

University of South Florida
College of Nursing
Masters in Science
Nurse Anesthesia
Student Guidelines



2016

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Overview of the College of Nursing

A. Purpose

Welcome to the University of South Florida College of Nursing's Nurse Anesthesia Program; this is your Nurse Anesthesia Program Handbook. It is a collection of procedures, guidelines, and information pertaining to the Nurse Anesthesia Program. This handbook supplements the College of Nursing's Master's Program Student Academic Policies and Procedures, available at http://health.usf.edu/nocms/nursing/Resources_for_Students/handbooks.html and The University of South Florida Graduate Policies and Procedures Handbook available on the University Website at http://www.grad.usf.edu/policies_Sect7_full.php.

This handbook is designed for Nurse Anesthesia students, clinical coordinators, preceptors and faculty. The handbook provides program information, serves as a guide, and facilitates the implementation of the procedures and guidelines. The purpose of the handbook is to assist students in understanding student responsibilities and rights as well as familiarize the student with the program and their new environment. If the answers to any pertinent questions cannot be found in this handbook, the program administrator should be consulted. Find out more information at <http://www.health.usf.edu/nursing/academics/crna/index.html>.

B. Program History

The University of South Florida is committed to the promotion of excellence in the nurse anesthesia profession through education, research and superior patient care. The Graduate Program in Nurse Anesthesia received initial accreditation from the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) on June 3, 2006 and accepted the first class of students August 26th 2006. The Nurse Anesthesia Program is designed to provide an extensive foundation of anesthesia educational and clinical experiences. The curriculum incorporates cutting edge technology, including human anesthesia simulation, while providing a fully integrated learning environment for students. The classroom and clinical setting are designed to integrate the knowledge, skills and aptitudes necessary for the development of a competent and proficient nurse anesthetist. In 2011, the USF Nurse Anesthesia Program received a maximum 10-year reaccreditation from the COA. The program was also incorporated into the Center for Advanced Medical Learning and Simulation (CAMLs) in March of 2012 becoming the first Nurse Anesthesia Program to be housed inside a state-of-the-art simulation center.

The USF College of Nursing is well established with an exceptional reputation in education and research. The faculty consists of dedicated and caring members committed to the advancement of nursing in all disciplines.

C. USF College of Nursing CRNA Philosophy

The Nurse Anesthesia Program's vision, mission and goals are congruent with USF and the College of Nursing's vision, mission, and goals. The Nurse Anesthesia Program aspires to the College of Nursing's vision.

Our philosophy focuses on promoting the nurse anesthetist role recognizing that it positively impacts the delivery of healthcare to all individuals equally. Specifically, each individual is entitled to safe anesthesia care and equal access without regard to race, gender, religion, national origin, disability, age, or sexual orientation.

D. Accreditation and Certification

Commission on Collegiate Nursing Education (CCNE)

One DuPont Circle, NW Suite 530
Washington, DC 20036-1120
202-887-6791

The USF College of Nursing Master's Program is accredited until 2020

Florida Board of Nursing

4052 Bald Cypress Way, Bin #C02
Tallahassee, FL 32399-3257
850-488-0595

The USF College of Nursing has Florida Board of Nursing approval.

Commission on Colleges of the Southern Association of Colleges and Schools (SACS)

The University of South Florida is accredited by SACS to award degrees at the baccalaureate, masters, specialist, and doctoral levels.

Accredited: 1965, reaffirmed: 2005, next reaffirmation: 2015

Council on Accreditation of Nurse Anesthesia Educational Programs

The University of South Florida College of Nursing Nurse Anesthesia Program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs.

222 South Prospect Avenue-Suite 304, Park Ridge, IL 60068-4041. (847) 692-7050
10-year accreditation received Fall 2011 Accredited: initial 2006, scheduled for next accreditation review Fall 2021.

Overview of USF College of Nursing's Master's Program in Nurse Anesthesia

A. Mission of the Nurse Anesthesia Program

To foster the development of safe, clinically sound nurse anesthesia practitioners in a student-centered environment

To foster educational research and scientific discovery that reflects the standards of the American Association of Nurse Anesthetists and

Provide care embracing innovation and supporting student engagement according to the recognized principles of patient safety and respect.

B. The Nurse Anesthesia Program Goals

To instill the desire and need to perform, analyze and disseminate quality advanced research, and evidence base practice encouraging lifelong learning.

Encourage academic success to a diverse student population with honorable character and intellectual ability who have a desire to pursue an education in anesthesia and advanced nursing practice.

To provide a solid clinical and academic foundation necessary to produce competent professional practitioners in the field of anesthesia with a challenging curriculum that incorporates the academic and clinical experience essential for the practice of safe anesthesia and to compete in the global market.

Acquire advanced knowledge and competence in nurse anesthesia practice in various anesthesia delivery settings to diverse patient populations of all acuity levels, including the rural and underserved population.

C. Terminal Graduate Objectives

Synthesize knowledge and apply scientific and scholarly inquiry, analytical reasoning and sound decision making in the delivery of evidence based anesthesia care to patients.

Assume the role of an advance nurse practitioner in the field of anesthesia as a Certified Registered Nurse Anesthetist. Engage in anesthesia practice to the fullest extent within the limitations of state statutes and practice setting philosophy. This includes strict adherence to the AANA scopes and standards for nurse anesthesia practice.

Demonstrate effective communication in a written and oral format in a collaborative health care setting.

Appraise quality-advanced research for the promotion of superior health outcomes for the community.

Develop as an active professional in the support of nursing at the state and national level.

Incorporate those moral principles that guide universal practice in advanced practice nursing and anesthesia.

Initiate leadership for the improvement of health care and advance the practice of nursing.

Demonstrate advanced knowledge and competence in nurse anesthesia practice in various anesthesia delivery settings for patients of all acuity levels.

Implement physiologically sound anesthesia techniques/plans specific to patient physical classification status, age and co-morbidities.

D. Graduation Criteria

In order to graduate the students must successfully complete all USF Office of Graduate Studies and College of Nursing requirements, including successfully passing a comprehensive exam. A student will be eligible to take the certification examination administered by the NBCRNA, The National Board of Certification and Recertification for Nurse Anesthetists, only after they have met all graduation criteria.

Students are expected to complete all graduation requirements in the 28 months allotted to the program. The program reserves the right to extend the program if a student does not complete the required clinical, casework, academic coursework or record keeping.

The following is reprinted from the 2012 Standards for Accreditation of Nurse Anesthesia Educational Programs Standard III: Program of Study, criteria C21.

The program demonstrates that graduates have acquired knowledge, skills and competencies in patient safety, peri-anesthetic management, critical thinking, communication, and the professional role.

Patient safety is demonstrated by the ability of the graduate to:

Be vigilant in the delivery of patient care.

Protect patients from iatrogenic complications.

Participate in the positioning of patients to prevent injury.

Conduct a comprehensive and appropriate equipment check.

Utilize standard precautions and appropriate infection control measures.

Individualized per anesthetic management is demonstrated by the ability of the graduate to:

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

Critical thinking is demonstrated by the graduate's ability to:

1. Apply theory to practice in decision-making and problem solving.
2. Provide nurse anesthesia care based on sound principles and research evidence.
3. Perform a pre-anesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
4. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
5. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
6. Calculate, initiate, and manage fluid and blood component therapy.
7. Recognize and appropriately respond to anesthetic complications that occur during the peri-anesthetic period.
8. Pass the Council on Certification of Nurse Anesthetists' (CCNA) certification examination in accordance with CCNA policies and procedures.

Communication skills are demonstrated by the graduate's ability to:

1. Effectively communicate with all individuals influencing patient care.
2. Utilize appropriate verbal, nonverbal, and written communication in the delivery of peri-anesthetic care.

Professional role is demonstrated by the graduate's ability to:

1. Participate in activities that improve anesthesia care.

2. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
3. Interact on a professional level with integrity.
4. Teach others.
5. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.

E. Nurse Anesthesia Program Description

The College of Nursing Master's Program in Nurse Anesthesia is a challenging full time 28 month, 72 credit academic and clinical endeavor. The program consists of seven continuous semesters starting annually in August. The program is independent of the college calendar. This means that students will not follow the academic calendar.

F. University of South Florida Nurse Anesthesia Program Faculty

Certified registered nurse anesthetists, anesthesiologists, physicians, advanced registered nurse practitioners in a variety of specialties, and doctoral prepared scientists comprise the faculty that are dedicated to produce nurse anesthetists who will provide safe, quality anesthetic care to our citizens.

A complete listing of Faculty is available at:

<http://www.health.usf.edu/nursing/academics/crna/team.html>

G. Curriculum

The curriculum effectively supports the mission of producing CRNAs for rural and underserved areas. The curriculum of the program has a wide range of science courses to help the student establish a sound theoretical base. You can view the USF Nurse Anesthesia curriculum at <http://www.health.usf.edu/nursing/academics/crna/curriculum.html>.

H. Deferral of Graduation

Deferral of Graduation is NOT a policy and will be considered on an individual basis. Approval will be granted by the Program Director in accordance with agreement from the Associate Dean of Academic Programs and the concurrence of the Dean, College of Nursing, the associate dean of academic affairs, and the dean of the College of Nursing. Students requesting deferral of graduation must do so in writing a minimum of 60 days prior to graduation.

I. Declaration and Accommodation of Disability

All students who matriculate into the USF Nurse Anesthesia Program must declare any disability, including learning disability, within the first 30 days of the Program so that services may be coordinated in order to assist these students in realizing and maximizing their academic and personal potential. Any accommodations must be approved through USF Students with Disabilities Services: <http://www.usf.edu/student-affairs/student-disabilities-services/>

Overview of Scope of Practice for the Nurse Anesthetist

A. Purpose of the Program

The purpose of the Master's in Science Nurse Anesthesia Program is to provide a solid clinical and academic foundation necessary to produce competent professional practitioners in the field of anesthesia. Applicants for this program must have an earned bachelor's degree from an accredited program, be a registered nurse and meet admission requirements. The curriculum is consistent with the American Association of Colleges of Nursing (AACN) *Essentials of Master's Education for Advanced Practice*, *The National Task Force for Nurse Practitioner's Criteria for Evaluation of Nurse Practitioner Programs*, and *The American Association of Nurse Anesthetists (AANA) Scope and Standards for Nurse Anesthesia*. The Nurse Anesthesia Program at the USF College of Nursing was developed following the AANA, and the Florida Board of Nursing Scope of Practice in addition to the AANA Standards of Care. These standards may be viewed at www.aana.com. The curriculum is designed to prepare the student with the educational fundamentals necessary for professional practice.

B. Plan of Study

The Program was developed in accordance with the standards established by the Council on Accreditation (COA) of the American Association of Nurse Anesthetists. Goals & Terminal Objectives are based upon recommendations for essential curriculum elements as identified by the COA of Nurse Anesthesia. The University of South Florida Graduate School and the Florida Board of Trustees approved the program.

The curriculum is a full-time program of study, which requires 72 credit hours taken during seven semesters. The first year didactic phase consists of three semesters. The basic structure

of the curriculum is that students will complete the majority of core curriculum before proceeding to their clinical residency in the second year.

During the first year, students complete the research component, including courses in research and evidence-based practice, and biostatistics. Students have selected experiences within the patient simulation center to help prepare them for entry into their clinical practice. Through these simulated clinical experiences, first year Student Registered Nurse Anesthetists (SRNAs) are introduced to the essentials of safe anesthesia practice, anesthesia equipment, the pre-anesthesia assessment of the patient, and specific anesthesia management and monitoring techniques.

The clinical phase in year 2 is an intense, diverse stimulating venture for students that will expose them to some of the most challenging cases and techniques in anesthesia (see Clinical Experience).

All College of Nursing graduate students are required to earn a grade of B or higher in each course as stated in the graduates Academic Progression Policy

http://health.usf.edu/nocms/nursing/Resources_for_Students/handbooks.html

http://www.grad.usf.edu/inc/linked-files/USF_Grad_Catalog_2012-2013.pdf

The curriculum incorporates innovative technology, including human anesthesia simulation, while providing a fully integrated learning environment for students. The classroom and clinical venues are designed to achieve integration of the knowledge, skills and aptitudes necessary for the production of a competent and proficient nurse anesthetist.

Upon satisfactory completion of the didactic, clinical work and successful performance on the comprehensive exam, candidates are awarded the Master of Science Degree from the University of South Florida; graduates may apply for licensure as an advanced registered nurse practitioner in Florida (licensure titling and requirements may vary by state). Graduates must pass the national certification examination before he or she can be certified as a CRNA; USF College of Nursing Master's Program in Nurse Anesthesia are eligible to take the national qualifying certification exam administered by the National Board of Certification/Recertification of Nurse Anesthetists (NBCRNA). It is highly recommended students take the certifying exam when they feel prepared to successfully score a passing grade. In Florida, graduate nurse anesthetist may work up to 1 year before they pass the certifying exam.

C. Simulation Policy

Simulation is required as an integral part of your education while enrolled in the Nurse Anesthesia Program at USF. Students will receive instruction on the theory of simulation education and be oriented to the simulation center and prior to engaging in simulated learning experiences. All individuals involved in simulation/animal labs will be required to sign a confidentiality agreement and a video/photo release agreement.

Participation in Simulation Lab I-III using low/high-fidelity (e.g. 3G, 2G, task trainers, etc.) is mandatory. Animal or cadaveric labs may also be used as a supplement to the educational program. Those who refuse to participate in animal or cadaveric labs based on religious or personal reasons will be reassigned to another task (per faculty discretion based on available alternatives). Scenarios are incorporated into the curriculum to accentuate the didactic material discussed in lecture. Simulation learning objectives are specifically designed to cover the material required by the Council on Accreditation who determines the minimum learning needs for those enrolled in graduate programs for nurse anesthesia.

Objectives highlighted in simulation will be implemented in phases and build upon the previous semester. Satisfactory performance and mandatory attendance of all schedule labs are required for successful completion and progression to the next course. Training sessions include, but are not limited to the following: Airway Management, Pathophysiology, Pharmacology, Technology, Inter-professional Communication and Training, General and Advanced Principles of Anesthesia Practice, Legal Aspects of Anesthesia Practice, and Crisis Management in Anesthesia Practice.

Simulation may be used for student assessment, evaluation, remediation, and/or high stakes exams Observed Structure Clinical Exam (OSCE) when appropriate to ensure competency in any particular topic/area of concern. Scheduled high stake exams will be conducted in semester IV and at any time during the training program at the discretion of the Program Director, Assistant Director, or Simulation Director.

Students will participate in simulation throughout the entire residency-training program. The Assistant Director, or Simulation Director must approve all absences. Students will be assigned a percentage of their Clinical Residency course objectives to participate as proctors in Simulation Lab I-III. This requirement is designed to demonstrate the senior student's ability to teach as required by the Council on Accreditation (COA). Participation in simulation as part of clinical residency course is mandatory. Students who are absent from simulation lab may be required to make up the missed lab during another week.

D. Associated Textbooks

A list of basic standard texts is distributed during orientation. Textbooks are also located at the Shimberg Health Sciences Library, and the bookstore: <http://usfhsc.bncollege.com>. Students are required to have, hard copy or electronic versions of, ALL REQUIRED TEXTBOOKS throughout the program.

E. Tuition and Miscellaneous Expenses

USF students will receive unique, cutting-edge training including the latest in high fidelity simulation, virtual OR practice, opportunity to request clinical placements, experiences at our state-of-the-art Center for Advanced Medical Learning Simulation (USF CAMLS), and

mentorship by anesthesia leaders across the Tampa Bay region. The Nurse Anesthesia Program is a 72 credit hour curriculum at approximately \$800 per credit hour for tuition plus fees.

Students will also incur additional expenses not covered in tuition and fees while enrolled in the program. An estimated cost of these additional expenses is listed below. This list covers the vast majority of the additional expenses, but is not all-inclusive in the sense that unique circumstances could apply.

- 1) Students are required to go to at least one professional meeting AND participate in one community service event EVERY calendar year in the program. Students will have approximately 15 months, from August of their first year until December of the following year, to complete these requirements for the “first calendar year”. The “second calendar year” is comprised of January through December of the graduating year. The professional event could be either a state meeting (FANA) or a national meeting (AANA). Participation in the community service event is at the student’s discretion, after approval from the CRNA Program Director, but shall not include events where the student receives any tangible return, i.e. free conference registration for volunteering at the event. Costs for these professional meetings include registration (averages \$100), travel (averages \$200), and hotel (averages \$200). An estimated \$500 is needed to cover the expense of professional meetings EACH calendar year (a total of two professional events and two community service events) while in the program.
- 2) Shadow Health Simulation Software = approximately \$90.00.
- 3) Lab coat = approximately \$80.00.
- 4) USF Nurse Anesthesia professional polo shirt = approximately \$30.
- 5) A board review computer program will be required for your Comprehensive Anesthesia Review course in your last semester. (NGR6491) = approximately \$300.
- 6) Laptop/tablet = required for the program. Laptop/tablet needs to have Wi-Fi capabilities so that students can utilize them for taking exams, for completing/retrieving clinical documents from Medatrax for clinical residencies, and for accessing course content via Canvas. Proctorio software will also need to be added to the laptop/tablet for testing reasons (this is provided free by the College of Nursing), and the laptop must be

equipped with an operating webcam and microphone (USB or mounted into your computer). High speed internet connection is required for taking exams via Proctorio. The College does not put a preference on which laptop the student purchases as long as it meets the requirements listed above. Estimate average = \$500

- 7) Self-Evaluation Exam (SEE Exam) – This is the responsibility of the student to pay for. The exam only occurs twice in the program. The cost is approximately \$135 for each exam.
- 8) ACLS/PALS/BLS Certification – Required for the program. Estimated cost = \$175.
- 9) Medatrax subscription for case logs – Estimate cost = \$100/year. Subscription begins in Semester II.
- 10) Textbooks – Estimate average - \$750 per year

F. Clinical Experience:

The second year of study consists of a four-semester clinically intensive II curriculum. The clinical practice component prepares the student for a broad scope of current practices in a variety of work settings, including rural and underserved populations. It requires a minimum of 650 clinical cases that include a variety of procedures, techniques, and specialty practice as set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs.

The curriculum integrates the clinical practice with the scientific and theoretical principles gained in the didactic phase (Year 1). The clinical advanced practice component (Year 2) provides students with opportunities for experiences in the perioperative process that are unrestricted, and promote their development as competent safe nurse anesthetists. The clinical preceptorship is a significant element of the graduate curriculum.

The clinical practice component is 16 months long during which time students experience a full scope of practice at some of the more than 30 clinical sites, including four metropolitan Level I or II trauma centers, two large regional Veterans Administration centers, and a nationally recognized cancer institute. The staff at each facility is dedicated to assuring students receive a wide range of skills that will assure a full scope of practice experience. Clinical student registered nurse anesthetist (SRNA) residents provide anesthesia care to a diverse population of patients and are involved in an unrestrained range of clinical anesthesia experiences within

multiple practice settings. Management of all patients, including pediatric, adolescent, obstetric, adult and gerontological clients with acute and chronic health problems is an important aspect of the experience. Therefore, recognition of the limits of practice and the need for collaboration with physicians and other health professionals within the surgical team and community is emphasized. The preceptorship and clinical practice component incorporate institutions that serve rural, underserved and culturally diverse populations.

Clinical experiences are designed to build on knowledge and allow clinical faculty to evaluate the critical decision-making skills appropriate to the student's level of experience. Clinical Correlation Conferences (45 hours) stimulate critical thinking; students are expected to participate and present in this course. As the practicum advances, students take on an increasing responsibility for the planning and implementation of anesthesia care. As a result, the graduate will be prepared to function independently in collaboration with the surgical team, and in a fashion consistent with the scope of nurse anesthesia practice.

G. Approved Clinical Sites

Currently the approved clinical sites by the COA for placement of nurse anesthesia students include thirty-three (33) sites. Our significant and diverse clinical affiliations further enrich the clinical training of our students. Our students practice in a wide range of settings including large metropolitan teaching hospitals, community healthcare settings, governmental and private healthcare facilities in rural and urban settings. Our students are educated in all areas of nurse anesthesia practice, including the administration of regional anesthesia, which makes them highly marketable, ready to provide the full range of anesthesia services in any practice setting they choose. This is especially important for practitioners that may be the sole anesthesia providers in the underserved and rural areas of our community.

College of Nursing policy requires students to maintain continuous compliance with all Castle Branch credentials. Students who are found to be non-compliant, or who have fallen out of compliance, at any time, due to the expiration of one or more required items in Castle Branch, may be removed from clinical. The inability to report to clinical due to lapses in professional credentials may jeopardize a student's ability to progress in the Nurse Anesthesia Program.

Students are expected to begin their credentialing process for their next clinical site at least six to eight weeks prior to their next rotation, and to complete and submit any necessary paperwork. The contact list and credentialing process is subject to change; students should

check the Canvas CRNA Advising site for the latest credentialing requirements and processes that must be followed and completed prior to a rotation at the assigned clinical site. Students should also use the email contact information listed in the Canvas CRNA Advising site to contact the respective Clinical Coordinator two weeks prior to their rotation. Students should contact the assistant director for any concerns. Due to limitations at certain clinical sites not all students will rotate to all clinical sites.

Communication amongst clinical sites and the program will occur via a variety of ways that include but are limited to the following:

- 1) Email
- 2) Telephone
- 3) Text messaging
- 4) Clinical Site Visits
- 5) USF Clinical Coordinators listserv electronic communication
- 6) Annual Meet and Greet event
- 7) USF Nurse Anesthesia Facebook page
- 8) USF Nurse Anesthesia Newsletter

All Children's Hospital

Bayfront Health – Brooksville

Bayfront Health Dade City

Bayfront Health - Spring Hill

Bayfront Health – St. Petersburg Medical Center

Bayonet Point Regional Medical Center

Blake Medical Center

C.W. Bill Young Bay Pines VA Medical Center

Center for Specialized Surgery

Florida Hospital Carrollwood

Florida Hospital – Tampa

Florida Hospital Zephyrhills

H. Lee Moffitt Cancer Center

Heart of FL Regional Medical Center

James A. Haley Tampa VA Medical Center

Lakeland Regional Medical Center

Mease Countryside Hospital

Mease Dunedin Hospital

Morsani Surgery Center and Pain Management

Morton Plant Hospital

Northside Hospital St. Petersburg

Orlando VA Medical Center

Sarasota Memorial Hospital

Shriners Hospital for Children

South Bay Hospital

St. Anthony's Hospital

St. Joseph's Hospital

St. Petersburg General Hospital

Tampa Bay Surgery Center – Midtown

Tampa Bay Surgery Center - Uptown

Tampa General Hospital

Trinity Medical Center

University Pain Management Center

Procedures & Guidelines

A. Background Checks

Background checks are required according to the College of Nursing's Academic Policies and Procedures and to comply with individual clinical site contractual language and facility credentialing requirements.

Please refer to the Masters Handbook on the policy regarding background checks.

http://health.usf.edu/nocms/nursing/pdfs/Masters_Handbook.pdf

The cost of the background check will be the sole responsibility of the student. Information and instructions can be found at: <https://www.castlebranch.com/>

For Castlebranch.com questions, please contact the Castle Branch Service Desk at 888.723.4263 x7196

B. Student Professional Conduct

Courtesy and consideration must be extended to one's fellow students and the instructor in order to provide and receive effective instruction in classrooms, clinical sites, and other learning areas. Students are expected to conduct themselves in an orderly and cooperative manner.

Students exhibiting disruptive behavior (i.e. arriving late or leaving early, consumption of food/beverages; loud or prolonged side conversations, use of cell phones) may be dismissed from the class/practicum. Cell phones shall be turned off while all classes are conducted. Cell phone use should be limited to direct communication related to nurse anesthesia practice and

training with clinical preceptors during the clinical environment. Students are NOT allowed to use cell phones in the operating room suite. The student may use cell phones on breaks if necessary. Faculty will address repeated or objectionable disruptions.

The Program insists that graduate student nurse anesthetists conduct themselves as professionals at all times. Students must adhere to the code of ethics for Nurse Anesthetists, <http://www.aana.com/Resources.aspx?id=24799>. Professionalism includes, but is not necessarily limited to the following. The Student Registered Nurse Anesthetist (SRNA) demonstrates:

- Courtesy: Displays mutual respect in working with others
- Honesty: Is honest and fair in his/her actions
- Punctuality
- Accountability: Behaves in an ethical, responsible and dependable manner
- Motivation: Demonstrates incentive for independent learning
- Appropriate use of language
- Positive attitude: Demonstrates initiative and enthusiasm
- Personal cleanliness/grooming
- Willingness to receive instruction and professional criticism
- Vigilance
- Integrity: Adheres to moral and ethical codes of conduct
- Humanistic/Altruistic concern for the welfare of patients and colleagues

Failure to meet “Student Professional Conduct” criteria may result in a verbal warning, written counseling statement, academic jeopardy or recommendation for dismissal from the program.

C. Narcotics Administration

The University of South Florida College of Nursing (CON) has developed Guidelines directed at the safe and professional handling of narcotics and other controlled substances while you are in the clinical setting. The purpose of these Guidelines is to ensure safe patient care.

As registered nurses in the state of Florida, you are bound by the Board of Nursing’s (BON) Nurse Practice Act and its regulations regarding the handling and administration of narcotics and other controlled substances. The CON Program Guidelines are designed to provide guidance in addition to those regulations and are not meant to replace or modify them. Please

review the BON regulations if you are not clear about your responsibilities regarding the safe and professional handling of narcotics and other controlled substances.

These CON Guidelines apply to all Nurse Anesthesia students. Failure to follow these Guidelines may result in dismissal from the program under the Graduate Student Handbook Clinical Guidelines:

http://health.usf.edu/nocms/nursing/Resources_for_Students/handbook/clinicalPolG.html

1. Students who have access to controlled substances or have controlled substances issued to them in the course of their practice will accept narcotics or controlled substances only for their patient(s).
2. Students will not “waste” or “witness” waste for another provider. Waste is defined as the difference in the amount removed from pharmacy supplies and that which is reported as administered to the patient.
3. Students will not “trade” medications, which have been drawn into syringes for unopened ampoules or vials.
4. Students must appropriately label all medications they prepare and should not accept medications or administer medications, which are not properly labeled.
5. Students must adhere to all policies and procedures of the clinical site when securing or administering controlled substances.
6. Students should report instances of non-compliance of which they have personal knowledge to their on-site clinical coordinator.

All clinical sites will be informed of these guidelines; we welcome their input for further development.

D. Substance Abuse Philosophy & Guidelines

All students must perform in accordance with accepted professional behavior standards and ethical codes of conduct at all times. Violations of these principals and guidelines are grounds for immediate dismissal from the program without the right of appeal.

Students may be required to comply with random or scheduled substance testing at a cost, which may be deferred to the student. Positive tests results are grounds for immediate dismissal without the right of appeal.

Students may be required to undergo drug testing before attending some clinical facilities. Students are responsible for the cost of drug screening if the clinical site requires this testing. The program retains the right to randomly test students for illicit substances to ensure patient safety. Should a student be considered high risk or concerns expressed by clinical faculty over possible illicit substance use or inappropriate use of alcohol, the program reserves the right to immediately test students to ensure patient safety. All testing costs will be the responsibility of the student.

In accordance with state and federal laws, the USF Nurse Anesthesia Program prohibits the unlawful or unauthorized manufacture, distribution, dispensation, or possession of use of alcohol or illicit drugs by employees or students.

The Nurse Anesthesia Program at the University of South Florida acknowledges the high rate of substance abuse in the anesthesia profession. As such, if you have a history of substance abuse, are in or completed a recovery or treatment program, we strongly urge you to consider the serious risks to yourself by entering into the anesthesia profession. We suggest you consult your counselor, therapist, or other health care professional for guidance and strongly urge you to consider an alternative, professional pathway with the nursing profession.

Students who enter into the nurse anesthesia profession with a documented history of substance abuse may be subject to monitoring which may exceed that which is customarily performed. The goal of this monitoring is to ensure patient safety as well as the individual's compliance with their treatment program. Application of the guidelines for the monitoring or supervision of students with a history of substance abuse may vary on an individual basis.

Students actively engaged in a recovery program must make their program administrator aware that they are seeking entry into an anesthesia program. They may be asked to provide contact information to the program's administrator. The program administrator may then be contacted by the nurse anesthesia Program Director to ensure compliance by the student with their program. These students may also be required to disclose their history to each clinical site. As a result of this disclosure, the clinical site may refuse to allow the student to perform clinical activities at their institution. Acceptance into the nurse anesthesia program does not guarantee placement in a clinical site, as each agency has its own specific prerequisites and background screening requirements. In the event the student cannot be placed at any clinical site for any reason, the student may be unable to complete the program requirements and thus, would not be able to graduate.

Technical Standards:

The nurse anesthesia practice is physically, mentally, and emotionally challenging. The provision of safe, competent anesthesia services requires that practitioners demonstrate cognitive, technical, observational, and behavioral skills. Students need to have the physical and emotional endurance to adapt to a demanding graduate program. Successful progression through the nurse anesthesia program requires the following abilities:

Sensory:

- Discriminate variations in human responses to disease using visual, auditory, tactile and other sensory cues.
- Discriminate changes in monitoring devices and alarms using visual and auditory senses.
- Communicate clearly and effectively in English through oral and written methods in order to communicate with other health care providers and patients of all ages.
- Comprehend written and verbal communications in English.

Motor:

Coordinate gross and fine motor movements and the senses of touch and vision to insert intravascular access, administer regional anesthetic techniques, and perform airway management.

- Demonstrate sufficient physical strength to perform airway management, move and position patients and equipment.
- Sufficient stamina to stand or sit for prolonged periods of time.
- Safely maneuver in the operating room and other anesthetizing locations.
- Respond appropriately to alarms and changes in patient conditions that require physical interventions.

Cognitive:

- Use reason, analysis, calculations, problem solving, critical thinking, self-evaluation and other learning skills to acquire knowledge, comprehend and synthesize complex concepts.
- Interpret information derived from auditory, written and other visual data to determine appropriate anesthetic management plans.
- Apply theoretical knowledge to practice to provide safe anesthetic care.

Behavioral:

- Demonstrate personal and professional self-control as well as tactfulness, sensitivity, compassion, honesty, integrity, empathy, and respect.
- Work flexibly and effectively in stressful and rapidly changing situations.
- Cooperate with other members of the health care team to provide a therapeutic environment and safe patient care.

E. Clinical Site Rotations

Anesthesia departmental policies vary at each clinical affiliation, understanding that each clinical/affiliate site complies with the requirements of standard setting organizations such as The Joint Commission. Students will be responsible to review and adhere to all hospital, anesthesia departmental policies set forth by each individual clinical site. In addition students will be responsible to review and adhere to all University, College of Nursing and Nurse Anesthesia policies and procedures.

All clinical site rotations are made by USF Nurse Anesthesia faculty, and are based on the learning needs and opportunities for clinical experiences. All clinical sites are within 60 miles of the University of South Florida. However, this does not mean that traveling greater than 60 miles to a clinical site may not occur for students depending on their home of record. Students will be given advanced notice regarding rotations to other facilities, and are responsible for providing their own transportation. The program currently has one clinical site that is 60 miles from the College of Nursing in which the hospital offers free full-time housing to students who are assigned to this site as their Primary Clinical Site beginning in Semester 4. All students are eligible to be assigned to this site by the nurse anesthesia program, however housing is not provided by the program, and is not guaranteed by the program. We believe that all of our clinical sites will provide a unique and valuable experience. Students should expect to rotate to ALL clinical sites throughout their clinical residencies. Requests in writing to attend or to be excluded from a specific clinical site will be considered.

F. Orientation to Clinical Sites

Clinical Site Coordinators and/or Associate Coordinators will orient students on the first day of each rotation. Orientation should include the physical site, operating room, staff and personal, and all equipment and work areas. Expectations should be reviewed at this time to include expected report times, call shifts, beeper call, off shifts and weekend time. Students are

responsible for all information presented during the orientation. Students should not be placed into the operating room suite until proper orientation has been completed.

G. Clinical Site Daily Assignments, Supervision, and Responsibilities

Each clinical rotation experience is unique. Students are assigned by the clinical coordinator or designee to cases in each particular institution. The degree of student responsibility and autonomy should be relative to their length of time in the program, the physical status of the patient, and the complexity of the procedure.

Opportunities for advanced clinical experiences or increased autonomy are contingent upon student performance, demonstrated capabilities, and knowledge base as agreed upon by the Program Director, clinical coordinator, and attending anesthesiologists. A clinical preceptor (CRNA or Anesthesiologist) will directly supervise the student. The clinical preceptor must be immediately available at all times in the anesthetizing area (OR suite or non-OR location) when the student is managing the anesthetic. An anesthesia resident or graduate registered nurse anesthetist may not be responsible for the direct supervision of a student. *(In accordance with AANA COA Standards and Guidelines)*

Every attempt will be made to complete assignment schedules on the afternoon prior to the clinical experience day in order for students to prepare adequately for the experience. Responsibilities in preparing for clinical experiences are specific to the clinical institution and its policies and will be discussed during the orientation. However, in general, students are responsible for:

- Preparing in advance for all patients to whom they are assigned to administer anesthesia
- Obtaining their patient assignment prior to the clinical day
- Performing a preoperative patient interview/assessment on all available cases
- Preparing a comprehensive, individualized anesthetic management plan for every clinical case with a written plan due for two cases/day unless otherwise directed by program faculty
- Discussing the plan of care with both the supervising CRNA and Anesthesiologist
- Implementing an appropriate plan of care
- Performing a postoperative patient evaluation on all cases as appropriate.
- Documenting all case information, time logs, and required evaluations in the Medatrax Nurse Anesthesia Student Tracking system

Overall conduct must be professional at all times. Use of electronic devices such as cell phones should be kept to a minimum when in the clinical area. Texting is only allowed if it is being used for direct communication with anesthesia providers and related to patient care. Students should not accept or make cell phone calls when providing anesthesia. Students should request a break if phone communication is required. Students are required to follow the infectious disease and OSHA blood-borne pathogen standards as well as AANA practice standards in all clinical areas. Failure to comply with hospital, University or AANA policies or standards may result in automatic dismissal from the program.

H. Preoperative and Postoperative Visits

Students are expected to perform preoperative visits and post-operative patient assessments of all patients for whom they are assigned to administer an anesthetic at all clinical sites, unless the patient has been discharged home.

Preoperative visits can include a full assessment in the holding area. Postoperative visits also include PACU checks after the transfer of care.

Students should wear appropriate professional attire or scrubs when visiting patients. Students are responsible for complying with the guidelines of clinical sites requiring providers enter Quality Assurance information; more specific information should be discussed during the clinical site orientation. An unsatisfactory grade for clinical practicum may result from failure to comply with this directive.

I. Program Dress Code

Attire in the academic setting is to be appropriate casual business attire. Inappropriate attire would include yoga pants, gym clothes, tank tops, mini-skirts, cut off shorts, torn clothing, midriff shirts, or t-shirts with offensive sayings or clothes that are soiled or appear to be dirty. Scrub attire, including scrub hats, are not allowed to be worn to class. Students should change into scrub attire as required for simulation activities. Attire at the clinical sites is to be professional at all times. Students should review the CRNA Advising website for additional instructions specific to each clinical site. Students must adhere to the dress code guidelines for the Center of Advanced Medical Learning and Simulation (CAMLs) when attending class or lab at the facility.

In the clinical setting, acceptable jewelry includes stud earrings - one per ear lobe. No dangle earrings are permitted. Acceptable rings include wedding band sets and or smooth band rings. Ornate rings should be avoided as they carry an increase in infection rate. Visible body jewelry must be removed, including tongue piercing or any facial piercings. Tattoos cannot be visible. Hair must be neatly groomed, and clean. Nails are to be clean and short and follow the CDC recommendations (less than ¼ inch length, no acrylic/synthetic nail tips). Students should review the CRNA Advising website for additional instructions specific to each clinical site with regard to appearance, attire, nail polish, etc. When visiting patients the student should be wearing scrubs, with a lab coat or be dressed in business casual clothing. USF Identification is to be worn at all times. Each facility may also require a name identification badge. Failure to adhere to the dress code is grounds for Clinical Warning, Probation or additional action. Students must adhere to the dress code policy of individual clinical sites or academic campuses as indicated.

J. Clinical Experience Record Submission

Students are required by the AANA Council on Accreditation of Nurse Anesthesia Programs to maintain a record of clinical experiences. Clinical experiences should be counted according to the COA Guidelines for Counting Clinical Experiences (October 2015), which is available on the CRNA Advising website. The nurse anesthesia program requires submission of all case data and time logs to be performed electronically using the Medatrax System. A software license for PDA remote case data entry (windows or OS) is recommended. Students are also required to subscribe to the Medatrax system at their own expense. Students will be oriented to this system during the first semester. Students are expected to document all experiences in an honest manner. Falsification of student case records and experiences is grounds disciplinary action including dismissal from the program.

Students are required to complete clinical case count records and daily/weekly time logs in Medatrax. All clinical case records and time log information are to be submitted within 7 days. Failure to submit clinical case count and time log information in a timely and accurate manner may result in an unsatisfactory grade for the clinical practicum. It is the student's responsibility to ensure the program receives case count and time log information. Failure to submit required documentation of clinical attendance will result in recording of absence and disciplinary action.

K. Evaluations

Throughout the program students are evaluated formally in the following seven areas:

- Preparation
- Pre-anesthesia assessment
- Induction / Maintenance
- Emergence / Post-anesthesia management
- Anesthesia skills
- Professional attributes

Students must demonstrate the integration of the theoretical knowledge into the clinical area in order to progress through the curriculum. Daily evaluations are utilized to assess cumulative learning, knowledge, and skills which are expected to improve consistently. Daily evaluation forms must be completed in Medatrax. It is imperative that clinical preceptors complete daily evaluations for students in an honest and objective manner.

L. Daily Performance Evaluations

The purpose of daily evaluation forms is to aid the SRNA in designing an appropriate anesthesia care plan and to provide the supervising MD/CRNA a means of evaluating the student's performance. Semester grades, and midterm and summative evaluations will be drawn from these daily evaluation tools.

It is the student's responsibility to take the initiative to ask their supervisor about their performance and feedback and to solicit evaluations on a daily basis. It is imperative that student's submit the required evaluative documentation as proof of safe practice and progression in the program. Failure to submit documentation will reflect negatively on the student and may result in failure for the clinical residency.

M. Care Plans

Care plans are invaluable tools created to reinforce didactic knowledge in physiology, pathophysiology, and pharmacology as well as clinical knowledge for procedures, surgeries and potential complications. Students should plan the anesthetic for the proposed case with Care Plans; therefore, they should be specific for each patient taking into consideration all patient co-morbidities. It is important for students to experience a wide variety of all types of anesthetic techniques and agents while in the student role. Preceptors should remain open to

new techniques that students may propose for the anesthetic plan within the preceptor's comfort level.

N. Care Plan Objectives

- Apply the information in the preoperative assessment to formulate an anesthetic management plan.
- Prioritize patient existing physiologic and psychological problems and their impact on the anesthetic plan.
- Discuss the pathophysiology of the patient's existing co-morbidities
- Discuss the implications of the patients existing medication regime and the potential impact on the anesthetic plan.
- Formulate a complete anesthetic plan for preoperative, induction, maintenance, emergence and postoperative. Have an alternate plan for anticipated failures or complications with original plan.
- Discuss the rational for anesthetic agents chosen for each anesthetic agent.
- Outline the surgical procedure, including reflex activity, expected and acceptable blood loss, duration, position and potential intraoperative complications
- Discuss the postoperative anesthesia plan of care

Care plans develop sound anesthesia planning and judgment. They are to be written in advance and submitted to the supervising staff prior to the case. It is the clinical preceptor's responsibility to review the care plans and provide student feedback; students will benefit from experienced practitioner's feedback. It is the SRNA's responsibility to discuss the plan of care with the supervising CRNA and MD prior to administering the anesthetic. At no time should a student administer any anesthetic without first discussing it with the assigned preceptor for the day.

Students will not be able to develop the co-morbidity and medication part of the care plan during situations where the students have not had the opportunity to see the patient or know the co-morbidities prior to surgery. This portion of the care plan will be fulfilled at the end of the day and returned to the clinical coordinator or preceptor for their review. While this is not the ideal situation it is unacceptable for students to omit this portion of the care plan.

Students must learn to be flexible and develop strategies to adapt to change. There will be occasions when you will have developed a care plan for a patient but with changing

assignments you will end up providing anesthesia for an unexpected case. This is a common occurrence in all clinical sites and we understand the frustration this causes, particularly for the beginning student. Students are expected to develop complete care plans each clinical day; these will be evaluated by the preceptor of the day and returned to student to facilitate clinical learning. They will be part of the student's final term assessments. Written care plans are to be completed in all Clinical Residencies I-IV; as the student progresses through the clinical residency courses, written care plans will reflect more complex cases and higher acuity of patient population.

Students must submit all care plans via Medatrax; the care plan template is located on the Medatrax site located at www.medatrax.com. Your semester grade will reflect the quality and the number of daily clinical evaluations and care plans the clinical coordinator and the program administration has received.

O. Clinical Midterm & Summative Performance Evaluations

Clinical standards and the scope of practice must be adhered to at all times.

Clinical summative evaluations are conducted at the end of each semester respectively for each student. Mid semester evaluations are only required to be completed by the clinical site coordinator for students who are not meeting the expectations of the Clinical Residency so that the appropriate action can immediately take place. The summative evaluations are primarily based on evaluations and input from the clinical coordinator, daily clinical preceptors, Clinical Residency Faculty of Record, and/or the Program Director or assistant director. It is critically important that students take the initiative to improve their performance based on the feedback received from daily evaluations by clinical instructors. Students must obtain a satisfactory grade (S) on the summative evaluation in order to successfully progress through the program.

Students will be counseled on their areas of weakness and may be required to undergo weekly assessments updates with the assistant director and/or Program Director. Students on probationary status may be required to complete extensive remediation in areas of weakness including but not limited to simulation testing, additional reports or papers and additional testing of didactic knowledge. Students who do not improve by the subsequent evaluation of the probationary semester will be in jeopardy of an unsatisfactory of the Clinical Residency or academic dismissal.

Deficiency in, or violations of, clinical or professional standards may be sufficient to support immediate academic failure or dismissal notwithstanding success in other areas of the academic record.

P. NBCRNA Self Evaluation Examination (SEE)

All students are required to take the SEE twice during the program. The exam fees are not covered by the College of Nursing and students should be prepared to incur this expense. The Program Director/Administrator will submit the student Roster to the NBCRNA, and student fees will be paid by the student directly to the NBCRNA. Timelines for taking the exam and submitting results to the Program Director will be communicated to the students. Students must submit their SEE results to the Program Director by the announced deadline. Students who fall below the national average in any category for the SEE exam will be assisted to develop a remediation plan to strengthen identified weaknesses.

Q. Comprehensive Examination

Students are required to pass a comprehensive oral exam during the last semester. Students who do not successfully pass the first attempt will be required to complete a remediation and allowed two additional attempts. After a failed third attempt the student will be required to enroll for the subsequent semester in a minimum of 6 credit hours, and allowed to re-test in the following semester. **Clinical Case Records**

Students are required by the National Board for Certification and Recertification of Nurse Anesthetists (NBCRNA) to fulfill a minimum number of cases, types of cases, anesthetic techniques, positioning and use of anesthetic agents by the completion of the program of study. Students should refer to the Council on Accreditation (COA) Guidelines to Counting Clinical Experiences as the authority for proper counting of clinical experiences. Students should begin tracking numbers upon entry into the Introduction to Clinical Residency I phase in semester II, (formerly known as the Shadow Experience). The Program utilizes the Medatrax case record tracking system. This system is a computerized system that is compatible with most tablets and cell phones. Students will be responsible for the Medatrax system service fees and for their case record counts. Medatrax assists the Assistant Program Director and Program Director to review case counts to ensure students are on track for graduation. The web link for Medatrax is www.medatrax.com

R. Time Studies

Weekly time logs will be required every semester beginning in Semester IV with the full-time clinical phase. The purpose of the time logs is to evaluate the number of hours students are committing to the program and to ensure accountability. Students are to use the following guidelines to calculate hours.

Class hours are to be recorded on a per credit basis. A 3 credit hour course will be calculated as 3 hours per week, study time is calculated as 3 hours of study time per week for every one credit hour of coursework taken. As an example a 3-credit course would have 9 hours of study time allotted.

Student's clinical hours will vary with each site; students should be prepared for a variety of shifts including days, evenings, nights and weekends. Clinical hours documented for student NBCRNA hours are only for hours in which SRNAs are in the facility for the purpose of anesthesia delivery or who are taking *in-house call*. Clinical hours for the time study include accepted report time for the clinical site; as an example if the standard report time is 06:45 yet the student arrives at 06:00 to ensure adequate preparation time the study report time is 06:45. Clinical Hours and Anesthesia Time are distinctly different, and are reported differently in Medatrax. As an example if the shift were 06:45 am to 15:15, and the student participated in a cases from 9:00 to 13:30, the Clinical Time would be 8 hours, however the Anesthesia Time would be only 6 hours in a case from 09:00 to 13:30 (5.5 hours for the case and 0.5 hours for the preoperative and postoperative care). Students are not allowed to report Clinical Time or Anesthesia Time for excess time they elect to take for their own convenience, only 30 minutes for preoperative and postoperative visits are allowed.

Research hours are any hours in which students are actively involved in research including preliminary searches, data collection and writing.

Miscellaneous hours include professional meetings, anesthesia departmental meetings, grand rounds or any other anesthesia related learning task.

It is necessary for the program to ensure that students spend a reasonable amount of time at clinical and didactic phases. This time study tool will be used for program assessment and improvement as well as clinical site assessment and improvement.

S. Philosophy of Supervision

The nurse anesthesia program believes the highest quality nurse anesthetists will be best promoted by a 1:1 mentored program in the Junior year with appropriate progression to a 1:2 mentorship in the Senior year. The goal of the program is for students to progress to the highest complexity of cases with mentored education. It is expected that towards the completion of the program the students will develop into practitioners with the most advanced skills and of highest level of competency. An initial 1:1 mentored program takes exceptional dedication from our clinical sites and we acknowledge this sacrifice. It is our expectation that this sacrifice along with an appropriate 1:2 mentorship in the senior year will produce CRNAs that will be able to manage the most complex cases the first day of employment.

T. Supervision

Clinical Residency Course faculty will provide Course objectives for each rotation, as a way of informing clinical coordinators of students' level in terms of knowledge development, and learning expectations. Students will be supervised at the clinical sites in all areas including non-anesthetizing areas by CRNAs, or anesthesiologists, and these situations may include, but are not limited to airway management and resuscitation measures.

Anesthesia shall be administered only by institutionally credentialed CRNAs or Anesthesiologists supervising the SRNA in an approved Clinical Site at a facility approved anesthetizing location.

While in the Clinical Residency I as juniors, students are directly supervised at all times and they are instructed, and counseled by CRNAs or anesthesiologists on a 1:1 ratio. A 1:1 supervisory ratio is maintained during the Clinical Residency I to ensure immediate hands on response by the clinical preceptor at any time necessary. In Clinical Residency II-IV students are considered "Seniors". Seniors are still supervised on one to one ratio, however they are given more autonomy in delivery of anesthesia; on occasion students may be supervised in a ratio of two to one. This means one anesthesiologist may cover two students. Decisions for this supervision will depend on the student's knowledge and ability, the physical status of the patient, the complexity of the anesthetic and or the surgical procedure, and the experience of the clinical preceptor. It is the clinical coordinator's responsibility to ensure appropriate use of this procedure.

The program is designed to be a mentored program in which active constant teaching is promoted during the clinical residency. At no time in Clinical Residency I should a preceptor be

assigned another student or commit to any other task while supervising a student. Preceptors are to always maintain direct supervision being able to be physically present for immediate assistance when students are managing the case alone. Direct supervision is defined as the supervisor being in the anesthetizing and operating area dressed in operating room attire, available immediately and is not committed to any other assignment.

Student's clinical experiences will be developmental and progressive in nature, increasing in complexity as the student demonstrates capability. Students will be oriented to the assigned clinical site anesthesia department, operating suites, anesthesia equipment, and narcotic/medication administration policies by the site clinical coordinator or their designee.

Operating Rooms are unpredictable; the clinical schedules will often change many times during the course of the day; cases may be cancelled, or room assignments may change and sometimes emergencies will be added. An emergency case is never planned; surgery often goes longer than predicted; we ask that students make the most of their time on non-class days to optimize their clinical learning experience. This may include staying late to provide a continuum of care through emergence and post anesthesia care unit deposition. Anesthesia departments will release you from the operating room in a timely manner for University functions (classes or seminar), which is a priority.

It is expected that all clinical sites, anesthesiologists and CRNAs at affiliated clinical sites adhere to all ASA and AANA guidelines and to the standards and clinical privileges outlined by each facility for the safe delivery of anesthesia to patients. Periodic site visits will be made by CRNA Program faculty to ensure smooth clinical experiences for all parties.

U. Adverse Anesthetic Outcome Procedure

Any student that is involved in an adverse outcome or untoward anesthetic event must notify the clinical coordinator of the site immediately as well as the assistant Program Director and Program Director at the earliest possible time, but no later than 24 hours following the event. This type of incident includes but is not limited to dental injury, nerve injury, medication error, unrecognized esophageal intubation, anaphylactic shock reaction, wrong side anesthetic or surgical procedure, cardiopulmonary arrest, patient death, or student exposure to blood borne pathogens (needle exposure or splash to the eye, etc.), or airborne pathogens (i.e. tuberculosis). The student must complete a university incident report (available in the CRNA Advising Course in Canvas), which must be submitted to the Assistant Program Director AND

Program Director with 24 hours of the incident. Upon review of the report for completion, clarity, and detail, the Program will then forward the form to the appropriate College of Nursing Operational Officer (as is indicated on the form) on behalf of the student. Students should send the completed form to the Assistant Program Director and the Program Director. . For blood-borne pathogen exposure, the student must also immediately contact Linda Lennerth in the College of Medicine: 813-974-4403, 974-3163 or page them at 813-216-0153 after notification of the Nurse Anesthesia Program Assistant Director and Program Director. Prompt reporting is for the protection of the patient, student, college, and university. Failure to notify the appropriate individuals or report an incident will be cause for immediate dismissal from the program.

In the event a student is implicated in an event or contacted by a lawyer regarding an incident, they are not to discuss the case until they have consulted the Program Director; the appropriate course of action will be delineated at that time. Students are covered under the University of South Florida Certificate of Liability Protection; all possible events will be handled through this entity.

Students will also be held responsible for reporting and completing the adverse anesthetic outcome procedure required by the clinical site. This may include initiation of an incident report and or participation in root cause analysis process. Reporting the adverse event to the University of South Florida does not substitute or replace the proper reporting policies for clinical sites. Students must adhere to both the University and the Clinical Site Policies and Procedures on adverse events.

V. Academic Calendar

Students will follow the clinical calendar/schedule as designated by the nurse anesthesia program Assistant Director, faculty and specific clinical sites. The Nurse Anesthesia Program of Study is on an alternate calendar. Please see the USF website for the academic calendar and the USF CON for the College of Nursing calendar of events.

USF: <http://www.usf.edu/registrar/calendars/index.aspx>

USF CON: <http://health.usf.edu/nocms/nursing>

W. Time Commitment

The Nurse Anesthesia Program of Study is 28 months in duration; matriculation is in August with a graduation in December. Although minimum case numbers will be reached prior to graduation, students are required to complete all university requirements to be eligible for graduation. Students should expect to train and study at least 70 – 80 hours/week. Clinical sites are to keep student hours within a reasonable expectation of 40 to 50 hours a week. Students are expected to complete cases if the completion of surgery is expected to be within a reasonable time frame (within 1.5 to 2 hours of standard dismissal time). Students are expected to complete rare or unusual cases even if it has extended past the normal dismissal time. If the expected time to complete a case is greater than a reasonable time period the student should be given compensatory time or have the schedule adjusted to ensure weekly hours do not exceed 50 hours per week. It is important that clinical sites recognize that students in the clinical residency phases are also taking 4 credit hours of master and doctoral coursework. The program is designed to accommodate student time for scholarly activity as well as necessary clinical preparation. Students are given time to ensure adequate hours for classroom, clinical and study time for academic and clinical preparation.

Example of Expected Weekly Times Semesters 4-7 (*actual hours may vary)

Clinical Hours	40-50
Academic Classroom Hours	4
Academic Classroom Study Hours	12
Anesthesia Study Preparation Hours.....	5
Clinical Preparation Hours	10
Total	71-81

Time commitments do not include additional expectations of University, State or National meetings. Expected weekly times will vary from student to student based on students baseline knowledge and expertise. The time estimates are only an estimate and are not concrete.

X. Medatrax

Medatrax is the Internet based case tracking system. It can be accessed either on a computer or on a smartphone. It is imperative that data is entered correctly. The Program will be monitoring the clinical case numbers frequently. Final program transcripts are printed from the data entered into this system. Failure to maintain accurate records will result in the student being placed on probation. If the problem is not rectified, the student will be asked to withdraw from the program.

<https://medatrax.com/>

SRNAs are responsible for accurately recording clinical learning experiences. The Council on Accreditation (COA) *Guidelines for Counting Clinical Experiences* provide an authoritative reference for all nurse anesthesia students, program administrators, and CRNAs advising student nurse anesthetists about the recording of clinical experiences. Once a thorough review of these Guidelines has been conducted, students must consult with the Assistant Director if any additional questions arise regarding how clinical experiences should be counted. The guidelines are available in the CRNA Advising Course on Canvas, or at the following link, for your convenience:

<http://home.coa.us.com/accreditation/Documents/Guidelines%20Counting%20Clinical%20Experiences%20October%202015.pdf> it is

Medatrax Case Tracking Tips

- 1) Document your cases ASAP after they are completed.
- 2) Mask management is when you mask the ENTIRE case not just prior to intubation. Primarily will be pediatric cases and ECTs.
- 3) Analgesia for labor includes: administration of medication through an epidural or IV; making recommendations to nursing staff for labor pain management. Each time that the epidural is dosed counts in the requirement.
- 4) Definition of TIVA: a general anesthetic with the use of only IV agents throughout the operative period. NO inhalation agents are used.
- 5) In order to count the case, you must have been present and involved in critical portions of the case and you have been entered into the anesthetic record.
- 6) Remember the ambulatory/outpatient category. This is for any patient who will be discharged rather than admitted to the facility.
- 7) Emergency cases are any case that cannot be put off or scheduled at a later time due to increased risk to the patient. Usually these are cases that are not on the schedule at the beginning of the clinical day but must be completed in that clinical day. Other hints are: the patient has a full stomach but needs surgery before the ideal NPO window has been achieved, something is infected, gangrene, ruptured, at risk of rupturing, or is bleeding, etc.
- 8) Intraocular: cataracts, retinas, corneal transplant, and scleral surgery.
- 9) Extraocular: plastic types of cases, e.g. blepharoplasty.
- 10) If you are collecting data on your smart phone, make sure you push the sync button so that the data is transferred to the network."
- 11) Avoid using the "other" categories without asking for advice on where a case should really be counted. "Other" should need to be used only very rarely.

Medatrax daily evaluation access

** Your AANA number is your user name and your initial password.*

- 1) Log into Medatrax.com with your user name and password.
- 2) Select the daily evaluation – it should show that you have pending evaluations for you to complete.
- 3) The next page will show a calendar, select the date for the evaluation
- 4) The form will open up. Enter your student user name and password AND the clinical site user name and password.
- 5) You must select a clinical site and input a preceptor name or you will not be able to submit the form. Forms submitted without a preceptor name typed at the top will not be counted.
- 6) Enter the case demographic data.
- 7) Have the CRNA complete the form.
- 8) At the bottom of the form, enter your user name/password and the clinical site user name/password.
- 9) Select Submit.
- 10) You should get a message that the form has been submitted.

**Completion of Daily Evaluations is the responsibility of the students. Preceptor names must be entered on the Daily Evaluation or it will NOT be counted. Please note that forgery of a digital signature for daily evaluations is considered academic dishonesty and reason for possible dismissal of the student from the program. **

All USF SRNAs in full-time residency courses or in Introduction to Clinical Residency will be required to obtain the signature of the evaluating preceptor, using the USF Clinical Residency Daily Evaluation Signature Log Form, as an attestation that they have in fact personally submitted the SRNA Daily Clinical Evaluation via Medatrax using their electronic signature/password. At no time is a SRNA ever permitted to submit their own Daily Clinical Evaluation, *EVEN IF THE PRECEPTOR TELLS YOU TO DO SO*. **A breach of this policy by any SRNA will be grounds for immediate dismissal from the USF Nurse Anesthesia Program.** An audit of your Daily Clinical Evaluations must demonstrate a preceptor signature for each Daily Clinical Evaluation submitted through Medatrax. Any Daily Clinical Evaluation without an accompanying signature will not be counted or considered as part of your Clinical Residency Course

Progression Policy & Evaluation Guidelines

A. Didactic Evaluation Guidelines

According to the Academic Progression Policy in the College of Nursing's Handbook http://health.usf.edu/nocms/nursing/Resources_for_Students/handbooks.html:

1. Master's students must earn the grade of 'B' or higher in each required course in their respective nursing program. An unsatisfactory ('U') or any grade below a 'B' is not acceptable.
2. Master's students must also maintain an overall grade point average of 3.00 in order to be considered in academic "good standing". Students also must meet any special conditions of their admissions. No grade below 'C' will be accepted toward a graduate degree. All grades will be counted in computing the overall grade point average. Students must have an overall GPA of 3.00 at the completion of their respective program, or they will not be awarded a degree from the University of South Florida.
3. If a student earns a grade below a 'B' or receives a 'U' in a required course, she/he must repeat the course. The course must be taken in the next semester that it is offered and the student must earn a 'B' or higher. Any student, who earns below a 'B' (or 'U') in two or more required courses or earns below a 'B' (or 'U') in a required course twice, will be dismissed from the College. The Dean of the College of Nursing, or designee (Associate Dean of Academic Affairs), will notify students who are dismissed, in writing. Students may petition for readmission pending approval of their respective Director of their concentration/program. A petition must be submitted to the Associate Dean of Academic Affairs and the Chairperson of the Student Affairs Committee.

Nurse Anesthesia students that earn a grade below a B may effectively be delayed by one year in their program of study. Nurse Anesthesia coursework will only be offered once per year. The student may also have to audit any other anesthesia coursework even if successfully passed, at the discretion of the Program Director and the associate dean of academic affairs. If a student is required to audit a course they will be billed accordingly to USF policy. This policy is to ensure recent and current anesthesia knowledge upon entry into the clinical residency phase. It is important for the student to be aware of federal student aid guidelines, which currently do not provide student aid for audited coursework.

Students must have current anesthesia didactic knowledge prior to entry into the clinical residency phase.

B. Grading

98-100=A+	84-86=B	70-73=C-
94-97=A	80-83=B-	67-69=D+
90-93=A-	77-79=C+	64-66=D
87-89=B+	74-76=C	60-63=D-

Below 60=F Withdrawal

C. According to the College of Nursing's Withdrawal Policy (approved by Faculty Council 12/15/06; revised 1/19/07)

http://health.usf.edu/nocms/nursing/Resources_for_Students/handbooks.html

“Withdrawals are limited to 1 per course, with a limit of 2 per undergraduate or graduate program. Withdrawals are defined as officially withdrawing from any class after the Drop/Add period, and before the final Withdrawal date as outlined in the Academic Calendar. Any student withdrawing in excess of stated policy may be dismissed from the College of Nursing unless the College of Nursing has pre-approved a documented Medical and/ or Emergent situation.”

Students in the Nurse Anesthesia Program will not be allowed to withdraw from any anesthesia course without setting their progress back a full year. If a student must withdraw they will be subject to auditing all anesthesia coursework.

D. Incomplete Grades

Students who are otherwise passing and have completed a majority of the work required but who have a legitimate reason for being unable to complete nursing course requirement may request an "I" grade. An "I" grade indicates incomplete coursework and may be awarded to graduate students at the discretion of the instructor.

No incompletes will be granted for anesthesia related didactic coursework; anesthesia coursework builds upon the preceding course. Incompletes related to clinical courses may be issued in rare circumstances, at the discretion of the Clinical Residency Faculty and Program Director, will not be extended through the following clinical semester course, and must be

satisfied prior to beginning the next clinical course. Each anesthesia course must be completed with a B or better before proceeding to the next semester of coursework.

Please see the USF Graduate Catalog: Academic Policies regarding incomplete grades

<http://www.grad.usf.edu/catalog.php>

E. Clinical Programs

According to the Academic Clinical Performance Standards and Related Grievance Procedures

http://health.usf.edu/nocms/nursing/Resources_for_Students/handbook/clinicalPolG.html:

“Students are required to complete a minimum number of clinical hours in all programs. Clinical hours vary according to individual programs and are determined by the national certifying organizations for each program. Students, who anticipate enrolling in clinical hours must complete all core course requirements with a B or higher, prior to being allowed to begin. Clinical placements are determined by Program Director’s and the student’s progression point in the program. Students are placed in clinical that are appropriate to their area of study only i.e. Students enrolled in a primary care program are assigned to a site that provides primary care. Students may not do clinical hours in a site that is not concurrent with their scope of practice as determined by the Florida State Board of Nursing and the national certification organization for their specialty. Students may only do one clinical practicum per semester.”

F. Clinical Evaluations

Students who receive an unsatisfactory grade for their clinical performance may be dismissed from the program, regardless of academic standing in other classes. If at any time during the clinical rotation the student places the patient in an actual or potentially hazardous or unsafe situation or the faculty judges the student to be deficient in clinical competence for patient care responsibility, the student will fail the course regardless of previous clinical performance.

Clinical progression is an evolving process involving active student and preceptor participation. Students are encouraged to draw from previous clinical experiences in developing future

learning experiences. Clinical instruction is designed by the CRNA faculty/coordinator in collaboration with the anesthesia departments at each clinical site. The clinical preceptors act as facilitators of this progress. While the ultimate responsibility for evaluation for clinical competence rests with the clinical coordinators and Nurse Anesthesia faculty the clinical preceptor plays a major role in recommending student progress in the program. If a student or preceptor identifies areas of concern in the student's overall performance, it is an expectation of the preceptor to discuss this with the student as well as to notify the Clinical Site Coordinator and the Nurse Anesthesia program. The notice should be in writing by the preceptor to the Clinical Coordinator hence the Coordinator is responsible for adding their written assessment of the student performance and sending it to the Nurse Anesthesia program. If a student fails to improve or achieve clinical/didactic competencies for the course by midterm he/she will be placed on a probationary status. If by the end of the semester no improvement is noted he/she will receive an unsatisfactory grade for the clinical residency course.

It is imperative that Clinical Preceptors and Clinical Coordinators address student concerns or weakness as soon as possible to give students the best chance of improving and preventing a poor mid-term or summative evaluation. We ask that preceptors be honest and fair in their daily evaluations of students. Students will only become the excellent practitioners we expect with solid and honest feedback.

The purpose of student evaluations is to develop exceptional practitioners. The preferred method is for the clinical preceptor to conference with the student on a one-to-one basis in a semi private appropriate environment in which honest feedback may be given. Students should be given the opportunity to discuss the preceptor's assessment and comment on it. At no time should a student evaluation be submitted to the program without the opportunity for the student to see it.

Patient safety and welfare are the most critical criteria of student clinical rotation. If the College of Nursing or on-site personnel observes or becomes aware that a student has placed a patient in an actual or potentially hazardous or unsafe situation ("Clinical Deficiency"), the student may be removed from the course, assigned an Unsatisfactory (U) grade and/or recommended for dismissal from the College. The U grade may be assigned regardless of the previous clinical performance or other nursing courses. The instructor has the responsibility to determine what constitutes safe practice in the clinical setting at all times. The instructor must notify the student of the decision and within 10 school days from the notice of the instructor's decision, the student may appeal that decision to the CON Academic Appeal Committee.

G. Frequency of Evaluations

Clinical Residency Experience and Courses: Daily clinical evaluations are required of every student in all residency phases, including Introduction to Clinical Residency. Clinical coordinators will oversee clinical preceptors in the preparation of student evaluations. Students will only improve with input from experienced anesthesia professionals. We request anesthesia departments schedule afternoon breaks for student evaluations or for the anesthesiologists to conduct the evaluation if the CRNA is unable to leave the operating room. Students are responsible for requesting daily evaluations and submitting them through Medatrax. Summative Clinical Residency Evaluations will reflect quality and quantity of daily evaluations. Students that fail to submit 80% of evaluations are in jeopardy of an unsatisfactory for the Clinical Residency.

Evaluation forms are available online at Medatrax.com and with these forms Clinical Coordinators can assess students' progress ensuring they are meeting the required objectives for their residency. This evaluation is based on all the clinical preceptor's daily clinical evaluations. These mid-semester and summative evaluations are submitted to the assistant director and/or instructor of record of the clinical residency course for his/her review and additional assessment. The assistant director and/or clinical residency instructor will conduct a mid-term conference with the student to review the evaluation. This evaluation will be the basis for a satisfactory or unsatisfactory grade for the semester.

H. Clinical Discipline and Evaluation System

Each student will engage with the preceptor in case by case system of conferencing, which focuses on progressing and enhancing clinical skills and critical decision-making. Evaluations that are considered unsatisfactory must be discussed with the clinical coordinator as soon as possible. Patterns of withholding negative evaluations, declining to complete or failing to complete evaluations will result in disciplinary action.

If a student is experiencing difficulty in their clinical residency or is unable to meet residency objectives, the clinical coordinator will conference with the assistant director and director of the program to determine if a student should be placed on probation and allowed to continue in the program. If a student is experiencing problems at a clinical site, the assistant director and/or the Director may elect to place the student at another clinical site to be evaluated by another anesthesia group of providers.

If a student is determined to be a danger to patients, staff, or self, it is the Program Director's responsibility to remove the student from clinical until further evaluation can be achieved. A general conference will be conducted to include the student, the Assistant Director Program Director, Sr. Assistant Dean of Graduate Programs, and Associate Dean of Academic Programs affairs for the College of Nursing. Any incident that is considered a sentinel event or places a patient's safety at risk is enough for a student to be dismissed from the Nurse Anesthesia Program of Study. This includes any incident in which a student does not adhere to practice standards set forth by the American Association of Nurse Anesthetist. These Standards may be found at www.aana.com

If the Program Director/Assistant Director determines that the student has not completed or met the objectives for any Nurse Anesthesia Clinical Residency, the student will be required to repeat the clinical residency, which will effectively delay graduation by one semester. Should the student fail to meet objectives and learning outcomes in the repeated Clinical Residency they will be dismissed from the program.

I. Levels of Mastery Learning for Clinical Residency I-IV

Expected Levels of Attainment for program progression

Levels I	Clinical Residency I
Level II & III	Clinical Residency II
Level IV	Clinical Residency III
Level V	Clinical Residency IV

Level I: Novice:

The student should possess didactic knowledge and demonstrate the ability to follow established guidelines in patient care set forth by the AANA, the Florida Nurse Practice Act and USF College of Nursing Nurse Anesthesia Program. Students at this level should also be able to demonstrate psychomotor skills and initiate didactic and technical skills in selected clinical situations. Students at this level require total direction of an anesthesia preceptor.

The novice student nurse anesthetist should master these skills:

- Evaluate the general surgical patient through a pre-operative assessment culminating in an appropriate written care plan in collaboration with a certified registered nurse anesthetist.
- Synthesize the set-up of all gas machines, adjunct anesthesia equipment, monitors, and pharmaceutical agents necessary to anesthetize the general surgical patient.
- Develop proficiency in normal airway maintenance to include: airway insertion, mask ventilation, laryngeal-mask airway insertion, intubation and extubation.
- Relate the condition of the post-anesthetic patient to recovery room personnel accurately, efficiently and completely.
- Document a complete and accurate record of the general surgical patient's anesthetic course.
- Utilize effective communication with respect and caring for all patients and members of the health care team.

Level II: Advanced Beginner

The advanced beginner student nurse anesthetists should demonstrate the ability to combine theory, technical skill and advanced principals in entry level anesthesia cases and patients of ASA I –II classification. Clinical preceptors will be required to interact closely with students giving close direction and guidance on anesthetic care; the preceptor should see evidence of student development and observable improvement in technical skills as well as their critical thinking skills.

Level III: Competent Student

The competent student should be able to combine didactic and technical skills in a broader range of clinical situations. They should be able to prioritize patient care and exhibit consistent performance on simple anesthetic cases of patients with all levels of acuity. Students at this level will require some guidance of the anesthesia preceptor.

The Competent Student should be able to master:

- Demonstrate competency for all previous clinical objectives.
- Manage most anesthetic complications with assistance from the CRNA supervisor
- Demonstrate integration and application of theoretical knowledge into nurse anesthesia care.
- Exhibit coordination and comfort of knowledge base with most technical skills
- Write complex care plans and offer spontaneous oral basic care plans.

- Require occasional verbal cues for correction of technical skills and frequent directive, supportive cues for anesthetic application by the mentor.
- Exhibit efficiency with time management and case preparation.
- Recognize potential problems and suggest appropriate intervention.

Level IV: Proficient Student

The proficient student nurse anesthetist should be able to perform with increasing proficiency, speed and adaptability in a broad range of clinical settings. Critical thinking skills should be apparent and decision-making should be evident. Students should be adept at simple anesthetic cases with minimal guidance, requiring moderate guidance for complex anesthetic cases.

The proficient student should:

- Demonstrate competency for all previous clinical objectives.
- Exhibit ability to function independently, with minimal assistance for, all types of surgical procedures.
- Manage most intra-anesthetic emergencies with little or no assistance.
- Incorporate professional ethics, responsibilities, philosophies and attitudes consistent with the practice of a certified registered nurse anesthetist.
- Consider alternative nurse anesthesia plans for specialty anesthesia such as: cardiovascular, neurosurgical, and EENT surgeries and pediatric, obstetric and geriatric patients.

Level V Novice Practitioner

The novice practitioner student nurse anesthetist should perform in a consistent manner in a broad range of clinical situations and cases appropriate for an entry level CRNA. Input from clinical preceptors should be the expected consultation with anesthesiologists and CRNAs.

The novice practitioner student nurse anesthetist should master:

- Demonstrate competency for all previous courses and clinical content.
- Exhibit ability to function independently for all types of surgical procedures.
- Manage intra-anesthetic emergencies with little or no assistance.
- Portray a professional philosophy and attitude consistent with the professional practice of a certified registered nurse anesthetist.
- Be eligible to take the Certification Examination.

J. Didactic Faculty and Clinical Site Evaluations

Students will evaluate lead faculty of didactic instruction, courses, clinical sites, anesthesia departments, clinical coordinators and individual preceptors at the end of each semester. Evaluations are anonymous and electronic. Separate evaluations be given for guest lecturers. Professional and appropriate constructive comments are expected with the intent of improving the program, faculty, and improvement in the clinical experience. Evaluations are intended to aid in strengthening and improving the overall program. Students should keep in mind that their comments will be taken very seriously to promote the best educational experience for future students.

K. Graduate and Employer Evaluation

New USF nurse anesthesia graduates will be required to complete a post graduate evaluation as part of the USF nurse anesthesia ongoing program development. This evaluation will be sent to the graduate six months after graduation; all data will be anonymous.

New graduates will also be required to submit employer information so that employers will have the opportunity to complete an employer evaluation of program graduates. This evaluation will be sent one year after graduation. Responses will be shared with the USF College of Nursing for ongoing program development; all data will be anonymous.

L. Student Recognition Awards

Outstanding student awards can be awarded per university policy if a non-biased selection process is utilized. Based on available funding, the nurse anesthesia program will award students in the following areas: Academic Excellence, Clinical Excellence, and Community Service. One or more students may be selected in each category. The selection process is based on faculty recommendation, cumulative GPA, clinical coordinator/preceptor evaluations, and volunteerism.

Attendance & Vacation/Leave Procedures

A. Attendance

Attendance to classes is not optional, and students are required to attend all classes within the Nurse Anesthesia track, as well as any conferences, morbidity and mortality conferences, grand

rounds, workshops, simulation sessions, lectures, and other meetings as announced. The program recognizes the challenges that students face with regard to competing responsibilities of caring for their dependents/children, sick spouse, transportation issues, or other family emergencies that may arise. The student is strongly encouraged to discuss these scenarios with their family in advance and formulate a contingency plan for these types of occurrences. Any student who is absent from class without a physician's note will have one day deducted from his or her 15 personal days allotted for the program. Personal business (such as non-emergency physician appointments for students or dependents) must be handled on the student's own personal time off and should not conflict with didactic or clinical commitments. Employment interviews should not be scheduled on class days and students will not be excused from class to attend employment interviews. Employment interviews should be scheduled on the student's scheduled day off, or scheduled on a clinical day. Students must seek that approval of the Assistant Program Director and Clinical Coordinator in order to be excused from clinical for an employment interview. Approved vacations will exempt the student from attendance to clinical requirements, and no call scheduled during said time. However, during vacations students will be held accountable for material covered in classroom and clinical setting. It is strongly suggested that a student with a planned/approved vacation discuss this planned absence with all instructors of record for classes from which the student will be absent. Whenever possible, material covering these topics will be made available on Canvas. Examinations/quizzes may only be made up in the event of an emergency. Vacations should not be planned during the time exams are scheduled. Prior arrangements must be made with the course instructor for make-up work. Students who are absent from any didactic or clinical commitments without valid authorization are subject to counseling/disciplinary action. All counseling sessions will be documented and become part of the student's file. Additional policies may be issued by individual instructors as part of the course syllabus.

B. Tardiness

This includes reporting late for classes, didactic commitments; it also includes taking excessive time for lunch or breaks in the clinical area. Excessive tardiness will result in counseling by both the clinical site's coordinator and/or the Program Director and may result in disciplinary action. All counseling sessions will be documented and become part of the student's file. If a student has prior knowledge that he/she may be late in arriving to class or clinical they must notify the appropriate instructor or clinical faculty, as well as the respective OR/Anesthesia desk.

- C. When a student reports more than two hours late, the student is to be considered absent. These occurrences will be handled on an individual basis at the Program Director's discretion. Students who report late for a class that is already in progress should wait until the next class break before entering the room. Students who miss more than half of the scheduled class will be considered absent and one personal day will be deducted from the 15 personal days allotted during the program. Any pattern of tardiness will be addressed, documented, and may result in disciplinary action. Additional policies may be issued by individual instructors as part of the course syllabus.**

Students missing class or clinical time due to illness may be required to provide the Program Director with proper documentation prior to returning. Any student who is absent from class without a physician's note will have one day deducted from his or her 15 personal days allotted for the program. A student who calls in sick the day of an examination/quiz should contact the appropriate faculty person as well as the Program Director and documentation of illness will be required for the missed exam from a health care provider. At the discretion of the course director, a different exam may be given as an option for make-up. In the clinical area, there is no "sick time". Students should call the OR desk directly and call or text the clinical coordinator as soon as possible before the start of their missed shift. Any student who is too ill to attend clinical duties should also contact the clinical coordinator, Assistant Program Director, and the Academic Program Specialist via copy on one email to document any missed shifts. Clinical time missed due to illness will be charged as a personal day or may be made up, as scheduled by the site's clinical coordinator and/or program faculty. Any pattern of or failure to report absences, will be addressed, documented, and may result in disciplinary action.

D. Extended Illness/ Leave

Any student who is absent due to an extended illness (greater than ten days) must schedule an appointment to discuss the matter with the Program Director. Special consideration may be granted when proper documentation is provided. Emergency leave may be granted upon request to the Program Director and clinical site coordinator. If leave is in excess of 2 weeks this will be considered a leave of absence from the program; the student may then be placed in the next class of students on a space-available basis, essentially delaying the student's graduation by at least twelve (12) months.

E. Pregnancy

It is the student's responsibility to safeguard their health. They must notify the Nurse Anesthesia Director and Clinical Coordinator as soon as they are aware of their pregnancy. If a pregnant student is required to stop attending practicum, she will be required to accept a medical leave of absence from the program. The student may then be placed in the next class of students on a space-available basis, essentially delaying the student's graduation by at least twelve (12) months. If a student chooses to continue in the program while pregnant, she must be under the care and release of her obstetrical physician. The program requests the student submit a signed waiver releasing the school from any responsibility associated with the pregnancy and/or birth. There may be hazards to both mother/fetus related to exposure to the anesthetic agents and the operating room environment.

F. Vacation/Personal Days

During the first two semesters nurse anesthesia students follow the University of South Florida academic calendar for vacation and holidays. Semester III is on an alternate calendar; students will have one week off prior to the start of semester IV. Upon the beginning of the clinical/practicum phase, students will no longer follow the university calendar. e.

Personal time will be for the student to use at their discretion for sick time, vacation time, or study time. Time may be used in blocks no greater than five (5) days at a time. Exceptions to this rule may be addressed with the Nurse Anesthesia Director on an individual basis. No time off will be allow if the student is in a specialty rotation (pediatrics, obstetrics, cardiothoracic).

Requests for days off or vacation must be submitted in writing via email or sign-up form to the Nurse Anesthesia Director and Program Assistant during the appropriate request period. Time off and vacation will be awarded based on when notice is served at the discretion of the Nurse Anesthesia Director. Approved leave, absences due to sickness, and administrative leave must be communicated through the Program Director and Assistant Director to ensure accountability.

Requests for scheduling of specific clinical days and/or personal time off after the final Clinical Schedule is made are granted at the sole discretion of the clinical site coordinator. All requests after the final Clinical Schedule has been published must still be documented to the Nurse Anesthesia program via one e-mail copying the clinical coordinator and the assistant Program Director. Any requests deemed excessive or unreasonable will be denied. A clinical site may limit the number of students granted vacation at any one time. Vacation may not be scheduled

on an orientation day to the University, a new clinical site, or specialty rotation. Specialty rotations include cardiac, pediatric, and obstetric. Do not schedule vacation until requests are approved by the all required personnel. End of program terminal vacation is not permitted. Vacation days may be granted during the last four weeks of clinical residency and/or didactic program on a limited basis only. There will be no bargaining for vacation days by leveraging make up days elsewhere.

G. Armed Forces Leave

In accordance with Federal mandate all reserve status soldiers will be granted a time to complete military duty. This includes one weekend per month and 2-weeks/ year for sustainment training. It is recommended that students defer their military training until after graduation of the program as allowed by all armed forces for soldiers in educational program. Should a student decide not to defer their military training while in the program the student is required to submit their yearly training schedule to the Program Director and each clinical site they attend. It will be student's responsibility to ensure the appropriate scheduled time off for completion of military duty with the clinical sites. Per Federal regulation each clinical site MUST release the student/soldier at a minimum of 9 hours prior to military duty hours to ensure adequate rest for training missions. Students are required to submit orders for the two-week training period. In the case of a student being called to active duty in support of a military mission the student will be placed on leave of absence from the program. Upon the students return they will resume the program. Depending on the period of time activated and their status in the program the student may be required to audit specific anesthesia coursework. Active duty orders must be presented to the Program Director prior to deployment.

H. Jury Duty

Students called for jury duty will be granted time off upon submission of proof to the Nurse Anesthesia Program director. The student will have to submit copies of official notices from the County or the State of Florida assigning the jury duty, as well as proof of attendance to court. Jury duty time, depending on time obligation, may have to be made up at the discretion of the Nurse Anesthesia Program Director.

I. Funeral Time

- J. Students are granted three (3) bereavement days for the death of an immediate family member, one (1) day may be granted for the funeral of others. Students must notify the program office and the clinical rotation site when funeral time is necessary. This will not be deducted from the 15 personnel days given to the student.** Administrative Time

During the clinical residency phase students must attend some required university or program functions; administrative time will be given for these functions. Administrative time is at the sole discretion of the Nurse Anesthesia Director. Approved administrative time will be documented on the final Clinical Schedule. Administrative leave includes but is not limited to USF Diversity Day, FANA meetings, AANA Meetings, SEE exam, CRNA board review course, mission trips, SRNA Organization duties, and community events. Administrative time for these events will be at the Nurse Anesthesia Directors discretion and may or may not be full days off. Proof of attendance is required, and can either be a certificate of completion (CEU certificate) or a letter/e-mail from a faculty member that can attest to your participation in the event. These should be submitted to the Nurse Anesthesia Program upon completion of the event. Please also note that if you have been approved for a professional event through the Nurse Anesthesia Program than you are expected to attend that event. Students are expected to attend the event on all approved days for the event. If you need to switch your scheduled professional event for any reason, then the Nurse Anesthesia Program needs to be notified as soon as possible so that it can be adjusted in the records.

- K. Unauthorized leave/ Absence**

Students absent from class or clinical beyond 72 hours without approved leave in writing will be considered to have resigned from the program. Students absent fewer than 72 hours without approval may resume their training only after written approval and consent by the Nurse Anesthesia Director and must be repaid prior to the end of the program.

- L. Compensatory Time (COMP TIME)**

Compensatory or COMP time may be granted for additional hours spent in the clinical area on an hour per hour basis, for time worked in excess of the duration of assigned shift. Comp time will not be given until the student has worked beyond 120 minutes past the scheduled shift. COMP time will not be given for fractions of 60 minutes. In return, COMP time is deducted for times when the student is relieved from the clinical area before the usual duration of the assigned shift. The 60 minutes is based on an expected 8-hour shift, if students are on rotations

with different hours COMP time will be awarded in excess of 50 hours/week. As an example if the student is on an 8 hour shift of 6:45 am to 3:15 pm. One (1) hour of COMP time will be accrued at 6:15 pm when the student has worked extra from 3:15 to 6:15 pm (120 minutes plus 1 hour); if a student works until 5:15 pm no COMP time is awarded. No fraction of time will be awarded for COMP time. It is the student's responsibility to notify in writing the clinical coordinator when COMP time has been accrued for accountability and to ensure consistent communication. COMP time must be taken in the semester it is accrued AND at the clinical site at which it was accrued; COMP time may not be carried over into another clinical site rotation or semester. COMP time not taken within the allotted time period will be considered forfeited. COMP time is granted at the discretion of the Clinical Coordinator as the schedule permits, COMP time will be approved in writing on the standard form. Any student that abuses COMP time accrual is at risk of denial of COMP time or disciplinary action.

M. On Call/ Off Hour Shifts

Students must receive experience in all phases of anesthesia including evenings, nights, weekends and holidays. Students are expected to perform off shift hours and/or on call hours either in house or from home. The on call or off shift rotations will be set by the clinical site as per the standards at that site. When students take call from home on beeper but do not work any excess hours no COMP time will be accrued. However, any time a student is called back to conduct anesthesia during the on call period it will be considered COMP time. If a student is called back and works excessive hours in a 24 hour period it is the responsibility of the Clinical Coordinator to ensure the student is given appropriate time off at the end of the call shift. No student will be expected to work the day after they have worked all night or a majority of the night. Excessive hours worked by students without appropriate time off for rest is a patient safety issue and will not be tolerated by the program.

N. Discrepancy of Time

It is the student's responsibility to ensure that the Clinical Coordinator and program is notified in writing of personal time requests, and or use of COMP time. When a student accrues COMP time they must notify the Clinical Coordinator in writing by filling out a COMP worksheet. It is the Coordinators responsibility to maintain the time flow sheet for each student and submit it to the Nurse Anesthesia Assistant Director when the rotation is completed. Students are responsible for notifying the program as well as the Clinical Coordinator for time requests.

Committees

A. Committee Meetings

In order to assure necessary changes can occur in relation to the nurse anesthesia educational program, there are a variety of committees in place that provide oversight, ensure continuous quality improvements, and program evaluation. These committees also function to insure students and clinical/didactic faculty have appropriate input into departmental procedure evaluation and development. These committees are composed of College of Nursing faculty members, clinical faculty, and communities of interest. Members are responsible to be active participants in committee discussion and decisions to ensure the Nurse Anesthesia program meets program objectives. Please refer to the College of Nursing student resources for standing committees. Students are eligible to serve on all committees excluding the Nurse Anesthesia Faculty Committee. Student participation in these committees during clinical residency will be limited due to time conflicts.

All members are strongly encouraged to attend. If members are unable to attend, please send a representative. Agenda items should be submitted in writing to the Nurse Anesthesia Director in advance. The agenda, announcements, and minutes from the prior meeting will be distributed.

B. Nurse Anesthesia Faculty Committee

The Nurse Anesthesia Faculty committee is comprised of faculty from the Nurse Anesthesia Program. The Committee was established in 2010 to ensure adequate communication among the nurse anesthesia faculty. Meetings are held each month to discuss all aspects of the program including curriculum, clinical, simulation and evaluative measures of the program. Recommendations are brought forward to appropriate committees per CON policies and procedures prior to implementation. Students do not serve on this committee.

Committee Chair

Susan Perry, PhD, CRNA – Program Director

Committee Members

Michelle Canale, DNP, CRNA, ARNP (Assistant Program Director)

Alan Todd, DNP, CRNA

John Maye, PhD, CRNA

Sierra Gower, PhD, CRNA, ARNP

Erik Rauch, DNP, CRNA, ARNP

C. Nurse Anesthesia Simulation Committee

The Nurse Anesthesia Simulation Committee was developed in 2009 to advance the development of the simulation experience for students. The Committee is comprised of Anesthesiologists and CRNAs focused on simulation education.

Committee Chair

Alan Todd, DNP, CRNA

Committee Members

Susan Perry, PhD, CRNA, ARNP (Program Director)

Michelle Canale, DNP, CRNA, ARNP (Assistant Program Director)

John Maye, PhD, CRNA

Erik Rauch, DNP, CRNA, ARNP

Sierra Gower, PhD, CRNA, ARNP

D. Nurse Anesthesia Selection Committee

The Nurse Anesthesia Admission Selection Committee is comprised of Nurse Anesthesia Faculty, CON Faculty, Clinical Faculty, and SRNAs. Student representatives are involved in the interview process but not the selection process. The primary purpose of the committee is to interview, evaluate and select students from the application pool. The committee evaluates the selection criteria annually and recommends adjustments as needed.

Committee Chair

Susan Perry, PhD, CRNA, ARNP – Program Director

Committee Members

Michelle Canale, DNP, CRNA, ARNP

Alan Todd, DNP, CRNA

John Maye, PhD, CRNA

Sierra Gower, PhD, CRNA, ARNP

Erik Rauch, DNP, CRNA, ARNP

E. Nurse Anesthesia Advisory Board

The Nurse Anesthesia Advisory Board allows the college a forum to disseminate and evaluate information to our council partners and community of interests. The Board is made up of the program's community of interest: a member of the college of medicine and college of public health, a member of the public, an anesthesiologist, and CRNA faculty. This committee will meet annually.

Board Chairs

Susan Perry PhD, CRNA, ARNP: USF Nurse Anesthesia Program Director

Michelle Canale, DNP, CRNA, ARNP: USF Nurse Anesthesia Assistant Program Director

Members

Erik Rauch, DNP, CRNA, ARNP: USF Nurse Anesthesia Program

Rita D'Aoust PhD, ANP-BC CNE: Associate Dean for Academic Affairs & Director for Inter-professional Initiatives

Sierra Gower, PhD, CRNA, ARNP: USF Nurse Anesthesia Program

Professional Initiatives

Barbara Redding, Ed.D RN: Development and Program Evaluation

Melanie Michael, DNP, RN: Director DNP Program

Beverly Hughes: Executive Director CAMLS

Nikki Campbell: Simulation Director CAMLS

Victoria Rich, PhD, RN, FAAN, Associate Dean of Academic Programs

Rotating student representative senior class president and junior class president

General Considerations as a SRNA

A. Pre- Residency Checklist

USF Nurse Anesthesia SRNA Introduction to Clinical Residency Experience Guidelines (Junior Students Semesters II, and III)

The objective of this experience is to prepare and familiarize the junior student with the operating room, anesthesia set up, and basic airway management.

Spring Term - Semester II

- Students must have a current ACLS, BLS, PALS, and a Florida Nursing license prior to initiating the Introduction to Clinical Residency I Experience.
- The Introduction to Clinical Residency I Experience in semester II will be comprised of training with a CRNA or Anesthesiologist with the objective of becoming familiar with basic airway experience and becoming capable of performing an anesthesia machine check and basic anesthesia set up.
- Basic airway management is to include masking techniques, endotracheal intubation with traditional methods (Miller and Mac blades), as well as video laryngoscope use, insertion of laryngeal mask airways, and laryngeal tracheal devices.
- Junior students may also perform other interventions, skills, and case management as appropriate under the direct 1:1 clinical supervision of a CRNA or Anesthesiologist.
- Students' Introduction to Clinical Residency I Experience will be arranged by the Nurse Anesthesia Faculty.
- Students are to submit completed Introduction to Clinical Residency I Experience hours and tasks via the Introduction to Clinical Residency Experience Log Sheet to the assistant Program Director by the final week of the respective semester.
- Students are to report to the clinical site for all clinical shifts as scheduled. Absences will be deducted from the 15 personal days for use during the program. Students failing to complete the Introduction to Clinical Residency I Experience successfully and with a minimum of 80 hours may not progress to the next Introduction to Clinical Residency II Experience.

Summer Term - Semester III

- The Introduction to Clinical Residency II Experience in semester III will be comprised of training with a CRNA or Anesthesiologist with the objective of continuing to obtain basic airway experiences and anesthesia machine checks/anesthesia set-ups.
- In addition the student will also shadow in the specialty areas of pediatrics and obstetrics. This initial Introduction to Clinical Residency II Experience in these specialties areas is to provide exposure to these new anesthetic environments.
- All expectations and requirements for the Introduction to Clinical Residency I Experience in semester II are expectations in the Introduction to Clinical Residency II experience in semester III.
- Students are encouraged to prepare care plans for cases that they are involved in during this Introduction to Clinical Residency II experience.
- Students who do not complete a minimum of 64 hours of clinical time during the Introduction to Clinical Residency II Experience, may not progress to Clinical Residency I.

B. Pre-Clinical Residency Checklist for Clinical Residency I

Students are responsible for facilitating their credentialing at all scheduled clinical sites in accordance with the clinical site module for their assigned clinical site in the CRNA Advising Course in Canvas. Students must review this information in Canvas AT LEAST 8 WEEKS PRIOR TO THE FIRST DAY OF THEIR SCHEDULED ROTATION in order to comply with all the necessary steps/items and required timeline.

- Each clinical site is responsible for orienting the student to the clinical site.
- The student will submit any documentation that the site requires at least 8 weeks prior to the rotation, per the module of instructions for that clinical site, including medical information, license information and certificate cards, etc.
- The student will participate in any on-site orientation required by clinical affiliate.
- The student will become familiar with all aspects of the clinical site such as parking, locker access, complete a tour of the operating room suite, including any other anesthesia areas, such as OB, endoscopy, same day surgery, etc.
- The student will familiarize him/herself with the physical layout and emergency disaster plan information as applicable.
- The student will familiarize him/herself with the anesthesia workroom, supply area, equipment, monitors, code cart, difficult airway cart and drug storage/labeling protocol.

- The student will learn the protocol for notifying the clinical site in the event of tardiness or illness. It is the clinical coordinator's responsibility to provide the appropriate contact information for a student to call in case of emergency, illness or questions regarding clinical schedules.
- The student will be able to perform a basic setup according to individual institution protocol and FDA checklist. This must include airway, anesthesia machine and drug setup checkout.
- The student will be able to complete a generic care plan and verbalize the rationale for this anesthetic plan to clinical preceptor (see section care plan).

See individual Clinical Residencies for objectives and expectations.

C. AANA Membership

Students are required to hold an Associate Membership in the American Association of Nurse Anesthetists (AANA) commencing the first month of matriculation and lasting the duration of the program. The Associate Membership is currently paid by , the Dean of the College of Nursing as a reflection of student support. Students should be aware that this may not always be the case and should be prepared to incur this cost, which is available at AANA.com.

<http://www.aana.com/aboutus/Pages/AANA-Membership-Categories-Fees-Privileges.aspx>

Membership at the AANA associate level provides: an identification card, subscription to AANA publications, and an opportunity to attend AANA/FANA meetings and conferences as a non-voting participant. Students are expected to attend one professional and one community service event per calendar year. For the purpose of satisfying this requirement, the first calendar year of the program will be considered August of the Semester I through December of Semester IV. The second calendar year is considered January of Semester V through November of Semester VII. Professional events include attendance at any National AANA meeting or State FANA meeting, or attendance at CRNA Lobby Day, which is coordinated by FANA. Proof of registration and attendance is mandatory for all selected conferences. Community service events are those in which individual students or groups of students serve a community voluntarily and unpaid, and will be counted toward this requirement when the student does not receive anything tangible in return i.e. free conference registration for volunteering at the conference. Students will be given Administrative Time Off to attend required professional and community events, and this does not reduce the student's personal time bank of 15 days during the program. Additional days for travel may be granted for out of state events, at the discretion of the Nurse Anesthesia Program. Students are eligible and encouraged to

participate on committees at state and national committees. Student serving on state or national committees will receive administrative leave to fulfill these obligations.

American Association of Nurse Anesthetists (AANA) conventions are held annually at different sites across the nation. Requests for time off to attend professional organization meetings must be submitted in writing to the Nurse Anesthesia Assistant Director. Student must be in good academic and clinical standing to attend. Students will be released from clinical assignment for the National meeting and will be given administrative leave. Proof of registration, and attendance these professional events must be submitted to the program. If a student abuses or violates any administrative leave at any time they will not be allowed to have this privilege henceforth and will be required to meet these requirements by using time from the personal time bank of 15 days during the program; a student that fails to attend the required meetings will be subjected to disciplinary action.

Professional attire and behavior are mandatory; you not only represent yourself to potential employers at these meetings, but also the University of South Florida, College of Nursing. Students are expected to conduct themselves in a professional manner; this includes appropriate attire such as business casual, or business suit/dress and being respectful to all presenters. Tardiness, speaking during presentations, or attending in inappropriate attire are just a few instances that will not be tolerated as a USF student.

D. Courses

Board review material will be offered during the senior year of the program. All students are required to complete board review assignments as incorporated into the curriculum. Student attendance is mandatory for all board exam preparatory classes in the final semester of the program. Additional expenses for board review material are the student's responsibility.

Students may be granted administrative time off to attend an off-site board review course. Only approved review courses will be granted time off. Requests for time off for review courses should be made in writing to the Nurse Anesthesia Assistant Director. Travel days will be awarded at the discretion of the Nurse Anesthesia Assistant Director. Students who are on academic probation, delinquent in case counts, or other course work will not be granted time off.

E. Nursing License

A valid and current Florida nursing license must be on file at all times with the nurse anesthesia program throughout the program. Florida nursing license renewal is available on-line. If a student is found to have an expired or missing nursing license, they will be removed from the clinical area and vacation time deducted until a valid, current license is produced. If receipt of the official license is delayed for any reason, it is the student's responsibility to submit a web-verification of the RN license; the official license must be submitted promptly when received. Failure to maintain current licensure is grounds for removal from the program. All Castle Branch requirements must be kept current by the student at all times while in the Nurse Anesthesia Program. Students who are not in compliance with any Castle Branch requirement may be immediately removed from the clinical setting, placed on academic probation, and will be required to use personal days until the student has demonstrated compliance with all requirements. Non-compliance with Castle Branch requirements will jeopardize the student's ability to progress in the Nurse Anesthesia Program.

F. ACLS / PALS / BLS

All nurse anesthesia students must maintain Basic Life Support Certification (BLS), Advanced Cardiac Life Support Certification (ACLS), and Pediatric Advanced Life Support Certification (PALS) throughout the program. All certifications and proper licensure must be shown and verified prior to entry into the clinical area. If at any time a student is noted to have an expired license, ACLS, PALS or BLS card, they will be removed from the clinical area and vacation time deducted until a current card is presented. The program currently holds a one-day recertification in BLS/ACLS/PALS during the first semester at the University. While students are not required to take this recertification they are all required to obtain recertification in December of the first semester. This is to ensure all certifications are current throughout the program. All costs incurred related to any license or certifications are the student's responsibility. Any time lost will need to be made up at the end of the residency period. All Castle Branch requirements must be kept current by the student at all times while in the Nurse Anesthesia Program. Students who are not in compliance with any Castle Branch requirement may be immediately removed from the clinical setting, placed on academic probation, and will

be required to use personal days until the student has demonstrated compliance with all requirements. Non-compliance with Castle Branch requirements will jeopardize the student's ability to progress in the Nurse Anesthesia Program.

G. Pagers

Students will be assigned pagers at various clinical sites. It is the student's responsibility to maintain the pager and return it at the end of the rotation. If the pager is lost, the student will be billed for the cost of the replacement. Students are responsible for keeping the pager in working order and verifying that it functions. Pagers must be turned on when in the clinical site. These pagers are not for personal use.

H. ID Cards

Students are required to carry their USF Student ID at all times while in the clinical setting. Each clinical site may require in addition to the USF ID a hospital ID. If a clinical site requires a site ID badge it is the student's responsibility to obtain the ID card and turn it in at the end of the rotation. If the ID card is lost, the student is responsible for obtaining a replacement card.

Code of Conduct

C. Attendance

Students are required to attend all scheduled classes, workshops, simulation sessions, conferences, lectures, meetings scheduled by the Program Director, and departmental in-services at their respective clinical sites. The Program Director may mandate attendance at state and local anesthesia meetings and other guest lecturers within the University. No student will be excused from class or clinical assignments to report for outside employment. Also see: Vacation & Attendance/Leave Procedures.

Students are required to be on time for all classes and conferences and are expected to display professional courtesy. Should extenuating circumstances cause you to arrive late to class, do not enter the class until the first break to avoid disruption of the educational environment. Consistent tardiness can result in a lowering of the class grade and/or probation. A vacation day will be assessed if more than half of a scheduled class is missed. All audible devices must be silenced during class time. It is not acceptable to use cell phones during class.

I. Class Preparation

Students are responsible for all reading and written work assigned in class. All assignments must be completed by the due date unless other arrangements have been made in advance with the course faculty/instructor. Assigned readings are to be completed before the class to allow effective classroom discussion.

The first rows of the lecture seating area are deemed to be “electronic-free” zones. If you choose to use a laptop, tablet, iPad, or other electronic device for note-taking, or any other reason during class lectures, you will be asked to take a seat behind others who will not be using these devices. Hand-written note taking has been found to be of superior quality to electronic note taking, and the use of electronic devices during lecture has been associated with a significant reduction in academic performance and course grades. Electronic use also affects all students within eyesight of the screen, and those students are affected similarly with reductions in academic performance and course grades.

J. Academic Integrity

Failure to abide by the obligations of Academic Integrity will result in disciplinary action by the University. Students are expected to follow all guidelines within the Nurse Anesthesia Handbook, the CON Baccalaureate / Master's Students: Handbook, and the USF Graduate Handbook. Students are required to abide by the University of South Florida's Policy on Academic Integrity, and the College of Nursing Policy of Student Obligations and Expectations. Dishonesty on an examination or other academic assessment will result in a grade of zero and dismissal, in accordance with the College of Nursing and University policies. Any form of cheating on examinations or plagiarism on assigned papers constitutes unacceptable deceit and dishonesty will result in disciplinary action as defined in the Graduate School's Academic Dishonesty and Disruption of Academic Process http://www.grad.usf.edu/policies_Sect7_full.php

Pgs. 34 - 37:

“Plagiarism

Definition: *Plagiarism* is intentionally or carelessly presenting the work of another as one's own. It includes submitting an assignment purporting to be the student's original work which has wholly or in part been created by another person. It also includes the presentation of the work, ideas, representations, or words of another person without customary and proper acknowledgement of sources. Students must consult with their instructors for clarification in any situation in which the need for

documentation is an issue, and will have plagiarized in any situation in which their work is not properly documented.

Clarification:

1. Every direct quotation must be identified by quotation marks or appropriate indentation and must be properly acknowledged by parenthetical citation in the text or in a footnote or endnote.
2. When material from another source is paraphrased or summarized in whole or in part in one's own words, that source must be acknowledged in a footnote or endnote, or by parenthetical citation in the text.
3. Information gained in reading or research that is not common professional knowledge must be acknowledged in a parenthetical citation in the text or in a footnote or endnote.
4. This prohibition includes, but is not limited to, the use of papers, reports, projects, and other such materials prepared by someone else".

"Cheating

Definition: *Cheating* is using or attempting to use materials, information, notes, study aids, or other assistance in any type of examination or evaluation which have not been authorized by the instructor.

Clarification:

1. Students completing any type of examination or evaluation are prohibited from looking at or transmitting materials to another student (including electronic reproductions and transmissions) and from using external aids of any sort (e.g., books, notes, calculators, photographic images or conversation with others) unless the instructor has indicated specifically in advance that this will be allowed.
2. Students may not take examinations or evaluations in the place of other persons. Students may not allow other persons to take examinations or evaluations in their places.
3. Students may not acquire unauthorized information about an examination or evaluation and may not use any such information improperly acquired by others.
4. Instructors, programs and departments may establish, with the approval of the colleges, additional rules for exam environments and behavior. Such rules must be announced in advance in a course syllabus or other advance written notice to students."

All materials provided for students including computer files and print materials are the intellectual property of the instructor and may not be shared with any individual outside the course without the written consent of the instructor. This directive remains in effect after graduation and applies to distribution or use of any and all course materials. When downloading files to computers in public labs, the student is responsible for deletion of all files of course materials transferred to computer drives and desktop after use.

K. Examination Policy

Student are expected to undertake meaningful test and evaluations that will reveal the student's intellectual growth in the subject matter covered or otherwise reflect the achievement of the course objectives.

L. Administration of Exams

- All audible devices must be OFF – this includes watch alarms, phones, pagers, etc.

- No material is allowed with the student at the testing computer including phones. Personal items should be placed at the front of the room.
- Hats or hoods are not permitted.
- If calculators are permitted, handheld computers/devices or calculators with information storage cannot be used.
- One open window (exam window) during the administration of computer-based exams is allowed. Students are required to complete the tutorial and equip their laptop with Proctorio, which will be required for administration of exams in the nurse anesthesia program.

M. Examination Review

- Review or scoring of an examination is at the discretion of the individual faculty.
- Notes may not be taken during examination review unless permitted by the instructor for remediation purposes. Under no circumstances are students permitted to share notes taken during an exam review.
- Any additional individual review of examinations is by appointment only. Students should review exam material within two weeks of taking an exam. Review of all exams before the comprehensive final is not permitted.
- Only examinations for the current term can be reviewed.

N. Challenge of Test Items

Any dispute of a test item must be submitted IN WRITING. All disputed items must be clearly validated by a current referenced source within two weeks of the exam in order to receive credit.

O. Acceptable Academic Status

In order to graduate, students must meet all graduation requirements. If the College or Department makes fundamental changes to the program that necessitates changes in the degree requirements of enrolled students, the needs of those students will be explicitly addressed in the proposal for change and scrutinized by the Office of Graduate Studies.

P. Work Guidelines

Students are *strongly discouraged* from seeking outside employment while enrolled in the anesthesia program. It is recommended that the student commit their full attention and energy to their clinical and didactic responsibilities. Under no circumstances can a student seek employment as a nurse anesthetist by title or function until successful graduation from the program.

Q. Remediation Policy

Students identified anytime during the semester to have weaknesses in critical thinking, knowledge base, and/or technical skills that could potentially place the patient in undue harm shall be placed on Academic Jeopardy. The identification of known weaknesses can be revealed by preceptor evaluations, performance in simulation, SEE exam results, or other means.

Once a student is placed on academic jeopardy, the student will be overseen more closely by preceptors, and will be expected to turn in an evaluation for every day of clinical performed to ensure the student is meeting standards and delivering safe care. Should the student fail to turn in the evaluations, he/she will receive an F (failure) or (U) unsatisfactory for each missing evaluation.

It is imperative that the program has documentation that the student is performing safely and we rely on these evaluations as evidence of safe performance. The student may need to set up appointments in the Simulation Lab for remedial training in the weaknesses addressed. The student may also need to complete additional online quizzes/tests to include all areas of weakness identified.

If the student is performing at or exceeds the expected standard, the student may continue to rotate to the next rotation site. Clinical and simulation lab evaluation, and online exams/quizzes will be evaluated by nurse anesthesia faculty. Feedback from all sources will be used to determine the student's progression in the program. It is recommended that the student make every effort to correct the identified deficiencies as the inability to do so may result in the following: failure to progress in the program; the need to repeat the clinical residency where the deficiency occurred; delayed graduation; or dismissal from the program. This policy serves to protect the public from unsafe practice, and to ensure competency prior to further advancement in the nurse anesthesia profession.

Nurse Anesthesia Conflict Resolution Communication Chain

Students with questions concerning topics listed below should contact the indicated administrative faculty member, clinical faculty member, or other personnel directly involved with the Nurse Anesthesia Program.

D. Clinical Probation

A student may be placed on clinical probation at any time during the Clinical Residency for failure to achieve clinical objectives. The length of the probationary period is at the discretion of the program faculty; however, this period may not exceed one semester. Students placed on probation will meet with the Director, and/or the Assistant Director to review the actions, which are the basis of the probation status. A plan will be formulated for the student to remediate and resolve any concerns regarding the probationary issues.

Written notification of the probationary status will be given to the student prior to the commencement of the probationary period; a probationary period is usually half of a semester. During this period the student will be required to meet additional expectations and/or clinical, didactic, or simulation work to address the causes for the probation and remediate. Students may be required to meet with the Nurse Anesthesia faculty or Director on a weekly basis for evaluation. During these conferences, efforts shall be made to aid the student in correcting deficiencies and reevaluate the plan of action for remediation. At the end of the probationary period the student will either be reinstated in good standing, continue on probation, or be awarded an unsatisfactory (U) for the residency period. Students placed on probation at the midterm evaluation without improvement by the end semester evaluation will receive an unsatisfactory (U) and have to repeat the clinical residency. If a student is placed on probation before the midterm evaluation, and student does not improve by the midterm evaluation the student would continue on probation. Dismissal from clinical based on performance or for professional misconduct may be preceded by a probationary period, unless the gravity of the situation precludes this option. A student may be immediately dismissed if patient safety is compromised or unethical unprofessional behavior occurs.

R. Due Process

Any student who feels that he/she has been the object of unfair disciplinary action has the right to seek review and evaluation of the action and the process. Students have the right to appeal decisions related to the clinical component of the Program Policies and Procedures. For

Student Grievance Procedures refer to General Council's policy at:

<http://generalcounsel.usf.edu/policies-and-procedures/pdfs/policy-10-002.pdf>

<http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/policy-10-002.pdf>

S. Probation Process

Students must meet formally with the faculty or clinical personnel initiating the disciplinary action, the assistant director and/or the director to attempt to resolve or mediate the disagreement.

In the event that a student wishes to appeal to the Graduate Studies please see student grievance procedures at <http://generalcounsel.usf.edu/policies-and-procedures/pdfs/policy-10-002.pdf>

<http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/policy-10-002.pdf>

T. Patient's Bill of Rights and Responsibilities (Florida).

According to the preamble of the Florida Patient's Bill of Rights and Responsibilities

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0381/Sections/0381.026.html

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"It is a public policy of the state that the interests of patients be recognized in a patient's bill of rights and responsibilities and that a health care facility or health care provider may not require a patient to waive his or her rights as a condition of treatment." (FL Stat 381.026).

One of those rights is "individual dignity" and, as a part of that right, the law states:

1. The individual dignity of a patient must be respected at all times and upon all occasions.

2. Every patient who is provided health care services retains certain rights to privacy, which must be respected without regard to the patient's economic status or source of payment for his or her care. The patient's rights to privacy must be respected to the extent consistent with providing adequate medical care to the patient and with the efficient administration of the health care facility or provider's office. However, this subparagraph does not preclude necessary and discreet discussion of a patient's case or examination by appropriate medical personnel.
3. A patient has the right to a prompt and reasonable response to a question or request. A health care facility shall respond in a reasonable manner to the request of a patient's health care provider for medical services to the patient. The health care facility shall also respond in a reasonable manner to the patient's request for other services customarily rendered by the health care facility to the extent such services do not require the approval of the patient's health care provider or are not inconsistent with the patient's treatment.
4. A patient in a health care facility has the right to retain and use personal clothing or possessions as space permits, unless for him or her to do so would infringe upon the right of another patient or is medically or programmatically contraindicated for documented medical, safety, or programmatic reasons. Disciplinary Actions for Clinical

Nurse Anesthesia Program Student Contract

I have been made aware of the online location of the University of South Florida's College of Nursing Certified Registered Nurse Anesthesia Program Student Handbook. I have had an opportunity to review and discuss its contents and I agree, as a student enrolled in the Nurse Anesthesia Program, to abide and respect the policies, procedures, and standards set forth in this handbook. I understand that these policies, procedures, and standards are subject to change as deemed necessary by the University, College of Nursing, or CRNA Program. Policy changes may be sent via email with high priority notifications. By opening the email I verify that I have been notified of the change in policy. Likewise, during the clinical phase of the program, it is extremely important to the success of clinical rotations to access and read emails from the program and clinical sites, and complete all required credentialing paperwork. Failure to read high priority emails sent from the University, College of Nursing, CRNA Program, and/or clinical sites is considered negligent and grounds for disciplinary action. I understand it is my responsibility to access my USF Health email account daily and read all program-related email, as well as keep abreast of clinical credentialing requirements and any changes that occur while in the program.

Upon graduation, I agree to provide my employer information to the Program and I understand my employer will be sent an evaluation tool to evaluate my performance as a University of South Florida CRNA Graduate. I also agree as an alumnus to evaluate the USF CRNA program and assist the program in future improvements. I understand the employer and alumni evaluations are confidential and will be used only for internal program evaluation and critique and to improve the program for future students.

I agree, upon graduation, to sit for the National Certification Examination (NCE) administered by the National Board of Certification & Recertification of Nurse Anesthetists (NBCRNA) within 6 months of the completion of the program.

Printed Name _____

Signature _____ Date _____