with the original clinical coordinator evaluation form.

The self-evaluation and faculty evaluation are discussed simultaneously at the evaluation conference. Specific examples of clinical performance are cited in each evaluation, along with strengths, weaknesses, and suggestions and goals for improvement during the next evaluation period. Students are required to sign their evaluations after reading them, and are free to make written comments. These evaluations become a permanent part of the student's record.

## **Clinical Non-progression**

Clinical faculty may suggest/request that a student receives a clinical performance evaluation at any time, if they feel it is indicated. If a student is experiencing difficulty, he/she should be observed by as many CRNA preceptors as possible. Each CRNA should evaluate the student's performance individually and make recommendations to the clinical coordinator.

The Assistant Program Director and/or Program Director are informed of, and involved in this process from the onset. They work cooperatively with the clinical coordinator and CRNA faculty to identify and articulate perceived problems, participate during meetings with the student to formulate a plan of action, develop objectives and strategies to accomplish specific goals, and establish a time frame for resolving deficiencies.

Early identification of concerns (deficiencies) is important, as is immediate attention to developing strategies to confront such matters. Corrective processes, including appropriate documentation, are initiated whenever necessary and students are afforded adequate time to correct identified deficiencies. If such processes are initiated prior to the student receiving his/her mid-term formative evaluation, and if the student has not satisfactorily met criteria established to overcome the clinical deficiencies by mid-term, then a grade of Unsatisfactory is reported at mid-term. The student then has the remainder of the semester to meet established objectives and perform in a satisfactory manner. In the event that the student does not correct the deficiencies by the end of the semester, then he/she will fail the clinical rotation and will not be allowed to progress in anesthesia course work.

The student is then placed on clinical probation but is allowed to repeat the clinical rotation. If a repeat of the clinical rotation is unsuccessful, the student is dismissed from the program. If the student is successful in his/her repeat of a clinical rotation, then a grade of Pass is awarded and the student is counseled by the Director regarding a necessary extension of the program. All aspects of this process are documented, with all documentation becoming part of the student's file. While on probation, a student's clinical performance will be formally evaluated at agreed upon intervals, usually weekly or every two weeks, so that the student is afforded regular opportunities to review documentation and discuss his/her progress or lack thereof.

Clinical faculty should complete daily formative evaluations, including specific notes regarding performance on each case. Specific areas of concern, as established at the onset of the process, should be indicated in these records. Daily records will be thorough, accurate, and concise so that counseling of the student is clear. The clinical coordinator and program faculty will meet with the student at the predetermined intervals providing feedback and counsel. During the probationary period, the student is also responsible for self-evaluation.

## Care Plans & Daily Clinical Evaluations

Each student, during his or her first year and until the Spring semester of their second year, will complete a comprehensive anesthesia plan of care for the largest assigned case of the day. The student's clinical preceptor will be provided a copy of it and the plan of care will be discussed with the preceptor prior to the administration of anesthesia. Beginning in the Spring semester of the student's second year a minimum of 15 care plans will be required. These care plans should be completed on complex and unusual cases. A daily evaluation is required for each and every clinical day on the weekly evaluation form. Daily Care Plan, Weekly Clinical Evaluation, and Evaluation of Student Clinical Performance forms are all available on the website.

Care plans are to be developed utilizing appropriate references and information, including patient pre anesthetic assessment and interview (when possible). It is required that the plan will include the application of basic/advanced principles of anesthesia commensurate with the student's level of knowledge and clinical experience, as set forth in clinical objectives. Students who do not provide a written plan of care may be removed from the clinical setting until requirements are met.

When the student is assigned to an operating room in which the full complement of cases for the day is known, and for which the student has access to the patient (for interview/assessment, etc.), then the student is expected to develop and discuss a plan for each case with the preceptor. In situations, such as same-day-surgery environment, emergency cases, added cases, change of operating room, etc, where the student may have neither time nor access to the patient to complete written care plans, then, at the least, the student will discuss the plan of care with the preceptor before the commencement of anesthesia and the preceptor will so note on the daily evaluation that such anesthesia plans were discussed. The student anesthetist assumes the responsibility of providing the clinical preceptor with the evaluation form to complete and turning in care plans and weekly evaluation forms to the Assistant Director upon completion of each semester.

## Monthly Student Clinical Case Records

As required by the Council on Certification of Nurse Anesthetist, the graduating student is required to have fulfilled specific clinical requirements, including, but not limited to, a minimum number of anesthetics administered. Each student is therefore required to track their daily cases using the Medatrax tracking system. Students are encouraged to input cases on a daily basis for accuracy. Each month cases are required to be recorded and be completed by the 10<sup>th</sup> of the following month. Case types and clinical information will be reviewed frequently by program faculty.

Students will be oriented to this tracking system at the beginning of their program and will be afforded ongoing technical support from Medatrax. There is a small monthly cost associated with this tracking system that the student will be responsible for. More information will be provided to the students regarding Medatrax.

## In-service Conferences

Clinical case conferences, quality assurance meetings, and/or continuing education programs are held regularly at most affiliate institutions. Students are required to attend if clinical obligations permit.

**NDANA State Anesthesia Meetings** - Students are required to attend both the Fall and Spring State NDANA meetings while enrolled in the nurse anesthesia program. Professional behavior and attendance at all educational sessions during these meetings are mandatory. The state association (NDANA) provides some financial assistance for students to attend meetings.

Special permission for an excused absence from these meetings must be requested prior to the required commitment from the director or designee. Students absent from any of the above meetings will be required to complete additional assigned readings and/or other written work as determined by the program director.

**AANA Educational Meetings** - Students are allowed and encouraged to attend the Spring AANA Mid-Year Assembly meeting that is held in Washington DC each year. Some financial assistance may be available from the NDANA and from the nurse anesthesia program. Students are also allowed to attend the annual AANA meeting held at various locations in August of each year. Financial support may be available through the AANA for this meeting. Students are excused from clinical and class for the scheduled meeting days plus one travel day prior to and following the meeting. Professional behavior and attendance at the educational sessions is mandatory.

## Absence from Clinical

**Excused Absence:** Students are required to be in attendance at their assigned clinical site at all times, Monday-Friday, except during determined breaks and holidays, or following a call experience. In addition, students will be granted twelve (12) clinical release days to be used during the second year of clinicals. No clinical release days will be granted after July 31<sup>st</sup> of their second year of clinicals due to evaluation and paperwork required by the council for graduation. These twelve days are to be used for thesis or independent project work, review course attendance, sick days, or personal days that the student may use at their discretion.

Students are required to complete a Clinical Release request form prior to a planned absence from clinicals and must obtain approval for their planned absence from their clinical coordinator. In the event of an illness, the form may be completed after the student returns to the clinical site. All signed clinical request forms must be turned in to the Assistant Program Director or Program Director by the clinical coordinator. Any further absences, above and beyond the original twelve, must be approved by program faculty.

**Unexcused Absence:** - One unexcused or unapproved absence will result in a formal warning and will be counted as one of the 12 granted days off. If the student's twelve clinical release days have already been used, a program extension may be necessary. Two unexcused absences will result in failure of the course and subject the student to dismissal from the program. This may result in a program extension.

**Maternity/Paternity Leave:** - Students must use clinical release days for maternity/paternity leave. Once clinical release days become depleted, the student must petition for a leave of absence. Due to the rigorous nature of anesthesia school, students may wish to consider postponing child bearing until after graduation.

**Leave of Absence:** - In the case of an illness that depletes the student's clinical release days, or for other reasons, a personal leave of absence may be granted at the discretion of the program director. A leave of absence is designed to cover a short and unexpected illness or emergency. Due to the cumulative nature of the curriculum, in the case of longer illnesses or elective procedures it may be necessary for the student to resign and reapply to the program. Criteria for returning to the program after a leave of absence will be determined by the program director and the student's treating physician. However, the leave of absence shall extend no longer than a single calendar year. A student will normally be readmitted to the Program at the end of his/her leave of absence if the faculty believes the purpose of the leave of absence has been achieved. The student may be required to do preparatory work before reentry after a prolonged leave, or demonstrate current knowledge through examination or through other means upon re-entry. A leave of absence will require additional class and clinical days to meet graduation requirements. Therefore, the student does not graduate on time or participate in the Program graduation ceremony. The student must deplete their clinical release days prior to beginning a leave of absence. All missed time will be made up at the end of the program.

## Clinical Removal Policy

See College of Nursing Policy #234. The primary responsibility of nursing students in clinical settings is the welfare of clients. For the purposes of this policy "removal from the clinical" shall mean the immediate removal of a student from direct client contact for that clinical day only.

A student exhibiting behaviors in the clinical setting which are deemed by the responsible faculty member to be unprofessional or unsafe to the mental, emotional, or physical welfare of clients, staff, self, or others shall be subject to immediate removal from the clinical for that day. After one removal from the clinical setting, the faculty member involved must make a professional decision whether the behavior of the student is such that the student should be permanently removed from patient contact.

Upon a second removal from the clinical, the faculty member, in consultation with the department chair, may bar a student's return to the clinical area. Such removal shall result in immediate failure of the clinical course. After removal, and at the student's request, a reconciliation meeting with the faculty member, student, department chair and a person of the students choosing shall be held to review the removal decision.

An agency shall have the right to request of the faculty that a student be removed from the clinical agency because of performance, which is deemed unprofessional or unsafe to the mental, emotional, or physical welfare of clients, staff, self, or others. The agency may remove the student from client contact and notify the clinical faculty or department chair immediately. NOTE: As appropriate, clinical coordinators may be involved in any of the above steps.

## Clinical Site Injuries/Exposures

Any industrial accident or accident on hospital grounds must be reported immediately to the proper CRNA or physician supervisor, as well as program officials, including completion of a Variance Report. If required, the student should seek immediate medical attention from the hospital in which the event occurred. Students must report any exposure to tuberculosis, meningitis, hepatitis, or other infectious/communicable diseases to the Assistant Program Director and clinical affiliate, as follow-up may be required. It is mandatory that students report all needle stick injuries to both affiliate and program officials immediately, and follow through with appropriate medical treatment. A Variance Report, and other reports as may be required by the affiliate or university must be completed promptly. All required paperwork will be placed in the students file.

---

## VII. NON-CLINICAL STUDENT CONCERNS & PROCEDURES

---

### Financial Aid Options

(See also [UND Academic Catalog](#) and [College of Nursing Graduate Student Handbook](#)) Currently the federal government is supporting the education of nurse anesthetists through the Nurse Anesthesia Traineeship Grant. Funds from this federal grant are available for use by anesthesia students only. The federal government is also currently supporting education of nurses through the Nurse Traineeship Grant. Funds from this federal grant are available for use by all graduate nursing students. Students are directed to the office of the Director of Graduate Studies for eligibility and application information. Information relating to the availability of other federal aid programs, as well as sources of funding which are available from the university, is available in the Financial Aid Office.

### Tuition and Fees

(See also [UND Academic Catalog](#)) In addition to Graduate School tuition and fees, all students enrolled in graduate studies in the College of Nursing are assessed program fees, which are designated to support a variety of costs unique to clinical specialization programs.

### Educational Resources

The university offers a wide range of support for both undergraduate and graduate students. Within the College of Nursing, the Director of Graduate Studies is available to students for assistance with registration, progression, and student programs. In addition to computer labs located at various sites across campus, state-of-the-art computers are housed in the College of Nursing. Student Health and Counseling Services, the School of Medicine Harley French Library of the Health Sciences, and the university's Chester Fritz Library are accessible to students. The Harley French Library has branches at

the VA Hospital in Fargo, ND and the Q&R Clinic in Bismarck, ND, both cities in which the program has primary clinical sites. The Learning Resource Center (LRC) houses a wide variety of models, audio-visual resource materials, and reserve texts, which are available for student use. All anesthesia-related equipment, models, resource texts, and audio-visual learning resources are indexed and cataloged, with a copy of the information provided to anesthesia students. The LRC Manager and staff are readily available to assist faculty and students.

## **Student Employment Policy for Work Outside the Program**

Students are discouraged from working while enrolled in the Program. Under no circumstances are students permitted to work as anesthetists outside the educational program as this is expressly forbidden by the North Dakota Nurse Practice Act.

## **Associate Membership in the AANA**

Students are required to become associate members in the American Association of Nurse Anesthetists and to maintain membership throughout their educational program. Associate membership in the AANA entitles a student to receive the AANA Journal, the AANA Bulletin, and to attend national meetings at discounted costs. Application for membership in the AANA is processed during the Fall semester of the first year.

## **Professional Activities**

Student attendance at meetings of the North Dakota Association of Nurse Anesthetists (NDANA) is viewed as an essential component of professionalism. Students are encouraged to attend national meetings of the American Association of Nurse Anesthetists (AANA). Funds may be made available from a variety of sources to defray expenses. Students are also encouraged to consider membership in the North Dakota Nurses Association (NDNA) and specialty nursing organizations.

## **Professional Liability Insurance**

The University of North Dakota College of Nursing provides liability insurance for all students, on or off campus, each semester they are attending the College of Nursing and involved in the clinical setting. Each student is covered up to \$1,000,000 for any one incident, and up to \$3,000,000 as a total of all claims within one calendar year period. Students are not covered by this liability insurance during personal volunteer work, working for pay or during self-employment. Students may, at their discretion, purchase individual liability insurance coverage.

## **Substance Abuse/Pharmaceutical Use**

(See also Code of Student Life).

CHEMICAL IMPAIRMENT POLICY (CON Policy #238): The University of North Dakota College of Nursing

recognizes that chemical impairment is an illness and should be treated as such. This policy regarding chemical impairment is based on the American Association of Colleges of Nursing task force assumptions and principles.

The general assumptions and principles used in developing this policy are as follows:

1. Chemical impairment compromises both the educational process and safe patient care.
2. Chemically impaired persons need help to recognize the consequences of their substance use.
3. Addiction is a treatable illness and rehabilitative and therapeutic approaches are effective in facilitating recovery.
4. Individuals with chemical impairment should receive an opportunity for treatment in lieu of, or before, disciplinary action.

**Identification** - Identification of impairment possibly due to substance abuse, should be based on a pattern of quantifiable behaviors such as:

1. Poor grades
2. Significant decline in GPA
3. Slurred speech, motor incapacities
4. Absenteeism or any pattern of impairment in an individual's ability to meet standards of performance
5. Competency and safety in the classroom or clinical area

**Reporting** - When a faculty member or preceptor becomes aware of suspected chemical impairment she/he will:

1. Remove student from the clinical site or classroom (refer to Clinical Removal Policy if indicated).
2. Confront the student immediately with observation of behavior.
3. Document the discussion, place in student medical file, and report it to the appropriate line of authority.
4. If chemical impairment is suspected, intervention is indicated.

**Intervention** - To insure privacy of the suspected impaired student, any intervention will be conducted in a strictly confidential manner.

1. The student will be referred to the University of North Dakota Counseling Center for an evaluation by a licensed addiction counselor at no cost to the student.
2. If chemical abuse is identified, the student will be referred to the University of North Dakota Counseling Center for their chemical abuse education program.
3. Documentation of intervention will be placed in student's medical file.

**Outcome(s)** - Students unable to make appropriate professional judgments meet clinical/course objectives or who demonstrate unsafe behaviors will be dismissed from the College of Nursing.

Continued progression within the curriculum is dependent upon the student meeting course objectives, and academic standards as is expected of all students. A student must notify the Director or Assistant Program

Director if he/she is taking prescription drugs that have the potential to affect performance in the clinical setting. The Director or Assistant Director must be notified when the drug therapy is initiated.

In addition to the above policy, students admitted to the Nurse Anesthesia Program are also subject to mandatory drug screening if impairment is suspected by program faculty. Students are also subject to all drug and alcohol use policies set forth by our affiliate hospitals and clinical sites in addition to the UND policy. Students should review these policies prior to their attendance at an affiliate hospital.

## **Student Policy for Bloodborne Pathogens (OSHA)**

COLLEGE OF NURSING POLICY BLOODBORNE PATHOGENS (CON Policy #128). It is the intent of the College of Nursing (CON), University of North Dakota (UND) faculty, staff and students, to conform to the Exposure Control Plans for UND and those of affiliated agencies and clinical sites, as well as to the requirements of local, state and federal laws and the Centers for Disease Control and Prevention (CDC) guidelines relating to minimizing the possibility of exposure to bloodborne pathogens.

Specifically, the standards of the Occupational Safety and Health Administration (OSHA) will be adhered to by faculty, staff and students of the CON. Students may not refuse to care for those infected with bloodborne pathogens without sound medical reason to do so. Students who themselves are or may become infected by one or more of the BBPs, will be reasonably accommodated by the school to allow continuation of their education/career. Determinations relating to provisions in this paragraph will be made on an individual basis.

Students and university faculty and staff are required to attend an annual in-service training/ informational session related to the OSHA standards. Students receive their initial in-service as a part of the curriculum during their first year in the program. Subsequent in-services may be obtained through the university, clinical affiliates offering training sessions, or other recognized and accepted venues, which may be identified. Documentation of attendance or participation in an accepted program is maintained in the student files.

## **CPR/ACLS/PALS Certification**

Throughout the duration of their program, students must hold (and maintain) active certification in Basic Cardiac Life Support, Advanced Cardiac Life Support, and Pediatric Advanced Life Support as required by the Council on Certification of Nurse Anesthetists. While enrolled in the program, students will be given time off to attend classes in order to maintain these certifications. Verification of current certifications must be submitted to the Assistant Program Director or Anesthesia Program Secretary.

## **Health Insurance**

Students are required to provide their own health insurance coverage and are responsible for any medical expenses incurred while enrolled in the College. Written proof of individual insurance is required prior to participating in clinical experience. Students are responsible for updating this information with the College of Nursing should changes in coverage occur.

## Tuberculin Testing

Students must provide documentation of a negative TB test on an annual basis. Students who are positive reactors must have a report of one negative chest x-ray on file and a statement signed by self and a health care provider, assuring absence of symptoms. Documentation must be submitted to the Anesthesia Program Secretary prior to the beginning of the program and annually.

## Hepatitis B Immunization

All nursing students are required to have the Hepatitis B vaccine. This decision was based on the Federal ruling from the Department of Labor, Occupational Safety and Health Administration which states: "Risks among health care professionals vary during the training and working career of each individual but are often highest during the professional training period. For this reason, when possible, vaccination should be completed during training in schools of medicine, dentistry, nursing, laboratory technology, and other allied health professionals before workers have their first contact with blood." Students will not be admitted to nursing classes until this requirement is met. Failure to provide proof of immunity or waiver of liability will result in exclusion from nursing classes. Students will not be admitted to clinical courses without appropriate documentation in accordance with agency contract. Any vaccine coming due during the semester with the exception of the second and third hepatitis injections must be renewed prior to the first day of classes. Documentation must be on a health care agency form and signed by a licensed nurse or physician.

Documented antibody titre as proof of immunity or waiver of liability must be submitted to the Anesthesia Program Secretary office before the start of classes.

## Program Calendar

First year students will be granted time off during the Fall and Spring semester in accordance with the University calendar. However, prior to the start of their second Fall semester, students will be granted one week of vacation, which will be different from the University calendar. A calendar will be provided to students and clinical coordinators each semester. During the second year, time off will include Easter holiday, spring break (one week in March) and a shortened break between the Fall and Spring semester (to be determined by program faculty). In addition to this, second year students are allowed 12 clinical release days to be used at their discretion as described under Excused Absences. Students are encouraged to use these days to complete their independent/thesis projects in a timely manner.

## Academic Probation

See the UND Academic Catalog and College of Nursing Graduate Student Handbook.

## Grievance Procedure

Refer to Code For Student Life, UND Academic Catalog, and the College of Nursing Graduate Student Handbook.

## Student Time Studies

Periodically, students will be asked to participate in time studies, which accurately reflect their total time commitment to the anesthesia program. This is done to assess the number of hours students commit at varying program intervals to ensure that patient safety is never compromised and that student learning is optimized. Using these data, adjustments to student workload and/or curricular changes can occur as necessary.

*Information contained in this handbook undergoes periodic review and revision. Program faculty and students will be informed in a timely fashion of any amendments or changes.*

---

## **VIII. Student-Faculty Handbook Acknowledgement**

---

---

University of North Dakota - College of Nursing  
Nurse Anesthesia Specialization  
Reviewed August 2008

I have read the Student/Faculty Handbook and agree to abide by the Policies and Procedures contained therein.

I have read the "Skills and abilities applicants and students must demonstrate" in the Student-Faculty Handbook and I acknowledge that I am able to perform in accordance with these standards.

---

Signature