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UPMC Hamot School of Anesthesia/ Gannon University



UPMC Hamot

2020-2022 STUDENT HANDBOOK

UPMC Hamot School of Anesthesia/Gannon University

201 State Street
Erie, Pa 16550

UPMC Hamot

This acknowledgment confirms that I have received a copy of the UPMC Hamot School of Anesthesia/Gannon University Student Handbook. I understand it is **MY** responsibility to read the entire contents of the student handbook. If I do not understand anything outlined in this manual I will ask the Program Director, Associate Director or Education Coordinator for clarification. I understand that the administration of the UPMC Hamot School of Anesthesia/Gannon University may revise this handbook as deemed necessary.

I have read the UPMC Hamot School of Anesthesia/Gannon University Student Handbook in its entirety:

Print Name

Signature

Date

UPMC Hamot School of Anesthesia/Gannon University
2019-2021 Student Handbook
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UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

2020-2022 STUDENT HANDBOOK

SECTION I

ORGANIZATIONAL STRUCTURE

UPMC Hamot

Mission Statement

UPMC Hamot has adopted a vision of providing care and service that achieve the highest national standards. UPMC Hamot's Mission is "To Serve" patients and the community in a tradition of quality, health, healing and education.

The Mission of the UPMC Hamot School of Anesthesia/Gannon University is congruent with that of UPMC Hamot and Gannon University's Villa Maria School of Nursing.

Our mission is to create a center of excellence for the advancement of nurse anesthesia education and practice. The program is committed to the graduate education of registered nurses with a specific focus of anesthesia nursing. We prepare our graduates to provide anesthesia services and perioperative care and to respond to a continually changing health care environment. The program endeavors to provide an atmosphere of learning that promotes each student's personal and professional growth. We strive to graduate excellent practitioners ready to function in the vital role of nurse anesthetist, prepared to assume leadership roles in their profession and society.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Educational Philosophy

The philosophy of the nurse anesthesia program is congruent with the philosophy of UPMC Hamot and Gannon University's Villa Maria School of Nursing.

The faculty believes that the essence of nurse anesthesia education at the graduate level requires a learning process that is competency-based and self-directed. This advanced practice nursing role incorporates principles of commitment to personal excellence, critical thinking, sound and prudent decision making, and independent judgment. We further believe that this program of study is based upon multi-disciplinary bodies of knowledge from the fields of nursing, biology, as well as the physical, chemical, and socio-behavioral sciences.

Graduates will be prepared for advanced practice nursing in the specialty area of nurse anesthesia. The course of study will prepare a nurse anesthetist who is ready to function successfully in the role of clinician, educator, researcher or administrator.

We believe that learning occurs in an atmosphere of respect and responsibility where instructor and student share common goals. Nurse anesthesia program faculty serve as mentors, role models, and facilitators of learning. The student registered nurse anesthetist accepts responsibility for academic integrity and self-directed learning throughout a variety of didactic and clinical educational experiences.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Statement of Purpose

The purpose of the UPMC Hamot School of Anesthesia/Gannon University is congruent with that of UPMC Hamot and Gannon University's Villa Maria School of Nursing.

The program is a dual purpose, collaborative, graduate educational program, which allows students to earn a Master of Science in Nursing (MSN) degree with a concentration in Nurse Anesthesia and a Certificate of Completion of the UPMC Hamot School of Anesthesia. Gannon University offers a post-master's certificate to the applicant who has earned an MSN.

Accreditation

UPMC Hamot School of Anesthesia/Gannon University is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. The Commission on Collegiate Nursing Education accredits Gannon University's Villa Maria School of Nursing. Upon successful completion of the 28-month program, the graduate is eligible to take the National Certification Examination administered by the National Board on Certification and Recertification of Nurse Anesthetists.

Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
222 S. Prospect Avenue
Park Ridge, IL 60068-4001
814-655-1160
Accreditation@coacrna.org

Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19

UPMC Hamot

History of the Nurse Anesthesia Program

The Charter for the Nurse Anesthesia Program was established at Hamot Medical Center in June of 1965. The founder, and first program director, was Dr. Robert Merriman, MD. The first class was admitted to an 18-month program. The principle charter and ownership of the program has been held by Hamot Medical Center since its inception.

Initial approval and accreditation from the Council on Accreditation of Nurse Anesthesia Educational Programs was granted on October 30, 1970. In September, 1974 Mr. Steve Anderson, CRNA, MEd, became program director. The program functioned as a certificate program until 1975, when Mr. Anderson made efforts to move the program into a baccalaureate framework and an affiliation with Edinboro State College was developed. The degree program with Edinboro was initially housed in the Biology and Health Sciences Department and graduates earned a Bachelor's Degree in Anesthesia upon program completion. In 1987, the program moved to the Nursing department of Edinboro State University.

In 1988, a graduate program within the College of Nursing was developed. Students would earn a Master of Science in Nursing (MSN). The first class of graduate students was accepted in January 1989. Due to an increase in didactic curriculum, the program was extended to 28 months in length.

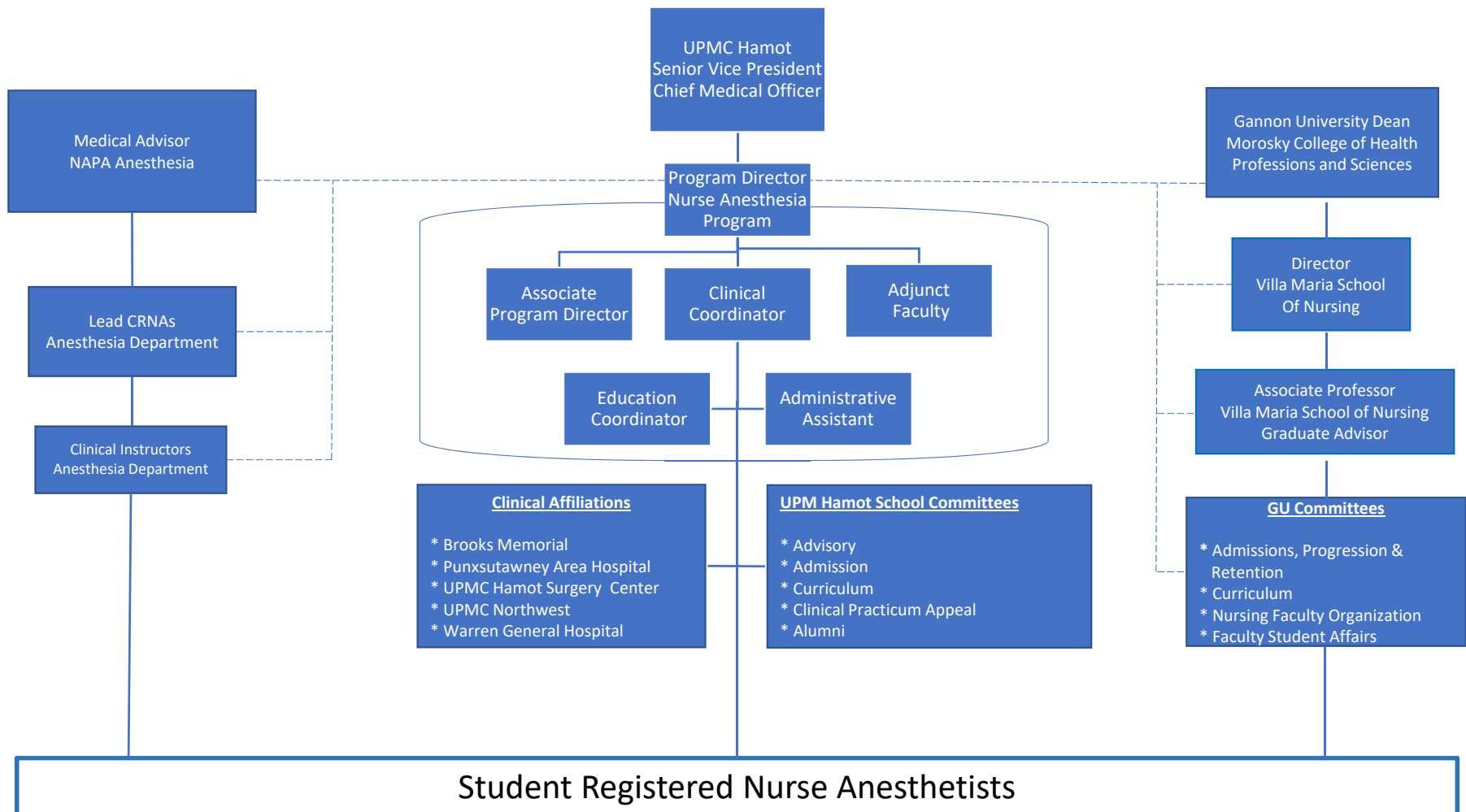
In January 1990, the school moved its academic affiliation to Gannon University's Villa Maria School of Nursing. In July 2009, Krista Yoder, CRNA, MSN became program director and acted in this capacity until January 2015. At that time Levi Black, CRNA, DNP (Assistant Director) became program director and acted in this capacity until August 2019. At that time Donald Larmon, CRNA, DNP (Assistant Director) became the program director with Rachel Wolfe, CRNA, MSN as Assistant Director.

The school currently admits one class of approximately 20 students a year. The program requires completion of a Master's thesis. Students may participate in an RN to MSN option through Gannon University. A post-master's certificate is also available for the applicant who has earned a MSN. All coursework is completed in a continuous 28-month sequence. Graduates of the program receive a Master of Science in Nursing Degree with a concentration in Nurse Anesthesia, from Gannon University and a Certificate of Completion of the Anesthesia Program from UPMC Hamot School of Anesthesia/Gannon University. Graduates are prepared to take the National Certification Examination. UPMC Hamot School of Anesthesia is proud of its alumni, who successfully provide skilled anesthesia services across the United States in a variety of practice settings.

*Approved by Levi Black, CRNA, DNP, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 18, 19*

UPMC Hamot

UPMC Hamot School of Anesthesia / Gannon University



UPMC HAMOT SCHOOL OF ANESTHESIA / GANNON UNIVERSITY

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UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

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2020**

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Hamot Representative – Erica Ramsdall
Ann Pederson, RN

Lisa Quinn, PhD, RN

UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

STUDENT HANDBOOK

SECTION II

POLICIES AND PROCEDURES

UPMC Hamot

Title: Policy of Non-Discrimination

Policy: The UPMC Hamot School of Anesthesia/Gannon University does not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, citizenship status, disability, or veteran status in its programs and activities. The school shall not discriminate against any person on any basis prohibited by law. All aspects of student affairs and education of students including recruitment, admissions, financial aid, placement, access to facilities, student discipline, and student life conform to this policy.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
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UPMC Hamot

Title: Guidelines for Professional Integrity of Student Registered Nurse Anesthetists

Purpose: To provide guidelines for professional conduct of student registered nurse anesthetists at UPMC Hamot School of Anesthesia and Gannon University's Villa Maria School of Nursing.

Policy and Procedures:

- A. Student registered nurse anesthetists (SRNAs) have an obligation to maintain ethical and moral behavior in relationship to their profession.
- B. Definitions:
 1. Professional behavior – behavior reflecting status, character, and standards of a given profession.
 2. Ethical behavior – behavior in accordance with the accepted principles of right and wrong that governs the conduct of a profession.
 3. Moral behavior – behavior concurrent with contemporary community standards of morality.
- C. Examples: (Including but not limited to)
 1. Breaching patient confidentiality, revealing personally identifiable facts obtained as a result of student-patient relationship without prior consent of the patient. (Except as authorized or required by statute).
 2. Posting to a Social network, internet or email postings that undermine the School, hospital, administration, staff or students.
 3. Performing a task, which the student knows or has reason to know that he/she is not competent to perform unsupervised.
 4. Functioning in the role of SRNA while under the influence of drugs or alcohol, or with physical or mental impairment that make the student unfit for practice.
 5. Impersonating another healthcare provider.
 6. Independently delegating a task assigned by his/her instructor to another individual.
 7. Failing to follow through with all assigned tasks.
 8. Willfully harassing, abusing, or intimidating another individual (e.g. patient, peer, faculty or staff).
 9. Violating a fixed standard of professional conduct (e.g. RN licensure or state boards).
 10. Committing an act involving moral turpitude, dishonesty, or corruption when the act directly or indirectly affects the health, welfare, or safety of others. If the act constitutes a crime, conviction thereof in a criminal proceeding is not a condition precedent in disciplinary action.

A student found to be in violation of professional and ethical conduct may appeal according to the procedures found in the School Student Handbook.

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Effective Date: January 2020
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UPMC Hamot

Title: Guidelines for Conduct of Student Registered Nurse Anesthetists

Purpose: The purpose of this policy is to state UPMC Hamot School of Anesthesia/Gannon University's position on administering equitable and consistent corrective action for unsatisfactory conduct in the clinical and academic environment. The best corrective action measure is the one that does not have to be enforced and comes from good leadership and fair supervision at all levels. The policy relates to UPMC Hamot and all Clinical Sites, including their safety, health, or security policies, rules, or procedures.

Policy and Procedure:

- A. UPMC Hamot School of Anesthesia/Gannon University's own best interest lies in ensuring fair treatment of all SRNA's and in making certain that corrective actions are prompt, uniform, and impartial. The major purpose of any action is to correct the problem, prevent recurrence, and prepare the SRNA for satisfactory performance in the future.
- B. UPMC Hamot School of Anesthesia/Gannon University will use progressive corrective action at its sole discretion. If a problem or unsatisfactory SRNA performance occurs, the program director is responsible for investigating the problem and determining the appropriate progressive disciplinary action to be taken. Disciplinary action may call for any of five steps that are listed as follows:
 1. Information for the record
 2. Counseling
 3. Written Warning
 4. Suspension
 5. Suspension pending review for possible termination
- C. UPMC Hamot School of Anesthesia/Gannon University recognizes that there are certain types of SRNA problems that are serious enough to justify either a suspension, or, in extreme situations, termination of academic course of study, without going through the usual progressive corrective action steps. By using progressive action, we hope that most SRNA problems can be corrected at an early stage, benefiting both the SRNA and UPMC Hamot School of Anesthesia/Gannon University.
- D. In order to ensure safe and orderly operations and provide the best possible academic environment, UPMC Hamot School of Anesthesia/Gannon University expects SRNAs to follow rules of conduct that will protect the interests and safety of other students, faculty, patients and UPMC Hamot personnel. It is not possible to list all the forms of behavior that are considered unacceptable in the academic environment, but the following are examples of infractions of rules of conduct that may result in disciplinary action, including suspension, or termination of course of study:
 1. Failure to demonstrate UPMC Hamot's core values and customer service standards.
 2. Incompetence or neglect of duties.
 3. Being discourteous to patients, visitors, faculty, employees or physicians.

4. Violating any UPMC Hamot safety, health, or security policy, rule, or procedure.
5. Theft or damage of any UPMC Hamot property or the property of any patient or visitor.
6. Removing or borrowing medical center or school property without prior authorization.
7. Unauthorized use of medical center or school equipment, time, materials, or facilities.
8. Working with alcohol or illegal substances in your system.
9. Possessing, distributing, selling, transferring, using, or having alcohol or illegal drugs in your system while in the workplace, or any infraction of UPMC Hamot School of Anesthesia/Gannon University's drug and alcohol policy.
10. Falsification of student records, employment information, or any other records.
11. Gambling while working or on UPMC Hamot facilities.
12. Engaging in unlawful discrimination.
13. Soliciting or receiving tips or gifts of value from patients, family members or visitors.
14. Violating the solicitation guidelines.
15. Provoking or participating in a fight or acts of violence during working hours or on premises owned or occupied by UPMC Hamot.
16. Causing, creating or participating in disruptive conduct including, but not limited to, running in corridors, excessive noise, horseplay, and inappropriate conversations on UPMC Hamot time or premises.
17. Possession of firearms or any other dangerous weapons, at any time, on premises owned or occupied by UPMC Hamot.
18. Engaging in illegal conduct that is detrimental to the reputation of UPMC Hamot, whether or not related to SRNA performance.
19. Insubordination, including but not limited to failure or refusal to obey the orders or instructions of any clinical supervisor or member of management, the use of abusive or threatening language toward any clinical supervisor or member of management, or refusal to fully disclose information in the course of organizational investigations.
20. Being disrespectful or using profane or abusive language at any time while on premises owned or occupied by UPMC Hamot.
21. Failing to personally notify the appropriate supervisor when unable to report to clinical assignment.
22. Failing to notify your immediate supervisor to leave clinical assignment or work area, for any reason during normal clinical practicum hours or before the end of scheduled clinical shift.
23. Failing to observe clinical schedules, including rest and lunch periods.
24. Excessive absences/tardiness or abuse of time off or other leave.
25. Failure to follow request for time-off procedures.
26. Sleeping while on clinical assignment and/or in work areas.

27. Making or accepting for improper purposes personal telephone calls /electronic devices during clinical hours.
28. Violating the dress code policy.
29. Committing a fraudulent act, dishonest act, breach of trust, or violating the duty of loyalty to UPMC Hamot School of Anesthesia/Gannon University in any circumstances.
30. Failing to maintain confidentiality and/or disclosing proprietary information.
31. Violation of UPMC Hamot's Electronic Communications Monitoring Acknowledgement or the Confidential Information Security Agreement.
32. Violation of UPMC Hamot policies and procedures.
33. Failure to comply Federal and State laws and other regulations.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

**UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY
CORRECTIVE ACTION REPORT**

6 Digit SRNA Number _____ Date of Violation _____

Name _____ Department _____

Title: Student Registered Nurse Anesthetist

Complete sections I, II and III prior to presenting this form to the student registered nurse anesthetist. Upon presentation, the SRNA should be encouraged to make comments in the Comments section. The ORIGINAL should then be forwarded to the Human Resource Office for filing, a copy should be given to the SRNA and a copy kept in the UPMC Hamot School of Anesthesia/Gannon University file.

- SECTION I: Be **factual**; include **complete information**; give dates, times, names of witnesses and any other pertinent facts.
- SECTION II: Be specific in clarifying the action being taken. Include in this section, what the next step will be if there are further occurrences of the problem.
- SECTION III: List possible solutions to the problem occurring and/or refer SRNA to appropriate individuals.

Corrective Action Taken:

Consequence of Repeat Violations:

- Counseling
- Written Warning - 1st
- Written Warning - 2nd
- Suspension for _____ days
(list dates)
- Termination Date

- Written Warning - 1st
- Written Warning - 2nd
- Suspension for _____ days
- Termination

I. **Causes for Corrective Action:** _____

II. **Clarification of Action Taken:** _____

Title: Guidelines for Conduct Grievance

Purpose: To provide the Student Registered Nurse Anesthetist a Grievance Process for Disciplinary Action related to Violation of Student Registered Nurse Anesthetist Conduct Policy.

Policy and Procedures:

- A. Student Registered Nurse Anesthetists should seek clarification or guidance from their program director, or Human Resources whenever problems exist. This can be especially helpful when assistance is required to clearly define problems or develop alternative solutions.
- B. However, when a problem cannot be resolved with the SRNA's program director, or with Human Resources, the SRNA may submit an Appeal to Human Resources.
- C. A written appeal should be filed within 2 weeks of the issue or action appealed. The SRNA appeal process should not exceed 30 days.
 1. The written appeal should include: identification of the grievant, the respondent, the incident, date, time, place, existing rule/policy/established practice claimed to be violated and a brief statement of the desired outcome.
- D. Once the request is filed, the following procedure is normally used. While this standard procedure is designed to lead to the effective resolution of problems, the circumstances surrounding some cases may require that they be handled differently. Therefore, UPMC Hamot School of Anesthesia/Gannon University reserves the right to make other SRNA appeal arrangements which may lead to a prompt, fair or effective resolution of the matter at hand.
 1. Upon receipt of an SRNA Appeal, Human Resources will assign the matter to the reviewing authority. The reviewing authority has the responsibility to try to resolve the problem. The reviewing authority will communicate with the SRNA to that end, and should seek the guidance and counsel of Human Resources and higher levels of management, as necessary, to effectively analyze the situation.
 2. The reviewing authority has one week in which to process the appeal or advise the SRNA of another schedule if a greater length of time is realistically necessary. Upon conclusion of this step, the reviewing authority will provide a written response to the SRNA. The decision of the reviewing authority is final.
 3. This SRNA appeal process does not apply to discrimination claims based on race, color, religion, sex, national origin, ancestry, age, disability or veteran status or the following circumstances:
 - a. Sexual harassment or any other form of harassment
 - b. Substance abuse
 - c. Clinical evaluations or clinical performance

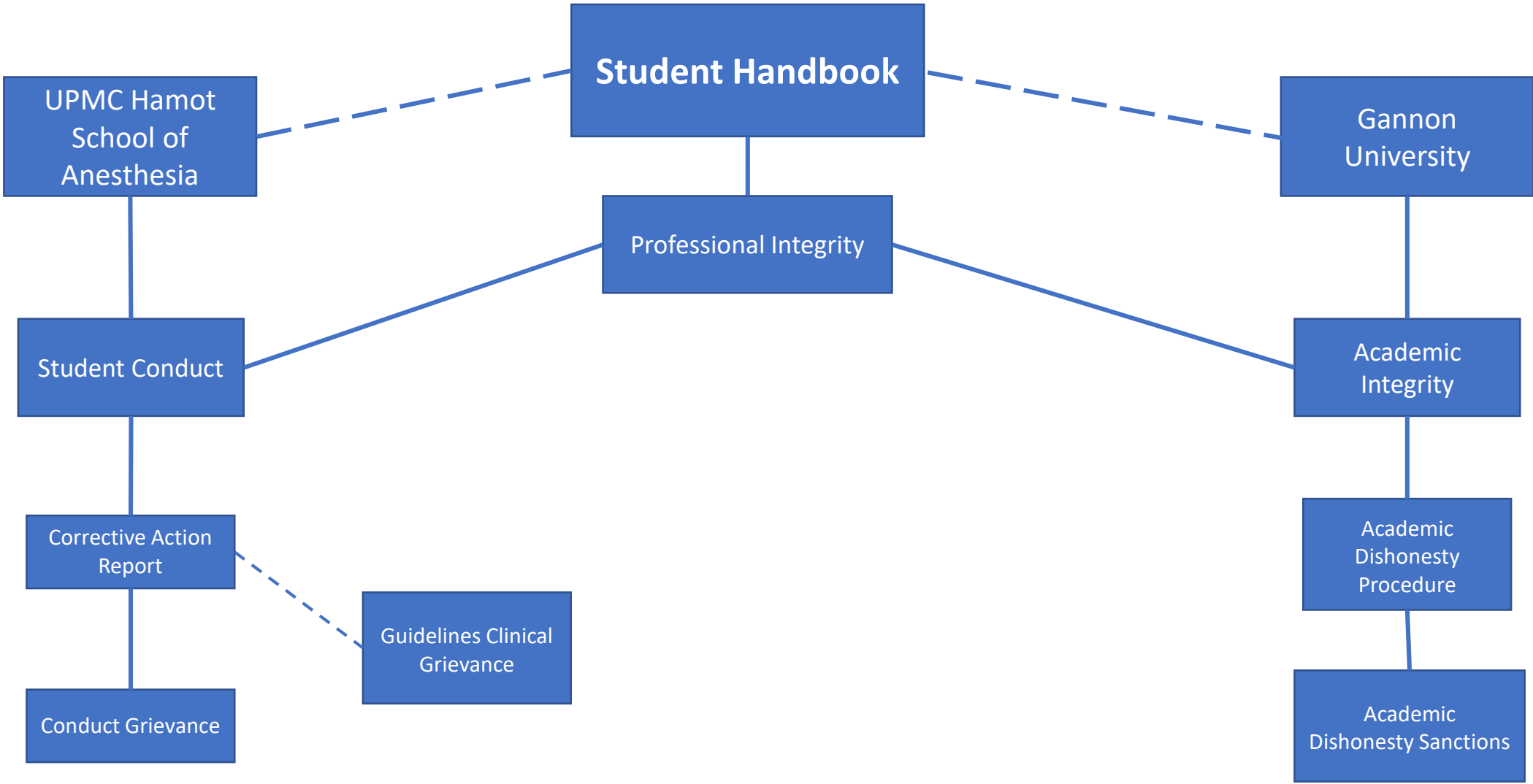
Approved by Donald Larmon, DNP, CRNA, Director

Effective Date: January 2020

Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19

UPMC Hamot

UPMC Hamot School of Anesthesia / Gannon University



Title: Guidelines for Academic Integrity and Regulations of Student Registered Nurse Anesthetists

Purpose: To provide guidelines for academic conduct of student registered nurse anesthetists at UPMC Hamot School of Anesthesia and Gannon University's Villa Maria School of Nursing.

Policy and Procedures:

A. Academic integrity of SRNAs is expected. Student registered nurse anesthetists at UPMC Hamot School of Anesthesia/Gannon University accept personal responsibility for their own behavior and performance; for understanding what is expected and meeting those expectations. This conduct is monitored by assessment of didactic development and clinical performance.

B. Student registered nurse anesthetists have ethical responsibility regarding financial assistance they receive from public or private sources. This conduct is monitored by tracking student loan default rates.

C. UPMC Hamot School of Anesthesia/Gannon University upholds and agrees with Gannon University's published Academic Integrity Policy. This policy is documented in the Gannon University Graduate Catalog 2019-2020, page 14. It is each student's responsibility to read the entire policy in the Gannon University Graduate Catalog. This policy states:

“Gannon University considers the maintenance of academic integrity of utmost importance and stresses that students are responsible for thoroughly understanding this code. Absolute integrity is expected of every Gannon student in all academic undertakings; the student must in no way misrepresent his/her work, fraudulently or unfairly advance his/her academic status, or be a party to another student's failure to maintain integrity. The maintenance of an atmosphere of academic honor and the fulfillment of the provisions of this code are the responsibilities of the students and faculty of Gannon University. Therefore, all students and faculty members shall adhere to the basic principles of this Code. Each student will receive the Code of Academic Integrity publication of Gannon University during Freshman Orientation or entrance into the University. Upon review of the publication, the students will be invited to sign a pledge to uphold the Academic Integrity of their work and the work of their peers.”

I. Forms of Academic Dishonesty

A. Plagiarism

Plagiarism is the inclusion of someone else's word, ideas or data as one's own work. When a student submits work for credit that includes the words, ideas or data of others, the source of that information must be

acknowledged through complete and accurate documentation, and specific footnote references, and, if verbatim statements are include, through quotation marks as well. By placing his/her name on work submitted for credit, the student certifies the originality of all work not otherwise identified by appropriate acknowledgments. A student will avoid being charged with plagiarism if there is an acknowledgement of indebtedness.

Examples (Including but not limited to)

- 1. Whenever one quotes another person's actual words.*
- 2. Whenever one paraphrases another person's idea, opinion or theory.*
- 3. Whenever one borrows facts, statistics, or other illustrative materials, unless the information is common knowledge.*
- 4. Downloading or purchasing material from the internet without identifying appropriate acknowledgement.*

B. Fabrication

Fabrication is the use of invented information or the falsification of research or other findings with the intent to deceive.

Examples (Including but not limited to)

- 1. Citing information not taken from the source indicated.*
- 2. Listing sources in a bibliography not used in the academic exercise.*
- 3. Inventing data or source information for research or other academic exercise.*
- 4. Submitting as your own any academic exercise (e.g., written work, documentation or legal document [e.g., patient charts, etc.], painting, sculpture, etc.) prepared totally or in part by another.*
- 5. Taking a test for someone else or permitting someone else to take a test for you.*
- 6. Collaborating with another person or external entity to participate in a discussion activity in an online course.*
- 7. Paying for a Web service to provide answers for online homework and exams.*
- 8. Paying for a Web service to complete an online course.*

C. Cheating

Cheating is an act of deception by which a student misrepresents that he/she has mastered information on an academic exercise that he/she has not mastered.

Examples (Included but not limited to)

- 1. Copying from another student's test paper and/or other assignments.*
- 2. Actively facilitating another student's copying from one's own test paper/other assignments.*
- 3. Using the course textbook or other materials such as a notebook not authorized for use during a test.*

4. *Collaborating during a test with any other person by receiving information without authority.*
 5. *Using specifically prepared and unauthorized materials or equipment during a test, e.g. notes, formula lists, notes written on student's clothing, etc.*
 6. *Reporting a clinical visit completed when it was not.*
 7. *Falsifying reports of clinical visits, laboratory exercises, or field experiences.*
 8. *Utilizing cheating devices and any other technology to communicate question content and answers with another person during the administration of an exam.*
 9. *Performing web searches for answers during an online exam.*
- Collaborating with another person or external service to participate in a discussion activity or exam in an online course.*

D. Academic Misconduct

Academic misconduct is the tampering with grades, or taking part in obtaining or distributing any part of any test...

Examples (Including but not limited to)

1. *Stealing, buying or otherwise obtaining all or part of an unadministered test.*
2. *Selling or giving away all or part of an unadministered test including answers to an unadministered test.*
3. *Bribing any other person to obtain an unadministered test or any information about the test.*
4. *Entering a building, office file or computer/computer system for the purpose of changing a grade in a grade book, on a test, or on other work for which a grade is given.*
5. *Changing, altering, or being an accessory to the changing and/or altering of a grade in a grade book, on a test, a "change of grade" form, or other official academic records of the University which relate to grades.*
6. *Entering a building, office, file, computer/computer system for the purpose of obtaining an unadministered test.*
7. *Hiding and/or mutilating library/classroom books and/or equipment.*
8. *Taking an online exam or quiz early to share question content with other students.*
9. *Sharing Blackboard or Gannon userID login information with another person or external entity to submit or share class work.*

II. Academic Dishonesty, Formal Procedure

1. *If an instructor suspects that a student has violated Gannon University's Code of Academic Integrity, he/she will promptly notify the student involved as well as the department chair responsible for the course in question. At no time during the investigation or appeal*

process are students permitted to withdraw from the course. Within 10 calendar days of the discovery of the alleged violation the instructor will notify the student of the allegation and invite the student to meet to review the matter and to explain the alleged violation. If the student chooses to meet with the instructor to contest the allegation, this meeting shall be scheduled within 7 calendar days of the notification.

- 2. If the student is cleared of the allegation, the matter will be dropped. If not, then the instructor will inform the Dean's Office of the violation. (The Dean's Office to be notified is the one responsible for the course.) This Office shall then inform the instructor of the student's number of previous violations of academic integrity policy, if any. In consultation with the department chair the instructor will then impose a sanction upon the student. A letter detailing the sanction will be sent to the student from the instructor and copied to the three College Deans. The letter shall be sent within 10 calendar days from the date the Dean was notified. The student should be aware that admission of guilt does not eliminate or lessen the sanction imposed by the instructor.*
- 3. The student may appeal the instructor's decision to the Dean of the College in which the course resides. Appeals must be made within 7 calendar days of the date of the instructor's decision. Students are expected to continue to attend class during the appeal process.*
- 4. A hearing will be scheduled within 10 calendar days of the Dean receiving the student's appeal. The hearing will include the pertinent evidence and the student will be given the opportunity to challenge the evidence and present a defense. The student may have one guest present during the hearing, but the guest is not allowed to speak during the hearing unless permitted by the Dean. The Dean will issue a finding based upon the evidence presented. If the Dean determines that insufficient evidence has been presented, the matter will be dropped. If the Dean finds the student in violation of the Code of Academic Integrity, he/she may support the academic sanction originally imposed by the instructor. The Dean also has the power to issue administrative sanctions [i.e., separation from the University]. In considering the penalty to be imposed, the Dean shall take into account the evidence of the appeal proceeding as well as any documented previous infraction(s). A letter detailing the sanction will be sent to the student from the Dean and copied to the other two College Deans.*
- 5. Following the Dean's decision, the student has 7 calendar days to make a final appeal to the Provost with respect to the fairness of the proceedings and/or the appropriateness of the sanctions. The Provost will issue a decision within 7 calendar days of the appeal. Students are expected to continue attending class during the appeal process. A final letter will be sent to the student from the Provost and copied to the three College Deans.*

(Note: At the Dean's or Provost's discretion, exceptions to the calendar day requirements can be made for unusual circumstances such as Christmas or summer breaks.)

6. *Once all appeals are exhausted and a final decision has been made the Dean's office responsible for the course will report the findings of academic dishonesty to each of the other Academic Deans.*

III. Academic Dishonesty Sanctions

Any student found guilty of academic dishonesty will be subject to penalties, which, depending on the gravity of the offense, may include the following:

1. *A grade of "zero" for the assignment involved (as imposed by the instructor in consultation with the department chair). This penalty will generally be applied in the case of a student's first offense. However, the instructor has the right to impose a more severe penalty based on the circumstances of the offense.*
2. *Failure of the course (as imposed by the instructor in consultation with the department chair). This penalty will generally be applied in the case of a student's second documented offense. However, the instructor has the right to impose a lesser penalty based on the circumstances of the offense.*
3. *Subject to review and approval of the Dean responsible for the course, separation from the University. This penalty will generally be applied in the case of a student's third documented offense. However, the Dean has the latitude to apply a lesser penalty depending on the circumstances of the offense.*

IV. Review and Expunging of Records

1. *Records of completed disciplinary proceedings are destroyed if the student is acquitted.*
2. *Records of the completed disciplinary proceedings are maintained by the Academic Dean's Office if the student is found guilty. The records are maintained for a period of three years after the student leaves or graduates from the University.*

V. Policy of Professional Integrity

All students have an obligation to maintain ethical behavior in relationship to their profession.

Professional Behavior

Those behaviors reflecting the status, character, and standards of the given profession.

Ethical Behavior

Those behaviors in accordance with the accepted principles of right and wrong that govern the conduct of a profession.

Any student of Gannon University who engages in unprofessional or unethical conduct is subject to disciplinary action which could include reprimand, probation, separation and expulsion from the University.”

Academic Integrity Policy quoted directly from Gannon Graduate Catalog 2019-2020, Academic Regulations, and pp. 14-16.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Guidelines for Grading of Didactic Learning

Purpose: To provide guidelines for determination of didactic course grades.

Policy and Procedure:

- A. It is the responsibility of the faculty to document and report each SRNA’s final letter grade upon course completion.
- B. Faculty will publish a system of grade determination for each course. The method of grade determination will be distributed with the course syllabus at the beginning of each semester.
- C. Using the grading scale outlined in section “E” below, faculty may devise their own system of grade determination. The instructor must submit all compiled grades and demonstrate how the final grade was determined.
- D. Grade determination may include, but is not limited to:
 - a. Objective quizzes and tests
 - b. Essay tests
 - c. Research papers
 - d. Skill/knowledge base demonstration
 - e. Student Presentations
- E. UPMC Hamot School of Anesthesia/Gannon University uses the following grade scale:

A+	= \geq 100%
A	= 93-99%
A-	= 90-92%
B+	= 88-89%
B	= 83-87%
B-	= 80-82%
C+	= 78-79%
C	= 70-77%
F	= \leq 60%
- F. The SRNA must earn a grade of “B” or better in each didactic course.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 19*

UPMC Hamot

Title: Guidelines for Academic Progression, Retention, and Dismissal for Graduate Nursing Courses

Purpose: To provide guidelines for academic progression, retention, and dismissal at Hamot School of Anesthesia/Gannon University.

Policy and Procedure:

- A. Graduate nursing students whose GPA falls below 3.0 are subject to review each semester by the Program Director and the Academic Dean. A student with less than a 3.0 GPA may be denied registration and/or dismissed from graduate studies.
- B. Student registered nurse anesthetists must obtain a letter grade of “B” or better for each theory course. Each theory course in which an SRNA receives a grade less than a “B,” including a “B-,” must be repeated at the next offered sequence. The SRNA may remain in the program of study, and proceed to the next level of courses. Students who receive a letter grade of “F” in any theory course may not progress in the graduate nursing program for which the failed course is a prerequisite.
- C. Student registered nurse anesthetists who receive a grade less than a “B” for a theory course must meet with the Program Director to develop a remediation plan. This plan will be documented in writing. The SRNA will receive a copy of the written remediation plan.
- D. Student registered nurse anesthetists may repeat **a TOTAL of 1 theory course within the program of study.** Any given course may be repeated only once. Students are required to submit a written notice of a repeated course to the Gannon Registrar’s Office. The letter “R” will be placed in front of the original grade and the original grade will not be calculated in the SRNA’s cumulative GPA.
- E. If a student registered nurse anesthetist receives a grade less than a “B” in **two** theory courses, or receives a grade less than a “B” in a repeated theory course, the student will be dismissed from the program.

- F. Student registered nurse anesthetists must earn a “satisfactory” grade for all clinical practicums. Student registered nurse anesthetists who fail a clinical practicum are dismissed from the program of study.
1. Per the *Board Preparation, SEE, and Mandatory Board Review Seminar* policy. Students may be required to repeat Clinical Practicum 6.
- G. Students who have been dismissed and desire to continue the program of study must reapply through the UPMC Hamot School of Anesthesia/Gannon University Admissions Committee. Any student re-accepted would need to complete all components of the program of study from the beginning.

*Approved by Donald Larmon DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Faculty Rights and Responsibilities with Respect to Student Registered Nurse Anesthetists

Purpose: UPMC Hamot School of Anesthesia/Gannon University places a high value on effective instruction. The following faculty rights and responsibilities ensure that interaction between members of the academic community occur with respect and consideration for all parties.

Policy and Procedures:

- A. **Class Attendance:** Faculty will make every effort to attend all scheduled classes. If unable to attend, a substitute instructor will be sought or the class rescheduled. Due to clinical responsibility of faculty, class schedules may change.
- B. **Course Content:** Faculty will update course material periodically to reflect current scholarship in the course content area.
- C. **Grading:** Faculty will provide clear guidelines as to how grades will be determined, at the outset of each course.
- D. **Syllabi:** Faculty will distribute or make available through Blackboard a course syllabus at the beginning of each semester.
- E. **Office Hours:** Faculty will be available to meet with students through scheduled appointments.
- F. **Letters of Professional Reference:** Students rely on faculty recommendations when applying for scholarship, career placement or doctoral study. Students may only request professional reference from the Program Director, Associate Directors', Lead CRNA or Medical Chair, Department of Anesthesia. Requests for reference from other physician or CRNA faculty are considered personal and must be noted as such. The student should read and follow the published policy, *Guidelines for Requesting Professional Reference*. If a faculty member agrees to write a letter of professional reference it will be prepared in a prompt and accurate manner.
- G. **Student responsibility:** The faculty expects that students will follow ethical guidelines and standards of conduct set forth by UPMC Hamot School of Anesthesia/Gannon University.

Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19

UPMC Hamot

Title: Guidelines for Clinical Grievance

Purpose: The Clinical Grievance Policy extends to the SRNA the right to appeal actions by UPMC Hamot School of Anesthesia/Gannon University that suspend or dismiss an SRNA from the program or delay graduation for failure to satisfactorily progress in a clinical course.

Policy and Procedure:

- A. The first step in the resolution of a clinical practicum grievance is to submit a formal written account of the grievance.
 1. The written account must be submitted to the UPMC Hamot School of Anesthesia/Gannon University Program Director within 5 days of a clinical practicum evaluation that results in suspension, expulsion or extension of his/her anesthesia program.
 2. The written account should include: identification of the grievant, the respondent, the incident, date, time, place, existing rule/policy/established practice claimed to be violated and a brief statement of the desired outcome.
- B. Within two weeks of receipt of all written materials, the Chair of the Clinical Practicum Appeal Committee will fact-find from involved parties and schedule a hearing of the Clinical Practicum Appeal Committee.
- C. The Clinical Practicum Appeal Committee is comprised of 3 members. Membership includes one representative from Gannon University, appointed by the Director of the Villa Maria School of Nursing, and two representatives from UPMC Hamot. UPMC Hamot representation will not include UPMC Hamot School of Anesthesia faculty or administration. One representative from UPMC Hamot will function as Committee Chair.
- D. The Chair of the Clinical Practicum Appeal Committee will notify the SRNA in writing of the time and place of the hearing. Hearings of the Clinical Practicum Appeal Committee will occur within three weeks from receipt of the written appeal.
- E. The SRNA will appear alone before the Clinical Practicum Appeal Committee. The SRNA may request the committee to contact other individuals on their behalf.
- F. The Clinical Practicum Appeal Committee shall uphold, modify or reverse the action/decision of the UPMC Hamot School of Anesthesia/Gannon University by majority vote.
- G. The Committee Chair will provide written notification of the committee's decision to the UPMC Hamot School of Anesthesia Program Director, the Director of Gannon University's Villa Maria School of Nursing and the SRNA within 5 days of the appeal hearing.
- H. The decision of the Clinical Practicum Appeal Committee is final.

*Approved by Donald Larmom, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Guidelines for Surgical Attire

Purpose: To aid in the maximum protection of the patient and the student registered nurse anesthetist.

Policy and Procedure:

- A. No person is permitted to enter the operating room without the proper surgical attire. Street clothing should be changed to clean scrub attire before an individual enters the operating room. It is not acceptable to wear scrub clothes over street clothes. An undershirt, if worn under the scrub top, should not be exposed at the neckline or sleeves.
- B. A clean scrub suit is to be used each day.
- C. Scrub suits should be of good fit (NOT too big or too small) for comfort and appearance and should permit control around the sterile field.
- D. During the day, scrub suits contaminated with blood, body fluids, food, or beverage must be changed to clean scrub attire.
- E. Scrub attire worn outside the medical center is considered contaminated (Do NOT do this) and must be changed upon return to the medical center, before entering the operating room. Surgical scrubs should not be worn outside of the facility that they come from.
- F. Student registered nurse anesthetists must wear safe, comfortable shoes. Sandals, open toe and platform shoes are not permitted. Foot attire should be reasonable for the work area and designated clinical activities.
- G. When footwear is designated for operating room use only, shoe covers may be omitted. If footwear is not dedicated for operating room use only, shoe covers must be worn. Impervious shoe covers are available for use during procedures with excessive blood and body fluid exposure.
- H. Hair must be completely covered at all times. Disposable caps are provided and a clean cap must be worn each day or changed as needed between cases. The following caps are available.
 1. Surgical Hood
 2. Bouffant cap
- I. Facemasks completely covering the nose and mouth are put in place before entering a sterile operating room. Masks should be changed between cases and as needed. Masks are not permitted to be worn dangling around the neck. The following masks are available.
 1. Wrap around fluid shield mask
 2. Pouch-style wrap around mask
 3. Head gear with disposable face shield
 4. Battery Hood System
- J. Three types of sterile gowns are available for use.
 1. Standard
 2. Reinforced
 3. Impervious

- K. The wearing of jewelry is limited to a wristwatch, wedding rings and small studs for pierced ears. No costume jewelry is permitted to be worn.
- L. Fingernails should be clipped short and well cared for. The use of artificial or acrylic nails is not allowed. Nail polish cannot be chipped.
- M. Students are required to adhere to any other rules for attire that any clinical site may have.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Health, Immunization and Safety Training

Purpose: UPMC Hamot mandates that student registered nurse anesthetists successfully complete a pre-entrance drug screening, establish proof of required immunizations, recent health assessment and complete safety training before matriculation.

Policy and Procedure:

A. Pre-entrance Drug Screening:

1. Applicants accepted into the UPMC Hamot School of Anesthesia/Gannon University must successfully pass a pre-entrance drug screening provided by MedTox Labs prior to beginning the Nurse Anesthesia Program. The cost of specimen collection is the student's responsibility. UPMC Hamot School of Anesthesia pays the cost of lab analysis.
 - a. Individuals with equivocal results on primary analysis will be subject to retest under direct supervision, as per Department of Transportation Policy.
 - b. Individuals with equivocal results on supervised retest will be subject to hair analysis for drug screening.
 - c. Additional documentation from the student's primary health care provider may be requested.
 - d. Individuals with equivocal result on primary analysis may be subject to random drug screening as a condition of entry into the UPMC Hamot School of Anesthesia/Gannon University.
 - e. Non-negative or positive result on primary drug screening will be reviewed by the Medical Review Officer at Hamot Occupational Health for admissions determination.
 - f. A non-negative or positive screen may null the applicant's acceptance to the UPMC Hamot School of Anesthesia/Gannon University.

B. Verification of Immunization:

1. Documentation of student immunization is required. TB testing and a Hepatitis B series (or statement refusing the series) must also be demonstrated.
2. Refusal or lack of verification of required immunizations will null the applicant's acceptance to the UPMC Hamot School of Anesthesia/Gannon University.

C. Pre-entry Health Assessment:

1. The Gannon University Villa Maria School of Nursing Health Record must be completed and signed by the applicant's primary health care provider prior to beginning the 28-month program.
2. Failure to complete or demonstrate successful completion of pre-entrance health screening will null the applicant's acceptance to the UPMC Hamot School of Anesthesia/Gannon University.

D. Certified Background Check and Child Abuse Clearance:

1. A certified background check is required from the company Certiphi.
2. A child abuse history clearance is required from the applicant's primary state of residence.
3. Failure to complete the required background checks will null the applicant's acceptance into the UPMC Hamot School of Anesthesia/Gannon University.
4. Results of the background check may null the applicant's acceptance into the UPMC Hamot School of Anesthesia/Gannon University.

E. New Student Orientation:

1. During orientation to the UPMC Hamot School of Anesthesia, and each year while in the program, students receive UPMC Hamot mandated training as required by UPMC.

Approved by Donald Larmon, DNP, CRNA, Director

Effective Date: January 2020

Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19

UPMC Hamot

Title: Required Photo Identification Badges

Purpose: To assure accurate identification of Student Registered Nurse Anesthetists at UPMC Hamot and Gannon University.

Policy and Procedure:

- A. The UPMC Hamot School of Anesthesia/Gannon University acknowledges the need for proper identification of SRNAs.
- B. UPMC Hamot photo identification badges are provided by the Human Resources Department at UPMC Hamot at no charge. There will be a \$15 replacement charge paid to the UPMC Hamot School of Anesthesia if you should lose your ID badge.
- C. Gannon University Student ID badges are provided by Gannon University for a fee of \$10.00.
- D. The ID badge must be worn in an upright, readable position (above the waist), with the photograph clearly visible so patients, visitors and co-workers can identify those involved in their care.
- E. Photo ID badges must be worn at all times and in all clinical areas.
- F. Nothing may be affixed to the photo identification badge.
- G. The SRNA should introduce him/herself to patients as a student registered nurse anesthetist who is part of the anesthesia team.
- H. A Gannon Student ID badge is required for access to Gannon University's Nash Library and for other student benefits at Gannon University.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Guidelines for Professional Liability Insurance

Purpose: To assure appropriate liability insurance coverage for student registered nurse anesthetists.

Policy and Procedures:

- A. UPMC Hamot School of Anesthesia/Gannon University provides Professional Liability Coverage for SRNAs accepted into the UPMC Hamot School of Anesthesia/Gannon University.
- B. Student Nurse Anesthetists are covered under this policy for clinical rotations at UPMC Hamot, UPMC Hamot Women’s Hospital, UPMC Hamot Surgery Center, Brooks Memorial Hospital, Punxsutawney Area Hospital, Warren General Hospital and UPMC Northwest Hospital.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Access to Student Records

Purpose: To provide a mechanism for release of student records.

Policy and Procedure:

A. The Family Educational Rights and Privacy Act of 1975 (FERPA) contains provisions significant to students.

1. UPMC Hamot School of Anesthesia/Gannon University may not release personally identifiable student records to a third party, with certain exceptions, unless the third party has requested the information in writing and the student has consented to its release.
2. A student may request, in writing, an opportunity to inspect and review their official school records, and may, if appropriate, challenge the accuracy of those records. The school is permitted a reasonable time, not to exceed 45 days, to respond to such a request.
3. Materials excluded from student review, under the provisions of FERPA include:
 - a. Records created by faculty, which are the sole possession of faculty, staff, and school personnel that are not accessible to any other persons.
 - b. Employment records of a student made and maintained in the normal course of business.
 - c. Confidential letters and statements of recommendation.
 - d. Records for which a student has previously waived right of access.
 - e. Alumni records that contain information about a student post graduation from UPMC Hamot School of Anesthesia/Gannon University.

B. Student Registered Nurse Anesthetists should also refer to the Gannon University 2019-2020 Graduate Catalog, page 17, document titled “Access to Student Records”.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Patient Record Compliance

Purpose: To provide guidelines for the use of patient records.

Policy and Procedure:

- A. Federal and State statutes prohibit removal of patient related documents from the UPMC Hamot premises. No hospital or patient records may leave the immediate patient care area.
 - 1. This mandate includes all forms of patient identification (i.e. name stickers/tags).
 - 2. Documents may not be removed from the premises or taken from UPMC Hamot to Hamot UPMC Surgery Center.
- B. Copying patient documents (except under limited conditions) is a violation of the same statute.
- C. Student violations of published statutes will result in an automatic 3 days suspension. Days missed due to suspension must be made up at the end of the program.
- D. A second offense will result in immediate termination from the UPMC Hamot School of Anesthesia/Gannon University with notification to the Department of Health.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Required Anesthesia Conferences and Meetings

Purpose: To provide guidelines for SRNA attendance at anesthesia conferences and meetings.

Policy and Procedure:

- A. Student registered nurse anesthetists are required to obtain **45 Continuing Education (CE)** credits in order to graduate from the UPMC Hamot School of Anesthesia/Gannon University.
- B. Continuing education (CE) credits must be AANA prior approved credits as verified by an AANA prior approved CE credit identification number.
- C. The SRNA must obtain a portion of these 45 CE credits by attending at least 3 outside anesthesia meetings. At least one of the outside conferences must be a state association or national association meeting.
- D. The SRNA must request and receive time off PRIOR to registering for or attending all meetings. The AANA CE# and a copy of the brochure for the intended meeting must be emailed to Valerie at the time of submitting time off through Schedule Anywhere.
- E. Upon completion of an anesthesia conference or meeting, verification of the SRNA's attendance must be provided to the school. Acceptable documentation includes a copy of the AANA CE credit certificate verifying meeting attendance.
- F. The **Clinical Conference Log** (see Typhon Group) must be completed by the SRNA as CE credit is obtained. The Clinical Conference Log must accurately reflect the accrued 45 CE credits. Graduation will be deferred until the requirement is met.
- G. Student registered nurse anesthetists are **required** to attend the monthly anesthesia Morbidity and Mortality (M&M) Conference of the UPMC Hamot anesthesia department.
 - a. Student registered nurse anesthetists must document attendance at M & M by signing the attendance sheet.
 - b. Student registered nurse anesthetists falsely documenting M & M attendance for themselves or others will be terminated.
 - c. Student registered nurse anesthetists who are on clinical rotation at Punxsutawney Area Hospital, Brooks Memorial Hospital, Warren General Hospital, or UPMC Northwest are excused from M & M attendance.
 - d. Student registered nurse anesthetists assigned to the UPMC Hamot Surgery Center for clinical practicum are excused from M & M attendance.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Guidelines for Board Preparation, SEE Exam, and Mandatory Board Review Seminar

Purpose: To provide the Student Registered Nurse Anesthetist preparation and guidelines for taking the Self-Evaluation Examination (SEE), “to provide an evaluation of the student’s ability to integrate the content of the program’s courses and research”, and to help the student prepare for the National Certification Examination (NCE).

Policy and Procedures:

Each student in the UPMC Hamot School of Nurse Anesthesia/Gannon University begins Board Preparation from DAY ONE of the program. The student must meet the benchmarks designated by Program Administration.

A. The student begins the board preparation program by attending scheduled classes during the first 17 months of the program (see course sequence).

B. At the end of spring semester of the second year (April/May), each student will take the 1st SEE (paid for by the school) and must achieve a passing score at or above 390, or within 10% of the national average for first year SEE exam scores (whichever is higher). If a student achieves a passing score, they will progress to Step C of this policy.

1. If a student does not achieve the set benchmark, the student will meet with program administration to develop a didactic plan for remediation. As part of this plan, the student will be given 3 more attempts (1 per month X 3 months or as scheduling permits) at the SEE (at the expense of the student) to obtain a passing score.

- a. If a passing score is achieved within the allotted attempts, the student will continue in the program and progress to Step C of this policy.
- b. If a passing score is not achieved in the allotted attempts, the student will be dismissed from the anesthesia program.

C. After achieving a passing score on the 1st SEE, each student will begin to prepare to take the 2nd SEE (paid for by the school). The 2nd SEE will be taken by each student at the end of the second year (December). Each student will need to achieve a passing score of 425 or higher on the 2nd SEE exam. If a student achieves a passing score, they will progress to Step D of this policy.

1. If a student does not achieve a passing score, the student will be given 3 more attempts (1 per month X 3 months or as scheduling permits) at the SEE (at the expense of the student) to obtain a passing score. The student will participate in Step D as they prepare for subsequent attempts at achieving a passing score on the SEE.

- a. If a passing score is achieved within the allotted attempts, the student will continue in the program and complete Step D of this policy in regular sequence.
- b. If a passing score is not achieved in the allotted attempts, the student will repeat the Step D in its entirety, including Clinical Practicum 6.
 - b1. The student will have one more attempt to obtain a passing score of 425 or higher on the SEE (at the expense of the student) two months prior to the end of the repeated semester. If successful, the student will complete the program. If unsuccessful, the student will be dismissed from the program.

D. All senior students will participate in a MANDATORY Board Review Seminar associated with Clinical Practicum 6.

- 1. The Board Review Seminar is a non-credit, non-tuition seminar required by the UPMC Hamot School of Anesthesia/Gannon University. A passing score is required on all material.
 - a. If a passing score is achieved, the student will graduate and graduation verification will be submitted to the National Board for the Certification and Recertification of Nurse Anesthetist.
 - b. If a passing score is not achieved, the student will be required to develop a one--month study plan and complete this study plan at the School of Anesthesia. The student will then be re-evaluated via an exam, written by, or chosen by Program Administration to evaluate for board preparedness.
 - b1. Pending exam score, and at the discretion of the Program Administration, graduation verification may be granted.
 - b2. If the student's performance on the exam does not show adequate board preparedness continued study may be required by the student up to a total of 3 months.
 - b2. At the end of the 3-month study period, graduation verification will be submitted.
- 2. The Board Review Seminar is scheduled the final spring semester of the anesthesia program. All classes must be attended. If unable to attend in person, the student will notify Program Administration and will attend the course via videoconferencing.

Approved by Donald Larmon DNP, CRNA, Director

Effective Date: January 2020

Supersedes Guidelines Dated: 08, 09, 11, 12, 13, 14, 15, 16,18,19

UPMC Hamot

Title: Student Employment

Purpose: To delineate employment guidelines for the student registered nurse anesthetist enrolled in the UPMC Hamot School of Anesthesia.

Policy and Procedures:

- A. Student registered nurse anesthetists are permitted to hold part-time employment provided such employment does not interfere with the school schedule or the SRNA's commitment to the program of study.
- B. If an SRNA's employment interferes with school responsibilities, the SRNA will decide whether to continue in the program or continue their employment.
- C. No SRNA shall be employed as a nurse anesthetist by title or function while enrolled at UPMC Hamot School of Anesthesia/Gannon University.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Smoke and Tobacco Free Policy

Purpose: To establish and support the uniform prohibition of smoking and the use of smokeless tobacco products on all Hamot Health Foundation (“Hamot”) properties and leased space occupied by UPMC Hamot and its affiliates, and in all vehicles.

The use of tobacco products is a major cause of preventable disease and death. UPMC Hamot is committed to promoting health, wellness, prevention and the treatment of diseases within the community, as well as to provide a safe, clean and healthy environment. UPMC Hamot serves as a model for our community in the area of promoting the good health of our staff and influencing public attitudes about the use of tobacco products. Therefore, it is UPMC Hamot’s position to provide a total tobacco-free environment and to conduct programs designed to assist everyone in adhering to this commitment.

This policy is in compliance with regulations and directives of the Joint Commission standards.

This policy applies to everyone on UPMC Hamot property, including but not limited to, employees, student registered nurse anesthetists, visitors, patients, staff, physicians, volunteers, contractors, and others acting for UPMC Hamot.

Policy and Procedure:

- A. It is the policy of UPMC Hamot to provide a tobacco-free workplace and environment, prohibiting the use of all tobacco products on all UPMC Hamot property and leased space occupied by Hamot Health Foundation and its affiliates.
- B. This policy will cover any leased, whole or partly-owned UPMC Hamot property (facilities, grounds, buildings, etc.) and individuals visiting or employed at these properties, including but not limited to the following: UPMC Hamot parking lots and ramps, Physician Network, Surgery Center, Great Lakes Home Health parts A & B, Hamot Professional Building, UPMC Hamot House, 300 State Street, Hamot Heart Institute, UPMC Hamot Park (front lawn campus area), Imaging Center, UPMC Hamot Medical Park at Sterling Square and the UPMC Hamot softball field.
- C. This also includes company-owned vehicles at all times and employee-owned vehicles parked on property owned or leased by UPMC Hamot.
- D. Tobacco products include, but are not limited to, cigarettes, cigars, chewing tobacco, and pipe smoking.
- E. UPMC Hamot is committed to providing healthy lifestyle role modeling for the community. All employees that use tobacco products are encouraged to utilize the tobacco cessation services offered by UPMC Hamot.
- F. Employees are not permitted to use tobacco products during their work shift. Work shift is defined as from the time employees report to work until the shift is over. This policy also applies to paid and unpaid breaks, including lunch.

- G. Employees and staff will be informed of this policy through signs posted at each facility's entrance and displayed in prominent, visible areas within UPMC Hamot facilities. Further communication will include the employee handbook, *HamoToday*, the *HamoToday* Show and the UPMC Hamot intranet and internet.
- H. Human Resources will also inform employment candidates of the policy during the interview process and new employee orientation process.
- I. All UPMC Hamot employees and leadership staff are required to observe and promote compliance with the tobacco-free policy.
- J. Employees observing a co-worker violating the policy are requested to courteously remind the employee of the tobacco-free policy and to suggest tobacco products be discarded.
- K. Employees are expected to inform any UPMC Hamot supervisor or manager when they witness another employee violating the policy. The supervisor will follow up as appropriate.
- L. Employees are authorized to communicate this policy with courtesy and diplomacy to other employees, patients and guests.
- M. Employees who violate this policy will be subject to the corrective action process, up to and including termination of employment.
- N. Students, volunteers, non-employed physicians and contracted employees are not permitted to use tobacco products while they are representing UPMC Hamot and while they are on UPMC Hamot property and leased space occupied by Hamot Health Foundation and its affiliates.
- O. Students, volunteers, non-employed physicians and contracted employees will be informed of this policy through signs posted at each facility's entrance and displayed in prominent, visible areas within UPMC Hamot facilities. Further communication will include brochures, leaflets and the internet.
- P. Human resources will also inform students, volunteers, non-employed physicians and contracted employees of this policy upon receipt of their photo ID badge.
- Q. All UPMC Hamot students, volunteers, non-employed physicians and contracted employees are required to observe and promote compliance with the tobacco-free policy.
- R. Smoking by patients is prohibited for their health and safety, as well as the health and safety of other patients and caregivers. Patients are informed of the tobacco-free policy upon admission and during preadmission contacts.
- S. Signs will be posted at each facility's entrances and displayed in prominent, visible areas thanking patients for not using tobacco products in accordance with this policy.
- T. Patients will be assessed for any withdrawal symptoms, which will then be communicated promptly to their physicians. If a patient is non-compliant with the tobacco-free policy, the patient's physician will be contacted to assist in problem resolution. Reassurance should be provided to assist patients who are accustomed to smoking. Snacks, hard candies or gum should be made available to these patients. The physician may order a nicotine patch or nicotine gum as necessary.

- U. The Patient Service Representative or Security should be contacted if a patient objects to the Tobacco Free policy and hospital personnel are unable to handle the situation.
- V. Visitors are not permitted to utilize tobacco products. Signs will be posted at each facility's entrances and displayed in prominent, visible areas thanking visitors for not using tobacco products in accordance with this policy
- W. Employees/staff will inform visitors of our policy in a courteous manner upon arrival. Visitors who violate the tobacco-free policy will be asked politely to either refrain from using tobacco products or leave the property. Security may be contacted to enforce the policy.

References: Joint Commission – Environment of Care chapter

Personnel Responsible for Development: The Smoke and Tobacco Free Task Force

Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19

UPMC Hamot

Topic: Sexual Harassment

Purpose: To create learning environment free from sexual harassment.

Policy and Procedure:

- A. Sexual harassment of or by student registered nurse anesthetists will not be tolerated. Unwelcome sexual advances, requests for sexual favors, uninvited touching, sexually abusive comments or similar conduct are prohibited.
- B. Anyone who believes that he/she is a victim of sexual harassment should report the matter to an administrative member of the UPMC Hamot School of Anesthesia/Gannon University or the UPMC Hamot Human Resources Staff.
- C. The Human Resources Staff is responsible for monitoring all sexual harassment claims. Sexual Harassment claims made to the administration of UPMC Hamot School of Anesthesia will be forwarded to the UPMC Hamot Human Resources Department.
- D. Faculty-SRNA relationships even when they are consensual are prohibited under this policy.
- E. Violations of this guideline will result in corrective action which may include termination from the UPMC Hamot School of Anesthesia.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Substance Abuse and Chemical Dependence

Purpose: To create a safe and productive practice environment for student registered nurse anesthetists at UPMC Hamot School of Anesthesia/Gannon University.

Policy and Procedure:

Scope:

- A. Chemical dependence is a chronic, progressive, potentially life threatening, but treatable illness that jeopardizes the health, safety, and well-being of the individual and others. It adversely affects an individual's physical, social, and emotional health. It also exerts a profound influence on the life of family, friends, coworkers, and the community. The UPMC Hamot School of Anesthesia/Gannon University recognizes substance abuse and chemical dependency as hazards of anesthesia practice. Student registered nurse anesthetists are our most valuable resource and their safety and well-being is of paramount importance. By providing a drug free environment, the UPMC Hamot School of Anesthesia/Gannon University will be better able to assure a safe and equitable practice setting for SRNAs and their patients. A SRNA who suffers from the illness of chemical dependence will receive the same careful consideration and referral for treatment as an individual suffering from any other chronic illness.
- B. The UPMC Hamot School of Anesthesia/Gannon University will provide a safe, drug free environment and confidential assistance to individuals who have a problem with substance abuse (SA) or chemical dependence (CD). The purpose of this policy is to provide comprehensive procedures and guidelines for the prevention of substance abuse and chemical dependence, early identification of an impaired individual or individuals at risk for chemical impairment, intervention with referral for assessment and treatment, and the option of monitored reentry following treatment of SA and CD.

Basic Principles:

- A. UPMC Hamot is committed to providing quality anesthesia services.
- B. The UPMC Hamot School of Anesthesia/Gannon University has the right to determine requirements for program matriculation, suspension, and termination.
- C. The public has a right to expect protection from harm.
- D. Chemical dependence is a chronic, progressive, and treatable disease.
- E. The risk of developing SA or CD is inherent to anesthesia practice.
- F. Early identification, intervention, and treatment are essential for the well-being of both the impaired individual and the general public.
- G. A leave of absence is preferable to termination for individuals who agree to treatment and monitored reentry.

Objectives:

- A. To provide a safe, drug free learning environment.
- B. To educate SRNAs about SA and CD.
- C. To ensure the public health and safety through early identification of SA or CD.
- D. To provide a procedure for intervention with an SRNA with a suspected chemical impairment.

- E. To provide a process for the referral of a chemically impaired individual for assessment and treatment.
- F. To offer compassionate, non-punitive support of a chemically impaired SRNA in an environment of strict confidentiality.

Procedure:

- A. The UPMC Hamot School of Anesthesia/Gannon University prohibits the use, sale, manufacture, transfer, possession, or distribution of drugs or alcohol on UPMC Hamot Property or the Gannon University Campus. Unauthorized use or misuse of over-the-counter medication, prescription drugs, or drug paraphernalia is included in the prohibition. Student registered nurse anesthetists are prohibited from reporting to the clinical or academic setting under the influence of drugs or alcohol. An SRNA in violation of the policy will be subject to immediate disciplinary action up to and including termination, report to the state licensing board, and complaint to local law enforcement authorities.
- B. The UPMC Hamot School of Anesthesia/Gannon University prohibits SRNAs from being under the influence of drugs or alcohol while on UPMC Hamot premises. UPMC Hamot premises include all land, property, buildings, structures, installations, parking lots, and means of transport, owned or leased to UPMC Hamot or utilized for UPMC Hamot business. Private vehicles parked on UPMC Hamot premises are also included in this prohibition. For practice assignments at other health care facilities, the above definition of medical center premises will also apply to the affiliate site(s).
- C. The legal possession, use, or distribution of alcoholic beverages on UPMC Hamot campus is governed by applicable local, state, and federal laws. For authorized functions, alcohol may be consumed by persons legally of age to do so.
- D. The UPMC Hamot School of Anesthesia/Gannon University will provide mandatory education on SA and CD for SRNAs.
- E. The UPMC Hamot School of Anesthesia/Gannon University has a procedure for the identification, intervention, referral for assessment and treatment, and monitored reentry of an SRNA with SA or CD
- F. The UPMC Hamot School of Anesthesia/Gannon University is responsible for identifying individuals with deteriorating clinical performance, behavioral changes, and excessive absenteeism but is not responsible for diagnosing the nature of the problem.
- G. With reasonable suspicion, the UPMC Hamot School of Anesthesia/Gannon University will act to intervene and refer an SRNA for assessment and treatment.
- H. Self-referral will be encouraged and an SRNA's position in the UPMC Hamot School of Anesthesia/Gannon University will not be jeopardized by a voluntary request for assistance with SA or CD. The UPMC Hamot School of Anesthesia/Gannon University **must** be notified if the SRNA enters treatment.
- I. A leave of absence will be granted for the purpose of assessment, counseling, and/or treatment.
- J. The cost of assessment, treatment, and recovery programs is the sole responsibility of the individual SRNA.

- K. Confidentiality is essential. No information regarding an SRNA's participation in drug testing, intervention, assessment, or treatment will be documented in the student's file. A separate, confidential file will be maintained by the program director and will be available for review by the individual SRNA at any time.
- L. The written consent of the SRNA will be required for disclosure of any information related to their assessment, intervention, or treatment for SA or CD.
- M. Violations of this policy constitute professional misconduct and are subject to disciplinary action including suspension, termination, or conditional reentry following treatment.
- N. Student registered nurse anesthetists have the right to due process and may appeal any decision that adversely affects their SRNA status through the Conduct Appeal Process.

PREVENTION

- A. Prevention includes the promotion of wellness through educational programs, identification of individuals at risk, assurances of confidentiality, promotion of physical and psycho-social well being, and support for individuals who seek assistance for SA and CD without fear of dismissal or loss of licensure.
 - 1. Education
 - a. During orientation, a copy of the policy will be distributed and reviewed with all new SRNAs.
 - b. Student registered nurse anesthetists will be required to attend mandatory lectures on SA and CD every year.
 - c. The UPMC Hamot School of Anesthesia/Gannon University will assure access to current resources and services for assistance with SA or CD including but not limited to: impaired provider programs, local drug and alcohol counseling programs, PANA Peer Assistance, AANA Peer Assistance, support groups, treatment programs for impaired health professionals, and educational materials on SA and CD.
 - 2. Drug testing - Pre-enrollment
 - a. SRNAs are required to submit to pre-enrollment urine drug testing as a condition of program entry. Matriculation will be denied to individuals who refuse or fail to provide a sample for a urine drug screen or who have a positive result on a pre-enrollment drug screen.
 - b. Results of pre-enrollment health assessments, including mandatory drug screens, are a permanent part of the student's confidential health record.
 - c. Failure to inform the UPMC Hamot School of Anesthesia/ Gannon University of active participation in an impaired provider program may result in revocation of the acceptance offer or immediate termination.
 - 3. Drug Testing -Testing for reasonable suspicion
 - a. An SRNA may be required to undergo an immediate blood or urine drug screen under any of the following circumstances:

- i. When there is reasonable suspicion that the SRNA is under the influence of alcohol, narcotics, hallucinogens, marijuana or other chemical substances.
 - ii. Following a work-related injury or illness.
 - iii. Observation of poor judgment or careless acts, which caused or had the potential for patient injury, jeopardized the safety of others, or resulted in damage to equipment.
 - iv. Suspected diversion of controlled substances.
 - v. Student registered nurse anesthetists who are taking over-the-counter or prescribed medication are responsible for being aware of the effect the medication may have on their performance or personal behavior and should report to the program director the use of any medication that may impair their performance or has potential for an adverse effect on a drug screen.
 - vi. Student registered nurse anesthetists who refuse to undergo an immediate drug or alcohol screen may be subject to immediate disciplinary actions, up to and including termination.
4. Accountability for Controlled Substances
 - a. Student registered nurse anesthetists are required to comply with the department policy for accountability of controlled substances.
 - b. Access to controlled substances may be limited or restricted for an SRNA who fails to comply with department policy.

IDENTIFICATION

- A. Early detection, intervention, and treatment of SA and CD enhance the likelihood of a successful outcome. It is the responsibility of every SRNA to know the signs and symptoms of chemical impairment and to immediately report unsafe working conditions or hazardous activities related to chemical impairment that may jeopardize the safety of the individual, the patient, or colleagues.
- B. There are numerous signs of SA and CD. While a single occurrence may not be significant, the presence of several signs, an increasing number or frequency of signs, or a consistent pattern of these signs constitute reasonable suspicion of chemical impairment.
 1. Signs commonly associated with SA and CD include a change in attendance, behavior, or performance, physical signs of impairment or withdrawal, and unusual/abnormal use of controlled substances.

Signs and Symptoms of Chemical Impairment

Attendance

Excessive sick calls
Patterned absences
Tardiness
Confusion about work schedule
Long coffee or lunch breaks
Frequent physical complaints
Improbable excuses for absences
Frequent absence from clinical area
Frequent trips to restroom/locker room
Early arrival or late departure
Presence in clinical on off days

Behavior

Sloppy/inappropriate clothes
Poor hygiene
Mood swings
Frequent irritability with others
Excessive talking
Poor recall
Physical abuse
Rigidity/inability to change plans
Incoherent/irrelevant statements
Uncooperativeness with OR staff
Drowsiness at work
Deteriorating relationships with colleagues
Tendency towards isolation
Request for assignments at less supervised settings
Unexplained anger
Unexplained euphoria
Glossed over recall of unpleasant events
Alexithymia
Decreased interest in outside activities
Refusal of breaks
Frequent intoxication at social functions

Performance

Excessive time required for record keeping
Assignments require more effort/time
Difficulty recalling/understanding instructions
Difficulty in assigning priorities
Display of disinterest in work
Absentminded/forgetful
Alternating periods of high and low activity
Increasing inability to meet schedules
Missed deadlines
Frequent requests for assistance
Carelessness
Poor judgment
Overreaction to criticism
Illogical or slopping charting
Deteriorating handwriting
Disorganization
Frequent requests for assistance
Tendency to blame others
Patient complaints regarding poor care
Frequent accidents on the job
Unreasonable excuses for poor performance

Physical signs

Hand tremors
Excessive diaphoresis
Marked nervousness
Intoxication during work hours
Blackouts
Frequent hangovers
Odor of alcohol
Slurred speech
GI upset
Unsteady gait
Increased anxiety
Excessive use of breath mints/mouthwash
Unexplained sniffing and sneezing
Clumsiness
Flushed face
Watery eyes
Anorexia/weight loss
Dilated or pinpoint pupils
Witnessed self-administration
Comatose
Dead

Use of Controlled Substances

Controlled substance use significantly and consistently exceeds other practitioners
Frequent breakage of drug ampoules
Obtains controlled substances when alone
Discrepancies between patient charts and pharmacy records
Patient complaints of pain in PACU out of proportion to medication charted
Frequent medication errors
Defensiveness when questioned about medication errors
Frequent disappearance immediately after signing out narcotics
Unwitnessed or excessive waste of controlled drugs
Tampering with drug vials or containers
Use of infrequently used drugs

FITNESS FOR DUTY

- A. An SRNA who displays signs of intoxication and/or withdrawal is unfit for duty.
 - 1. Observations that suggest intoxication and/or withdrawal include but are not limited to: poor coordination or gait, diaphoresis, odor of alcohol, tremors, abdominal and muscle cramps, diarrhea, irritability, restlessness, slowed thinking process, confusion, slurred speech, blurred vision, or acute behavioral changes, such as panic, severe depression, and excessive physical activity.
 - 2. Upon reasonable suspicion of acute intoxication or withdrawal, the SRNA will be immediately removed from clinical assignment and escorted to Occupational Health Service or the Emergency Department for a physical assessment, including a drug screen. The observed behavior will be documented.
- B. Inspection of individuals and their property
 - 1. With reasonable suspicion, inspection of lockers may be conducted by authorized personnel, including but not limited to UPMC Hamot School of Anesthesia/Gannon University administration, UPMC Hamot administration, and UPMC Hamot Security Officers without notice, without consent of the individual, and without a search warrant.
 - 2. Reasonable searches of individuals and their property include but are not limited to lockers, mailboxes, or other personal items on UPMC Hamot property, including private vehicles parked on medical center property. The SRNA may be asked to display personal property for visual inspection.
 - 3. Whenever possible, searches of personal property will take place in the presence of the owner.
 - 4. Under no circumstances will an individual be asked to remove clothing or be physically searched.
 - 5. An SRNA who refuses to submit to an immediate search or display of personal property shall be considered insubordinate and subject to immediate termination.
- C. Off duty arrests or convictions
 - 1. An SRNA who is arrested or charged for a drug offense which involves the off-duty sale, distribution, or possession of legal or illegal drugs must immediately inform the program director of the arrest, the nature of the charges, and the ultimate disposition of the charges. Failure to do so is grounds for disciplinary action up to and including termination. Student Registered Nurse Anesthetist arrested or charged with a drug offense will be immediately suspended from UPMC Hamot School of Anesthesia/Gannon University pending resolution of the charges. The UPMC Hamot School of Anesthesia/Gannon University will determine whether or not the individual can be reinstated upon conclusion of the legal proceedings.

INTERVENTION

- A. Because of their disease, a chemically impaired SRNA is unable to understand the seriousness of the problem. Intervention is a planned method of confrontation that attempts to provide an objective and factual presentation of the problem to the impaired SRNA. The objective of intervention is to get the individual to agree to an immediate assessment for diagnosis and possible treatment. Intervention will be carried out as soon as possible after drug diversion is recognized, the SRNA is observed under the influence of drugs or alcohol, or when there is reasonable suspicion and sufficient documentation of possible chemical impairment.
1. When SA or CD is suspected, SRNAs are responsible for reporting their concerns and observations to the Program Director of the UPMC Hamot School of Anesthesia/Gannon University. A thorough investigation will be conducted to substantiate observations and concerns about the individual.
 - a. Observations must be documented and must include dates, times, locations, and names of other witnesses. Hearsay will not be recorded, only observed behavior or results of poor or questionable performance will be documented.
 - b. Individuals with direct observations of poor performance or suspicious behavior will be asked to complete a Chemical Impairment Checklist.
 - c. All pertinent records will be reviewed, including but not limited to patient records, controlled substances usage, and attendance records. Trends, violations or errors will be documented on a Review of Records.
 - d. Physical evidence such as syringes, medication vials, or containers of alcohol, found during a search of the SRNA's locker or personal property will be retained as supporting evidence.
 - e. Analysis of returned controlled substances may be indicated.
 2. When there is sufficient documentation of possible chemical impairment or diversion of controlled substances, an intervention will be scheduled.
 - a. The intervention team shall be assembled and will consist of at least two but no more than five individuals. At a minimum, the team will include the UPMC Hamot School of Anesthesia/Gannon University Program Director, the Director of Gannon University's Villa Maria School of Nursing, and a Human Resources (HR) representative. Other team members may include an anesthesia colleague, a recovering anesthesiologist, or CRNA, a personal physician, a family member, or close friend.
 - b. Prior to the intervention the team shall meet to:
 - i. Review documented evidence.
 - ii. Identify the financial resources of the individual, including insurance benefits.
 - iii. Schedule an assessment at a local treatment center.
 - iv. Identify key resources including: treatment facilities, State/Professional Peer Assistance Programs, and a recovering anesthesiologist or CRNA.

- v. Develop an intervention plan that includes:
 - Key roles and tasks for each member.
 - Preparation of factual, objective, non-judgmental written scripts.
 - Date, time, and place of intervention.
 - Rehearsal session (if time allows). Identification of methods of persuasion to be used to get the individual to attend the meeting, undergo assessment, and enter treatment.
 - Identification of team member(s) that will accompany the individual to the assessment center immediately following the intervention.
- c. Conducting the intervention
 - i. Once the team is assembled, the SRNA will be asked to report to the location of the intervention immediately if on premises, or called at home 1-2 hours prior to the scheduled time.
 - ii. Each team member will present the information and facts with a focus on objective material. Issues will not be debated.
 - iii. The team will present the following options:
 - Immediate alcohol and drug screen (if not already completed) and assessment for chemical dependency. If the SRNA has a positive assessment for chemical impairment, they will be required to immediately enter an inpatient treatment program.
 - Immediate termination and report to the state licensing board, National Practitioners Data Bank, and local law enforcement authorities.
 - iv. The SRNA will sign a Consent for Drug and Alcohol Testing and Consent for Assessment for Chemical Dependence.
 - v. Student registered nurse anesthetists will be encouraged to immediately self-report to the state impaired provider program.

DOCUMENTATION

- A. All information, interviews, reports, statements, memorandums, and drug test results, written or otherwise, received by the intervention team are confidential. Unless authorized by state laws, rules or regulations, no information will be released without the written consent of the individual.
- B. Documentation of the investigation, drug screen results, and intervention will be kept by the UPMC Hamot School of Anesthesia/Gannon University Program Director in a non-discoverable file, separate from the SRNA's permanent record. Contents may be made a part of the SRNA's permanent record should disciplinary action be warranted.

TREATMENT

- A. If the SRNA has a positive assessment for SA or CD, they will be granted a leave of absence and required to immediately enter treatment.
- B. The cost of the treatment is totally the responsibility of the SRNA.
- C. If the SRNA fails to immediately enter treatment, they will be terminated and reported to the state impaired provider program and/or the state licensing board.
- D. Following agreement to treatment, a leave of absence will be granted for a period of time not to exceed 12 months.
- E. If an SRNA fails to complete treatment and resume active graduate study as a student registered nurse anesthetist within the specified length of time, they will be subject to immediate termination from the UPMC Hamot School of Anesthesia/Gannon University.

REENTRY

- A. Following successful completion of an approved treatment program, a recovering SRNA will be allowed to resume conditional graduate anesthesia study as a student registered nurse anesthetist at the UPMC Hamot School of Anesthesia/Gannon University. Conditional graduate status is dependent upon: a minimum of 6 months in treatment, abstinence from all psychoactive substance, recommendation of the treating physician/addictionologist, and continued participation in ongoing aftercare programs.
- B. A conference will be conducted with the recovering SRNA, the treating addictionologist, the Program Director of the UPMC Hamot School of Anesthesia/Gannon University, the Director of Gannon University's Villa Maria College of Nursing and the UPMC Hamot HR liaison. The recovering SRNA will:
 - 1. Provide evidence of successful completion of a drug/alcohol treatment program and sustained active recovery/sobriety.
 - 2. Submit documentation that they are substance free, presently involved in an aftercare program, and fit to resume practice with no restrictions, other than those required by the department or state of practice.
 - 3. Possess current licensure as a registered nurse and any additional required certification.
 - 4. Have a planned program for continued recovery.
 - 5. A written contract with the UPMC Hamot School of Anesthesia/Gannon University will be required for SRNAs reentering graduate study. The contract will include the responsibilities and requirements of the SRNA and the consequences for failure to meet any of the requirements of the contract.
 - a. The contract will be specific for the individual SRNA.
 - b. State licensing regulations, impaired provider program (IPP) contracts, and institutional/departmental policies will be taken into consideration when designing the reentry contract. The reentry contract may be more restrictive than the SRNA's contract with the state licensing board or IPP.

6. The terms of reentry will be confidential with the following exceptions:
Clinical administration and faculty will be notified on a “need to know basis” of clinical practice and schedule restrictions.
7. The SRNA will be treated with courtesy and respect and provided with a supportive practice environment.

DISMISSAL/TERMINATION

- A. The following reasons are cause for termination of an SRNA with a suspected or known problem with SA or CD.
 1. Failure to provide a written consent for a drug screen.
 2. Failure to provide a blood or urine sample for a drug screen.
 3. Refusal to have an assessment for SA or CD.
 4. Refusal to enter treatment.
 5. Failure to complete treatment.
 6. Failure to abide by the terms of the reentry contract.
 7. Loss of nursing license in the state of practice.
 8. Conviction for criminal activity related to SA or CD.

DUE PROCESS

- A. Any disciplinary action taken against an SRNA for violations of the Substance Abuse Policy may be appealed through the established Student Conduct Appeal Procedure of the UPMC Hamot School of Anesthesia/Gannon University.
- B. The discipline to be imposed for violation of the substance abuse policy shall be governed by the provisions set forth in this policy.

IMPLEMENTATION

- A. The policy will be formally reviewed with staff prior to implementation.
- B. The following resources will be acquired or identified:
 1. Educational Resources – journals, texts, CDs, and DVD’s
 2. HR Liaison
 3. Self-Help Group Hotlines
 4. Contact information for recovering SRNAs
 5. Information on local and national assessment and treatment programs
- C. The Program Director of the UPMC Hamot School of Anesthesia/Gannon University will attend an educational workshop on SA and CD. Student registered nurse anesthetists will attend mandatory lectures on SA and CD every year.
- D. This policy will be included in the UPMC Hamot School of Anesthesia/Gannon University handbook.
- E. The policy will be distributed and reviewed with new student registered nurse anesthetist during orientation.

EVALUATION OF POLICY

- A. The UPMC Hamot School of Anesthesia/Gannon University will evaluate the substance abuse policy on an annual basis to ensure that disciplinary sanctions are appropriate, fair, consistent, and enforced. Policy revisions may be indicated, if the evaluation fails to meet policy goals and objectives. Policy evaluation will include:
- a. Review of policy and procedures.
 - b. Review of documentation related to reasonable suspicion, investigation, intervention, consents, and reentry contracts.
 - c. Review of attendance records from SA and CD educational courses.
 - d. Maintenance of confidentiality.
 - i. Separation of SRNA permanent record and intervention/treatment files.
 - ii. Consents for release of information.
 - e. Currency and accessibility of resources.
 - f. Program statistics/analysis.
 - i. Number of SRNAs assessed and treated for SA or CD.
 - ii. Average length of LOA for assessment and treatment.
 - iii. Compliance with reentry contracts.
 - g. One and two year follow-up of SRNAs who reentered graduate study.
 - i. Evaluation of the policy by recovering SRNAs.
 - ii. Employment history of recovering CRNAs.
 - iii. Relapse statistics.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

UPMC Hamot School of Anesthesia
Conditions for Reinstatement after Intervention for Substance Abuse and/or Dependency
(sample only – terms and conditions will vary by individual case)

I understand that reinstatement as a Student Registered Nurse Anesthetist at UPMC Hamot School of Anesthesia/Gannon University is subject and condition to the following terms.

1. I will undergo evaluation by UPMC Hamot and/or its designees.
2. I will participate in such program(s) as recommended until successful completion thereof.
3. I will comply with all of UPMC Hamot School of Anesthesia/Gannon University's requirements for reinstatement during and after the treatment phase of intervention.
4. I authorize UPMC Hamot to require or administer appropriate tests (periodic or random) for presence of controlled substance or alcohol as deemed necessary or when reasonable suspicion exists that I may be under the influence of a controlled substance or alcohol.
5. Refusal or failure to submit to required drug and alcohol screening will result in my immediate termination.
6. I understand that close supervision is justified for an extended period of time and I accept such extraordinary supervision as a condition of my continuation in the UPMC Hamot School of Anesthesia/Gannon University.
7. I understand that I am required to meet all of UPMC Hamot School of Anesthesia's established standards of conduct and student performance. I will be subject to corrective procedures for failure to meet established standards.
8. I will be subject to the terms and conditions of this reinstatement contract for the duration of the anesthesia program. All time missed from programmatic requirements will be made up.
9. I understand that my failure to meet any or all of the agreed upon terms of this document will result in my immediate termination without recourse via the appeal process.
10. Nothing contained herein shall be construed as a waiver of UPMC Hamot School of Anesthesia's right to take normal corrective action against me under existing policies and procedures for unsatisfactory school performance or misconduct. The use of or treatment for use of controlled substances or alcohol shall not constitute a mitigation circumstance for my behavior or performance.

Notarized Signature Sheet

Student _____

Program Director _____

Dated this _____ day of _____, 20____.

Title: Action Plan for Pregnant Student Registered Nurse Anesthetists

Purpose: To establish practice guidelines for the pregnant student registered nurse anesthetist.

Policy and Procedure:

- A. When an SRNA has sufficient reason to believe she is pregnant, she should notify the Program Director of the UPMC Hamot School of Anesthesia/Gannon University.
- B. Approval to continue the program during pregnancy must be requested.
- C. Written notification from the SRNA's physician must accompany the request to continue the program of study. The physician's statement must document the estimated due date and all restrictions and/or limitations for the SRNA during the pregnancy. The SRNA's ability to continue didactic and clinical education must also be indicated in the physician's statement (See attached sample pregnancy plan).
- D. Pregnant students must review the NRC Regulatory Guide titled "Instruction Concerning Prenatal Radiation Exposure."
 1. The Nuclear Regulatory Commission states that the maximum allowable mrem dose to a pregnant individual during the 9 months of pregnancy is 500 mrem. The Radiation Safety Committee at UPMC Hamot has adopted a 40 mrem/ month maximum allowable dose. The Radiation Safety Technologist will monitor monthly film badge reports to determine the pregnant SRNA's radiation exposure.
 2. In the event a reading occurs which exceeds 40mrem/month, the following points will be reviewed to assess probable cause of the higher reading.
 - a. Film badge worn improperly.
 - b. Badge placed in an area of radiation (i.e. left on a counter in the sun).
 - c. Care of a patient after a therapeutic dose of radioactivity was given.
 - d. Film badge lost.
 3. The pregnant student registered nurse anesthetist should discuss ways to reduce radiation exposure with the Radiation Safety Technologist.
 - a. Eliminate or limit participation in cases involving fluoroscopy and portable x-ray.
 - b. Increase distance from radiation source.
 - c. Notify the x-ray technologist you are pregnant before an exposure.
 - d. If possible, have another person care for the patient who has received a therapeutic dose of radioactivity.
 - e. Radiation Safety Technologist: extension 3699

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Completion of this form by the SRNA's physician is required for the pregnant Student Registered Nurse Anesthetist to continue studies in the UPMC Hamot School of Anesthesia/Gannon University Master of Science in Nursing Program, and anesthesia option.

Student name: _____

Estimated Due Date: _____

May the student continue participation in the didactic component of the program until her estimated date of confinement? No Yes

May the student continue participation in the clinical component of the program until her mated date of confinement? No Yes

If "No," to either of the above questions, when should the SRNA be placed on leave?

If "No," when may the SRNA return to the UPMC Hamot anesthesia program?

Please list any restrictions for this SRNA during her pregnancy.

Physician's signature: _____ Date: _____

Student Registered Nurse Anesthetist's statement: I understand that continuation of the nurse anesthesia education program requires completion of any semester that is started. I exonerate UPMC Hamot and the UPMC Hamot School of Anesthesia/Gannon University from any responsibility for complications or accidents to the pregnancy. If I choose to take a leave of absence, I understand that all program requirements must be successfully completed before I am eligible for graduation.

Student Name (printed)

Student Signature Date

Witness Name (printed)

Witness Signature Date

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Time Off

Purpose: To provide guidelines for request and use of time off by SRNAs at UPMC Hamot School of Anesthesia/Gannon University.

Policy and Procedures:

- A. Student Registered Nurse Anesthetists will follow Gannon University's published academic calendar for the first semester (January - May) of their enrollment.
- B. Student Registered Nurse Anesthetists are granted a total of **30 days** for use as time off throughout the 28-month program. Sick days, personal days, funeral days, jury duty, and scheduled vacation days are all subtracted from this allotment. An additional 4 conference days is granted for attending the 3 required Continuing Education Meetings. Conference days must be used for attending a conference.
- C. Time off requests in excess of the allotted 30 days will be denied, unless there is prior approval by the Program Director. Time off in excess of the allotted 30 days must be made up upon completion of the nurse anesthesia program. Time will be made up by working clinical hours at UPMC Hamot equivalent to the hours used in excess of the allotted 30 days.
- D. Request for time off is reviewed and granted by the UPMC Hamot School of Anesthesia/Gannon University. Each request for time off must be submitted to the Education Coordinator through the **Schedule Anywhere** web-based system. All requests are not finalized until signed by the Program Director, or authorized designee. Requests for time off must be submitted no later than the **7th of the month** preceding the desired time off.
 - a. Time Off Request – anytime off (Vacation, Conference, SEE)
 - b. Schedule Request – any schedule requests (No Call weekend, no nights/evenings, day shift only)
 - c. Must acquire in advanced, in writing (**email**) permission to miss any Gannon classes from instructor. Provide this to Valerie in conjunction with time off request.
- E. Requests for no call/off-shifts is limited to **two weekends** in a single month. Students should not frequently request no call/off-shifts, frequent requests will be denied.
- F. Requests are considered and granted on a first requested, first granted basis. No more than 4 SRNAs per class are permitted time off simultaneously. Special circumstances may be approved by the Program Director.
- G. Seven (7) days of holiday time off are granted to SRNA's annually. These Holiday's include: New Year's Day, Martin Luther King Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.
- H. SRNAs are required to participate in the holiday call schedule and may be assigned call on a holiday. SRNAs assigned clinical call on a scheduled holiday will receive the next 2 consecutive business days as equivalent time off compensation.
- I. Student Registered Nurse Anesthetists may request additional vacation time on or around a scheduled holiday. Additional vacation time encompassing a scheduled holiday (New Year's, Martin Luther King Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day or Christmas Day) may be limited at the discretion of the program

director and must be submitted through **Schedule Anywhere**. Requests are considered and granted on a first requested first granted basis

- J. Student Registered Nurse Anesthetists ARE NOT permitted to use vacation or time off during clinical rotations at Punxsutawney, Dunkirk, Warren or Northwest; as well as Heart room rotation and OB rotation. Should extenuating circumstances require time off, the student should follow the call off procedure outlined in the individual clinical site manual. The student must also immediately call and notify the UPMC Hamot School of Anesthesia of the time-off.
- K. Student Registered Nurse Anesthetists must use all time off prior to the final two weeks of the Program. Time off not used prior to this deadline will be forfeited.
- L. Student Registered Nurse Anesthetists who use conference days or vacation days for unintended purposes, or who call off on a day that a vacation request was denied will lose two vacation days.
- M. Plans for travel or vacation should NOT be made until vacation requests are confirmed and signed by the Program Director. If you need to pre-schedule flights and reservations discuss this with Valerie Hoover in advance.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: SRNA Calling Off

Please note the following procedure for calling in to report clinical absence due to illness or otherwise. Procedure to report absence from clinical assignment must proceed in the following manner. Failure to complete any of the required steps (3 phone calls) will cause the individual to be docked for two days of absence rather than one.

UPMC HAMOT/UPMC HAMOT SURGERY CENTER

- A. All clinical absences must be reported to Jerome Rupp, CRNA, MSN, Clinical Coordinator. Please call Jerry on his cell phone at 814-397-5147 before 10:00 pm or at 6:00 am to indicate that you will not be present in clinical.
- B. After contacting Jerry, you must call the CRNA, or when under MDA only supervision, the MDA, that was anticipating your participation in the following days cases. Phone calls to clinical faculty should also occur prior to 10:00 pm or at 6:00 am.
- C. A third phone call must be made to the School of Anesthesia at 814-877-2938, by 9:00 am on the day of the missed clinical assignment.

Making, adjusting, or changing student clinical assignment IS NOT the responsibility of any SRNA.

- A. Please note that in Jerry's absence, phone calls must be directed to an indicated faculty Designee (Don, Rachel, Lisa).
- B. The procedure outlined above also applies if you are calling in sick on a day when you have an open clinical assignment.

ALL OTHER ROTATIONS

- A. Follow the policy in the individual rotation book.
- B. The School of Anesthesia must also be notified at 814-877-2938, by 9:00 am on the day of the missed clinical assignment.

*Approved by Donald Larmon, DNP, CRNA, Director
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UPMC Hamot

Title: Policy for Assignment of SRNAs to second, third, and 24-hour call shifts

Purpose: To delineate guidelines for the student registered nurse anesthetist's assignment to second, third, or 24-hour call shift.

Policy and Procedures:

- A. Student registered nurse anesthetists in the UPMC Hamot School of Anesthesia/Gannon University participate in second shift, third shift, and 24-hour call assignments.
- B. The SRNA is permitted to begin a second shift assignment after successful completion of Clinical Practicum I.
- C. The SRNA is permitted to begin a third shift assignment and a call rotation after successful completion of Clinical Practicum I and II.
- D. A designated call room is provided for the SRNA on 24-hour assignment.
- E. Student registered nurse anesthetists receive time off compensation of an equivalent 24-hour period before or after an assigned call.
- F. Student registered nurse anesthetists receive two complementary meal tickets when on 24-hour call.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

Title: Leave of Absence

Purpose: To provide a mechanism of request for Leave of Absence from the program.

Policy and Procedure:

Request for Leave of Absence:

A. Student registered nurse anesthetists considering a leave of absence should council with the Program Director regarding the reason for the leave, the length of the anticipated leave and the plan for program completion.

B. Student registered nurse anesthetists who find it necessary to interrupt their program of study should request in writing a leave of absence addressed to the Program Director and the Director of Graduate Nursing of the UPMC Hamot School of Anesthesia/Gannon University. If the need for leave is foreseeable, the SRNA must provide 30 days prior written notice. If this is not possible, the SRNA must give notice as soon as possible (within 1 to 2 business days of learning of the need for leave), except in extraordinary circumstances.

C. If the Program Director and the Director of Graduate Nursing approve the leave, the SRNA will receive formal, written notice of leave approval. This document will indicate the reason for the leave, the accepted period of absence and the expected date of graduation.

D. Leave of absence time accrued in excess of the permitted 30 program time off days must be made up prior to graduation so that the full 28 months required for program completion are fulfilled. The Program Director and the student will discuss the use of time off days for use during a leave of absence.

E. Student registered nurse anesthetists must return to the graduate nurse anesthesia program in curriculum sequence and successfully meet all requirements for graduation and certification.

Types of Leaves of Absence:

- A. Temporary Disability Leave (Illness, Surgery, Maternity, Off-Campus Accident)
 - 1. Requests may be granted in increments of up to three months, to a maximum of 12 months.
 - 2. A licensed physician's statement of nature and expected return to work date is required.
 - 3. Student registered nurse anesthetists may be eligible to use allowable time off before the leave begins.
 - 4. A licensed physician's statement is required prior to the SRNA returning to the program.
 - 5. Any physical or emotional limitations for the SRNA must be included on the licensed physician's statement submitted at the time of reinstatement.

B. Family/Medical Leave

1. The birth of a child and to care for such child.
2. The placement/care of a child for adoption or foster care.
3. To care for a spouse, son, daughter, or parent (“covered relation”) with a serious health condition.
4. A serious health condition of the SRNA which renders the SRNA unable to perform an essential function of his or her position.
5. Student registered nurse anesthetists may take up to 12 weeks leave of absence within any 12-month period.
6. The SRNA must return to didactic and clinical coursework in sequence and meet all graduation and certification requirements.

Family Definition

A child includes biological, adopted, or foster child, as well as step child, legal ward or other person for whom you act in the capacity of parent and who is under 18 years of age or over 18 years of age, but incapable of caring for himself.

Medical Certification

An SRNA requesting leave because of his/her own serious health condition or a covered relation’s serious health condition must supply appropriate medical certification from the relevant health care provider.

Health Care Provider Definition

“Health care provider” includes: licensed MD or DO, dentist, podiatrist, clinical psychologist, optometrist, chiropractor, nurse practitioner, or nurse-midwife authorized to practice under state law.

Serious Health Condition Definition

“Serious health condition” means illness, injury, and impairment, physical or mental condition that involves:

1. Inpatient hospital care.
2. Absence of more than 3 calendar days and continued treatment by a health care provider.
3. Continued treatment by a health care provider of a chronic/long-term condition that is incurable or will result in incapacity of more than 3 days if not treated.
4. A serious health condition **does not include** elective or cosmetic care not deemed medically necessary.

Continuing Treatment Definition

“Continuing treatment” means:

1. Two or more treatments by a health care provider.
2. Two or more treatments by a provider of health care services (e.g. physical therapist) under order of a health care provider.
3. A regimen of medication or therapy ordered and supervised by a health care provider.

Reporting While on Leave

Student Registered Nurse Anesthetists who apply for and receive a leave of absence must provide a monthly, written report to the school director. The report will document status of condition and continued intent to return to UPMC Hamot School of Anesthesia/Gannon University.

Extension of Leave

Extension of leave must be received in writing, a minimum of 14 days before the expiration of a previously granted leave. Leave of absence may not exceed 12 months.

Return to Program

Student registered nurse anesthetists may return to the UPMC Hamot School of anesthesia program at the end of their leave of absence. Student registered nurse anesthetist will be reinstated to the curriculum sequence achieved when the leave commenced. All curriculum, certification and graduation requirements must be achieved for successful program completion. If the leave of absence involved the SRNA's own serious health condition, written certification that the SRNA is fit to return to the school of anesthesia must be documented by the SRNA's health care provider.

Misrepresentation of facts to obtain a leave of absence will result in termination from the school of anesthesia program.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
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UPMC Hamot

Title: Graduation Requirements

Purpose: The purpose of this policy is to inform student registered nurse anesthetists of requirements for program completion and graduation.

Policy:

- A. Graduation from UPMC Hamot School of Anesthesia/Gannon University and Gannon University is dependent upon the recommendation of the faculties of the Gannon University’s Villa Maria College of Nursing and UPMC Hamot School of Anesthesia.
- B. All SRNAs must:
 - 1. Fulfill all requirements of the Nurse Anesthesia Curriculum.
 - 2. Discharge all financial obligations to UPMC Hamot and Gannon University.
 - 3. Return all borrowed resources, books, and materials to the Gannon University, Nash Library and the UPMC Hamot Library.
 - 4. Complete formal application for the Master of Science in Nursing Degree with Gannon University.
 - 5. Meet terminal objective requirements for new graduates of nurse anesthesia education programs as established by the Council on Accreditation for Nurse Anesthesia.
 - 6. Complete an exit evaluation with the UPMC Hamot School of Anesthesia/Gannon University Program Director.
 - 7. Submit a completed Clear Post Form (see attachment B) to the program director.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
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UPMC Hamot

Title: Honors and Awards

Purpose: To describe honors and awards granted by the UPMC Hamot School of Anesthesia/Gannon University at Graduation.

Policy and Procedure:

A. The Byers and Larson Award

The Byers Award is presented at commencement to a graduating student registered nurse anesthetist. The recipient is selected in recognition of scholarship in the area of anesthesia physiology. This award is sponsored by UPMC Hamot School of Anesthesia Alumni and as a tribute to Dr. Byers for his untiring efforts as an educator and pioneer in the field of Nurse Anesthesia and Dr. Larson for his endless involvement in the didactic and clinical arena.

B. The Joseph Carter Award

The Carter Award is presented at commencement to a graduating student registered nurse anesthetist or an alumnus of the UPMC Hamot School of Anesthesia. The recipient is selected in recognition of demonstrated clinical excellence. The award is sponsored by the UPMC Hamot School of Anesthesia Alumni in recognition of Dr. Carter's significant contributions as a clinical educator of nurse anesthesia students.

C. The EJ Morrison Challenge Award

The EJ Morrison Challenge Award is presented at commencement to a graduating student registered nurse anesthetist. The recipient is chosen based on demonstration of character qualities similar to those possessed by the late E.J. Morrison, CRNA, MSN, intended Program Director, UPMC Hamot School of Anesthesia/Gannon University. Specific qualities include a non-boastful, quiet confidence, a comforting demeanor with patients and an acceptance of professional challenges without prompting. The award is sponsored by the UPMC Hamot School of Anesthesia Alumni and Melissa Morrison in recognition of EJ Morrison's significant contributions as a clinical educator of student registered nurse anesthetists.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
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UPMC Hamot

Attachment B

UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

Clear Post

Student Name (Printed)

HAMOT

Date / Initials

I.D. Badges (UPMC Hamot – H.R.)

I.D. Badge (SDS - Phyllis)

Library (all books returned)

Lockers (number & combination to Valerie)

Thesis Soft-bound copy for School

End of Program & Clinical Instructor Evaluations

Clinical Practicum 6 – Self Evaluation
Submit printed copy to School Office

GANNON

Cashiers Office (all bills paid)

Financial Aid – Online Evaluation

Gannon Exit Survey (Joy)

Thesis to be Hard-bound (Secretary)
Provide Address to be mailed to you!

EXIT INTERVIEW

SRNA's signature

Date

Director/Assoc. Director signature

Date

Address of Initial Employment

Contact Person at Initial Employment

Phone number

Title: Guidelines for Requesting Professional Reference

Purpose: To provide guidelines for request and submission of professional reference for student registered nurse anesthetists and alumni.

Policy and procedure:

- A. Student registered nurse anesthetists and alumni may request a **Professional Reference** from the UPMC Hamot School of Anesthesia/Gannon University Program Director, Associate Director, Chair of the Department of Anesthesia, or Lead CRNA's. All other references are considered personal and must be documented as such.
- B. A *Reference Release Form* must be submitted for each professional reference desired (attachment C) or a form from the requesting employer with a signed release from student/alumnus.
- C. Phone references are discouraged, but if requested, cannot be provided without a signed *Reference Release Form*.
- D. The *Reference Release Form* and a copy of the reference provided will be placed in the student or alumnus file.
- E. No third-party references will be issued. All references will be forwarded to the prospective employer.
- F. No reference will be provided directly to the student or alumnus.
- G. No "To Whom It May Concern" reference will be provided.
- H. Transcripts, credentialing, and verification of graduation are provided on a fee for service basis to alumni (attachment D).

Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
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UPMC Hamot

Attachment C

**UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON
UNIVERSITY**

REFERENCE RELEASE FORM

I, _____ hereby give written
permission for _____ to provide
professional reference on my behalf, to: _____

Signature

Date

Price List for Verification of Graduation, Transcript, and Credentialing

Verification of Graduation

On-line verification http://www.hamotschoolofanesthesia.org/	No Charge
Written Verification or Evaluation	\$10.00
Written Verification <u>and</u> Evaluation	\$35.00

Transcript

Transcript	\$20.00
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Credentials

Credentials	\$35.00
Notarized Credentials	\$50.00

Payable to: UPMC Hamot School of Anesthesia

Mailing Address: UPMC Hamot School of Anesthesia
201 State Street
Erie, Pennsylvania 16550

Phone Contact: Phyllis Machacek, BS
Administrative Assistant
machacekpi@upmc.edu
814-877-2938

UPMC Hamot

Title: Record Retention

Purpose: To comply with standards for record retention as required by Federal, State, and accrediting agencies.

Policy and Procedure:

The UPMC Hamot School of Anesthesia/Gannon University follows the Record Retention Policy of the UPMC Hamot and the Gannon University, Morosky College of Health Professions and Sciences, Villa Maria School of Nursing. The following student records are kept on permanent file for graduates the School of Nursing at Gannon University and at the UPMC Hamot School of Anesthesia/Gannon University:

- Admission folder
- Record of Standardized Test Results
- Cumulative Health Record
- Child Abuse Clearance
- State police/Criminal Clearance
- Incident Reports
- Photo ID
- Behavioral Contract
- Final Clinical Evaluations
- Graduation Certificate
- NBCRNA transcript
- Discipline records
- Grievance records

Records of student registered nurse anesthetists who withdraw from the program are retained for 7 years. Records of students who apply but do not attend are kept for 2 years.

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
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UPMC Hamot

UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

STUDENT HANDBOOK

SECTION III

COURSE OF STUDY

UPMC Hamot

UPMC Hamot School Anesthesia/Gannon University

General Information:

Program Director: Donald Larmon, DNP, CRNA

Associate Director: Rachel Wolfe, MSN, CRNA

Clinical Coordinator: Jerome Rupp, MSN, CRNA

Education Coordinator: Valerie Hoover, BS

Administrative Assistant: Phyllis Machacek, BS

Medical Director: J. David Albert, MD

Dean, Gannon University Morosky College of Health Professions and Sciences:
Sarah Ewing, Ph.D.

Director, Villa Maria School of Nursing: Dawn C. Joy, PhD, RN, CNE

Advisory Committee:

J. David Albert, MD

Christopher Larson, MD

Gregory Beard, MD

David Gibbons, MHA, RN

Don Larmon, DNP, CRNA

Jerome Rupp, MSN, CRNA

C. Kent Persinger, MSN, CRNA

Stephen Schell, MD

Sarah Ewing, PhD

Patricia McMahon, PhD, CRNP, CFN

Dawn C. Joy, PhD, RN, CNE

Lisa Masterson

K. Stephen Anderson, M.Ed, CRNA

Dan Young

Course of Study:

The Nurse Anesthesia Program is a 28-month, full time, graduate program of study for students that awards the graduate with a Certificate of Completion of the UPMC Hamot School of Anesthesia Program and a Master of Science in Nursing degree from Gannon University. The graduate is eligible to sit for the National Certification Examination for Nurse Anesthesia. There is no provision for part time study. The program integrates research, physiology, pharmacology, pathophysiology, anesthesia principles, chemistry and physics.

UPMC Hamot

Anesthesia Curriculum and UPMC Hamot Instructors

Core Courses

- GNURS525 Theoretical Foundations of Nursing
- GNURS526 Role Theory and Professional Issues in Nursing

Research Courses

- GNURS650 Research Methods
- GNURS651 Research Seminar
- GNURS721 Thesis or Project Guidance

Supporting Courses

- GNURS561 Chemistry and Physics of Anesthesia - Donald Larmon, CRNA
- GNURS625 Pharmacology for Anesthesia 1 - Emily Britton, PharmD
- GNURS626 Pharmacology for Anesthesia 2 - Emily Britton, PharmD
- GNURS627 Physiology for Anesthesia 1 - Scott Stevens, DO & Donald Larmon, CRNA
- GNURS628 Physiology for Anesthesia 2 - Donald Larmon, CRNA & Brad Hoge, CRNA
- GNURS629 Physiology for Anesthesia 3 - Stephen Mosier, MD

Anesthesia Courses

- GNURS630 Advanced Physical Assessment and Foundations of Anesthesia Nursing 1 - Michele MacKenzie, CRNA
- GNURS632 Advanced Physical Assessment and Foundations of Anesthesia Nursing 2 - Michele MacKenzie, CRNA & Michelle Peters, CRNA
- GNURS725 Advanced Anesthesia Nursing 1 - Shannon Folga, CRNA & Rachel Wolfe, CRNA
- GNURS726 Advanced Anesthesia Nursing 2 - Rachel Wolfe, CRNA
- GNURS731 Integrated Role Seminar - Donald Larmon, CRNA

Clinical Practicum

- GNURS617 Anesthesia Clinical Practicum 1 - Jerome Rupp, CRNA
- GNURS618 Anesthesia Clinical Practicum 2 - Jerome Rupp, CRNA
- GNURS619 Anesthesia Clinical Practicum 3 - Jerome Rupp, CRNA
- GNURS717 Anesthesia Clinical Practicum 4 - Donald Larmon, CRNA
- GNURS718 Anesthesia Clinical Practicum 5 - Donald Larmon, CRNA
- GNURS719 Anesthesia Clinical Practicum 6 - Donald Larmon, CRNA

Terminal Objectives for Master of Science in Nursing Degree UPMC Hamot School of Anesthesia/Gannon University

Successful integration of advanced principles of education, clinical expertise, and research theory is the basis of the graduate curriculum and is the expected outcome for individuals involved in the graduate nurse anesthesia program. Upon completion of the program, the graduate is able to:

1. Synthesize theory and research from nursing, the biopsychosocial sciences, and the humanities in their advanced practice role to care for members of diverse populations.
2. Conduct research, collaborate with other researchers from various disciplines, and implement research findings in the practice or education environment.
3. Assume an advanced practice role in the specialty of nurse anesthesia, education, administration, or research.
4. Assume a leadership role to influence change in health care practice at local, regional, and national levels.
5. Articulate and differentiate the advanced practice roles within nursing.
6. Demonstrate an understanding of the importance of maintaining ongoing professional development in their advanced practice specialty.
7. Engage in collaborative relationships as an advanced practice nurse with professionals from various disciplines and members of diverse populations to improve health care.
8. Demonstrate an educational foundation for doctoral study.

Program of Nurse Anesthesia Outcome Objectives

Upon completion of the program, the graduate nurse anesthetist is able to:

- Articulate comprehensive knowledge and understanding of anatomy, physiology, pathophysiology, pharmacology, chemistry, and physics specific to the science of nurse anesthesia.
- Complete a comprehensive preanesthetic interview, including a health history and physical assessment.
- Develop an appropriate anesthesia care plan based on patient data and overall medical, surgical and nursing treatment plan.
- Conduct a comprehensive equipment check of the anesthesia machine and associated monitors.
- Identify and take corrective action when confronted with anesthesia equipment malfunction.
- Safely administer anesthesia to all ages and categories of patients in a variety of surgical and diagnostic settings.
- Skillfully use a variety of anesthetic agents, adjunctive medications and anesthetic techniques to provide anesthesia care.
- Administer and manage various forms of regional anesthesia.
- Analyze and interpret data obtained from anesthesia monitors and patient observation.
- Initiate and manage appropriate fluid and blood replacement therapy for patients of all ages and categories.
- Safely position the anesthetized patient to avoid intraoperative nerve injury.
- Use principles of Universal Precautions and personal protective equipment in the delivery of anesthesia care to all patients.
- Recognize and appropriately respond to anesthesia complications that occur during the perioperative timeframe.
- Function as a resource person for airway and ventilatory management of patients.
- Demonstrate a working knowledge of the role of information management in health care.
- Discuss principles of anesthesia risk management to include preventive and procedural strategies.
- Serve as an anesthesia educational resource for patients and community.
- Demonstrate integrity and ethical behavior in professional and personal interactions.
- Participate in anesthesia related quality management activities.
- Consult and collaborate effectively with members of the health care team.
- Critically evaluate research and evidence-based anesthesia practices.
- Demonstrate the ability to deliver a clear and organized public presentation.

Course Descriptions

GNURS 525 Theoretical Foundations of Nursing

3 Credits

NOTE: This is a Core Course.

Prerequisites: Graduate standing or permission of the program director.

This course provides an overview of nursing theories and models. Course work provides the student an opportunity to examine the development of concepts applicable to nursing, as well as the explication and utilization of concept nursing theories. Emphasis is on theory construction and the role that theory plays in providing the scientific basis for the practice of nursing. Offered fall and spring semesters.

GNURS 526 Role Theory and Professional Issues in Nursing

3 Credits

Note: This is a Core Course

Prerequisite or Corequisite: CNURS 525 or permission of the program director.

This course deals with the examination of theories underlying the construction and definition of roles in society, with emphasis on the acquisition and meaning of advanced practice nursing roles. Professional issues and advanced practice roles are examined for their interrelatedness within the health care system. Emphasis is on role development, leadership, and research, and how these provide the basis for planned change within the health care system and the nursing profession. Offered spring semester.

GNURS 561 Chemistry and Physics of Anesthesia

3 Credits

Prerequisite: Graduate standing in the Nurse Anesthesia Option.

Corequisites: GNURS 627 and GNURS 630

This course investigates the basic principles of chemistry and physics as they relate to the clinical practice of anesthesia. Course content includes mechanics, fluids, gases, electricity, electronics, and instruments as they relate tot the practice of anesthesia.

GNURS 617 Anesthesia Clinical Practicum 1

0 Credits

Prerequisite: GNURS 630 and graduate standing in the Nurse Anesthesia option.

The clinical curriculum is designed to allow the nurse anesthesia student to integrate didactic learning into the practice of anesthesia. Clinical Practicum 1 provides the foundation for clinical practice. Basic anesthesia skills are learned and practiced during an appropriate orientation to clinical practice that precedes this initial clinical experience.

GNURS 618 Anesthesia Clinical Practicum 2

0 Credits

Prerequisite: GNURS 617 and graduate standing in the Nurse Anesthesia option. Clinical Practicum 2 builds on the basic skills learned and practiced in Clinical Practicum 1. It provides the nurse anesthetist student the opportunity to improve their basic anesthesia skills. Clinical Practicum 2 builds on the student's basic anesthesia knowledge and comprehension. The student demonstrates the use of didactic knowledge learned in the classroom and skills learned in the clinical setting to meet the perioperative needs of patients.

GNURS 619 Anesthesia Clinical Practicum 3

0 Credits

Prerequisite: GNURS 618 and graduate standing in the Nurse Anesthesia option. Clinical Practicum 3 builds on the advanced skills learned in Clinical Practicum 2. It provides the nurse anesthetist student the opportunity to improve their basic anesthesia skills, and to demonstrate advanced skills. Clinical Practicum 3 builds on the student's anesthesia knowledge and comprehension. The student demonstrates the use of didactic knowledge learned in the classroom and skills learned in the clinical setting to meet the perioperative needs of a variety of patients. Students begin to take a more active role in the decision-making process specific to the anesthesia needs of their patients.

GNURS 625 Pharmacology for Anesthesia 1

3 Credits

Prerequisite: GNURS 561 and graduate standing in the Nurse Anesthesia option. This course is the first in a two-course series presenting requisite knowledge for the effective clinical practice of anesthesia. It provides in-depth knowledge specific to anesthesia pharmacology to nurse anesthesia students. Course content includes the pharmacokinetics and pharmacodynamics of anesthetic agents, muscle relaxants, and local anesthetic agents. Emphasis is on knowledge specific to the uptake and distribution of anesthetics, as well as, the metabolism, excretion, and elimination of anesthetic drugs.

GNURS 626 Pharmacology for Anesthesia 2

3 Credits

Prerequisite: GNURS 624 and graduate standing in the Nurse Anesthesia option. This course is the second in a two-course series for nurse anesthetist students presenting requisite knowledge for the effective clinical practice of anesthesia. Course content includes the pharmacokinetics and pharmacodynamics of the accessory drugs used in anesthesia practice. Emphasis is on drugs affecting the autonomic system, the central nervous system, and the cardiovascular system.

GNURS 627 Physiology for Anesthesia 1

4 Credits

Prerequisite: Graduate standing in the Nurse Anesthesia option.

Corequisites: GNURS 561 and GNURS 630

This course is the first in a three-course series for nurse anesthetist students. Course content presents a detailed, systematic investigation of the anatomy, physiology, and pathophysiology of the cardiopulmonary system. Emphasis is on the integration of this knowledge into planning, implementation, and evaluation of care strategies for patients requiring anesthesia.

GNURS 628 Physiology for Anesthesia 2

3 Credits

Prerequisite: GNURS 627 and graduate standing in the Nurse Anesthesia option.

This course is the second in a three-course series for nurse anesthetist students. Course content presents a detailed, systematic investigation of the anatomy, physiology, and pathophysiology of the endocrine and renal systems, including fluid, electrolyte, and acid-base physiology. Emphasis is on the integration of this knowledge into planning, implementation, and evaluation of care strategies for patients requiring anesthesia.

GNURS 629 Physiology for Anesthesia 3

2 Credits

Prerequisite: GNURS 628 and graduate standing in the Nurse Anesthesia option.

This course is the third in a three-course series for nurse anesthetist students. Course content presents a detailed, systematic investigation of the anatomy, physiology, and pathophysiology of the neuromuscular system. Emphasis is on the integration of this knowledge into planning, implementation, and evaluation of care strategies for patients requiring anesthesia.

GNURS 630 Advanced Physical Assessment & Foundations of Anesthesia Nursing 1

3 Credits

Prerequisite: Graduate standing in the Nurse Anesthesia option.

Corequisites: GNURS 561 and GNURS 627

This course is the first in a two-course series. It provides nurse anesthesia students with an introduction to the art and science of anesthesia. Course content identifies basic concepts of anesthesia and introduces the student to techniques and procedures specific to the practice of anesthesia. Reinforcement of didactic principles is accomplished by practice sessions in a structured laboratory setting.

GNURS 632 Advanced Physical Assessment & Foundations of Anesthesia Nursing 2

3 Credits

Prerequisite: GNURS 630 and graduate standing in the Nurse Anesthesia option.

This course is the second in a two-course series for nurse anesthesia students. Course content includes progressive, guided instruction in the clinical anesthesia management of patients undergoing obstetrical, pediatric, orthopedic, and urologic surgery. Inpatient, outpatient, and trauma settings are included. Legal aspects of the practice of anesthesia are addressed. Reinforcement of didactic principles continues.

GNURS 650 Research Methods

3 Credits

Prerequisite: GNURS 525 or permission of the program director.

This course involves the systematic examination of the research process and the various quantitative and qualitative methods available to researchers--- including nurse researchers. Focus is on the methods and processes of systematic investigation, including critical analysis of studies, and analysis of the dynamic relationships among the various design, implementation, and evaluation components of research. This course provides graduate nursing students with the fundamental knowledge necessary to design and conduct a research study. Offered fall semester.

GNURS 651 Research Seminar

3 Credits

Prerequisite: GNURS 650 or permission of the program director.

This seminar provides peer and faculty support to students developing their graduate research proposals. The major emphasis includes refining an area of research, identifying a researchable question, exploring the literature, critiquing literature relevant to the research area, determining the appropriate method to answer the question under investigation, and identifying a thesis chairperson. The majority of seminar sessions are devoted to student presentations of their research plans with peer and faculty feedback to strengthen the proposal. Offered spring semester.

GNURS 717 Anesthesia Clinical Practicum 4

0 Credits

Prerequisite: GNURS 619 and graduate standing in the Nurse Anesthesia option.

Clinical Practicum 4 builds on the advanced skills learned in Clinical practicum 3. The nurse anesthesia student will be given the opportunity to experience more difficult cases and apply new learning. The student will be required to demonstrate higher levels of application and comprehension in clinical practice.

GNURS 718 Anesthesia Clinical Practicum 5

0 Credits

Prerequisite: GNURS 717 and graduate standing in the Nurse Anesthesia option.

Clinical Practicum 5 builds on the advanced skills learned in Clinical Practicum 4. It provides the nurse anesthetist student the opportunity to be more independent in meeting the anesthesia needs of their patients.

GNURS 719 Anesthesia Clinical Practicum 6

0 Credits

Prerequisite: GNURS 718 and graduate standing in the Nurse Anesthesia option.

Clinical Practicum 6 builds on the advanced skills learned across the anesthesia curriculum. Nurse anesthesia students are now expected to be as independent as possible in the practice of anesthesia.

GNURS 721 Thesis Guidance

1-3 Credits

NOTE: 3 credits are required.

Prerequisites: GNURS 650, GNURS 651, and graduate stranding or permission of the program director.

This course is designed to provide graduate nursing students individualized guidance as they complete the research requirement of their program of study. The focus is on enabling the student to effectively use the research process in systematic inquiry aimed at discovery. The student may use either quantitative or qualitative methods in answering identified researchable questions within their optional course of study. Offered each fall and spring semester, and each summer session.

GNURS 725 Advanced Anesthesia Nursing 1

3 Credits

Prerequisite: GNURS 632 and graduate standing in the Nurse Anesthesia option.

This course provides content specific to the application of didactic information to clinical situations. Nurse anesthesia students are introduced to anesthesia specialties in a seminar format. Specialties include pediatric, cardiovascular, otolaryngology, and anesthesia for uncommon diseases.

GNURS 726 Advanced Anesthesia Nursing 2

3 Credits

Prerequisite: GNURS 725 and graduate standing in the Nurse Anesthesia option.

This course provides detailed instruction specific to the art and science of regional anesthesia and pain management. Reinforcement of didactic principles will be gained throughout the course by video, computer, and mannequin simulation.

GNURS 731 Integrated Role Seminar

3 Credits

Prerequisite: Graduate standing in the Nurse Anesthesia option.

This course introduces the nurse anesthetist student to areas of professional responsibility. A wide range of topics is discussed. This course is designed to assist the student in analysis and evaluation of their advanced practice role. Offered in the fall semester.

**UPMC Hamot School of Anesthesia/Gannon University
Master Schedule - Program Course Sequence**

First Year		Credits	Instructor
Spring Semester (January - April)			
GNURS 525	Theoretical Foundations of Nursing	3	Gannon
GNURS 627	Physiology for Anesthesia 1	4	S. Stevens
GNURS 561	Chemistry and Physics of Anesthesia	3	D. Larmon
GNURS 625	Pharmacology for Anesthesia 1	3	E. Britton
GNURS 630	Advanced Physical Assessment and Foundations of Anesthesia Nursing 1	<u>3</u>	M. MacKenzie
Semester Total		16 credits	
Summer Semester (May - August)			
GNURS 628	Physiology for Anesthesia 2	3	D. Larmon
GNURS 632	Advanced Physical Assessment and Foundations of Anesthesia Nursing 2	3	M. MacKenzie
GNURS 725	Advanced Anesthesia Nursing 1	3	R. Wolfe
GNURS 617	Anesthesia Clinical Practicum 1	<u>0</u>	J. Rupp
Semester Total		9 credits	
Fall Semester (September – December)			
GNURS 629	Physiology for Anesthesia 3	2	S. Mosier
GNURS 626	Pharmacology for Anesthesia 2	3	E. Britton
GNURS 650	Research Methods	3	Gannon
GNURS 618	Anesthesia Clinical Practicum 2	<u>0</u>	J. Rupp
Semester Total		8 credits	
Second Year			
Spring Semester (January - April)			
GNURS 526	Role Theory and Professional Issues in Nursing	3	Gannon
GNURS 726	Advanced Anesthesia Nursing 2	3	R. Wolfe
GNURS 651	Research Seminar	3	Gannon
GNURS 619	Anesthesia Clinical Practicum 3	<u>0</u>	J. Rupp
Semester Total		9 credits	
Summer Semester (May - August)			
GNURS 721	Thesis or Project Guidance	1	Gannon
GNURS 717	Anesthesia Clinical Practicum 4	<u>0</u>	D. Larmon
Semester Total		1 credits	
Fall Semester (September - December)			
GNURS 721	Thesis or Project Guidance	1	Gannon
GNURS 731	Integrated Role Seminar	3	D. Larmon
GNURS 718	Anesthesia Clinical Practicum 5	<u>0</u>	D. Larmon
Semester Total		4 credits	

Third Year

Spring Semester (January - April)

GNURS 721	Thesis or Project Guidance	1	Gannon
GNURS 719	Anesthesia Clinical Practicum 6	<u>0</u>	D. Larmon
Semester Total		1 credit	

Program Credit Total **48 credits**

UPMC Hamot School of Anesthesia/Gannon University

Clinical Affiliation Sites

<u>Affiliation Site</u>	<u>Clinical Experience</u>	<u>Clinical Coordinator</u>
Brooks Memorial Hospital 529 Central Avenue Dunkirk, NY 14048 (716)366-1111	The student anesthetist administers all types of anesthetic, including regional, in a rural hospital setting	Robert Moss, MD Kathleen Storer, CRNA, MSN Clinical Coordinator
UPMC Hamot 201 State Street Erie, PA 16550 (814)877-2938	The primary clinical site for the anesthesia program, UPMC Hamot offers the student a broad scope of clinical anesthesia including Outpatient, Trauma, Major CV, Obstetrics, Neuro, General and Surgical cases.	Jerome Rupp, CRNA, MSN Clinical Coordinator
Punxsutawney Area Hospital 81 Hillcrest Drive Punxsutawney, PA 15767 (814)938-1800	The student nurse anesthetist will administer regional and general anesthesia in a rural hospital setting.	Karen Herriotts, CRNA, MBA Clinical Coordinator
Warren General Hospital 2 Crescent Park West Warren, PA 16365 (814)723-4973	The student nurse anesthetist will administer regional and general anesthesia in a rural hospital setting.	Kathy Simanowski, CRNA, MSN Clinical Coordinator
UPMC Northwest Hospital 100 Fairfield Ave Seneca, PA 16346 (814)676-7600	The student nurse anesthetist will administer regional and general anesthesia in a rural hospital setting.	Paula Schall, CRNA, MSN Clinical Coordinator

UPMC Hamot

UPMC Hamot Library

Library Services: ext. 2744

Hours of Operation: 7:30am – 4:00pm Monday – Friday

The UPMC Hamot Library is located on the ground floor of UPMC Hamot Medical Center. The Library offers domestic and international scientific journals and magazines. Services include book requests, cataloging, MEDLINE/online searches and reserve collections. Photocopy service is available on a limited basis. **NO COPYING OF BOOKS or large volumes of materials is permitted.** Nurse anesthesia students may sign out materials from the medical library via their I.D. badge. After hours library access may be obtained by calling Security ext. 6666. Student nurse anesthetist must show their I.D. badge to security personnel in order to obtain after hours library entrance.

Gannon University Nash Library

Circulation Desk: 871-7557

Periodicals: 871-7561

Reference Rooms: 871-7559

Hours of Operation: 7:30 am – Midnight Monday – Thursday
 7:30 am – 7:00 pm Friday
 11:00am – 7:00 pm Saturday
 12:30pm – Midnight Sunday

Mission Statement

Nash Library contributes to the mission of Gannon University by providing resources, instructional programs, services, and facilities to support the curricular and research needs of students and faculty.

Vision Statement

Nash Library will:

- Provide information and learning resources in all appropriate formats to support the curricular and research needs of students and faculty.
- Provide instructional programs to assist students in meeting the information literacy outcomes of Gannon University.
- Maintain a safe and comfortable environment with a variety of spaces, furnishings, and equipment to promote and enhance student learning.
- Provide proactive and responsive services that maximize the effectiveness of the library's resources and facilities.
- Support the continuous development of all library staff and faculty.

Student Health Services & Counseling Services

Gannon University Student Health Center: 871-7622

210 West 6th Street (NW Corner of Sassafras Street and 6th Street - Lower Level of Harborview)

The Student Health Services Office at Gannon is an ambulatory care facility. Our work within the field of higher education is to promote wellness and conserve the time of the students for their classwork and studies by preventing and treating minor illnesses and injuries. A physician is available at the Health Office at scheduled hours during the Fall and Spring semesters. The Health Program also includes the services of a registered college health nurse.

Counseling services are available via the student health center, staffed by Psychologist and Counselors. Services are free and confidential.

A University Health Center form must be on file at the office in order to receive any services. New students will receive this form in an admission packet after their deposit is paid.

Regular Office Hours: Monday - Friday 8:00 AM to 4:00 PM

Doctor's Hours: Mondays and Tuesdays, 1 PM to 4 PM, and Thursdays 9 AM to Noon

Appointments available - must be evaluated by a nurse prior to being scheduled. No walk-in patient visits will be taken during doctor's hours with the exception of emergencies and first aid care. All doctor appointments must be made prior to doctor's hours.

TRIAGE:

The professional staff of the Health Center will assess and evaluate each person on an individual basis. Therefore, medical emergencies and urgent conditions will be given priority.

Health Insurance Coverage is the responsibility of the student. Proof of student health insurance coverage must be provided to Gannon University and to UPMC Hamot School of Anesthesia.

Gannon University has made arrangements with an independent insurance carrier to provide an insurance program. The Accident and Sickness Insurance Plan is available to all registered students. Insurance enrollment packets are available online or at the Student Health Services Office.

UPMC Hamot

UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

STUDENT HANDBOOK

SECTION IV

EVALUATION POLICIES AND TOOLS

UPMC Hamot

UPMC Hamot School of Anesthesia/Gannon University Continuous Self-Evaluation Policy and Procedures

Purpose: The UPMC Hamot School of Anesthesia/Gannon University utilizes a multifaceted, continuous self-evaluation mechanism to insure the highest quality of nurse anesthesia education is provided. The evaluation process addresses areas of clinical and didactic learning.

The Continuous Self-Evaluation Process includes the following components.

1. Accreditation Mechanism

- The school administration will review summaries and reports from the Council on Accreditation's On-Site Review, Annual Report, and the school's Programmatic Self Study.
- A summary report, of these documents, will be presented to the UPMC Hamot School of Anesthesia Curriculum Committee and the Advisory Committee.
- Recommendations for school policy change will be considered and implemented if approved.
- The UPMC Hamot School of Anesthesia Program Director must review and approve programmatic changes that affect the school's accreditation status.

2. Certification Exam Results

- Annual results of student performance on the National Certification Exam are reviewed and evaluated by the Program Director.
- Specific review of overall performance and content analysis compared to national mean is examined.
- A summary report of certification exam results is presented to the UPMC Hamot School of Anesthesia Curriculum Committee and the Advisory Committee.
- The UPMC Hamot School of Anesthesia Program Director must review and approve programmatic changes that affect the school's accreditation status.

3. Curriculum Evaluation (Web-based - Blackboard)

- Nurse anesthesia student's complete evaluations of all courses and instructors at the completion of each semester through Gannon on the **Blackboard** system.
- Course instructors complete a self-evaluation and a course evaluation at the completion of each semester.
- The UPMC Hamot School of Anesthesia Program Director reviews all evaluations.
- Course instructors are provided opportunity to review evaluations specific to their didactic component.
- The UPMC Hamot School of Anesthesia Curriculum and Advisory Committees review a summative report of Curriculum Evaluations.

4. Evaluation of Clinical Experience (94-A)

- All students evaluate their clinical experience during each practicum. Facets of this evaluation include quality of case experience, clinical instruction, supervision, fair treatment and opportunity to participate in the total anesthetic.
- Clinical faculty is provided opportunity to review their evaluations.
- A summative report of Clinical Evaluations is reviewed by the UPMC Hamot School of Anesthesia Curriculum Committee.

5. Daily Clinical Evaluation (see Attachment “Clinical Evaluation Policy”)

- Completed by CRNA/MDA staff assigned to the student for each day spent in the clinical setting (**Typhon**).
- Evaluation based on published practicum objectives.
- Results are entered into the student’s clinical practicum spreadsheet. Trends in clinical performance can be detected and addressed.

6. Student Self-Evaluation (see Attachment” Clinical Evaluation Policy”)

- Completed as a daily clinical self-assessment by the nurse anesthesia student (**Typhon**).
- Evaluation based on published objectives specific to each practicum 1-6.
- Results compared to CRNA/MDA Daily Clinical Evaluation of student nurse anesthetist.
- Summary report included in overall student practicum evaluation and grade (Practicum’s 1-6).

7. Student Clinical Practicum Evaluation 1-6 (see Attachment “Clinical Evaluation Policy”)

- A summative evaluation of the student’s clinical growth and development during a specific clinical practicum, 1-6.
- Completed at the completion of the clinical practicum.
- Used to identify trends and counsel students.
- Each clinical practicum must be successfully completed to advance to the next clinical practicum.
- All clinical practicum must be completed in sequence, 1-6.

8. Evaluation of Program Outcomes and Clinical Instructors (Typhon)

- A comprehensive end of program evaluation is completed by all student nurse anesthetists prior to graduation.
- Results are used to identify and assess if published terminal objectives are achieved.
- All evaluations are reviewed by the UPMC Hamot School of Anesthesia Program Director.
- A summative report is prepared and presented to the UPMC Hamot School of Nurse Anesthesia Curriculum Committee and the Advisory Committee.
- Trends in achievement of terminal objectives and overall programmatic goals are assessed and programmatic changes are implemented as necessary.

8. Evaluation of Program Outcomes (continued)

- The UPMC Hamot School of Anesthesia Program Director must approve all programmatic changes that affect accreditation.

9. Post-Graduate Evaluation (see Attachments F & G)

- This evaluation process occurs at year one and year three post-graduation.
- Evaluations are based on published terminal objectives. Comment is also requested on the clinical ability and practice of the CRNA.
- Evaluations are requested from both the alumnus and their employer.
- Data obtained from these evaluations will be collated by the UPMC Hamot School of Anesthesia Program Director.
- A summative report will be presented to the UPMC Hamot School of Anesthesia Curriculum Committee.
- Results are used to assess program outcome criteria and implement quality improvement processes as identified.

10. Evaluation at Gannon University Villa Maria School of Nursing

- Evaluation of all Gannon University Courses and Faculty will occur by and through the Gannon University utilizing evaluation procedures as established by the same (**Web-based Blackboard**).

*Approved by Donald Larmon, DNP, CRNA, Director
Effective Date: January 2020
Supersedes Guidelines Dated: 11, 12, 13, 14, 15, 16, 18, 19*

UPMC Hamot

**GANNON UNIVERSITY
 VILLA MARIA SCHOOL OF NURSING
 GRADUATE NURSING PROGRAM
 UPMC HAMOT SCHOOL OF ANESTHESIA
 EVALUATION OF CLINICAL EXPERIENCE**

Clinical Practicum _____

The purpose of this form is to provide the student with the opportunity to evaluate their clinical practicum of anesthesia practice. This evaluation is not for the evaluation of the individual faculty members. The student has the opportunity to evaluate the teacher effectiveness with the clinical instructor's evaluation at the end of the program.

DIRECTIONS: Please select the single digit which best represents your evaluation and write it next to the corresponding item number in the right-hand column.

- 5 = Strongly Agree**
- 4 = Moderately Agree**
- 3 = Agree**
- 2 = Moderately Disagree**
- 1 = Strongly Disagree**
- N/A = Not Applicable**

- | | | |
|---|--|---------|
| 1 | Was the introduction into the clinical area adequate enough to make you feel reasonably comfortable? | 1 _____ |
| 2 | Was the case mix adequate to meet your needs? | 2 _____ |
| 3 | Are you able to perform effectively as a beginning practitioner? | 3 _____ |
| 4 | Are you able to evaluate laboratory findings, ECG reports, x-ray data and abnormal findings? | 4 _____ |
| 5 | Are you able to manage regional anesthesia? | 5 _____ |
| 6 | Are you able to manage fluid therapy? | 6 _____ |
| 7 | Are you able to manage as a team leader in the area of CPR? | 7 _____ |
| 8 | Can you develop an appropriate anesthesia care plan? | 8 _____ |
| 9 | Can you perform a pre-anesthetic interview and physical assessment on a patient undergoing anesthesia? | 9 _____ |

COMMENTS

.....

.....

.....

THANK YOU

PLEASE RETURN TO THE PROGRAM DIRECTOR

UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY
MOROSKY COLLEGE OF HEALTH PROFESSIONS AND SCIENCES
VILLA MARIA SCHOOL OF NURSING

Systematic Faculty Course Evaluation

Course number and title:

Semester course offered:

Credits:

Time allotment:

Submitted by:

Date of evaluation:

I. Attach a course syllabus:

Syllabus attached.

II. Evaluate the following in paragraph form :

A. Textbooks:

The following textbooks were required for this course:

B. Teaching facilities:

C. Methods of teaching:

D. Grading:

The following comprised the required elements for the course grade:

1. Presentation	10%
2. Quizzes	20%
3. Mid-Term	30%
4. Final	<u>40%</u>
	100%

GRADING SYSTEM: (Must earn a grade of “B” or better)

≥ 100	A+
93 – 99	A
90 – 92	A-
88 – 89	B+
83 – 87	B
80 – 82	B-
78 – 79	C+
73 – 77	C
72 – 70	C-
< 69	F

*E. Course objectives:***III. Recommendations for changes:**

Minor changes:

Major changes:

SCHOOL OF ANESTHESIA

Clinical Evaluation Mechanism

Objectives:

1. To assist the student toward mastery of clinical skills and objectives.
2. To assist the student in achieving established clinical program objectives and personal clinical goals.
3. To provide constructive interaction between the student anesthetist and clinical faculty.

Daily Evaluation: (Web-based Typhon)

An electronic daily clinical evaluation is used to document the student's strengths, weaknesses and progress toward clinical behavior objectives. Objectives for each practicum (1-6) are published in the student handbook. Clinical evaluation focuses on ten essential aspects of clinical anesthesia.

A faculty member is assigned daily to each student. The faculty member observes the student's performance in a clinical setting. Clinical faculty document whether or not the student met the requirements (both critical and non-critical) of the anesthesia practicum. CRNA and MDA clinical faculty also document critical notes of guidance to the student regarding clinical growth and development.

The student performs a self-evaluation for each day of clinical learning. This analysis should include specific behaviors, actions, and techniques that will lead them to attain published clinical objectives.

Daily electronic (Typhon) evaluations are logged into an electronic clinical evaluation data bank created for each student nurse anesthetist.

Practicum Evaluations:

Formal clinical practicum evaluations are conducted at the completion of each clinical practicum (1-6). The clinical coordinator reviews individual student evaluation data and prepares a summative practicum evaluation. The student and the clinical coordinator meet to discuss progress and/or problems. The student, clinical coordinator, and director sign the clinical practicum evaluation document acknowledging that it has been reviewed. Students are counseled regarding clinical practicum deficits and, if warranted, are placed on probation. A student may be advised against or prohibited from anesthesia program continuation.

Evaluation Procedure:

1. Each clinical faculty member who supervises a student will complete the instructor's portion of the daily evaluation sheet. The student completes the self-evaluation portion of the daily electronic evaluation. All clinical evaluation forms are retained in the student's electronic evaluation file. It is expected that the student will have no less than one electronic evaluation per clinical shift assignment.
2. At the completion of each clinical practicum, the associate director or clinical coordinator will review all of the student's daily clinical evaluations. If, before the completion of the practicum, a student's clinical evaluations are consistently unsatisfactory, the associate director will meet with the student to inform the student of noted deficiencies.
3. Any student who fails to meet the clinical behavioral objectives for a practicum may be placed on probation if warranted.
4. Failure of any clinical practicum results in the student's dismissal from the program.
5. All clinical objectives are considered critical after Practicum 4.
6. Clinical Practicum 6 evaluation must reflect the student's completion of the program's terminal objectives.
7. The 6 Clinical Practicum periods are as follows:

Practicum 1	Year 1 - summer (May, June, July, Aug.)
Practicum 2	Year 1 - fall (Sept., Oct., Nov., Dec.)
Practicum 3	Year 2 - spring (Jan., Feb., March, April)
Practicum 4	Year 2 - summer (May, June, July, Aug.)
Practicum 5	Year 2 - fall (Sept., Oct., Nov., Dec.)
Practicum 6	Year 3 - spring (Jan., Feb., March, April)

Self-evaluations:

A written self-evaluation for each practicum (1-6) must be submitted to the associate director prior to that practicum's summative report. Each student will assess and document their progress and level of clinical performance according to the practicum objectives.

Care Plans: (100-A, 100-B, 100-C)

The student will prepare a daily care plan for the first case of each day. The plan includes the patient's medical history, lab data, a description of the planned procedure and fluid administration, anesthetic technique as well as anticipated problems with planned interventions. This care plan is to be completed prior to the beginning of the case and should be available to the instructor upon request. The student will return the care plan to the instructor for review and evaluation within 24 hours of the clinical experience, with post-op progress notes included. A completed Care Plan and electronic Clinical Evaluation are required for all clinical days. These documents must be available to the associate director within 5 working days from the date of the clinical experience. Failure to comply will result in an unsatisfactory clinical evaluation for the day. Daily care plans are an important component of documentation considered in the student's summative practicum evaluation.

UPMC Hamot School of Anesthesia/Gannon University

ANESTHETIC CARE PLAN

DATE	NAME	PRECEPTOR
SURGERY	DIAGNOSIS	ALLERGIES
VS	HT	WT
	BMI	IDBW
AIRWAY: CLASS / MO / TM	DENTITION	NECK ROM
SYSTEMS REVIEW	LABS	
RESP:		
CV:		
CNS:		
HEP/RENAL:		
EDOCRINE:		
GI:		
OTHER:		

ANESTHETIC CONCERNS

A. PATHOPHYSIOLOGY:	
B. SURGICAL PROCEDURE:	
C. SURGICAL POSITIONING:	
D. OTHER CONCERNS	LAB CONCERNS/FOCUS

ANESTHESIA PATIENT CARE PLAN

MEDICATIONS	
PLAN A	PLAN B
SPECIAL EQUIPMENT/ INVASIVE LINES REASONING:	

Pharmacological Plan

INDUCTION	REASONING
INTUBATION	REASONING
MAINTENANCE	REASONING
EMERGENCE	REASONING

FLUID MANAGEMENT

EBV	ABL	MAINT	DEFICIT
3 RD SPACE	FLUIDS	BLOOD AND COMPONENTS	EBL
MAIN CONCERN FOR THIS CASE			
LEARNING OBJECTIVE AND ACCOMPLISHMENTS			
FACULTY EVAL OF SRNA IN CLINICAL			

STUDENT _____ PRECEPTOR _____ DATE _____

Care Plan for Heart Room/TAVRs

Student Name:

Date:

Surgeon/MDA:

Procedure:

___ On Pump ___ Off Pump ___ Minimally Invasive ___ REDO Sternotomy ___ Radial Grafts

MRN/Pt. Name/DOB:

Age/Sex:

Ht: ___ Wt: ___ BSA: ___ BMI: ___

Expected Heparin Dose (300 units/kg) _____ Expected Protamine Dose (10 mg/1000 units Heparin) _____

Allergies: (If PCN, order Vancomycin)

Sx/Indications for Procedure:

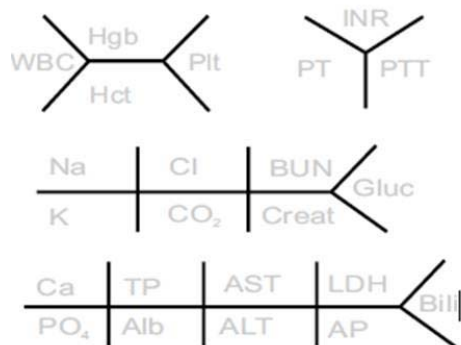
PMH:

PSH:

Home Meds:

ASA: MP: CROM: TM: MO:

LABS: If on Plavix, get Platelet Inhibition Assay



T&C: ___ Units Available: ___

EKG: (If LBBB present, caution when placing Swan- Complete Heart Block, have pacer ready)

CXR: ___ Cardiomegaly ___ Effusions

Carotids:

R:

L:

PFTs:

Echo:

EF:

LVH:

Aortic:

Mitral:

Tricuspid:

PAP:

Cath:

Left Main:

LAD:

RCA:

Circ:

Grafts:

LVEDP:

Aortic Aneurysm:

Valve Gradients:

Right Side: CO ___ CI ___ PAP ___ PAWP ___

Consents: *Ensure ANESTHESIOLOGIST & RN sign ORANGE sheet prior to leaving Pre-op!

___ Anesthesia ___ Surgical/Blood ___ H&P ___ Pt. Stickers

CVICU Open Heart Report:

ICU South: 814-877-2191

Patient Name: _____

Height: _____ cm

Dosing Weight: _____ kg

ETA: _____ Extubating: Yes / No

Surgeon: _____

Anesthesia: _____

Surgical Procedure:

CABG x _____

BH

CPB

LIMA → LAD

SVG → 1 _____

2 _____

3 _____

Radial L/R

VALVE

AVR

MVR

TVR

Assist Devices

IABP

Impella

Cardiopulmonary/Renal History:

HTN

Afib

COPD

Smoker

ETOH

**Pre-Op EF: _____ %

MI _____

CHF

DM

Asthma

CKD (stage _____)

Lines:

RIJ single

double

Swan

Aline left

right

Peripheral IVs

_____ g (L / R)

_____ g (L / R)

brachial

radial

VS / Hemodynamics:

BP: _____ HR: _____ Rhythm: _____ A/V

CO/CI: _____ (open / closed) PA: _____ CVP: _____

Drips:

NTG @ _____ mcg/min

Levo @ _____ mcg/kg/min

Epi @ _____ mcg/kg/min

Dobutamine @ _____ mcg/kg/min

Precedex / Propofol @ _____ mcg/kg/min

Insulin @ _____ u/hr

Amicar @ 20cc/hr

Other Meds:

DDAVP _____ mcg

Reversal Given

Drugs: Beta Blocker: pre-op / pre-induction / intra-op

Antibiotic: Ancef / Vanco _____ grams @ _____

Benzodiazepine: _____ (last given @ _____)

Opioid: Fentanyl _____ mcg (last given @ _____)

Muscle Relaxant: _____ (last given @ _____)

Tylenol: 1 gm IV @ _____

Chest Tubes & Drains:

Blakes / CT's: 1 2 3

Pleur Evac: 1 2

JP: LLE / RLE

Temporary Pacer Wires:

Atrial

Ventricular

ABG: @ _____

pH _____

paCO2 _____

paO2 _____

HCO3 _____

Labs:

Hgb/Hct _____

K+ _____

Ca++ _____

Glu _____

Fluids In:

Crystalloid: _____

Albumin: _____ cc

Cell Saver: _____ mL

PRBC: _____ unit(s)

Other: _____

Fluids Out:

EBL: _____ mL

UO: _____ cc

PEDIATRIC - CAREPLAN

SRNA:		Attending:		CRNA:		Date:	
		Age:	Gender:	Weight:	Allergies:		Time:
Surgery:			PS:	Height/BMI:	Start & Stop Times:		OR:
HPI:		LMA:	Bag:	Blade:	ETT & depth:		EBV:
		SBP/DBP:	HR:	RR:	Vt:	MIVF:	Deficit:
PMH/PSH:				Mask/OPA:		Surgeon / Case #:	
				Meds:			
				Anesthetic Plan:		<u>Laryngospasm Doses</u> Sch 0.4 mg/kg IV/ 4mg/kg IM 20 mg/mL (2mg/tick) Atropine 20 mcg/kg IV/IM 0.4 mg/mL (40 mcg/tick) Phenylephrine 1 mcg/kg Ephedrine 0.1 mcg/kg Epinephrine 1 mcg/kg	
Fentanyl 1-5 mcg/kg IV (5 mcg/tick)		Precedex 0.25 – 0.5 mcg/kg IV				Atropine 10 mcg/kg (MAX 400 mcg) Phenylephrine 1 mcg/kg Ephedrine 0.1 mcg/kg Epinephrine 1 mcg/kg	
Decadron 0.15 mg/kg IV (ENT 0.5 mg/kg)		Versed 0.1 mg/kg IV, 0.2 mg/kg IM		Morphine 0.05-0.1 mg/kg IV Hydromorphone 0.015 mg/kg IV Tylenol 15 mg/kg IV		Atropine 10 mcg/kg (MAX 400 mcg)	
Zofran 0.1 mg/kg IV		Ketorolac 0.5 mg/kg IV		Glyco 10 mcg/kg IV (MAX 0.2 mg)		Rocuronium 0.6-1.2 mg/kg IV	
Propofol 2-3 mg/kg IV		Ancef 30 mg/kg IV		Neostigmine 70 mcg/kg IV		SCh induction 2.2 mg/kg IV	

PEDIATRIC - CAREPLAN

SRNA:		Attending:		CRNA:		Date:	
		Age:	Gender:	Weight:	Allergies:		Time:
Surgery:			PS:	Height/BMI:	Start & Stop Times:		OR:
HPI:		LMA:	Bag:	Blade:	ETT & depth:		EBV:
		SBP/DBP:	HR:	RR:	Vt:	MIVF:	Deficit:
PMH/PSH:				Mask/OPA:		Surgeon / Case #:	
				Meds:			
				Anesthetic Plan:		<u>Laryngospasm Doses</u> Sch 0.4 mg/kg IV/ 4mg/kg IM 20 mg/mL (2mg/tick) Atropine 20 mcg/kg IV/IM 0.4 mg/mL (40 mcg/tick) Phenylephrine 1 mcg/kg Ephedrine 0.1 mcg/kg Epinephrine 1 mcg/kg	
Fentanyl 1-5 mcg/kg IV (5 mcg/tick)		Precedex 0.25 – 0.5 mcg/kg IV				Atropine 10 mcg/kg (MAX 400 mcg) Phenylephrine 1 mcg/kg Ephedrine 0.1 mcg/kg Epinephrine 1 mcg/kg	
Decadron 0.15 mg/kg IV (ENT 0.5 mg/kg)		Versed 0.1 mg/kg IV, 0.2 mg/kg IM		Morphine 0.05-0.1 mg/kg IV Hydromorphone 0.015 mg/kg IV Tylenol 15 mg/kg IV		Atropine 10 mcg/kg (MAX 400 mcg)	
Zofran 0.1 mg/kg IV		Ketorolac 0.5 mg/kg IV		Glyco 10 mcg/kg IV (MAX 0.2 mg)		Rocuronium 0.6-1.2 mg/kg IV	
Propofol 2-3 mg/kg IV		Ancef 30 mg/kg IV		Neostigmine 70 mcg/kg IV		SCh induction 2.2 mg/kg IV	

Behavioral Objectives Practicum 1

Room Preparation:

- *1. Routine and supplemental equipment appropriate for each case is assembled and present.**
- *2. Performs thorough machine and equipment check in morning and checks anesthesia machine between cases for leaks and O₂ delivery.**
- *3. Assembles basic work table.**
- *4. Demonstrates ability to operate routine anesthesia equipment and locate drugs and supplies for a class I or class II patient.**

Pre-anesthetic Assessment and Anesthesia Care Plan:

- *1. Conducts a pre-op evaluation that includes review of patient systems, chart review, lab values, and signed consents.**
- 2. Formulates a plan of care based on patient status, surgical procedure and outside reading.
- 3. Performs a psychological assessment of patient and, with instructor's assistance, medicates patient based on patient's psychological need.
- 4. Reviews plan of care with instructor prior to beginning of each case.

IV:

- *1. Demonstrates ability to assemble proper equipment necessary for starting an IV.**
- 2. With assistance, identifies the appropriate size IV needed.
- 3. Demonstrates proper technique and utilizes local appropriately.
- 4. With assistance, selects proper IV solution.

Induction:

- *1. Demonstrates the ability to follow, with assistance, the established plan of induction in an organized and correct manner.**
- 2. Positions the patient properly, assuring there are no pressure points.
- 3. Selects, applies and properly uses monitoring devices: BP cuff, pulse oximetry, precordial and esophageal stethoscopes, EKG temperature monitors.
- 4. Administers induction drugs in proper sequence and precalculated doses.
- *5. Is aware of OSHA standards for blood-borne pathogens and wears the proper protective garb.**

Airway and Ventilation:

- *1. Observes the ventilatory pattern of the patient, pre-induction.**
- *2. Notes the O₂ saturation and pre-oxygenates appropriately.**
- 3. Has appropriate sizes of airways available.
- 4. Demonstrates beginning ability to establish and maintain an adequate airway and recognizes an airway obstruction.
- 5. Applies face mask properly; demonstrates ability to perform controlled ventilation on induction.

Intubation:

- 1. Introduces laryngoscope blade gently into mouth, identifies landmarks and inserts ET tube.
- *2. Assures placement by ETCO₂ and bilateral breath sounds, then secures tube.**
- 3. Uses proper technique for blade selected.

Monitoring and Maintenance:

- 1. Demonstrates basic knowledge of intra-anesthetic management of:
 - a. inhalation agents
 - b. narcotics/barbiturates/muscle relaxants
 - c. MAC technique
 - d. use of accessory agents:
 - i. vasopressors/vasodilators
 - ii. anticholinergics/anticholinesterases
 - iii. antiarrhythmics
- 2. Monitors all parameters.
- 3. Recognizes and reports major cardiac arrhythmia's.
- 4. Calculates accurate fluid and blood replacement for uncomplicated cases.
- 5. Selects appropriate muscle relaxant, based on patient status and length of case.
- 6. Monitors muscle blockade.
- 7. Charting is accurate and neat.

Emergence:

- 1. Demonstrates ability to time emergence with assistance from instructor.
- 2. Calculates proper dose of reversal agent.
- 3. Assesses respiratory adequacy.
- 4. Extubates with appropriate technique and then assures patency after extubation.
- 5. Transfers safely to stretcher/bed.
- *6. Monitors respiratory status enroute to PACU.**

Post-op Evaluation:

- 1. Provides complete and accurate report to PACU personnel.
- 2. Learning to recognize emergence problems that may jeopardize patient safety.
- *3. Conducts post-op visit in a timely fashion and notes pertinent information.**
- *4. Informs instructor of patient condition.**

Interpersonal Behavior:

- 1. Demonstrates awareness of responsibilities of anesthetist in clinical area and position as member of surgical team.
- 2. Effectively communicates with patients and instructors.
- 3. Demonstrates sincere willingness to cooperate and communicate with instructors, surgical team and other students.
- 4. Works effectively under stress of new operating room environment.
- 5. Shows adaptability to changes in plans before and during actual administration of anesthesia.
- *6. Gives daily evaluation form to instructor.**

**Behavioral Objectives
Practicum 2**

Room Preparation:

- *1. **Routine and supplemental equipment appropriate for each case is assembled and present.**
- *2. **Performs thorough machine and equipment check in morning and checks anesthesia machine between cases for leaks and O2 delivery.**
- *3. **Assembles basic work table.**
- *4. **Demonstrates ability to operate routine anesthesia equipment and locate drugs and supplies for class I or class II patient.**

Pre-anesthetic Assessment and Anesthesia Care Plan:

- *1. **Conducts pre-op evaluation that includes review of patient systems, chart review, lab values, and signed consents.**
- 2. Formulates plan of care for uncomplicated surgery based on patient status, surgical procedure and outside reading for ASA status I and II patients. Seeks out assistance for complicated procedures .
- *3. **Performs a psychological assessment of patient and medicates patient, with instructor's assistance, based on patient's psychological need.**
- 4. Demonstrates transference of theory to clinical practice by beginning to select agents and drugs based on knowledge of procedure and anesthetic care plan.

IV:

- *1. **Demonstrates skill in venipuncture in adults.**
- *2. **Utilizes local appropriately.**
- 3. Demonstrates ability to select proper IV solution.

Induction:

- *1. **Prepares patient for routine induction within reasonable time frame.**
- 2. Positions patient for optimum safety and surgical exposure.
- *3. **Selects, applies and properly uses monitoring devices: BP cuff, pulse oximetry, precordial and esophageal stethoscopes, EKG and temperature monitors.**
- *4. **Exhibits basic understanding of pharmacodynamics of most commonly used drugs.**
- *5. **Is aware of OSHA standards for blood-borne pathogens and wears proper protective garb.**

Airway and Ventilation:

- 1. Demonstrates increasing skill in airway management with regard to:
 - a. mask fit
 - b. insertion of oral and nasal airways
 - c. ability to assist ventilations in a mask case
 - d. endotracheal intubation
 - e. recognizing and correcting obstructed airways

Intubation:

- 1. Introduces laryngoscope blade gently into mouth, identifies landmarks and inserts ET tube
- *2. **Assures placement by ETCO₂ and bilateral breath sounds, then secures tube.**
- 3. Uses proper technique for blade selected.

Monitoring and Maintenance:

- 1. Recognizes signs and stages of different levels of anesthesia.
- 2. Demonstrates knowledge in management of regional anesthesia.
- 3. Recognizes changes in physical status of patient and takes appropriate action.
- *4. **Manages fluid therapy for uncomplicated cases.**
- 5. Manages patient's ventilatory requirements with minimal assistance.
- 6. Monitors muscle blockade with nerve stimulator.
- 7. Charting is accurate, neat, legible and timely.

Emergence:

- 1. Demonstrates ability to time emergence with assistance from instructor.
- *2. **Calculates proper dose of reversal agent and administers at appropriate time.**
- *3. **Assesses respiratory adequacy.**
- *4. **Extubates with appropriate technique and then assures patency after extubation.**
- *5. **Transports the patient safely to PACU.**

Post-op Evaluation:

- *1. **Provides complete and accurate report to PACU personnel.**
- *2. **Conducts post-op visit in a timely fashion and notes pertinent information.**
- *3. **Informs instructor of patient condition.**

Interpersonal Behavior:

- 1. Demonstrates initiative in seeking new experiences and/or refining skills.
- *2. **Demonstrates sincere willingness to cooperate and communicate with instructors, surgical team and other students.**
- *3. **Accepts constructive criticism well.**
- *4. **Shows compassion and understanding with patients.**
- *5. **Gives daily evaluation form to instructor.**

***CRITICAL OBJECTIVES**

**Behavioral Objectives
Practicum 3**

Room Preparation:

- *1. Prepares efficiently for assigned cases, keeping in mind cost-effectiveness and avoiding unnecessary waste of equipment and drugs.
- *2. Performs thorough machine and equipment check in morning and checks anesthesia machine between cases for leaks and O2 delivery.
- 3. Sets up and utilizes equipment appropriately.
- *4. OR is prepared, broken down and set up within a reasonable time frame.

Pre-anesthetic Assessment and Anesthesia Care Plan:

- *1. Formulates and manages an anesthetic care plan for each patient, based on didactic knowledge and information obtained from researching particular operation.
- *2. Discusses anesthetic plan with instructor, is adaptable to changes and has alternate plan available.
- *3. Correctly selects anesthetic agents/drugs based on knowledge of anesthetic requirements for surgical procedure and patient's condition; demonstrates pharmacological knowledge of agents.

IV:

- *1. Demonstrates skill in venipuncture in adults, utilizes local and selects proper IV solution.
- 2. Is becoming proficient with pediatric IV's.

Induction:

- *1. Initiates an organized and time-conserving induction with skill.
- *2. Demonstrates skill in technical procedures involving airway management; recognizes and corrects problems.
- 3. Demonstrates knowledge of regional techniques: SAB, epidural, IV regional, cervical and brachial plexus, and axillary block.
- *4. Is aware of OSHA standards for blood-borne pathogens and wears proper protective garb.

Airway and Ventilation:

- *1. Successfully obtains and manages mask fit; able to select proper size airway.
- 2. Assists or controls ventilations appropriately; effectively manages patient's ventilation.

Intubation:

- *1. Successfully intubates with a smooth, atraumatic technique on routine cases.
- *2. Anticipates possible difficult intubations and has the appropriate equipment available.
- 3. Becoming more adept at managing the difficult airway.

Monitoring and Maintenance:

- 1. Demonstrates increasing skill in invasive monitoring techniques.
- *2. Demonstrates proficiency in interpreting data obtained from monitoring to assess patient's needs and implement proper therapy; modifies management of plan, based on alterations of patient's condition.
- 3. Identifies anesthetic problems which require consultation and/or help.
- *4. Charting is accurate, timely, complete and legible.

Emergence:

- 1. Demonstrates increasing measures to ensure patient safety during transport.
- *2. Accurately assesses patient's airway status and determines readiness to extubate or if post-op ventilatory support is needed.

Post-op Evaluation:

- 1. Demonstrates increasing measures to ensure patient safety during transport.
- *2. Performs an overall assessment to check for presence of pain, nausea, sore throat, adequate muscle strength, recovery from regional block and complaints from patient.
- *3. Independently conducts pre- and post-op rounds on all patients assigned.

Interpersonal Behavior:

- *1. Encourages evaluation from instructors.
- *2. Adapts to changes quickly and functions appropriately under stress and emergency situations.
- 3. Demonstrates professional conduct by:
 - a. assuming responsibility for own behavior in attendance, punctuality, dress and adherence to hospital and school policies.
 - b. demonstrating interest in growth by seeking new experiences and independent study.
 - c. demonstrating anesthetic skills and knowledge appropriate for this level.
- *4. Provides psychological support to patient.
- *5. Gives daily evaluation form to instructor.

***CRITICAL OBJECTIVES**

Behavioral Objectives Practicum 4

Room Preparation:

1. Prepares efficiently for assigned cases, keeping in mind cost-effectiveness, avoiding unnecessary waste of equipment and drugs.
2. Performs a thorough machine and equipment check in morning and checks anesthesia machine between cases for leaks and O₂ delivery; changes humidifier before day's cases.
3. Sets up and utilizes equipment appropriately.
4. OR is prepared, broken down and set up within reasonable time frame.

Pre-anesthetic Assessment and Anesthesia Care Plan:

1. Develops an anesthetic plan, taking into consideration type of surgical procedure, anatomical and physical abnormalities, past and present medical and surgical history, emotional state, age and position of patient.
2. Chooses an appropriate anesthetic agent for individual patient based on theoretical knowledge and an understanding of particular surgical procedure and is aware of specific needs for each type of case.
3. Identifies potential problems and hazards of the particular case, their management and alternative plans made.
4. Applies theoretical knowledge for various types of intubation in determining appropriate technique for the individual patient.
5. Demonstrates skill in managing more complex cases.

IV:

1. Demonstrates skill in venipuncture in adults, utilizes local and selects proper IV solution.
2. Is becoming proficient with pediatric IV's.

Induction:

1. Initiates an organized and time-conserving induction with skill.
2. Is knowledgeable of regional techniques: SAB, epidural, IV regional, cervical and brachial plexus, and axillary block.
3. Prepares heart patients for cardiovascular surgery with decreasing guidance; understands the significance of the various types of heart surgery (ie: valvular surgery, bypass, main stem lesions).
4. Is skilled in invasive monitoring setup and insertion of lines.
5. Demonstrates skill in recognizing and solving problems occurring during induction.
6. Is aware of OSHA standards for blood-borne pathogens and wears the proper protective garb.

Airway and Ventilation:

1. Demonstrates skill in establishing an airway on all patients.
2. Assists or controls ventilations appropriately; effectively manages patient's ventilation.

Intubation:

1. Successfully intubates with smooth, atraumatic technique on routine cases.
2. Anticipates possible difficult intubations and has appropriate equipment available.

Monitoring and Maintenance:

1. Assesses the data obtained from monitors and revises anesthetic management appropriately.
2. Demonstrates skill in utilizing various types of anesthetic agents.
3. Assesses fluid requirements of all patients during anesthesia and the post-operative period.
4. Charting is accurate, timely, complete and legible.

Emergency:

1. Anticipates emergence from anesthesia and accurately evaluates the patient's needs and effectively institutes appropriate measures.
2. Assesses and evaluates patient's airway and determines if ready for extubation or if ventilatory support is necessary.

Post-op Evaluation:

1. Performs thorough post-op evaluation.
2. Provides feedback regarding patient's post-op status to immediate supervisor.
3. Discusses post-op complications where applicable.
4. Independently conducts pre- and post-op rounds on all patients assigned.

Interpersonal Behavior:

1. Encourages evaluation from instructors; accepts criticism and changes behavior appropriately.
2. Adapts to changes quickly and functions appropriately under stress and emergency situations.
3. Demonstrates professional conduct by:
 - a. assuming responsibility for own behavior in attendance, punctuality, dress and adherence to hospital and school policies.
 - b. demonstrating interest in growth by seeking new experiences and independent study.
 - c. demonstrating anesthetic skills and knowledge appropriate for this level.
4. Provides psychological support to patient.
5. Knows own limitations and assumes confidence appropriate for abilities and length of time in program.
6. Gives daily evaluation form to instructor.

***ALL OBJECTIVES ARE CONSIDERED CRITICAL**

Behavioral Objectives Practicum 5

Room Preparation:

1. Assembles equipment and organizes work plans with skill.
2. Properly cares for equipment; is cost-effective.

Pre-anesthetic Assessment and Anesthesia Care Plan:

1. Demonstrates increasing ability to formulate and manage anesthetic care plans with lessening guidance and consultation for all types of patients and surgery.
2. Demonstrates knowledge of pharmacology and pathophysiology as basis for selection of agents/drugs to be used; selection is also based upon needs of patient and surgeon.
3. Correctly performs an anesthesia interview on all patients assigned; is able to determine ASA status.

IV:

1. Places IV proficiently; properly selects IV solution.

Induction:

1. Performs skillfully in emergency/non-emergency situations.
2. Performs independent inductions skillfully.
3. Takes appropriate precautions to avoid problems during induction and is prepared to treat appropriately, should any occur.

Airway and Ventilation:

1. Demonstrates skill in establishing an airway on all patients.
2. Assists or controls ventilations appropriately; effectively manages patient's ventilation.

Intubation:

1. Demonstrates technical competence in intubating patients both orally and nasally; successfully performs all types of intubations; is adept at using a variety of blades and techniques.

Monitoring and Maintenance:

1. Consistently identifies, assesses, evaluates and manages the anesthetic process in all clinical situations, utilizing consultation appropriately.
2. Solves problems as they arise regarding fluid management, ventilation, acid-base balance and cardiovascular difficulties.

Emergency:

1. Anticipates emergence from anesthesia, accurately evaluates the patient's needs and effectively institutes appropriate measures.
2. Consistently and accurately evaluates patient's airway as to need of artificial airways, extubation, suctioning, and continued need for mechanical ventilation.
3. Provides for safe transport to PACU or ICU.

Post-op Evaluation:

1. Demonstrates skill when evaluating post-op patients by noting all parameters; displays increased proficiency in dealing with abnormal findings; documents patient's condition.
2. Independently conducts pre- and post-op rounds on all patients assigned.

Interpersonal Behavior:

1. Encourages evaluation from instructors; accepts criticism and changes behavior appropriately.
2. Adapts to changes quickly and functions appropriately under stress and emergency situations.
3. Demonstrates growth and leadership abilities by:
 - a. maintaining good interpersonal relationships
 - b. maintaining self-control
 - c. helping younger students.
4. Provides psychological support to patient.
5. Knows own limitations and assumes confidence appropriately for abilities and length of time in program.
6. Gives daily evaluation form to instructor.

***ALL OBJECTIVES ARE CONSIDERED CRITICAL**

Behavioral Objectives Practicum 6

Room Preparation:

1. Assembles equipment and organizes work plans with skill; completely restocks for subsequent cases; returns ancillary equipment to proper storage area.
2. Selects, organizes and uses with care all appropriate anesthetic equipment.

Pre-anesthetic Assessment and Anesthesia Care Plan:

1. Conducts pre-operative assessment, combining interview and evaluation of laboratory and physical and diagnostic studies to recommend premedication, additional therapy and/or delay in operation.
2. Bases plan on individual needs of the patient, taking into consideration type of surgery, physiology, pathophysiology, and appropriate type and technique of anesthesia for a particular patient, based on knowledge of physiologic, pharmacologic and behavioral sciences.

IV:

1. Place IV proficiently; properly selects IV solution.

Induction:

1. Approaches patient in a confident manner, allays apprehension, and answer patient's questions with accuracy.
2. Identifies patient and surgical procedure and verifies operative and anesthetic consent.
3. Performs skillfully in emergency/non-emergency situations; performs independent inductions skillfully.
4. Takes appropriate precautions to avoid problems during induction and is prepared to treat appropriately should any occur.
5. Is proficient in all basic technical skills related to anesthesia, including but not limited to, invasive and regional techniques.

Airway and Ventilation:

1. Demonstrates skill consistently in airway management and problem-solving.

Intubation:

1. Demonstrates technical competence in intubating patients both orally and nasally.
2. Successfully performs all types of intubations; is adept at using variety of blades and techniques.

Monitoring and Maintenance:

1. Consistently identifies, assesses, evaluates and manages anesthetic process in all clinical situations, utilizing consultation appropriately. Solves problems as they arise regarding fluid management, ventilation, acid-base balance and cardiovascular difficulties.
2. Manages and administers regional anesthetics, interpreting physiologic and pharmacologic effects of techniques and drugs.

Emergency:

1. Consistently anticipates emergence from anesthesia, accurately evaluates patient's needs and effectively institutes appropriate measures.
2. Consistently and accurately evaluates patient's airway as to need of artificial airways, extubation, suctioning, and continued need for mechanical ventilation.

Post-op Evaluation:

1. Shows mastery when evaluating post-op patients by noting all parameters; displays proficiency in dealing with abnormal findings; documents patient's condition.
2. Independently conducts pre- and post-op rounds on all patients assigned.

Interpersonal Behavior:

1. Instills confidence in instructors and surgeons by adequate demonstration of anesthetic skills and knowledge of a graduate nurse anesthetist. Accepts criticism well.
2. Demonstrates growth by continuing independent study and reading.
3. Demonstrates professional behavior at all times.
4. Demonstrates professional responsibility by discriminate use of new drugs and techniques in patient care.
5. Punctuality and attendance:
 - a. has completed all course requirements
 - b. has not abused sick time
 - c. performs tasks within reasonable time frame.
6. Understands anesthetist's role as member of Anesthesia Department, surgical team and hospital staff and knows personal limitations.
7. Makes appropriate decisions quickly during stressful situations, based on sound anesthetic judgments.
8. Gives daily evaluation form to instructor.

***ALL OBJECTIVES ARE CONSIDERED CRITICAL**

Student _____

Date _____

**UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY
Evaluation Form - Practicum 1 & 2 (1-5 Months)**

Technical Skills

- _____ Demonstrates familiarity with all basic monitoring equipment
- _____ Perform a basic room set-up (according to established guidelines) for simple cases
- _____ Label all syringes with appropriate drug concentration/cc
- _____ Perform an anesthesia machine checkout according to established guidelines (including fill vaporizers and change depleted tanks as needed)
- _____ Demonstrate the various positions/adjustments of manual/electric OR tables and arm boards/arm holders

Airway

- _____ Demonstrates ability to recognize airway obstruction with assistance
- _____ Describes three (3) methods to correct an airway obstruction
- _____ List the steps in a rapid sequence induction

Records

- _____ Demonstrate basic charting skills on the anesthesia record

Patient Assessment

- _____ Describe the basic components of a pre-operative assessment

Basic Knowledge

- _____ List five (5) safety devices incorporated into the anesthesia machine
- _____ Describe: the physical properties of gases in tanks, tank pressures, and tank sizes
- _____ Adjust gas flows to achieve desired FIO₂ at various liter flows
- _____ Describe the sequence of induction for both a mask case and an intubation
- _____ Describe the basic pharmacology of the following drugs (generic and trade names, mg/cc used at Hamot, mg/kg dose, basic classification and use, basic method of elimination)

Atropine	Ondansetron	Succinylcholine Chloride	
Glycopyrolate	Metclpromide	Rocuronium Bromide	Neostigmine
Fentanyl	Pentothal	Vecuronium Bromide	Droperidol
Midazolam	Propofol	Pancuronium	
Etomidate	cis-Atracurium		

Judgment and Reasoning

- _____ Prepare healthy patients for induction of anesthesia for simple cases

Reaction to Stress

- _____ Demonstrate effective communication skills

Industry, Reliability, & Professionalism

- _____ Report to the department properly attired, in sufficient time to prepare for the first case

Comments:

Student _____ Associate Director _____ Date _____

S=Satisfactory, U=Unsatisfactory, NA=Not Applicable, NI=Needs Improvement. Please comment on all areas marked "U"

Student _____

Date _____

**UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY
Evaluation Form – Practicum 3 (6-9 Months)**

Technical Skills	<input type="checkbox"/> Demonstrates familiarity with anesthesia/OR equipment & monitors <input type="checkbox"/> Performs room set up independently and completely <input type="checkbox"/> Performs safety check independently and correctly
Invasive & Regional	<input type="checkbox"/> Demonstrates ability to perform simple invasive techniques (e.g. IV's, art. lines) <input type="checkbox"/> Describe appropriate situations for using specific regional techniques
Airway	<input type="checkbox"/> Demonstrates ability to manage mask airway with minimal assistance <input type="checkbox"/> Demonstrates ability to recognize airway obstruction independently, and to correct it with some assistance <input type="checkbox"/> Performs endotracheal intubation with minimal assistance from CRNA/MD <input type="checkbox"/> Assures adequate patient ventilation at all times
Records	<input type="checkbox"/> Demonstrates familiarity with patient chart and anesthesia record <input type="checkbox"/> Completes anesthesia record with minimal assistance <input type="checkbox"/> Describes and demonstrates procedure for error correction on chart <input type="checkbox"/> Verbalizes medico-legal implications of complete, accurate charting
Patient Assessment	<input type="checkbox"/> Conducts preanesthetic interview with some guidance from CRNA/MD <input type="checkbox"/> Identifies pertinent medical problems requiring specific anesthetic considerations <input type="checkbox"/> Participates in formulating anesthetic care plan based on preanesthetic assessment date; submits one written care plan per day
Basic Knowledge	<input type="checkbox"/> Demonstrates appropriate utilization of resources for gaining additional knowledge and information <input type="checkbox"/> Demonstrates increasing familiarity with anesthetic agents and techniques through verbalization and performance
Judgment & Reasoning	<input type="checkbox"/> Demonstrate basic ability to choose appropriate anesthetic technique/agents based on patient history and assessment <input type="checkbox"/> Demonstrates some independence in decision-making based on sound reasoning and rationale <input type="checkbox"/> Demonstrates consistent ability to develop new ideas through application of existing knowledge and experiences <input type="checkbox"/> Demonstrates ability to recognize personal limitations due to inexperience, and consults with CRNA/MD appropriately
Reaction to Stress	<input type="checkbox"/> Demonstrates appropriate prioritization based on situation at hand <input type="checkbox"/> Demonstrates ability to function calmly and effectively in stressful situations <input type="checkbox"/> Demonstrates effective and appropriate communication with other anesthesia team members while stressful situations
Response to Direction	<input type="checkbox"/> Demonstrates flexibility and willingness to change behavior or pain <input type="checkbox"/> Demonstrates ability to accept criticism and constructive suggestions
Industry, Reliability & Professionalism	<input type="checkbox"/> Demonstrates self-direction in completing assignments & seeking new ones <input type="checkbox"/> Demonstrates reliability in completing assignments & seeking new ones <input type="checkbox"/> Demonstrates punctuality & timeliness in attendance & assignments <input type="checkbox"/> Exhibits professionalism & courtesy among patients & co-workers <input type="checkbox"/> Exhibits effective communication skills while interacting with patients & co-workers <input type="checkbox"/> Demonstrates willingness to collaborate & cooperate with peers & other staff
<u>Comments:</u>	
Student _____ Date _____ Associate Director _____ Date _____ Mark each blank S=Satisfactory, U=Unsatisfactory, NA=Not Applicable NI=Needs Improvement. Please comment on all areas marked "U".	

Student _____	Date _____
UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY Evaluation Form – Practicum 4 & 5 (10-17 Months)	
Technical Skills	<input type="checkbox"/> Demonstrates adeptness and familiarity with all anesthesia/OR equipment <input type="checkbox"/> Demonstrates consideration and care when handling anesthesia/OR equipment

Invasive & Regional	<input type="checkbox"/> Performs room set up independently, without omitting essential items or delaying case <input type="checkbox"/> Demonstrates organization and efficiency in room set up and case management <input type="checkbox"/> Demonstrates proper technique and adeptness in line placement; includes all equipment <input type="checkbox"/> Demonstrates proper technique in setting up equipment for regional anesthetic <input type="checkbox"/> Performs regional techniques with some assistance
Airway	<input type="checkbox"/> Demonstrates ability to manage any mask airway <input type="checkbox"/> Demonstrates ability to recognize and correct airway obstruction <input type="checkbox"/> Identifies airway structures & performs intubations with infrequent assistance from CRNA/MD <input type="checkbox"/> Assures adequate patient ventilation at all times
Records	<input type="checkbox"/> Completes anesthesia record accurately and legibly <input type="checkbox"/> Demonstrates timeliness and efficiency in charting <input type="checkbox"/> Demonstrates correct technique for correcting errors on chart
Patient Assessment	<input type="checkbox"/> Performs preanesthetic interview/assessment independently <input type="checkbox"/> Identifies all pertinent medical conditions requiring specific anesthetic consideration and/or intervention <input type="checkbox"/> Formulates care plan appropriately and communicates plan to CRNA/MD <input type="checkbox"/> Completes written care plan in a timely manner (prior to case, if at all possible)
Basic Knowledge	<input type="checkbox"/> Demonstrates understanding of physiology/pathophysiology as related to anesthesia <input type="checkbox"/> Demonstrates familiarity with all anesthetic agents while planning and managing case <input type="checkbox"/> Demonstrates appropriate utilization of resources for gaining knowledge and information
Judgment & Reasoning	<input type="checkbox"/> Demonstrates ability to perform accurate ongoing assessment of patient needs <input type="checkbox"/> Demonstrates independence in decision-making based on sound reasoning and rationale <input type="checkbox"/> Exhibits accurate application of previously gained knowledge to situation at hand <input type="checkbox"/> Demonstrates ability to recognize personal limitations due to relative inexperience, and consults with CRNA/MDA appropriately
Reaction to Stress	<input type="checkbox"/> Demonstrates appropriate prioritization based on situation at hand <input type="checkbox"/> Exhibits capability to function calmly and effectively in stressful or emergency situations <input type="checkbox"/> Demonstrates effective and appropriate communication with other anesthesia team members while in stressful or emergency situations
Response to Direction	<input type="checkbox"/> Demonstrates flexibility and willingness to change behavior or plan <input type="checkbox"/> Demonstrates ability to accept criticism and constructive suggestions from CRNA/MDA
Industry, Reliability & Professionalism	<input type="checkbox"/> Demonstrates flexibility and willingness to change behavior or plan <input type="checkbox"/> Demonstrates self-direction, reliability, and accountability in completing assignments and seeking new ones <input type="checkbox"/> Demonstrates punctuality and timeliness in attendance and assignment completion <input type="checkbox"/> Exhibits professionalism and courtesy among patients and co-workers <input type="checkbox"/> Exhibits effective communication skills while interacting with patients and co-workers <input type="checkbox"/> Demonstrates willingness to collaborate and cooperate with peers and other staff
<u>Comments:</u>	
Student _____ Associate Director _____ Date _____ Mark each blank: S=Satisfactory, U=Unsatisfactory, NI=Needs Improvement, NA=Not Applicable. Please comment on all areas marked "U".	

Student _____	Date _____
UPMCHAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY Evaluation Form – Practicum 6 (18-21 months)	
TECHNICAL SKILLS	
Demonstrates expertise with anesthesia/OR equipment	S NI U NA
Demonstrates consideration and care when handling anesthesia/OR equipment	S NI U NA
Performs room set up independently and efficiently, including all essential equipment	S NI U NA
Performs safety check routinely	S NI U NA
Demonstrates organization and efficiency in room set up and case management	S NI U NA
INVASIVE & REGIONAL	
Demonstrates expertise in placing IV and arterial lines, includes all necessary equipment	S NI U NA

Assists CRNA/MDA in placement of central invasive monitors (Swan-Ganz, CVP)	S	NI	U	NA
Exhibits proficiency in setting up for and performing regional anesthetics	S	NI	U	NA
AIRWAY				
Demonstrates expertise in managing all mask airways	S	NI	U	NA
Performs safe and smooth intubations consistently, rarely requiring assistance	S	NI	U	NA
Assures adequate patient ventilation at all times	S	NI	U	NA
RECORDS				
Completes anesthesia record accurately and legibly	S	NI	U	NA
Demonstrates timeliness and efficiency in charting	S	NI	U	NA
Demonstrates correct technique for correcting errors on chart	S	NI	U	NA
PATIENT ASSESSMENT				
Conducts thorough pre-anesthetic interview/assessment independently	S	NI	U	NA
Identifies all pertinent medical conditions requiring specific anesthetic consideration and/or intervention	S	NI	U	NA
Formulates care plan appropriately and independently, and communicates plan to CRNA/MDA	S	NI	U	NA
Completes written care plan in a timely manner (prior to case if possible)	S	NI	U	NA
BASIC KNOWLEDGE				
Demonstrates comprehensive understanding of physiology/pathophysiology as related to anesthesia	S	NI	U	NA
Demonstrates expertise in the use of all anesthetic agents	S	NI	U	NA
JUDGMENT & REASONING				
Demonstrates expertise and vigilance in performing ongoing assessment of patient needs	S	NI	U	NA
Demonstrates independence in decision-making bases on sound reasoning and rationale, consulting with CRNA/MDA appropriately	S	NI	U	NA
Exhibits consistent ability to apply previously gained knowledge to present situation	S	NI	U	NA
Demonstrates ability to recognize personal limitations and consults with CRNA/MDA appropriately	S	NI	U	NA
REACTION TO STRESS				
Demonstrates ability to set priorities appropriately	S	NI	U	NA
Exhibits capability to function calmly and effectively in stressful situations	S	NI	U	NA
Demonstrates effective and appropriate communication with other anesthesia team members, even in stressful situations	S	NI	U	NA
RESPONSE TO DIRECTION				
Demonstrates flexibility and willingness to change behavior or plan	S	NI	U	NA
Demonstrates ability to accept criticism and constructive suggestions from CRNA/MDA	S	NI	U	NA
INDUSTRY, RELIABILITY & PROFESSIONALISM				
Demonstrates conscientiousness and discretion while interacting with patients and others	S	NI	U	NA
Demonstrates self direction, reliability, and accountability in completing assignments and seeking new ones	S	NI	U	NA
Demonstrates eagerness to learn from experience, and invites suggestions/criticisms	S	NI	U	NA
Demonstrates punctuality and timeliness in attendance and assignments	S	NI	U	NA
Exhibits professionalism and courtesy among patients and co-workers	S	NI	U	NA
Exhibits effective communication skills while interacting with patients and co-workers	S	NI	U	NA
Demonstrates willingness to collaborate and cooperate with peers and other staff	S	NI	U	NA
COMMENTS:				

Student _____ Associate Director _____ Date _____
S=Satisfactory, NI= Needs Improvement, U=Unsatisfactory, NA=Not Applicable. Please comment on all areas marked "NI or U".

UPMC Hamot School of Anesthesia/Gannon University
Alumni Evaluation

**STUDENT EVALUATION OF PROGRAM
ONE YEAR**

In order to maintain a high level of clinical and academic excellence, UPMC Hamot School of Anesthesia/Gannon University surveys the employers of our graduates. Would you please complete the following questionnaire and return it to: **UPMC Hamot School of Anesthesia, 201 State Street, Erie, PA 16550.**

Name of graduate being evaluated: _____

Employing Institution or Corporation: _____

Please respond below based on the factors noted. The scale is 1 = less than satisfactory,
4 = exceptional

	Not Observed	1 <Satisfactory	2	3	4 Exceptional
Communication/ Cooperation					
Judgement/ Critical thinking					
Knowledge/ Org. & Planning					
Patient Assessment					
Case management					
Technical Skills					

Length of Employment of the Graduate being rated: _____

Describe your clinical setting and practice: _____

Recommendations, suggestions and/or comments relative to the educational preparation of graduates at UPMC Hamot School of Anesthesia: _____

THANK YOU FOR COMPLETING OUR SURVEY

Evaluator: _____ **Date:** _____

Evaluators Title: _____

UPMC Hamot School of Anesthesia/Gannon University
Alumni Evaluation

**GRADUATE EMPLOYER EVALUATION
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Patient Assessment					
Case management					
Technical Skills					

Length of Employment of the Graduate being rated: _____

Describe your clinical setting and practice: _____

Recommendations, suggestions and/or comments relative to the educational preparation of graduates at UPMC Hamot School of Anesthesia: _____

THANK YOU FOR COMPLETING OUR SURVEY

Evaluator: _____ **Date:** _____

Evaluators Title: _____

UPMC Hamot School of Anesthesia/Gannon University
Alumni Evaluation

**STUDENT EVALUATION OF PROGRAM
THREE YEAR**

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Judgement/ Critical thinking					
Knowledge/ Org. & Planning					
Patient Assessment					
Case management					
Technical Skills					

Length of Employment of the Graduate being rated: _____

Describe your clinical setting and practice: _____

Recommendations, suggestions and/or comments relative to the educational preparation of graduates at UPMC Hamot School of Anesthesia: _____

THANK YOU FOR COMPLETING OUR SURVEY

Evaluator: _____ Date: _____

Evaluators Title: _____

UPMC Hamot School of Anesthesia/Gannon University
Alumni Evaluation

**GRADUATE EMPLOYER EVALUATION
THREE YEAR**

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Knowledge/ Org. & Planning					
Patient Assessment					
Case management					
Technical Skills					

Length of Employment of the Graduate being rated: _____

Describe your clinical setting and practice: _____

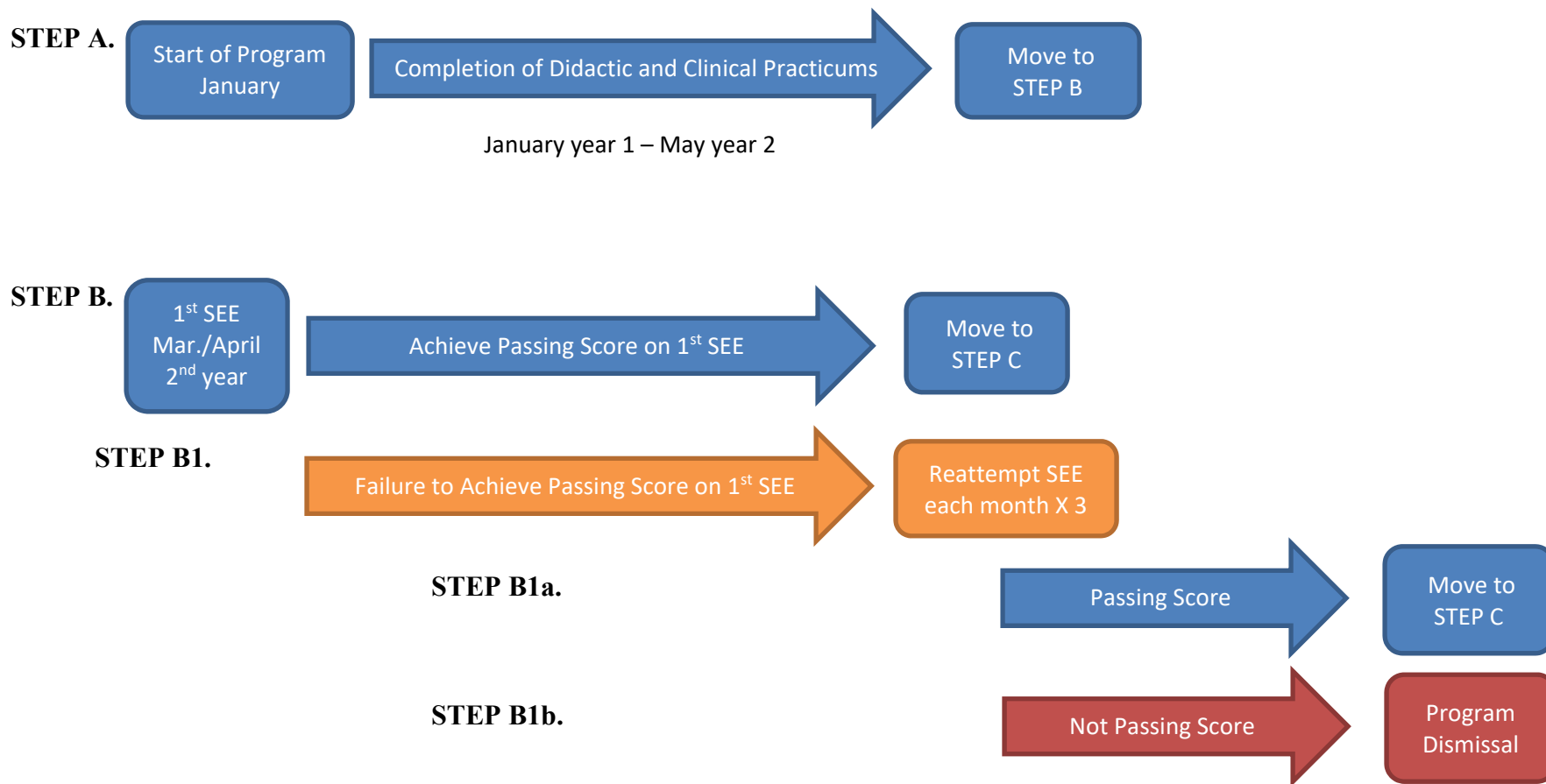
Recommendations, suggestions and/or comments relative to the educational preparation of graduates at UPMC Hamot School of Anesthesia: _____

THANK YOU FOR COMPLETING OUR SURVEY

Evaluator: _____ **Date:** _____

Evaluators Title: _____

Progression Map
Board Preparation, SEE, Mandatory Board Review Seminar



CONTINUED NEXT PAGE

