

THE UNIVERSITY OF TENNESSEE
HEALTH SCIENCE CENTER

COLLEGE OF NURSING
NURSE ANESTHESIOLOGY
CONCENTRATION



THE UNIVERSITY OF
TENNESSEE
HEALTH SCIENCE CENTER

COLLEGE *of* NURSING

STUDENT HANDBOOK

**ACADEMIC YEAR
2023 - 2024**

**UTHSC College of Nursing
Nurse Anesthesiology
Concentration 874 Union
Avenue
Memphis, TN 38163**

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SECTION I
ADMINISTRATIVE SECTION

The University of Tennessee Health Science Center College of Nursing – Nurse Anesthesiology Concentration

Mission:

The Nurse Anesthesiology Concentration faculty acknowledges and supports the philosophy of the UTHSC College of Nursing. Furthermore, the Nurse Anesthesiology Concentration subscribes to its mission of providing a program of excellence which prepares students to become exceptional nurse anesthesiology practitioners. This program of excellence is a collaborative endeavor dedicated to providing quality didactic and clinical experiences which empower the student personally and professionally.

Vision:

The University of Tennessee Health Science Center College of Nursing – Nurse Anesthesiology Concentration envisions itself as a state and national leader of nurse anesthesiology education committed to the professional standards of nurse anesthesiology as delineated by the AANA. A leader of professional nurse anesthesiology education is one that is dedicated to providing education through a variety of modalities including the use of simulated technology to inter- and intra-professional healthcare providers in order to improve quality of healthcare

Philosophy:

The philosophy of the University of Tennessee Health Science Center's College of Nursing - Nurse Anesthesiology Concentration is consistent with the mission of the College of Nursing and the University of Tennessee Health Science Center. Incorporated into the philosophical statement of the Nurse Anesthesiology Concentration are the beliefs that education is a process based on the proficiency and mastery of skills required in the administration of anesthesia. The Concentration is committed to excellence in the preparation of the men and women who pursue the advanced practice of nurse anesthesia.

The Faculty believes that:

The professional nurse anesthetist who is educated at the graduate level and is committed to practice with excellence and clinical competence is accountable for his/her own practice. The nurse anesthetist collaborates with the patient/client and other members of the healthcare team. In addition, the program of study is based upon scientific knowledge from the fields of the biological, physical, chemical and socio-behavioral sciences.

Learning best occurs in an atmosphere of mutual responsibility and respect in which the student and teacher share common educational goals. The Nurse Anesthesiology Concentration's faculty serves as facilitators providing direction and support to students throughout their didactic and clinical experiences.

DNP Nurse Anesthesiology Student Handbook

Purposes of this handbook are to:

1. Inform students of their responsibilities and rights.
2. Provide guidance for new anesthesia concentration members.
3. Furnish an orientation to the internal affairs of the Anesthesia Concentration.
4. Provide an overview of the external affairs of the Anesthesia Concentration.
5. Furnish pertinent information about the University of Tennessee Health Science Center, College of Nursing – Nurse Anesthesiology Concentration.
6. List personnel policies.
7. Supply information regarding due process.

Notice of Intent

This handbook has been developed to familiarize the nurse anesthesiology student with the Nurse Anesthesiology Concentration's policies. The handbook is not all encompassing and is subject to change. Policy changes and addenda will be sent via UTHSC email system. It will be the student's responsibility to read changes, adhere to policy changes, and retain a copy of all policy changes and addenda.

The Nurse Anesthesiology Faculty routinely reviews policies on an annual basis. The Anesthesia Faculty reserves the right to change policies during the year as deemed necessary as the Concentration may evolve and change the curriculum and/or clinical schedule in order to insure/improve the Concentration's educational standards. Notice of policy revisions, which have impact on the nurse anesthesiology student will be given in writing and will be verbally discussed at departmental meetings. Policy revisions between annual reviews supersede the existing policy of the Students handbook and are in effect immediately upon distribution to the nurse anesthesiology student.

Materials/policies found in this handbook do not displace, subrogate, or replace any official policies of the University of Tennessee Health Science Center – College of Nursing and the University of Tennessee Health Science Center at Memphis. Inclusion of error in this text does not alter, in any manner, official University policy or procedures. Any questions regarding the policies contained in this handbook or subsequent revisions should be referred to the Program Director/Concentration Coordinator of the Nurse Anesthesiology Concentration.

Reviewed by:

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Assistant Program Director of Didactic Education

Developed July 2004; Revised: 05/2022

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
COLLEGE OF NURSING
NURSE ANESTHESIOLOGY CONCENTRATION

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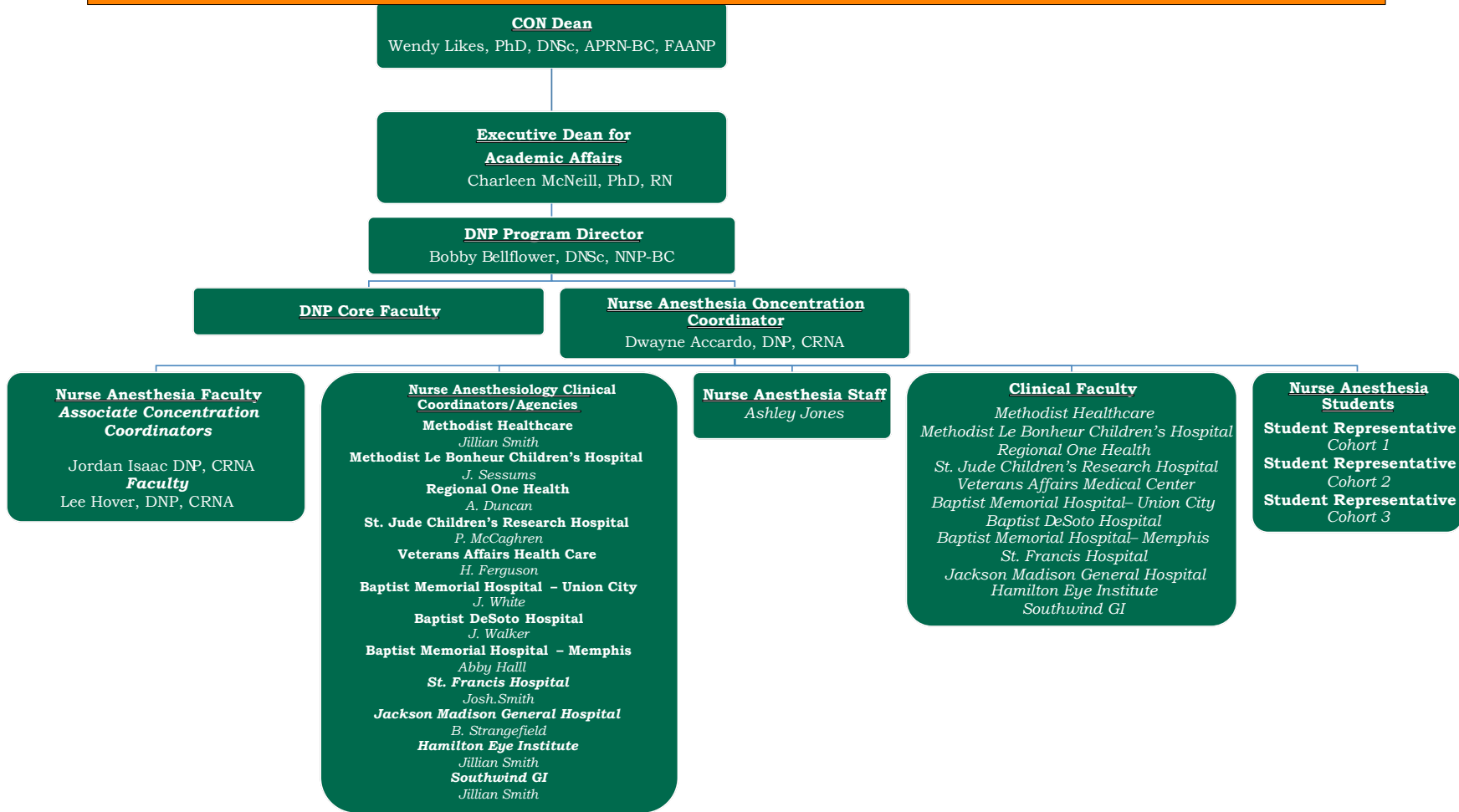
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Nurse Anesthesia Program Organization Chart



SECTION II

**STUDENT RIGHTS,
RESPONSIBILITIES AND BENEFITS**

Nurse Anesthesiology Concentration

Course Number	Course Name	Credit Hours
Summer -Year 1		
ANES 876	DNP Med. Physical Sciences	3 (3-0)
NSG 876	Leadership & Health Policy	3 (3-0)
	TOTAL	6 (6-0)
Fall -Year 1		
ANAN 817	DNP APN Anatomy	4 (3-1)
NSG 910	Philosophy of Science and Theory in Nursing	4 (4-0)
ANES 892	DNP Pharmacology I: Anesthesia	4 (4-0)
ANES 888	Roles of DNP Adv Nurse Anes Prac I	1 (1-0)
NSG 947	DNP Project Seminar I	1 (1-0)
	TOTAL	14 (13-1)
Spring-Year 1		
NSG 827	Epidemiology for Clinical Practice	3 (3-0)
ANES 893	Pharmacology II: Anesthesia	4 (4-0)
ANES 877	DNP Physiology/Pathology	5 (5-0)
ANES 889	Roles of DNP Adv Nurse Anes Prac I	1 (1-0)
NSG 948	DNP Project Design and Methods	2 (2-0)
	TOTAL	15 (13-1)
Summer-Year 1		
ANES 879	Principles of DNP Anes Prac I	5 (5-0)
	TOTAL	5 (5-0)
Fall-Year 2		
HOPN 877	Healthcare Economics	3 (3-0)
NSG 824	Adv. Health Assessment and Diagnosis	3 (2-1)
ANES 880	Principles of DNP Anes Prac II	6 (5-1)
ANES 890	Roles of DNP Adv Nurse Anes Prac III	1 (1-0)
NSG 949	DNP Project Implementation and Evaluation	2 (2-0)
	TOTAL	15 (11-2)
Spring-Year 2		
NSG 950	DNP Project Seminar II	1 (1-0)
ANES 882	Principles of DNP Anes Prac III	2 (2-0)
ANES 883	DNP Anesthesia Practicum A	8 (0-8)
ANES 891	Roles of DNP Adv Nurse Anes Prac IV	1 (1-0)
	TOTAL	12 (6-8)
Summer -Year 2		
ANES 884	DNP Anesthesia Practicum B	6 (0-6)
	TOTAL	6 (0-6)
Fall - Year 3		
ANES 885	DNP Anesthesia Practicum C	7 (0-7)
ANES 886	DNP Specialty Practicum A	7 (0-7)
	TOTAL	14 (0-14)
Spring- Year 3		
ANES 887	DNP Specialty Practicum B	7 (0-7)
NSG 926	DNP Synthesis Practicum: Nurse Anes	6 (0-6)
	TOTAL	13 (0-13)
OVERALL TOTAL		100 (56-44)

**UTHSC COLLEGE OF NURSING
NURSE ANESTHESIOLOGY
CONCENTRATION**

Program Terminal Outcomes:

Concentration outcomes have been identified to assure that the new graduate has acquired knowledge, skills, and competencies in patient safety, perianesthetic management, critical thinking, communication, and the professional role as mandated by the Council on Accreditation of Nurse Anesthesiology Educational Programs. These outcomes are based on the Standards and Guidelines for Accreditation of Nurse Anesthesiology Educational Programs and the Practice Doctorate Standards.

DNP Program Outcomes:

1. Demonstrate advanced levels of clinical judgment/scholarship in nursing practice.
2. Critically analyze complex clinical situations and practice systems.
3. Evaluate and apply conceptual models, theories, and research in order to improve healthcare of diverse populations.
4. Systematically investigate a clinically focused area of nursing in order to advance healthcare.
5. Analyze the social, economic, political, and policy components of healthcare systems which affect care planning and delivery.
6. Assume leadership roles in the development of clinical practice models, health policy, and standards of care.
7. Integrate professional values and ethical decision-making in advanced nursing practice.

Nurse Anesthesiology Concentration Outcomes:

1. Demonstrate advanced levels of clinical judgment/scholarship in nurse anesthesiology practice.
2. Critically analyze complex clinical anesthetic practice across the life span.
3. Apply conceptual models, theories, and evidence to safely improve anesthetic care of all populations, including diverse populations.
4. Systematically investigate nurse anesthesiology practice to advance healthcare.
5. Analyze the social, economic, political, and policy components of healthcare systems that improve communication and positively affect anesthetic care planning and delivery.
6. Assume leadership roles in the development of anesthesia practice models, health policy, and standards of care.
7. Integrate professional values and ethical decision-making in nurse anesthesiology practice.

UTHSC Nurse Anesthesiology

Concentration Student Expectations and Competencies

A. Patient safety:

1. Be vigilant in the delivery of patient care.
2. Do not engage in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, e-mailing, etc.).
3. Electronic Devices are to be turned off while administering/monitoring anesthesia to patients. Institutional policies may supersede the handbook policy. However, these instances are strictly limited to communication involving patient care. Use of electronic devices for any other purpose while administering/monitoring anesthesia will result in failure of the clinical practicum.
4. Conduct a comprehensive equipment check.
5. Protect patients from iatrogenic complications

B. Perianesthesia:

1. Provide individualized care throughout the perianesthetic continuum.
2. Deliver culturally competent perianesthesia care.
3. Provide anesthesia services to all patients across the lifespan.
4. Perform a comprehensive history and physical assessment.
5. Administer general anesthesia to patients with a variety of physical conditions.
6. Administer general anesthesia for a variety of surgical and medically related procedures.
7. Administer and manage a variety of regional anesthetics.
8. Maintain current certification in advanced cardiac life support (ACLS) and pediatric advanced life support (PALS).

C. Critical thinking:

1. Apply knowledge to practice in decision-making and problem-solving.
2. Provide nurse anesthesiology care based on evidence-based principles.
3. Perform a pre-anesthetic assessment prior to providing anesthesia services.
4. Assume responsibility and accountability for diagnosis.
5. Formulate an anesthesia plan of care prior to providing anesthesia services
6. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
7. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
8. Calculate, initiate, and manage fluid and blood component therapy.
9. Recognize, evaluate and manage the physiological responses coincident to the provision of anesthesia services.
10. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
11. Use science-based theories and concepts to analyze new practice approaches.
12. Pass the national certification examination (NCE) administered by NBCRNA.

D. Communications:

1. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
2. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals.
3. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
4. Maintain comprehensive, timely, accurate and legible healthcare records.
5. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
6. Teach others.

E. Leadership:

1. Integrate critical and reflective thinking in his or her leadership approach.
2. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

UTHSC Nurse Anesthesiology Concentration Student Expectations and Competencies

F. Professional role:

1. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
2. Interact on a professional level with integrity.
3. Apply ethically sound decision-making processes
4. Function within legal and regulatory requirements.
5. Accept responsibility and accountability for his or her practice.
6. Provide anesthesia services to patients in a cost-effective manner.
7. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.

UTHSC Nurse Anesthesiology Concentration STUDENT RIGHTS

You are our partner in your education to be a Certified Registered Nurse Anesthetist (CRNA). As a student in the University of Tennessee Health Science Center's College of Nursing – Nurse Anesthesiology Concentration, you are entitled to rights and are charged with responsibilities for your education. Your participation is essential as is your willingness to communicate your concerns and needs.

As an adult learner with extensive professional and life experience, you bring knowledge, dedication, professional expertise and maturity to this educational endeavor. It is within this context your education will be designed and your future career as a CRNA will be forged.

As a student you have the right to expect:

- The freedom to pursue your educational goals. The Nurse Anesthesiology Concentration will provide a highly specialized, graduate curriculum steeped in professionalism, progressive didactic instruction and a personally designed mentored clinical experience. Student's performance will be evaluated on established grading criteria outlined in each course syllabi.
- Fair and accurate evaluations of your progress in the educational program and to be kept informed of the status of that progress.
- The right to freedom of expression, inquiry, and assembly subject to reasonable and nondiscriminatory Nurse Anesthesiology Concentration rules and regulations regarding time, place, and manner.
- The right to inquire about and to propose improvements in policies, regulations, and procedures affecting the welfare of the students with the Program Director.
- The right to privately confer with faculty concerning a personal grievance. If the outcome is not satisfactory, you may proceed to the next person on the organizational chain. If you feel that you have been subject to irresponsible treatment, arbitrary decisions, discrimination, or differential treatment that has resulted in dismissal from the program, you have the right to appeal and due process. Students shall have access to the accrediting agency after all grievance procedures have been exhausted at the local institution relative to student appeals.
- Confidentiality regarding exam grades, clinical experiences, and status in the program.
- The right to review your school record and to request nondisclosure of certain information. The University of Tennessee Health Science Center abides by the requirements of the Family Educational Rights and Privacy Act.
- A complete and accurate certified transcript of their student educational experiences and supporting documentation, as required, will be forwarded to the Certifying Agency in sufficient time for eligibility determination for the qualifying examination within two months of graduation.

Students will be accountable for:

- Reading the student handbook, knowing, understanding, and acting within Nurse Anesthesiology Concentration's regulations, policies and procedures.
- The proper completion of all academic and clinical obligations both at Nurse Anesthesiology Concentration and the University of Tennessee Health Science Center.
- Maintaining your personal physical and emotional health and to notify the Nurse Anesthesiology Concentration if the student is under the care of a healthcare provider for any serious or chronic illness.
- Respecting and guarding the confidentiality of all client/patient information.
- Maintaining professional demeanor and conduct at all times.
- Maintaining communication with the Nurse Anesthesiology Concentration regarding current licensure, certifications, address, e-mail address and telephone number. Similarly, as a graduate, the student has the responsibility to complete post-graduate program evaluation of the Nurse Anesthesiology Concentration and notify the Nurse Anesthesiology Concentration of changes in employment status, completion of additional degrees and advanced training or certification.
- Fulfilling financial obligations i.e. payment of tuition, repayment of loans, etc.

**UTHSC Nurse Anesthesiology
Concentration
STUDENT RIGHTS**

- As a member of the profession of nurse anesthesiology and the University of Tennessee, students are held to the ethical standards of AANA and the University. Among these standards are honesty and integrity. These standards are the basis for representation of the profession and the Nurse Anesthesiology Concentration. This attitude should be conveyed to patients, faculty and healthcare providers. As an anesthesia care provider, the student must be aware of the patient's rights and responsibilities.

The patient has the right to:

- To know who is administering their anesthesia, who will be supervising the administration of the anesthetic and the relationship between the two? No practice shall be engaged in which the intention is to deceive the patient in this regard. The student should introduce himself or herself as a "Student Registered Nurse Anesthetist" and identify who will be supervising them during the anesthetic case.
- To expect that anesthesia services provided by students be under the supervision of a CRNA or an anesthesiologist; be consistent with the anesthesia risk for the patient, the magnitude of the anesthesia and surgery, and that the CRNA or anesthesiologist be immediately available at all times in all anesthetizing areas where students are performing anesthesia.
- To expect that the student and supervisory personnel providing their services are mentally alert and not impaired by fatigue, drugs, or other incapacitating conditions.
- To know that the attending CRNA, anesthesiologist or the responsible physician shall be kept informed of information pertaining to anesthetic management and any complication arising from that management.

The patient has the responsibility to:

- Make every reasonable effort to keep appointments as scheduled.
- Follow, as best he or she can, instruction provided by his or her physician and other health care providers and question instructions he or she does not understand. Provide adequate information about his or her health/medical history and post hospitalization course.

American Association of Nurse Anesthesiology (AANA) Code of Ethics

Preamble:

The American Association of Nurse Anesthetists (AANA) Code of Ethics offers guidance to the Certified Registered Nurse Anesthetist (CRNA) to make ethical decisions in all practice roles. The practice of nurse anesthesiology may include clinical practice, nurse anesthesia-related administrative, educational or research activities, or a combination of two or more of such areas of practice. The Code of Ethics consists of principles of conduct and professional integrity that guide decision making and behavior of the CRNA. The CRNA's ethical responsibility is primarily to the patient, as well as to the profession, other healthcare providers, self, and society. The CRNA acknowledges, understands, and is sensitive to the vulnerability of the patient undergoing anesthesia, pain management, and related care and preserves the patient's trust, confidence, and dignity.

The CRNA has the personal responsibility to understand, uphold, and adhere to these ethical standards of conduct. Deviation from the Code of Ethics occurs rarely in practice and any deviation must be supported by ethical decision-making, compelling reasons, and best judgment specific to the situation. The AANA recognizes the American Nurses Association (ANA) Code of Ethics as the foundation for ethical values, duties, and responsibilities in nursing practice.¹

1. Responsibility to Patient

The CRNA respects the patient's moral and legal rights, and supports the patient's safety, physical and psychological comfort, and well-being. The CRNA collaborates with the patient and the healthcare team to provide compassionate, holistic, patient-centered anesthesia, pain management, and related care. The CRNA:

- 1.1. Respects human rights and the values, customs, culture, and beliefs of patients and their families.
- 1.2. Supports the patient's right to self-determination.
 - 1.2.1. Presents accurate, complete and understandable information to the patient to facilitate informed healthcare decisions.
 - 1.2.2. Encourages patients, including minors, to participate in healthcare decision making that is appropriate for their developmental capacity.
 - 1.2.3. Supports a patient's decision making without undue influence or coercion.
- 1.3. Acts in the patient's best interest and advocates for the patient's welfare.
 - 1.3.1. Discloses and manages or resolves perceived or real conflicts of interest (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict between the CRNA's interests and the patient's interests.)
 - 1.3.2. If the CRNA has a moral, religious or ethical conflict related to the patient's healthcare decisions or plan for care, the CRNA may, without judgement or bias, transfer care to an appropriately credentialed anesthesia provider willing to perform the procedure.
- 1.4. Prior to providing anesthesia, pain management, and related care:
 - 1.4.1. Introduces self, using name, a term representing the CRNA credential, and role.
 - 1.4.2. Verifies that students have introduced themselves or been introduced to the patient, and the patient has consented to student participation in anesthesia, pain management, and related care.
 - 1.4.3. Discusses the plan of care and obtains informed consent or verifies that the patient has given informed consent in accordance with law, accreditation standards, and institutional policy.²
 - 1.4.4. Discusses the plan of care and obtains informed consent from a legal decision maker (e.g., healthcare proxy, surrogate) when the legal decision maker is responsible for the patient's healthcare decisions or verifies that the legal decision maker has given informed consent.
 - 1.4.5. Protects patient privacy, including confidentiality of patient information, except when necessary to protect the patient or other persons, or when required by law.

American Association of Nurse Anesthesiology (AANA) Code of Ethics

- 1.5. Protects patients from healthcare providers who are incompetent, impaired, or engage in unsafe, illegal, deceptive, abusive, disrespectful, or unethical practice.
- 1.6. Participates in honest and transparent disclosure of an adverse or unanticipated event to the patient and others with the patient's consent.

2. Responsibility as a Professional

As an independently licensed professional, the CRNA is responsible and accountable for judgments made and actions taken in his or her professional practice. Requests or orders by physicians, other healthcare professionals, or institutions do not relieve the CRNA of responsibility for judgments made or actions taken. The CRNA:

Competence and Responsibility in Professional Practice

- 2.1. Engages in a scope of practice within individual competence and maintains role-specific competence.
- 2.2. Maintains national certification as a CRNA and a state license as a registered nurse and meets state advanced practice statutory or regulatory requirements.
- 2.3. Engages in continuing education and lifelong professional development related to areas of nurse anesthesiology practice, including clinical practice, education, research, and administration.
- 2.4. Evaluates and integrates personal practice outcome data, scientific research, expert opinion, new technology, patient preferences, and relevant metrics to improve processes and outcomes.
- 2.5. Is physically and mentally fit for duty.
- 2.6. Clearly presents his or her education, training, skills, and CRNA credential.
- 2.7. Is honest in all professional interactions to avoid any form of deception.
- 2.8. Treats all others, including patients, families, staff, students, and colleagues, in a culturally sensitive manner and without prejudice, bias, or harassment.
- 2.9. Maintains professional boundaries in all communications and actions.

Leadership

- 2.10. Creates an ethical culture and safe work environment.
 - 2.10.1. Supports policies and behaviors that reflect this Code of Ethics.
 - 2.10.2. Communicates expectations for ethical behavior and actions in the workplace.
 - 2.10.3. Helps individuals raise and resolve ethical concerns in an effective and timely manner.

Clinical Practice and the Interdisciplinary Team

- 2.11. Respects and engages healthcare providers to foster a collaborative and cooperative patient care environment through a culture of safety and open communication to contribute to the ethical and safe environment of care.
 - 2.11.1 Facilitates review and evaluation of peers and other members of the healthcare team.
- 2.12. Manages medications to prevent diversion of drugs and substances.

Role Modelling and Education of Others

- 2.13. Provides positive role modeling by upholding and promoting quality patient care outcomes, the professional standards of practice, and this Code of Ethics.

American Association of Nurse Anesthesiology (AANA) Code of Ethics

- 2.14. Fosters a safe and trusting environment for successful learning for students, colleagues, and members of the healthcare team.
- 2.15. Educates the student registered nurse anesthetist regarding the ethical responsibilities of the profession.

The Profession

- 2.16. Is responsible and accountable to contribute to the dignity and integrity of the profession.
- 2.17. Participates in activities that contribute to the advancement of the profession and its body of knowledge.
- 2.18. Reports critical incidents, adverse events, medical errors, and near misses in accordance with law, accreditation standards, and institutional policy to promote a culture of safety, maintain the integrity of the profession, and advance the profession and its body of knowledge.

3. Responsibility in Research

The CRNA protects the integrity of the research process and the reporting and publication of findings: The CRNA adheres to the ethical principles of respect for persons, beneficence, and justice relevant to research involving human participants. The CRNA:

- 3.1. Protects the rights and wellbeing of the people that serve as participants and animals that serve as subjects in research.
- 3.2. Respects the autonomy and dignity of all human research participants.
- 3.3. Promotes selecting human participants in such a way that all populations have equal access to the potential benefits and risks of the research.
- 3.4. Seeks to minimize the risks and maximize the benefits to research participants.
- 3.5. Conducts research projects according to accepted ethical research and reporting standards established by law, institutional policy, and the Institutional Review Board (IRB).
- 3.6. Obtains informed consent or verifies that the human research participant or legal decision maker, as appropriate, has provided informed consent as required by law, institutional policy, and the IRB.
- 3.7. Protects the human research participant's privacy to the greatest extent possible and in accordance with law, institutional policy, and standards of the IRB.
 - 3.7.1. Maintains confidentiality in the collection, analysis, storage and reuse of data and in accordance with law, institutional policy, and standards of the IRB.
- 3.8. Discloses perceived or real conflicts of interest to organizations where the research will be conducted, organizations that fund the research, and any publication where the research is submitted. Manages or resolves perceived or real conflicts of interest.
- 3.9. Reports research findings in an objective and accurate manner.
- 3.10. Provides appropriate attribution for contributions by other individuals.
- 3.11. Supports, promotes, or participates in research activities to improve practice, education, and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

American Association of Nurse Anesthesiology (AANA) Code of Ethics

4. Responsibility in Business Practices

The CRNA, regardless of practice arrangement or practice setting, maintains ethical business practices in dealing with patients, colleagues, institutions, corporations, and others. The CRNA:

- 4.1. Establishes and performs contractual obligations consistent with this Code of Ethics, the professional standards of practice, and the laws and regulations pertaining to nurse anesthesiology practice.
- 4.2. Is honest in all business practices.

5. Responsibility when Endorsing Products and Services

The CRNA may endorse products and services only when personally satisfied with the product's or service's safety, effectiveness, and quality. The CRNA may not say that the AANA has endorsed any product or service unless the Board of Directors of the AANA has done so. The CRNA must not endorse any product or service when presenting content for an AANA-approved continuing education activity as this is a prohibited conflict of interest. The CRNA:

- 5.1. Makes truthful endorsements based on personal experience and factual evidence of efficacy.
- 5.2. Discloses and manages or resolves perceived or real conflicts of interest associated with the endorsed product or service (e.g., corporate sponsorships, funding, consulting and other relationships that may present a conflict).
 - 5.2.1. Only uses the CRNA credential when endorsing products or services that are related to CRNA professional practice or expertise.

6. Responsibility to Society

The CRNA collaborates with members of the health professions and others to improve the public health, including access to healthcare and anesthesia, pain management, and related care. The CRNA:

- 6.1. Works in collaboration with the healthcare community to promote highly competent, ethical, safe, quality patient care.
- 6.2. Supports activities to reduce the environmental impact of disposable items and waste anesthetic gases.

References

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3. National Board of Certification and Recertification for Nurse Anesthetists. The Continued Professional Certification (CPC) Handbook. https://www.nbcna.com/docs/default-source/publications-documentation/handbooks/cpc_hb.pdf?sfvrsn=941c170c_8. Accessed May 1, 2018.
4. United States National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. <https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html#xinform>. Accessed March 3, 2018.
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Adopted by the AANA Board of Directors in 1986.

Revised by the AANA Board of Directors in 1992, 1997, 2001, 2005, and July 2018.

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The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration
SCOPE OF NURSE ANESTHESIOLOGY
PRACTICE

Professional Role

Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses (APRNs) licensed as independent practitioners. CRNAs practice both autonomously and in collaboration with a variety of health providers on the interprofessional team to deliver high-quality, holistic, evidence-based anesthesia and pain care services. Nurse anesthetists care for patients at all acuity levels across the lifespan in a variety of settings for procedures including, but not limited to, surgical, obstetrical, diagnostic, therapeutic, and pain management. CRNAs serve as clinicians, researchers, educators, mentors, advocates, and administrators.

Education, Accountability and Leadership

CRNAs enter the profession following successful completion of graduate or post-graduate education from an accredited nurse anesthesiology program and after passing the National Certification Examination. CRNAs embrace lifelong learning and practice professional excellence through ongoing recertification and continuous engagement in quality improvement and professional development. The scope of nurse anesthesiology practice is determined by education, experience, state and federal law, and facility policy.

CRNAs are accountable and responsible for their services and actions, and for maintaining their individual clinical competence. Nurse anesthetists are innovative leaders in anesthesia care delivery, integrating progressive critical thinking and ethical judgment.

Anesthesia Practice

The practice of anesthesia is a recognized nursing and medical specialty unified by the same standard of care. Nurse anesthesiology practice may include, but is not limited to, these elements: performing a comprehensive history and physical; conducting a pre-anesthesia evaluation; obtaining informed consent for anesthesia; developing and initiating a patient-specific plan of care; selecting, ordering, prescribing and administering drugs and controlled substances; and selecting and inserting invasive and noninvasive monitoring modalities. CRNAs provide acute, chronic and interventional pain management services, as well as critical care and resuscitation services; order and evaluate diagnostic tests; request consultations; and perform point-of-care testing. CRNAs plan and initiate anesthetic techniques, including general, regional, local, and sedation. Anesthetic techniques may include the use of ultrasound, fluoroscopy and other technologies for diagnosis and care delivery, and to improve patient safety and comfort. Nurse anesthetists respond to emergency situations using airway management and other techniques; facilitate emergence and recovery from anesthesia; and provide post-anesthesia care, including medication management, conducting a post-anesthesia evaluation, and discharge from the post-anesthesia care area or facility.

The Value and Future of Nurse Anesthesiology Practice

CRNAs practice in urban and suburban locations and are the primary anesthesia professionals providing care to the U.S. Military, rural, and medically underserved populations. The CRNA scope of practice evolves to meet the healthcare needs of patients and their families as new research and technologies emerge. As APRNs, CRNAs advocate for the removal of scope of practice barriers to increase patient access to high- quality, comprehensive care.

In 1980, the "Scope of Practice" statement was first published as part of the American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist. In 1983, the "Standards for Nurse Anesthesiology Practice" and the "Scope of Practice" statement were included together in the American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist. That document subsequently had the following name changes: Guidelines for Nurse Anesthesiology Practice (1989); Guidelines and Standards for Nurse Anesthesiology Practice (1992); and Scope and Standards for Nurse Anesthesiology Practice (1996). The Scope and Standards for Nurse Anesthesiology Practice was most recently revised in January 2013. In February 2013, the AANA Board of Directors approved separating the Scope and Standards for Nurse Anesthesiology Practice into two documents: the Scope of Nurse Anesthesiology Practice and the Standards for Nurse Anesthesiology Practice. In June 2013, the AANA Board of Directors approved revisions to the Scope of Nurse Anesthesiology Practice. © Copyright

American Association of Nurse Anesthesiology (AANA) Standards for Nurse Anesthesia

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

Standards for Nurse Anesthesiology Practice

These standards are intended to:

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

These standards apply to all anesthetizing locations and may be exceeded at any time at the discretion of the CRNA. Although the standards are intended to promote high-quality patient care, they cannot assure specific outcomes. The CRNA should consider the integration of new technologies into current anesthesia practice. There may be exceptional patient-specific circumstances that require deviation from a standard. The CRNA shall document any deviations from these standards (e.g., emergency cases for which informed consent cannot be obtained, surgical interventions or procedures that invalidate application of a monitoring standard) and state the reason for the deviation on the patient's anesthesia record.

Standard I

Perform and document a thorough pre-anesthesia assessment and evaluation.

Standard II

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

Standard III

Formulate a patient-specific plan for anesthesia care.

Standard IV

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

Standard V

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

a. Oxygenation

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

b. Ventilation

Continuously monitor ventilation. Verify intubation of the trachea or placement of other artificial airway devices by auscultation, chest excursion, and confirmation of expired carbon dioxide. Use ventilatory pressure monitors as indicated. Continuously monitor end-tidal carbon dioxide during controlled or assisted ventilation and any anesthesia or sedation technique requiring artificial airway support. During moderate or deep sedation, continuously monitor for the presence of expired carbon dioxide.

c. Cardiovascular

Continuously monitor cardiovascular status via electrocardiogram. Perform auscultation of heart sounds as needed. Evaluate and document blood pressure and heart rate at least every five minutes.

d. Thermoregulation

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

e. Neuromuscular

American Association of Nurse Anesthesiology (AANA) Standards for Nurse Anesthesia

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

f. Positioning

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

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

Standard VI

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

Standard VII

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

Standard VIII

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

Standard IX

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

Standard X

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

Standard XI

Respect and maintain the basic rights of patients.

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

**The University of Tennessee Health Science Center (UTHSC)
STUDENT RIGHTS AND RESPONSIBILITIES**

Maintenance of Ethical and Professional Standards of the Health Professions

Failure to maintain the high ethical and professional standards of the various disciplines of the health professions may subject a student to suspension or other appropriate remedial action by the University (<http://catalog.uthsc.edu/index.php?catoid=28>)

- A. A student enrolled at The University of Tennessee Health Science Center is subject to disciplinary action up to, and including, suspension and dismissal for engaging in the following acts of misconduct, regardless of whether such misconduct is engaged in, on, or off, University-owned or controlled property;
 - 1. Commission of an offense classified as a felony by Tennessee's criminal statutes or by Federal criminal statutes.
 - 2. Unlawful use, possession, or sale of drugs or narcotics, whether or not felonious.
 - 3. Plagiarism, falsification of records, or other act which substantially impugns the integrity of the student.
 - 4. Other unprofessional and unethical conduct which would bring disrepute and disgrace upon both student and profession and which would tend to substantially reduce or eliminate the student's ability to effectively practice the profession in which discipline he or she is enrolled.

- B. A student applying for admission to The University of Tennessee Health Science Center shall also be subject to the above provisions and may be denied admission on the basis of his or her failure to maintain the aforementioned ethical and professional standards.

The University of Tennessee Health Science Center (UTHSC)

STANDARDS OF CONDUCT

A student or student organization may be disciplined for the following types of misconduct:

- 1) Cheating, plagiarism, or any other act of academic dishonesty, including, but not limited to, an act in violation of the Honor Code.
- 2) Providing false information to a University official.
- 3) Falsifying, distorting, misrepresenting, or withholding information in connection with a University investigation or hearing.
- 4) Forging, altering, destroying, falsifying, or misusing records, identification, or documents.
- 5) Causing physical harm to any person (including oneself); endangering the health or safety of any person (including oneself); engaging in conduct that causes a reasonable person to fear harm to his/her health or safety; or making an oral or written statement that an objectively reasonable person hearing or reading the statement would interpret as a serious expression of an intent to commit an act of unlawful violence to a particular individual or group of individuals.
- 6) Harassment, which is defined as unwelcome conduct that is so severe or pervasive, and objectively offensive, that it substantially interferes with the ability of a person to work, learn, live, or participate in or benefit from the services, activities, or privileges provided by the University. In no event shall this rule be construed to discipline a student for speech protected by the First Amendment to the United States Constitution (e.g., mere insulting or offensive speech).
- 7) Engaging in sexual misconduct, relationship violence, or stalking.
- 8) Invasion of another person's privacy when that person has a reasonable expectation of privacy, including, but not limited to, using electronic or other means to make a video or photographic record of any person in a location in which the person has a reasonable expectation of privacy, without the person's knowledge or consent. This includes, but is not limited to, making a video or photographic record of a person in shower/locker rooms or restrooms. The storing, sharing, and/or distributing of such unauthorized recordings by any means is also prohibited.
- 9) Theft, misappropriation, unauthorized possession, or unauthorized sale of private or public property, including but not limited to University-controlled property.
- 10) Vandalizing, destroying, damaging, engaging in conduct that reasonably could cause damage to, or misusing private or public property, including but not limited to University-controlled property.
- 11) Participating in hazing. "Hazing" means any intentional or reckless act in this state on or off University-controlled property by one (1) student acting alone or with others, which is directed against any other student, which endangers the mental or physical health or safety of that student, or which induces or coerces a student to endanger the student's mental or physical health or safety. "Hazing" does not include customary athletic events or similar contests or competitions and is limited to those actions taken and situations created in connection with initiation into or affiliation with any organization.
- 12) Engaging in disorderly conduct, which means: fighting or other physically violent or physically threatening conduct; creating a hazardous or physically offensive condition by any act that serves no legitimate purpose; making noise that could unreasonably disturb others who are carrying on lawful activities; or conduct that breaches the peace.
- 13) Engaging in lewd, indecent, or obscene conduct. "Lewd, indecent, or obscene" conduct includes, but is not limited to, public exposure of one's sexual organs, public urinating, and public sexual acts.
- 14) Engaging in speech, either orally or in writing that is directed to inciting or producing imminent lawless action and is likely to incite or produce such action.
- 15) Any act of arson; falsely reporting a fire, the presence of an explosive or incendiary device, or other emergency; setting off a false fire alarm; or tampering with, removing, or damaging fire alarms, fire extinguishers or any other safety or emergency equipment from its proper location except when removed in a situation in which there is a reasonable belief of the need for such equipment.
- 16) Possessing, using, or duplicating University keys, access cards, or identification cards without authorization; possessing, using, or entering University-controlled property without authorization.
- 17) Theft, misuse, or unauthorized use of information technology facilities, resources, or access codes, including, but not limited to: unauthorized entry into or transfer of a file; using another person's identification and/or password without that person's consent; using information technology facilities or resources to interfere with the work of another student, faculty member, staff member, or other member of the University community; using information technology facilities or resources to interfere with normal operation of a University information technology system or network; circumventing University information technology system or network security; using information technology facilities or resources in violation of copyright laws; falsifying an e-mail header; and conduct that violates the University's policy on the Acceptable Use of Information Technology Resources.

The University of Tennessee Health Science Center (UTHSC)
STANDARDS OF CONDUCT

- 18) Possessing, using, storing, or manufacturing any weapon or any facsimile of a weapon on University-controlled property or in connection with a University-affiliated activity, unless authorized in writing by the Chief of Police or his/her designee.
- 19) Consuming, manufacturing, possessing, distributing, dispensing, selling, or being under the influence of alcoholic beverages on University-controlled property or in connection with a University-affiliated activity.
- 20) Consuming, manufacturing, possessing, distributing, dispensing, selling, or being under the influence of alcoholic beverages, if prohibited by federal, state, or local law.
- 21) Providing an alcoholic beverage to a person younger than twenty-one (21) years of age, unless permitted by law.
- 22) Using, manufacturing, possessing, distributing, selling, dispensing, or being under the influence of drugs or drug paraphernalia, if prohibited by federal, state, or local law; using or possessing a prescription drug if the prescription was not issued to the student; or distributing or selling a prescription drug to a person to whom the prescription was not originally issued.
- 23) Failing to pay a University bill, account, or other University financial obligation.
- 24) Failing to respond to a request to report to a University administrative office; failing to comply with a lawful directive of a University employee or other public official acting within the scope of his/her duties; or failing to identify oneself to a University employee or other public official acting within the scope of his/her duties when requested to do so.
- 25) Failing to appear at a University hearing, including, but not limited to, a hearing of a University judicial board, following a request to appear either as a party or as a witness. (26) Violating the terms of an interim suspension, a no-contact directive, or a disciplinary penalty imposed by the University.
- 26) Obstructing or disrupting teaching, learning, studying, research, public service, administration, disciplinary proceedings, emergency services, or any other University-affiliated activity, or the free flow of pedestrian or vehicular traffic. In no event shall this rule be construed to discipline a student for speech protected by the First Amendment to the United States Constitution.
- 27) Violating a University policy or rule, including but not limited to University policies or rules relating to facilities use, smoking, the acceptable use of information technology resources, research or service misconduct, finder's fees relating to clinical investigations involving human subjects or access to University data or materials, University libraries, dining services, parking or transportation, University identification card use, sexual harassment, residence halls, and registered student organizations.
- 28) Committing an act that is prohibited by local, state, or federal law.
- 29) Attempting to commit a violation of a Standard of Conduct or being an accessory to the commission of an act or attempted act in violation of a Standard of Conduct.
- 30) Engaging in retaliation.

Authority: T.C.A. § 49-9-209(e); Public Acts of Tennessee, 1839-1840, Chapter 98, Section 5; and Public Acts of Tennessee, 1807, Chapter 64. **Administrative History:** Original rule filed May 27, 1986; effective August 12, 1986. (For history prior to August 12, 1986 see pages (iii) - (v)). Amendment filed October 31, 1990; effective January 29, 1991. Amendment filed November 17, 2000; effective March 30, 2001. Repeal and new rule filed April 17, 2012; effective September 28, 2012. Emergency rule filed August 27, 2015; effective through February 23, 2016.

For the student judicial system and due process procedures, consult the latest edition of the UTHSC CenterScope (<http://catalog.uthsc.edu/index.php?catoid=28>).

The University of Tennessee Health Science Center (UTHSC) Sexual Harassment

The University of Tennessee Health Science Center recognizes that harassment on the basis of sex is a violation of the law. The University of Tennessee is committed to an environment free from explicit and/or implicit coercive sexual behavior used to affect the well-being of members of this academic community. Sexual harassment is unacceptable and grounds for disciplinary action. Students including residents who wish to file a complaint alleging Sexual Harassment should do so by contacting the Office of Equity and Diversity. Persons observing sexual harassment should report the matter to the Office of Equity and Diversity. **Note:** The University of Tennessee Board of Trustees formally adopted a new *Sexual Misconduct and Relationship Violence Policy* in July, 2015. Please review the policy on Sexual Misconduct and Relationship Violence at: <http://www.uthsc.edu/oed/documents/sexual-misconduct-and-relationship-violence-policy-effective-august-2016.pdf>

Examples of Sexual Harassment

Behavior that is unwelcomed and is of a sexual nature may be considered harassment. Prohibited acts that constitute sexual harassment may take a variety of forms. Examples of the kinds of conduct that may constitute sexual harassment include, but are not limited to, the following:

- A. Offering or implying an employment-related reward (such as a promotion, raise, or different work assignment) or an education-related reward (such as a better grade, a letter of recommendation, favorable treatment in the classroom, assistance in obtaining employment, grants or fellowships, or admission to any educational program or activity) in exchange for sexual favors or submission to sexual conduct;
- B. Making threats or insinuations that a person's employment, wages, grade, promotional opportunities, classroom or work assignments or other conditions of employment or educational life may be adversely affected by not submitting to sexual advances;
- C. Engaging in unwelcome sexual propositions, invitations, solicitations, and flirtation;
- D. Leering, staring at someone, or looking at someone with "elevator eyes" (i.e. looking someone up and down);
- E. Using unwelcome sexually degrading language, sexual jokes, innuendos, or gestures;
- F. Displaying sexually suggestive objects, pictures, videotapes, graffiti and/or visuals that are not germane to any business or academic purpose;
- G. Displaying or transmitting sexually suggestive electronic content, including inappropriate e-mails;
- H. Making unnecessary and unwanted physical contact, such as hugging, rubbing, touching, patting, pinching, or massages;
- I. Engaging in sexual assault or pressure for sexual activity, including requesting sexual favors;
- J. Making unwelcome suggestive or insulting sounds, such as whistling and cat calls;
- K. Giving unwelcome personal gifts, such as flowers;
- L. Asking about a person's sexual fantasies, sexual preferences, or sexual activities;
- M. Commenting on a person's body, dress, appearance, gender, sexual relationships, activities, or experience;
or
- N. Repeatedly asking someone for a date after the person has expressed disinterest.

Who is affected?

Both men and women can be sexually harassed. Sexual harassment may occur between fellow students. It may also come from supervisors, faculty, staff, vendors and visitors.

Preventing Sexual Harassment:

- A. Be informed about the aspects of sexual harassment.
- B. Trust your instincts about possible danger.
- C. Communicate clearly to the offender how you feel about offensive behavior.
- D. Report inappropriate conduct immediately.

More information about the UTHSC Sexual Harassment Policy can be found in the CenterScope handbook. <http://catalog.uthsc.edu/index.php?catoid=28>

Title IX

See complete information in CenterScope regarding **Title IX**.

The Title IX plan produced for all UT System campuses can be found at <http://oed.utk.edu/reports/title-ix-reports/>.

The University of Tennessee Health Science Center (UTHSC)
GUIDELINES

SOCIAL MEDIA GUIDELINES:

- A. Avoid postings that might be contrary to state and federal laws or university policies such as those dealing with privacy issues (FERPA and HIPAA)
- B. Be respectful and display professional behavior – other people notice
- C. Make it clear that you are posting as an individual and not speaking on behalf of UTHSC.
- D. Avoid comments/postings that could adversely affect another student – creating an unfounded rumor is an Honor Code violation
- E. When expressing personal views, use your personal vs. your UT e-mail address.
- F. Limit your use of social media if it begins to interfere with your commitments
- G. Don't access social media while you are in class or clinic unless part of an approved in-class assignment
- H. You will be held responsible if you are discovered doing something illegal on social networking sites
- I. Be aware that UTHSC staff may monitor social networking sites on occasion
- J. Look out for your fellow students – if their posts alarm you, tell someone (faculty, dean, class president, police).
- K. Don't use a college logo or UT seal without permission.
- L. When in doubt, contact the One Stop Shop 901-448-7703.

Managing Your Identity:

- A. Check your privacy settings and verify who your 'friends' really are
- B. Don't post your personal information
- C. Don't provide details as to when you may be traveling (and when your house may be empty)
- D. Be smart – don't post nasty comments about teachers or compromising pictures of your classmates
- E. Check your profile – is this how you would want to be viewed by your dean?
- F. Respect others – don't tell 'tales out of school' or spread rumors
- G. Correct Mistakes
- H. Think Before You Post.
- I. Be Aware of Personal Liability.

Postings That Should Be Avoided:

- A. "I haven't been to class in weeks...."
- B. "I will be away for the next two weeks."
- C. "This exam was really hard – too many questions on"
- D. "Take a look at the photo of the patient that I had to deal with in the ER yesterday."
- E. "I am in class and I know I should be paying attention, but I am really bored..."
- F. "I am all alone on the 5th floor of the library...."
- G. "I came across the medical records of XX, a really famous person. Did you know...?"

CELL PHONE/BEEPERS:

The University strives to provide a positive learning environment for all students. Cell phones and beepers disrupt classes and quiet places of study.

- 1. Cell phones and beepers should be turned off in the classroom.
- 2. Remove phone conversations from quiet places (e.g. library, nursing and computer labs)
- 3. Cell phones and beepers should be turned off while in the clinical area.

STUDENT IDENTIFICATION CARDS:

All currently registered students are required to have a UT Health Science Center Student Identification Card. Lost and found I.D. cards should be reported to the office of campus Safety and Security. Replacement for lost cards may be obtained from the office of Safety and Security. A replacement charge will be assessed.

In order to determine the identity of students, all students are required to present their University identification cards promptly on request of a University police officer or member of the administration or faculty of the University. Identification cards will not ordinarily be retained; however, a card may be retained if an emergency exists or if the card may be needed as evidence. The retained card, if valid, will be returned to the student as soon as possible.

**SECTION III
NURSE ANESTHESIOLOGY
CONCENTRATION POLICIES**

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology
Concentration Clinical Practica

During the clinical component, the following policy is applicable to the graduate student registered nurse anesthetist:

1. Students will only be assigned to a CRNA or anesthesiologist for clinical assignments.
2. Students must understand the specific procedures of each clinical rotation as discussed in the course syllabus.
3. Students must perform a comprehensive equipment check each morning when in the clinical area.
4. Students must perform a preoperative visit and a comprehensive history and physical assessment on all anesthetic cases that the student anticipates managing during his/her assigned clinical hours.
5. Students must complete a written care plan for the first patient of the day to whom the student is assigned for induction and maintenance.
6. Personal Electronic Devices (PED's) are not allowed in the clinical area unless directed by the clinical site for communication. Failure to adhere to this procedure can jeopardize patient safety and can lead to failure of the practicum. This includes cell phones, tablets or any other electronic device.
7. One complex written care plan is due weekly during all clinical semesters and must be submitted via digital Dropbox in Blackboard.
8. A concise verbal care plan is to be presented to each clinical preceptor prior to the beginning of anesthesia care.
9. An evaluation form will be given to each preceptor with whom the student is assigned for induction and maintenance.
10. To obtain credit for a specific clinical day, the student must submit a daily evaluation to the Nurse Anesthesiology Faculty.
11. Nurse Anesthesiology Faculty are responsible for verifying the case numbers, presence of written care plans and daily evaluations.
12. Students are responsible for submitting ALL completed forms each Friday. This includes completed sick time documentation, clinical occurrences, and evaluations. Failure to submit the appropriate will result in removal from clinical, loss of a Personal Time Off day and/or a clinical failure. Nurse Anesthesiology Faculty will access the online case record system to review and verify compliance.
13. Students must inform the public of the role and practice of the CRNA.
14. Students are required to administer anesthesia services to patients in a cost-effective manner.
15. All forms **MUST** be completed **PRIOR** to conferences. It is not acceptable to become distracted during the valuable education opportunity when participating in any conference or meeting.
16. Students **MUST** email the program director, or an assistant director, as well as the Nurse Anesthesiology administrative assistant if they are going to arrive late or miss class, afternoon conference or any other mandatory meeting.
 - A. One (1) unexcused absence from any clinical assignment will result in failure of the practicum and recommendation for dismissal from the program.
THIS IS A ZERO TOLERANCE PROCEDURE.
 - B. Class, seminar and conference attendance:
 - i. Any unexcused absence from classes, seminars or conferences, except for sick time and affiliation rotation, will result in recommendation of corrective action. This includes weekly conferences. If you are unable to attend class or weekly conferences, you must email the faculty of record for the course and copy the concentration coordinator and administrative assistant to the email.
 - ii. Tardiness that occurs three (3) or more times from classes, conferences, or any other mandatory meeting or event will result in a recommendation of dismissal from the program.
 - iii. Two (2) unexcused absences from weekly conference or any other mandatory meeting or event will result in failure of the program.

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology
Concentration Clinical Practica

17. Postoperative Visits:

- A. Inpatients – A postoperative anesthesia visit is mandatory. A post-anesthesia note is to be completed on the written anesthesia care plan within the first 24 hours after surgery, if not otherwise specified within institutional guidelines. This note is **NOT** to be written while the patient is in the PACU or by another student.
- B. Outpatients – Due to the rapid discharge of these patients, a written postoperative note may be unfeasible. However, follow-up phone calls are acceptable with a note on the written care plan if permitted by the clinical site.
- C. Same Day Surgery – A postoperative anesthesia note is to be completed on the written anesthesia care plan within the first 24 hours after surgery.

18. Clinical Occurrence Report:

- A. A clinical occurrence is defined as any event a patient experiences that is not an expected outcome and may result in patient harm.
- B. Any occurrence **must be reported immediately** to the Preceptor or Clinical Site Coordinator at the clinical facility. The student is responsible for notifying the Nurse Anesthesiology Faculty at the completion of the assigned shift.
- C. A written Clinical Occurrence Report must be completed and submitted to the Nurse Anesthesiology Faculty by the first Friday after the event in hard copy.
- D. The Nurse Anesthesiology Concentration will maintain a file of completed Clinical Occurrence Reports for a period of five (5) years.

19. Clinical Practicum Evaluations:

- A. The Nurse Anesthesiology Faculty will review evaluations by clinical faculty on a weekly basis. Students will be notified of patterns of difficulty in meeting behavioral outcomes. A plan for improvement will be developed and implemented with scheduled meetings for evaluation.
- B. Clinical Site Coordinators and Clinical Preceptors have the right and the responsibility to remove any student from his/her scheduled shift immediately if the student is unable to demonstrate knowledge, written care plan, or a lack of professional demeanor. The Clinical Site Coordinator or Clinical Preceptors must notify Nurse Anesthesiology Faculty within two hours of removal of any student from a clinical experience.
- C. Students must contact nurse anesthesiology faculty immediately after removal from being removed from any clinical experience.
- D. Any student removed from a clinical experience must have a counseling session with Nurse Anesthesiology Faculty within 36 hours and a plan of action for remediation. Clinical warning, clinical probation or clinical dismissal must be identified at that time.
- E. If the student has been removed from one clinical site during his/her clinical education due to student performance, interprofessional communication and/or professional demeanor disputes, patient safety, the Nurse Anesthesiology Concentration will no longer be able to accommodate the student's clinical requirements, which will result in failure of the Clinical Practica in which the student is currently enrolled.
- F. Nurse Anesthesiology Faculty has the right to move any student to alternate clinical sites at any time.
- G. A student self-evaluation will be done on a semester basis. The self-evaluation will be submitted one week prior to the end of the semester.
- H. Practica are graded based upon numerous criteria. The Nurse Anesthesiology Faculty determine final course grades.

20. **Clinical Site Evaluations** - Clinical site evaluations are to be completed by the student at the end of each different clinical rotation. These forms are to be completed by the next Friday following completion of the clinical rotation. The information on the form will be confidential. Non-compliance with this policy will result in failure of the clinical practicum and recommendation for dismissal from the program.

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology
Concentration Clinical Practica

21. **Clinical Preceptor Evaluations** – Clinical preceptor evaluations are to be completed by the student monthly or at the end of a specialty rotation.
22. **Certification and Immunizations** -It is the responsibility of the student to maintain the necessary RN licensure, ACLS, BCLS, and PALS certification and any immunizations or testing (e.g., TB, Hep B, flu) for completion of clinical rotations.
23. **Clinical Schedules** - Clinical schedules will be developed by the combined effort of the Nurse Anesthesiology Faculty and the Clinical Site Coordinator.
 - A. Students may be scheduled through rotational shifts including call time at the discretion of the nurse anesthesiology faculty and the Clinical Site Coordinator. Call time is scheduled in addition to regular shifts and must be documented in the computerized case management system.
 - B. Students are required to attend any educational lectures/conferences that are provided by the anesthesia department of the clinical facility.
24. **Unsatisfactory Clinical Performance** - Any student that demonstrates unsatisfactory progress in the clinical area shall not be left unattended at any time during the administration of anesthesia. The clinical preceptor must notify the Nurse Anesthesiology Faculty of patterns of difficulty. The faculty, preceptor and student must then specify areas of remediation through behavioral outcomes in a written agreement. Students are required to inform the program administration of any unsatisfactory clinical evaluations on the date of occurrence.
25. **Advocate for the profession** – Students are required to utilize their knowledge gained in health policy and advocate for health policy changes that improve patient care. Students are required to educate the public on the role of the CRNA. Knowledge gained in both health policy and mandatory attendance of state CRNA meetings should be used to influence health policy change to advance the specialty of nurse anesthesia.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration
Tuition, Fees, and Reimbursement Policy**

Tuition:

<https://uthsc.edu/finance/bursar/fees/>

Approximate Fees and Additional

Costs: NursingCAS Application

Fee: \$65

UTHSC Admission Application Fee: \$75

Guaranteed Education Deposit: \$1500 (credited to first semester tuition)

AANA Associate Membership Fee: \$200

Typhon Case Log Management System: \$200

Examsoft: \$45/year x 3 years : \$135

Lab Coat: \$45

Textbooks: Free electronic version via UTHSC library; \$750 for anesthesia specific textbooks (New).

RN Licensure \$110 x 2 : \$220

ACLS, BCLS, and PALS Certification x 2: \$700

SEE Exam Fee: \$250 x 2 : \$500

Living Expenses: Per individual student

Mandatory Apex Anesthesia

Attendance: \$300 x 3 : \$960

NBCRNA Certification Exam: \$995

Background Check: \$155 x 3 \$465

Drug Screen \$90 x 3 years : \$270

TANA Student Registration \$80 x 3 : \$240

TANA Hotel Expenses \$650 x 3 : \$1950

TANA Dining Expenses \$100 x 3 : \$300

TANA Travel Expenses \$200 x 3: \$600

Mandatory Attendance to ONE Valley Anesthesia Review during the program \$785

(Expenses not included: Transportation, hotels, meals etc.)

Graduation Event Expense \$150 x 3 : \$450

This list is not exhaustive or all-inclusive for all fees and additional costs and may be subject to changes in items and/or costs.

Sigma Theta Tau:

Students are encouraged to apply for membership in the National Honor Society of Sigma Theta Tau. University of Tennessee's chapter is Beta Theta At-Large. Application for membership may occur upon completion of one-quarter of the required curriculum and have achieved a GPA of at least 3.5 on a 4.0 scale.

Health Insurance:

All enrolled students at the University of Tennessee Health Science Center **must** have health insurance. Brochures and application forms are available on line at: <https://uthsc.edu/student-health-services/insurance.php>

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology
Concentration TIME
COMMITMENT

Students may expect to spend approximately 60 hours per week in preparation for didactic and clinical activities related to the Nurse Anesthesiology Concentration. Student time commitment will not exceed 64 hours per week.

The Anesthesia Concentration in the CON is a continuous program. The program is continuous year-round with no break, other than the following exceptions:

1. Students in the didactic portion of the program are off when the university is closed for holidays, inclement weather, or breaks. Otherwise, students are expected to be present for classes or any other scheduled event that the faculty schedule.
2. If the university is not closed there will be times when some classes come to an end while other classes are continuous.
3. During the time that the university is not closed and there are classes that continue year-round students are also expected to be present or continually available for other program requirements such as attending graduation for upper classmates, new student welcoming, or any other required events of the program. The schedule is also subject to change as the university schedule changes.
4. Students in the clinical portion are required to continue with the clinical rotation and schedule whether the university is open or closed. Also see inclement weather policy.
5. Students in the clinical portion are off when the clinical site is closed. An example of this is when a clinical site closes to observe a holiday or religious day. These schedules are subject to change and the student is expected to adhere to the policy of the clinical site they are assigned to at the time of above events.
6. Students in the didactic portion are off when the university closes for inclement weather.
7. Students in the clinical portion are off when the clinical site they are assigned to closes for inclement weather.

WORK FOR COMPENSATION

Students need to be devoted to the full-time study and practice of anesthesia. Employment is discouraged. The Nurse Anesthesiology Faculty reserves the right to prohibit employment if clinical and/or didactic educational responsibilities are not met.

During the length of the Program, the student is not permitted employment as a nurse anesthetist by title or function. Any student NOT in full compliance with this mandate is subject to immediate dismissal from the Nurse Anesthesiology Concentration.

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology
Concentration STUDENT
REQUIREMENTS

Each student is required to:

1. Maintain a current unencumbered Tennessee RN license for the duration of the Program with no lapse.
2. Have BCLS, ACLS, and PALS upon application for admission to the program.
3. Maintain current certification in BCLS, ACLS, and PALS throughout the duration of the Program with no lapse and for 90 days post-graduation.
4. Obtain an annual physical exam, current PPD, flu vaccine, hepatitis B vaccine, mumps, rubella and varicella vaccines or titer levels. The tetanus/diphtheria vaccine must be less than 10 years and completion date of polio series and evidence of meningitis vaccine must be presented to the College of Nursing or University Health Services.
5. Become an Associate Member of the American Association of Nurse Anesthetists (AANA). Associate membership provides a subscription to the *AANA Journal*, *AANA Bulletin*, and eligibility to serve on one of the Councils.
6. Purchase a stethoscope, goggles, and white lab coat.
7. **Maintain and use the college appointed e-mail account and review daily.**
8. Notify the Concentration and the College of Nursing with changes of address, phone numbers, and e-mail within 48 hours.
9. Have a wireless laptop that is operational and fully functioning.
10. Urine drug screens and criminal background checks are required for clinical experiences. The cost of which are the responsibility of the student.

Failure to comply with any of the above will result in removal from the classroom or clinical area with time missed to be completed at the end of the semester.

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration
AFTERNOON CONFERENCES

A weekly afternoon conference will cover board review on Friday for all clinical students. A mandatory monthly all student meeting will be held on the second Monday of each month. General business of the anesthesia concentration, town hall, public representative, unusual cases, or any student issue will be addressed during this time. Attendance is mandatory for **ALL** students.

1. If a student has two or more unexcused absences, it will result in an incomplete grade and failure of the course or practicum in which the student is enrolled. It is the student's responsibility to notify faculty of being late or absent the day of occurrence, and also to provide the required documentation.
2. All students are required to sign the attendance sheet in Afternoon Conference and stay for the entire session. If a student signs in and then leaves early without approval from a faculty member, it will result in an unexcused absence.
3. If a student is going to be late or unable to attend, for any reason, it is the student's responsibility to notify faculty.
4. If the student is unable to attend due to being on vacation or staying in a remote location for clinical purposes, it is the student's responsibility to notify the faculty.
5. In addition to Afternoon Conference, students may be scheduled for case presentation/patient care conferences at various clinical sites. Attendance, participation and presentation are mandatory for all.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

EXAMINATIONS

Certification Examination:

Transcripts for the Certification Examination are mailed to the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA) when all requirements are met as directed by the University Catalog. The examination fee is the responsibility of the student. The Certification Examination is a computer adaptive program scheduled for determination of competency. A passport photo is required for the application packet. **REQUIRED.**

Anesthesia Practica Testing Series:

All students are required to complete a series of four exams. The exams are developed to ascertain didactic to entry-level skill and knowledge. The first exam, which is a comprehensive pharmacology exam, is given prior to the onset of DNP Anesthesia Practicum A. Exams #2, #3 and #4 will be given respectively in DNP Anesthesia Practica B, C and DNP Specialty Practicum. The exams will be comprehensive and cover textbook and Apex material.

In order to progress to the next level of clinical, the student must pass the exam appropriate to the clinical Practicum as well as successfully fulfill other required evaluative components of clinical knowledge and skill. **REQUIRED.**

SEE Exam:

The Self-Evaluation Exam is offered by the National Board for Certification and Recertification in order to prepare the student for the certifying exam. The exam is required by the Nurse Anesthesiology Concentration to evaluate curriculum content and/or preparation of the student. The cost of this exam will be the responsibility of the student should the Nurse Anesthesiology Concentration deem it necessary. This exam will be taken two (2) times during the program. **REQUIRED.**

Oral Exams:

Oral exams may be required for the student during each practicum. These exams are developed to ascertain knowledge and articulate knowledge. The format of these will be a case presentation for the development of a problem list and the management of the problem(s) in the pre-hospital, pre-operative, induction, maintenance, emergence, PACU and discharge areas of patient management. These are graded on pass/fail. **OPTIONAL** but may become required at faculty discretion.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

LIBRARY

The University Library provides extensive access to a variety of materials and offers many services to the student.

POLICY FOR TECHNICAL AND PHYSICAL STANDARDS

The Admissions Committee maintains that certain minimal technical requirements and performance standards. Candidates for practice in entry level degree programs and graduate programs must have the following essential skills: gross and fine motor; sensory/observational; intellectual; integrative; computer literacy; communication; social/behavioral; and professionalism. Specific technical and performance standards for each program are listed under the specific program in this catalog.

Technical and Performance Standards: All DNP Concentrations:

In addition, the technical and performance standards expected of all students in educational programs in the College of Nursing, students in the DNP program are also expected to possess the mental, auditory, visual, sensory, strength, manual dexterity, and communication skills to:

1. Perform a systematic and complete history and physical examination on a client;
2. Communicate significant examination findings to other professionals and client/family;
3. Appropriately assess and record subjective and objective findings;
4. Maintain effective relationships and interact appropriately with other professionals and clients/families, demonstrating skills of leadership collaborations and decisiveness;
5. Accurately analyze alterations in functional patterns;
6. Demonstrate advanced use of the nursing process: assess, develop, implement, educate and counsel clients, prescribe appropriate therapy, demonstrate self-care skills and evaluate appropriate plans of action for diagnosed problems;
7. Maintain flexibility and emotional stability in response to novel, unique situations and stress;

Additional Technical and Performance Standards Specific to Nurse Anesthesiology Concentration:

1. Safely provide airway management and be able to maintain advanced life support systems while operating and interpreting multiple monitoring modalities;
2. Rapidly respond and intervene in emergency situations requiring anesthesia care throughout the spectrum of practice settings.

CLINICAL FACILITIES ANESTHESIA DEPARTMENTAL POLICIES

The student is a guest at each clinical facility and is expected to follow the policies for that specific anesthesia department. Policy and procedure manuals are available in the Anesthesia Department and in the Operating Room of each clinical facility.

It is the student's responsibility to notify the clinical site coordinator and Nurse Anesthesiology Faculty of decision to not attend the clinical experience for a scheduled shift.

NURSE ANESTHESIOLOGY CONCENTRATION OFFICE

The Nurse Anesthesiology Concentration Office is located at 874 Union Avenue, Suite G007D. Office hours vary according to faculty schedules. Faculty may be contacted via email, cell phones or through the Nurse Anesthesiology Office at 901-448 – 6163.

ALL OF THE NURSE ANESTHESIOLOGY FACULTY HAVE AN OPEN-DOOR POLICY FOR COMMUNICATION.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

PROFESSIONAL MEETINGS

An important objective of the Nurse Anesthesiology Concentration is to “instill in students a clear and functional understanding of the tenets of professionalism as they apply to personal behavior and a commitment to become involved in professionally related activities both in and outside the operating room” (AANA).

To promote this professional growth, students are required to attend yearly state meetings (TANA) and encouraged to attend national meetings during their education. Students are required to attend local meetings. Students are also encouraged to participate in the profession by seeking student roles within the nurse anesthesiology organization and other professional nursing organizations.

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration
GUIDELINES FOR COMPLETING CLINICAL CASE RECORD

The following information is provided to assist you in completing your Clinical Case Records as required by the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA).

1. Understand that it is **YOUR** responsibility to maintain an accurate and up-to-date record of your clinical experiences while enrolled in the Nurse Anesthesiology Concentration. At the end of the program, this record is sent to the NBCRNA as part of your application to sit for the certification exam. With this record and the application, you are required to affirm that the information you are submitting is accurate, honest and current. The Board uses this record as your validation of having satisfied the clinical experience criteria for eligibility to sit for the certification exam. The Board has the right (and has done so in the past) to reject records that are inaccurate or incomplete. In particular, when case numbers do not logically add up, the Board may deem the record as inaccurate and return to the applicant for resolution with a monetary assessment to the student. This assessment fee is payable to NBCRNA.
2. The Record of Clinical Experience is used by the program to monitor your progress and your completion of case requirements. However, it is ultimately the **STUDENT'S** responsibility to monitor your completion of the various case requirements and to keep your Clinical Coordinator informed when you lack the required number of cases for specific categories. **DO NOT** wait until the end of the program to bring this issue to the attention of the Clinical Coordinators.
3. The Record of Clinical Experience is an official document of your clinical education and as such may be very important in the future should you ever need to defend yourself in a negligence action. This record may also be of value in negotiations with prospective employers as evidence of your training, capabilities, and experiences. Keep in mind that this document reflects the depth and range of your clinical instruction and experience. Equally, this record could inadvertently reflect a narrow scope of experience if you tend to limit your care plans to a standard routine.
4. The Council has not published specific guidelines per se for the completion of this record beyond that of stating that the record must be complete, consistent, and accurate. The Program has the responsibility to assure that each Nurse Anesthesiology student within the COA parameters completes the record.
5. Because of the importance of this clinical experience record, you are required by the program to complete a weekly update of your record each **WEEK** no later than Afternoon Conference of the week. You will use the Typhon system to maintain this record. Instructions for accessing and entering your data will be provided by the program.

To help assure that your record is complete, consistent, and accurate please adhere to the following guidelines when completing your Record of Clinical Experience.

TOTALS:

Total Number of Cases—this is indicative of the number of cases (patients) for whom you administered anesthesia care each day. In a situation where you did not personally start and finish the case, it is acceptable to count the case where you performed the induction, and/or the emergence AND managed the case for a significant intraoperative period (i.e., more than one hour). You **SHOULD NOT** count cases where you were giving a short, relief break or cases where you are merely assisting another provider or observing. **Note: You cannot enter the total number of cases on the Typhon system. This total is generated from the “Patient Physical Status” numbers you enter.**

Total Hours of Anesthesia Time—enter the number of hours for which you were administering anesthesia care to patients. Anesthesia care includes pre-op, post-op, care in Holding or PACU, and all intra-operative care. **Note this is NOT the number of hours you happen to be in the hospital building, it is NOT hours you are in class, it is NOT hours you are on call, and it is NOT hours you spend studying.** Enter all these non-anesthesia time hours under the appropriate entry in section Committed Time.

Patient physical status—each patient has ONE and ONLY one physical status class.

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration
GUIDELINES FOR COMPLETING CLINICAL CASE RECORD

Special Cases:

For purposes of this record you should consider:

- Patients over 65 years of age as geriatric
- Patients from birth to 30 days as neonates.
- Obstetrics includes labor and delivery management.
- Emergency is any case that was not posted for the daily OR schedule.
- Pain management encounters are individual one-on-one patient interactions for the express purpose of intervening in an acute pain episode or a chronic pain condition. Pain management encounters must include a patient assessment prior to initiating a therapeutic action.
- Pain management encounters include, but are not limited to, the following:
 1. Initiation of epidural or intrathecal analgesia.
 2. Facilitation or initiation of patient-controlled analgesia.
 3. Initiation of regional analgesia techniques for post-operative pain or other non- surgical pain conditions, including but not limited to, plexus blocks, local anesthetic infiltration of incisions, intercostal blocks, etc.
 4. Adjustment of drugs delivered, rates of infusion, concentration or dose parameters for an existing patient-controlled analgesia or patient controlled epidural analgesia.
 5. Pharmacologic management of an acute pain condition in PACU.
 6. Trigger point injections.
 7. Electrical nerve stimulation

*The administration of intravenous analgesics as an adjunct to a general or regional anesthesia technique does **NOT** constitute a pain management encounter for purposes of meeting minimal COA required clinical experiences. The administration of regional anesthesia as the primary anesthetic technique for a surgical procedure does not constitute an acute pain management encounter.*

Anatomic Categories:

Choose one principal category per case. If you are doing a cholecystectomy and it is an OPEN CHOLE, then count it as a gallbladder. If the cholecystectomy is laparoscopic, put it under EITHER the “Laparoscopy” or “Laparoscopic” category. Choosing “Other” for each category should not be too high, i.e., < 10, use this section ONLY when no other logical choice exists.

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration
METHODS OF ANESTHESIA

General Anesthesia - the loss of ability to perceive pain associated with loss of consciousness produced by intravenous or inhalational agents. Patient ventilation can be spontaneous, assisted, or controlled.

Induction, Maintenance, Emergence:

1. **Intravenous Induction:** IV agent given to induce general anesthesia, **NOT MAC or conscious sedation cases.**
2. **Inhalation Induction:** The deliverance of an inhalational agent via an anesthetic circuit and using an anesthetic mask to maintain airway control and induce the patient for general anesthesia, **NO IV INDUCTION AGENTS WERE USED TO INDUCE PATIENT.** Once patient is induced you may then maintain the patient with a mask, ET tube or LMA, and with or without mechanical ventilation.
3. **Mask Management: WHERE MAINTENANCE OF GENERAL ANESTHESIA IS CARRIED OUT USING ONLY A MASK, WITH SPONTANEOUS OR ASSISTED VENTILATION.** The induction may be by inhalation or IV. **Do not count LMA's as mask management cases.**
4. **Supraglottic airway devices:** where maintenance of general anesthesia is carried out using only a supraglottic airway devices (e.g., LMA), with spontaneous or assisted ventilation. The induction may be by inhalation or IV. **Do not count as mask management case**
5. **Endotracheal intubation:** for tracheal intubations YOU perform. These should be counted in **ONLY ONE** of the following categories:
 - a. *Oral and nasal*
 - b. *Endoscopic techniques*
 - *Fiberoptic*
 - *Lightwand*
 - *Retrograde tracheal intubation*
 - *Transtracheal jet ventilation*
 - *Bougie or tracheal tube changer*
 - *LMA guided intubation*
 - *Cricothyroidotomy*
 - *Video-assisted laryngoscopy*

**Should you place a supraglottic airway device and then intubate, you may count both techniques.*

6. **Emergence from anesthesia:** for all cases you emerge from general anesthesia, whether you or another provider performed the induction

Regional techniques—use of local anesthetic solutions to produce circumscribed areas of loss of sensation. You must designate whether you **MANAGED AND/OR ADMINISTERED** the case.

Management: You **ONLY** cared for the patient with a regional anesthetic or you managed block after administering it. Example of this would be a spinal block in which you did not another example is the retro bulbar blocks for eye surgery, generally the ophthalmologist does the block, but you are monitoring for and would treat for side effects from this block....so you are managing the regional technique. Actually, do the spinal, but you managed the patient during the surgical procedure following the block,

(or)

Administration: You **PERFORMED** the block.

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration
METHODS OF ANESTHESIA

Types of regional techniques include spinal, epidural, and peripheral blocks. Count the type of regional technique as below:

- A. *Spinal*
- B. *Epidural*
- C. *Combined spinal/epidural (CSE)—count as one spinal and one epidural*
- D. *Peripheral blocks (must obtain 10)*
 - 1. *Upper Extremity*
 - a. *IV Regional (Bier Block)*
 - b. *Brachial Plexus*
 - i. *Interscalene*
 - ii. *Supraclavicular(subclavian)*
 - iii. *Infraclavicular*
 - iv. *Axillary*
 - c. *Musculocutaneous nerve*
 - d. *Radial nerve*
 - e. *Ulnar nerve*
 - f. *Median nerve*
 - g. *Digital block*
 - 2. *Lower Extremity*
 - a. *Femoral nerve*
 - b. *Obturator nerve*
 - c. *Lateral femoral cutaneous nerve*
 - d. *Sciatic nerve*
 - e. *Popliteal nerve*
 - f. *Ankle block*
 - g. *Digital block*
 - 3. *Intercostal nerve block*
 - 4. *Penile block*
 - 5. *Retrolubar*
 - 6. *Caudal block*

Moderate to deep sedation anesthesia care (MAC) - also called Monitored Anesthesia Care, Conscious Sedation or Local Sedation cases. Monitoring of a surgical or diagnostic case, with or without the administration of sedation, hypnotic, or narcotic agents with the intent of maintaining a patient who arouses to stimuli and who requires no other airway support other than manual positioning. The patient may technically qualify as being in a state of general anesthesia for a brief period because of a “heavy hand” on the sedation but, *the primary intention is to provide only sedation. THESE PATIENTS ARE NOT CASES WHERE THE PATIENT RECEIVED A REGIONAL ANESTHETIC AND SECONDARY SEDATION.*

The total number of entries for Methods of Anesthesia will not equal exactly the Total Number of Cases but, they should NOT be less and should NOT be a number, which is double the number of cases.

Arterial Technique, Central Venous Pressure Catheter, and Pulmonary Artery Catheter

Self-explanatory, but here **YOU CAN INSERT/PLACE AND MONITOR AND COUNT THEM IN BOTH SECTIONS.** The number for placement and monitor does not have to be equal since you will often only monitor lines which were placed in the patient on a previous occasion or by another provider.

IV or vascular access - *If you place a regional block or vascular access with ultrasound, you must count it in both areas (e.g., you place an axillary block using ultrasound. You will count it under peripheral blocks and ultrasound guided techniques).*

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration
METHODS OF ANESTHESIA

Self-explanatory. Count all that apply:

- A. **Intravenous catheter placement:** Note that you are expected to place minimum of 100 IV's. In these days of Pre-op Holding Units, IV's are often started by the RN in the unit. You should take the initiative to make sure you are proficient in peripheral IV techniques. Also, count any additional IV's you start intra-op.
- B. **Mechanical Ventilation:** is counted when you use the anesthesia machine ventilator to provide controlled ventilation of the patient. Cases where the patient is spontaneously breathing, or you are assisting ventilations with the reservoir bag are **NOT** mechanical ventilation cases.
- C. **Non-anesthetic intubations:** These are endotracheal intubations you perform to **secure an airway in an emergency situation or elective situation (*impending respiratory failure*) outside the operating room**, i.e. codes, emergency/trauma room, or intensive care units. These do not include anesthetic cases performed outside the operating room, i.e., in MRI, CT scan, etc. **Do not count the non-anesthetic intubations as a case in the Total Number of Cases.**

Patient Assessment:

- A. **Preoperative assessments**—evaluation of patients through interview, physical assessment, and a review of records. Count the number of preop assessments you perform.
- B. **Postoperative follow-up**—evaluation and documentation of the patient's overall response to anesthesia and occurrence of anesthetic or anesthetic-related complications. Count the number of postoperative visits you complete. **Postoperative follow-up is not completed in the post anesthesia recovery room.**
- C. **Anesthesia Care Plans**—number of written or verbal proposed plans for the administration of an anesthetic, based on the known and anticipated needs of an individual patient during the perioperative period discussed with your supervising CRNA/MDA.

Committed Time:

- A. **Conferences:** Time spent in weekly case conferences, visiting professor seminars, professional organization meetings, etc.
Clinical Hours: Time you are at the hospital on each of your routine clinical days during normal operating hours of the clinical facility. This differs from the "anesthesia time" that you record on your case logs. Please record the amount of time you are in the clinical area, regardless of whether or not you are actually doing or preparing for a case. **DO NOT INCLUDE TRAVEL TIME TO A CLINICAL SITE. DO NOT INCLUDE CALL TIME in this category.** According to COA Policy, students are never allowed to work more than 16 hours without a break.
- B. **Call Time:** Call time is a clinical experience outside the normal operating hours of the clinical facility, for example after 3 p.m. and before 7 a.m. Monday through Friday and on weekends. **EXCEPTION is during Trauma rotation and OB rotation at Regional One Health. Normal operating hours are 24 hrs/7 days—thus your clinical time at these sites is recorded under Clinical Hours.**
- C. **Pre- and Post-anesthesia rounds:**
 - a. This is your preoperative assessment time, whether it is an outpatient/ambulatory surgical assessment you have done, or time spent on a preoperative visit on inpatients
 - b. Post anesthesia rounds if you see patient post-operatively, this will apply to inpatients you visit in the hospital postoperatively. These usually do not apply to outpatients who are discharged from the facility on the same day of surgery.
- D. **Class Time:** This is the amount of time per day you spend in a classroom setting, i.e., lecture. Some of you are taking on-line courses and this time is difficult to ascertain. Please estimate the amount of time you spend on-line in these courses, i.e., discussion boards, virtual chats, etc.
- E. **Study Time:** Reading assignments, studying, preparation for assignments in your on-line courses, etc.
- F. **Research Time:** Time spent on research papers, projects.
- G. **Sick Time:** Time missed from clinical due to illness.
- H. **Personal Time Off:** Time missed from clinical.

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology
Concentration
Accreditation Policy

Policy: The University of Tennessee Health Science Center College of Nursing – Nurse Anesthesiology Concentration will maintain current accreditation status with the appropriate accrediting agencies and will accurately publish its accreditation status in all advertising statements, publications, and catalogs.

Purpose: The purpose of a policy on accreditation is to assure that accreditation is maintained and accurately reflected by the Program.

Procedure:

- A. The Nurse Anesthesiology Concentration will voluntarily participate in:
 - 1. the accreditation process as outlined by the Council on Accreditation of Nurse Anesthesiology Educational Programs
 - 2. the accreditation process as outlined by the Commission of Collegiate Nursing Education
 - 3. the accreditation process as outlined by the Southern Association of Colleges and Schools.
- B. The Nurse Anesthesiology Concentration will accurately reflect the status of accreditation in all advertising statements.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration
Admission, Transfer, and Graduation Criteria Policy**

Policy: The University of Tennessee Health Science Center College of Nursing – Nurse Anesthesiology Concentration will admit to the program only those applicants that fulfill the admission criteria.

Purpose: The purpose of a policy on admission criteria is to assure that the admission criteria are delineated for all applicants to the program.

Procedure:

- A. The procedure for admission shall be determined by the following steps:
 1. The Concentration will admit only those applicants that fulfill the following criteria:
 - a. Baccalaureate degree in nursing from an accredited nursing program.
 - b. A completed application for the University of Tennessee Health Science Center to include:
 - i. Three letters of Recommendation from graduate prepared nurses and/or faculty who know the student's qualifications.
 - ii. Complete an essay on a topic provided during the interview. The purpose of the essay is to provide the Admissions Committee to evaluate written communication skills.
 - iii. Current unencumbered licensure as a registered nurse.
 - c. Official transcripts from all academic institutions attended.
 - d. At least 1 year of critical care nursing experience:
Examples of acceptable experience includes: ICU, CCU, Trauma ICU, Neuro ICU, CVICU, and Burn ICU, and CVRU.
 - e. Current ACLS, BCLS, and PALS certification at application.
 - f. A minimum GPA of 3.0 based on a 4.0 scale or a cumulative GPA of at least 3.2 earned during the applicant's most recently completed degree program.
 - g. GPA calculation for most recently completed degree will be based only on grades earned at a degree-granting institution.
 - h. Completion of official GRE (verbal, quantitative, & analytical) scores available to College of Nursing. GRE must have been taken within five years prior to application deadline.
 - i. One \$75.00 non-refundable application fee to the University of Tennessee Health Science Center.
 - j. One \$1500.00 non-refundable graduate education deposit check upon acceptance to the program (University of Tennessee Health Science Center).
 2. All applicants must be approved by the Admissions Committee of the University of Tennessee Health Science Center's College of Nursing.
 3. All applicants must personally interview with select members of the Admissions Committee and be voted upon by all members of that committee.

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The procedure for transfer shall be determined by the following steps:

(http://catalog.uthsc.edu/content.php?catoid=27&navoid=2583&hl=transfer&returnto=search#Transfer_of_Credits)

Transfer hours will be considered on an individual basis. After admission, students may request transfer of credits to UTHSC by contacting the College of Nursing Office of Academic Affairs. Transfer credits toward a bachelor's degree are granted only for courses in which a grade of "C" or better was earned. Only graduate courses completed with a grade of "B" or better and accepted by the student's major department in the College of Nursing will be considered for transfer credit. As a rule, 9 credit hours may be accepted for transfer into educational programs in the College of Nursing. Grades earned in courses accepted for transfer credit are not included in the student's UTHSC grade point average calculation.

1. The school does not accept direct transfer students from other graduate nursing programs or students who have previously attended a nurse anesthesiology program.
2. Students who have attended another nurse anesthesiology program may apply to the program and must follow admission criteria.
3. Previous Enrollment in another Nursing Program: Applicants to a College of Nursing program who have attended, but not completed another nursing program, must provide a letter from the Dean/Director of the nursing program they previously attended. This letter must include a statement indicating that the student was in good academic standing when the student left the program and that the student is eligible to return to that program. Individuals dismissed from other nursing programs are not eligible for admission to UTHSC College of Nursing.
4. Transfer credits may only be applied to the core nursing classes as designated by the specific curriculum (DNP).
5. A transfer credit in order to qualify for transfer must be:
 - a. An academic credit representing a grade of A or B awarded by a regionally accredited U.S. college or university;
 - b. At a graduate level reflecting the specific graduate curriculum (DNP) to which the student is enrolled;
 - c. Be reflected on an official transcript that was submitted for application along with the course description from the other institution's catalog;
 - d. Be approved by the Nurse Anesthesiology Program Director and Executive Associate Dean of Academic Affairs who determine if the transferred course is equivalent to the course offered by the program;
 - e. No more than 9 credits toward core nursing courses may be applied to the student's plan of study.

The procedure for graduation shall be determined by the following steps:

1. Completion of Terminal Objectives of the Program.
2. All clinical records must be completed and submitted to the Program Director.
3. All outstanding fees must be paid textbook fees, copying fees, library fines.
4. All borrowed library books must be returned.
5. All clinical and academic requirements of the Council on Accreditation and the Nurse Anesthesiology Program must be met.
6. Completion of Doctorate of Nursing Practice from University of Tennessee Health Science Center College of Nursing.

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology
Concentration Attendance

Policy: Students are required to attend all scheduled classes and clinical experiences appropriate for their level of experience.

Purpose: The purpose of a student attendance policy is to delineate required attendance of students while enrolled in the Nurse Anesthesiology Concentration.

Procedure: Student attendance shall be recorded according to the following procedures:

A. Class, seminar and conference attendance:

1. Any unexcused absence from classes, seminars or conferences, with the exception of sick time and affiliation rotation, will result in failure of course and/or practicum and recommendation for dismissal from the program. This includes weekly conferences. If you are unable to attend class or weekly conferences, you must **email** the faculty of record for the course, the program director, and administrative assistant to the **email**.
2. Tardiness that occurs three (3) or more times from classes, conferences, or any other mandatory meeting or event will result in failure of the program.
3. Two (2) unexcused absences from weekly conference, or any other mandatory meeting or event will result in failure of the program.
4. **One (1) unexcused absence from any clinical assignment will result in immediate failure of the practicum and recommendation for dismissal from the program. This is a zero-tolerance policy.**
5. Occasionally, changes in class times and days may be necessary. Students are responsible for checking their own class schedules and emails for updates. Changes will be worked out between the class leader and the program director.
6. It is the student's **responsibility** to notify the clinical coordinator of any pending scheduled absences immediately upon confirmation of dates. This is mandatory. The student must send an email to the clinical coordinator with dates and reason for scheduled absence and copy the program administrators and administrative aide. For example: if a student is going to attend a conference or NCE review course, it is the responsibility of the student to relay this information to the clinical coordinator of the assigned rotation.
7. Students must be present to enroll into exam software prior to exam start. Failure to do so will result in a zero (0) for that exam unless excused by course faculty.

B. Clinical Component:

In order to receive University credit for the course, as each clinical course is assigned University credit, the clinical student must fulfill all time commitments associated with the course. Therefore, please refer to: The Student Time Bank when requesting sick/personal time off/vacation.

C. Educational Time Off:

1. Time may be granted for educational experiences at the discretion of the Program Director. These days are granted for attendance to national, state, and local meetings that have direct relationship to the practice of nurse anesthesia. Use of this time, requires a copy of the meeting registration and presentation of educational experience at afternoon conference.
2. TANA Annual Conference is mandatory for all students. Students do not need to seek approval for this conference. Absence from this conference will be the same as any unexcused absence criteria.

The University of Tennessee Health Science Center (UTHSC)
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Concentration Clinical

Policy: Students shall receive at least one written evaluation of their clinical experience from clinical faculty and compose a self-evaluation of that clinical experience on the same clinical evaluation form for each scheduled day of clinical experience. Clinical faculty is limited to only a CRNA or anesthesiologist.

Purpose: The purpose of a clinical evaluation policy is to inform students of the clinical evaluation process.

Procedure: The following procedure shall be followed:

- A. Students shall use the appropriate clinical evaluation form for the clinical experience to which they are assigned.
- B. Students shall provide the clinical faculty to which they are assigned a clinical evaluation form **AT THE START OF THE CLINICAL EXPERIENCE**. If the student is on call, a clinical faculty (CRNA or anesthesiologist only) that is also on call must write the clinical evaluation. Additional clinical evaluations written by the clinical faculty must be submitted to the program.
- C. All evaluations (evaluation form and additional written evaluations) must be submitted to the Nurse Anesthesiology Concentration (NAC) office no later than Friday by 4pm for the previous week of clinical experience.
 1. The written evaluations are to be placed in the students designated folder in the NAC office.
 2. The evaluation form may be hand delivered, faxed, mailed or sent to the NAC by interoffice mail.
- D. If the student receives a written or verbal evaluation that describes serious deficiencies in the student's clinical performance, the student **MUST** notify the Nurse Anesthesiology Concentration's office the day of the occurrence and make an appointment with the Associate Program Director of Clinical Education and/or Program Director.
- E. Failure to comply with this policy can result in removal from the clinical area, probation or dismissal of the student. See the General Policy on Probation/Dismissal of students.

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration

Clinical Evaluation Policy

Policy: The Nurse Anesthesiology Concentration will maintain a confidential file of clinical occurrences for 5 years. Students will report and document all clinical occurrences. These records will be used for quality assurance, peer review and legal purposes.

Purpose: The purpose of the Clinical Occurrence Policy is to ensure that students understand the significance of occurrences and those records of occurrence are maintained in the Nurse Anesthesiology Concentration office for quality assurance and legal purposes.

Procedure: Clinical occurrence is defined as any event a patient experiences that is not an expected outcome and may result in patient harm. This includes deaths that may occur on a surgical patient 48 – 72 hours post-surgery.

- A. Any incident must be reported immediately to the Preceptor or Clinical Site Coordinator at the facility. The Student is responsible for notifying the Nurse Anesthesiology Faculty at the completion of the assigned shift.
- B. A written Clinical Occurrence Report must be completed and submitted to the Nurse Anesthesiology Faculty by the first Friday following the event along with a copy of the student's written care plan as a hard copy.
- C. The College of Nursing, Nurse Anesthesiology Concentration will maintain a file of completed Clinical Occurrence forms for a period of five years.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

Anesthesia Practicum Failure Policy Probation/Suspension/Dismissal of Students Policy

Policy: Students shall pass all three components (Daily Student Clinical Evaluation, Comprehensive Examination, and scholarly project of each Anesthesia Practicum as demonstrated on the DNP Anesthesia Practica A, B, & C, Specialty Practica A & B and Residency Practicum.

Purpose: The purpose of the Anesthesia Practicum Failure Policy is to ensure that those students unable to achieve a passing grade during DNP Anesthesia Practica A, B, & C, Specialty Practica A & B and Residency Practicum understand the process of probation and dismissal.

Procedure: (*See General Procedure for Policy on Probation/Suspension/Dismissal of Students*) Students that pass all components of the DNP Clinical Practicum shall proceed to the next Anesthesia Practicum or Specialty Practicum. This procedure outlines the process of clinical science/practicum failure.

- A. One (1) unexcused absence from any clinical assignment will result in failure of the practicum and recommendation for dismissal from the program. This is a zero-tolerance procedure.**
- B. Failure to complete any component of a clinical practicum will result in a failure grade for that semester.
- C. Enrollment and participation in any DNP Anesthesia or Specialty Practicum must begin at the beginning of semester in which the next Anesthesia or Specialty Practicum is normally offered.
- D. The following procedures shall apply to each component:
 1. Practicum: Students shall meet the stated objectives for their current clinical course rotation or affiliation.
 - a. Students that fail to maintain a passing grade may be placed on clinical probation. Re-evaluation will be done at 4 weeks.
 - b. Failure to resolve clinical probation by the end of 4 weeks shall result in review by the Nurse Anesthesiology Faculty with recommendation for continued probation/suspension or failure.
 - c. Failure to pass continued probation shall result in failure of the course.
 - d. The Progressions Committee will determine if the student is allowed to remain in the Nurse Anesthesiology Concentration.
 - e. Students that pass continued probation shall be allowed to proceed provided that the student has passed all other components of the Practicum Course.
 - f. Patient safety issues that arise during clinical experiences can result in immediate dismissal without probation.
 2. Comprehensive Examinations:
 - a. Written Comprehensive Examination: Students shall pass (score of 70%) written comprehensive examination based on specified texts and/or Apex Board Review Exams, as determined by the faculty, during DNP Anesthesia Practica B & C and Specialty Practicum B.
 - i. Students that fail the exam may be placed on academic probation until the results of the retest are received.
 - ii. The student may be retested in two calendar weeks.
 - iii. Failure of the retest shall result in review by the Nurse Anesthesiology Faculty, who shall determine whether the student should proceed, be remediated, or failed.
 - iv. Students that pass the retest shall be allowed to proceed provided that the student has passed all other components of the DNP Anesthesia or Specialty Practicum Course. The average of the two test scores shall be used for final grade for the Anesthesia examinations.

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Anesthesia Practicum Failure Policy Probation/Suspension/Dismissal of Students Policy

- v. Students must make a minimum score of 425 in their final practicum ANES 887 to pass. Failure to achieve this benchmark will result in failure of the course.

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- b. A comprehensive test on pharmacology is required prior to entry into the clinical arena for DNP Anesthesia Practicum A.
 - i. A 90% is required in order to enter the clinical arena
 - ii. The test may be retaken once but the mean score on the two tests must equal 90% in order to enter the clinical arena
- c. Oral Presentations: Students shall pass oral presentation of selected topics which may include clinical issues, current literature, morbidity and mortality, evidence-based project during DNP Practicums A, B and C and/or DNP Specialty Practica A & B.

**The University of Tennessee Health Science Center (UTHSC)
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Practica Grading Procedure Policy Components Clinical Practica

Each component of the Practicum Grading system must be completed in chronological order before the student will be permitted to continue to the next level.

Course	Occurrence
DNP Anesthesia Practicum A	
Clinical Evaluations	Daily
Comprehensive Pharmacology Exam	Beginning of Semester, prior to entry into clinical
DNP Anesthesia Practicum B	
Clinical Evaluations	Daily
Development and production of DNP Residency Project poster	End of Semester
Clinical Practicum Exam	Mid-semester
DNP Anesthesia Practicum C	
Clinical Evaluations Poster dissemination	Daily
Clinical Practicum Exam	Mid-semester End of semester
DNP Specialty Practicum A	
Clinical Evaluations	Daily
Afternoon Conference Presentation	Assigned in Afternoon Conference
DNP Specialty Practicum B	
Clinical Evaluations	Daily
Clinical Practicum Exam	Mid-semester
Clinical Issue Presentation	Assigned in Afternoon Conference

**The University of Tennessee Health Science Center (UTHSC)
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Clinical Site Evaluation Policy

Policy: Students, on a regular basis, shall evaluate all clinical sites. These evaluations will be compiled anonymously and distributed to the appropriate clinical co-coordinators and administrative personnel at the respective clinical sites.

Purpose: The purpose of a clinical site evaluation policy is to describe and outline the process for evaluation of clinical sites.

Procedure: All clinical sites shall be evaluated using the following procedure: Evaluation of all clinical sites:

- A. Each student will complete evaluations at the end of each different site rotation during DNP Anesthesia Practica A, B, C; DNP Specialty Practica A & B and Synthesis Practicum.
- B. The student will email a copy of these evaluations to the Anesthesia Concentration director, assistant director, and administrative aide.
- C. These evaluations will be compiled anonymously in June/July. In June/July:
 1. The composite evaluations shall be presented to the appropriate clinical co- coordinators and administrators.
 2. Suggestions and plans for change based upon the evaluations shall be discussed and implemented.
 3. The efficacy of any previous changes shall be evaluated.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

General Policy on Curriculum Changes/Approval

Policy: Assessment of the Nurse Anesthesiology Program is multifaceted, multidimensional, and a systematically designed process that assures adherence to quality student education and adherence to accrediting bodies who oversee nursing education.

Purpose: The purposes of the “General Policy on Curriculum Changes/Approval are to:

- A. Delineate the process of curricular changes/approval by the College of Nursing. Inform student, instructors, and members of the community of interest, the process by which the College of Nursing conducts curricular changes/approval.
- B. Provide a schematic presentation of the overall process to which the College of Nursing evaluates and approves changes in the curriculum.

Procedure: The process of curricular changes/approval is a three-stage procedure. The first stage involves the evaluation and recommendation of curricular issues by the Curriculum Committee. The second stage assesses and approves/disapproves recommendations of the Curriculum committee by the Faculty for adherence to Accreditation Standards and educational quality. The final stage is the submission of the curricular changes to the University for Publication and incorporation into University course offerings.

- A. The evaluation and recommendation procedure include:
 1. Concentration recommendations are achieved through student instructor and course evaluations and faculty course summaries.
 2. Concentration recommendations are submitted to the Curriculum Committee for review and evaluation.
 3. Curriculum Committee reviews and evaluates Concentration recommendations.
 4. Curriculum Committee recommendations are submitted for Faculty review and approval.
- B. The assessment and recommendation procedure include:
 1. Faculty review Curriculum Committee recommendations and vote for approval.
 2. If disapproved, the issue is sent back to Curriculum Committee for further evaluation and review.
- C. The submission of approval procedure includes:
 1. If approved, changes are submitted to the University for Incorporation into University course offerings and publication.

**The University of Tennessee Health Science Center (UTHSC)
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Dress Code Policy

Policy: As health care professionals, an image that reflects our commitment to quality care must be presented. In order to accomplish this goal, students in the clinical arena must always maintain professional attire and wear the University student ID.

Purpose: In order to maintain a positive image, the dress code guidelines will be followed by all anesthesia students.

Procedure:

The following suggestion for dress and grooming provide guidelines. Students must conform to the facility dress code through which he/she is rotating.

A. Clinical and Direct Patient/Resident Areas:

1. Blue jeans, T-shirts, jogging shorts, casual shorts, sweatpants/shirts, or long/sharp/pointed/acrylic nails are not appropriate attire for the clinical component.
2. During pre- and post-operative visits, the student must maintain professional attire. A white lab coat is mandatory during visitation.
3. A white lab coat must be worn at ALL times when the student is leaving the operating room suite while wearing scrubs. ***Note:** Lab coats should cover scrubs. Masks, shoe covers, gloves, and caps are removed when visiting patients.
4. Scrub clothing, masks, shoe covers, and gloves should be worn only in areas designated for their use. **WEARING OF SCRUBS TO CONFERENCES WITH A LAB COAT IS ONLY ACCEPTABLE IF LEAVING CLINICAL TO ATTEND.**
5. Jewelry is restricted to:
 - a. Watch
 - b. One necklace if confined within the scrub top.
 - c. One pair or one small earring if confined within the hat.
6. Undergarments must be worn and must not be visible through clothing.
7. Extremes in style or clothing, which may be offensive or immodest, are **NOT** appropriate.
8. Hair should be clean and well groomed. Extremes in style or color are not appropriate.
9. Beards and mustaches must be kept clean and well-groomed and must be covered by facemask and/or surgical hat when in the operating room.
10. OSHA mandated standards for Universal Precautions must be utilized during the perioperative experience. This includes but is not limited to gloves and protective eye covers.
11. The mask for the operative experience must be secured over both nose and mouth in a way to prevent venting at the sides. Masks must be worn at all times in sterile and sub-sterile areas of the operating room.
12. Nametags should be worn and be visible at all times at the clinical facility.
13. Footwear for clinical areas should be appropriate for the work area. Safety should be primary consideration when selecting footwear for work.

- B. Non-Clinical Areas:** You are expected to select attire that projects professionalism and pride in our organization. We encourage you to avoid choosing attire for class that may be extreme in style. Jogging shorts, casual shorts, sweatpants, hats, and extremely casual clothing is not suitable for classroom or university settings. The aforementioned apparel is not appropriate for any professional presentation. **GOOD JUDGMENT, WHICH INCLUDES BEING WELL GROOMED AND NEAT, IS THE MAIN GUIDELINE TO FOLLOW IN DRESSING APPROPRIATELY FOR CLASS.** Questions or clarifications on what would be considered appropriate attire for your specific area should be directed to Nurse Anesthesiology Faculty or use the Clinical Area Guidelines for class. **SCRUB CLOTHES ARE NOT APPROPRIATE.**

**The University of Tennessee Health Science Center (UTHSC)
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Health Policy

Policy: Students will notify the Nurse Anesthesiology Concentration of a change in health status.

Purpose: The purpose of a student health policy is to insure students remain physically and/or mentally able to maintain optimal academic and safe clinical performance.

Procedure: Students are responsible for maintaining their health status. Any student experiencing a change in health status shall:

- A. Notify the Program Director.
- B. If the student's health poses a danger to the safety of him/her-self, coworkers, patients or others:
 1. The Program Director and the student shall determine possible courses of action within the guidelines of the UTHSC Student Health Policies which may include but not be limited to:
 - a. Leave of Absence for up to one year
 - b. Resignation or dismissal
 2. The Program Director and the student shall establish an agreement that outlines the terms of the leave of absence, remediation, or continuation in the Nurse Anesthesiology Concentration.
- C. The Nurse Anesthesiology Concentration has the responsibility to offer any assistance offered by UTHSC University Health Services available to all students.
- D. Failure to comply with this policy can result in probation or recommendation for dismissal of the student. See the General Policy on Probation/Dismissal of students in this handbook.

**The University of Tennessee Health Science Center (UTHSC)
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Inclement Weather Policy

Policy: The inclement weather policy shall be implemented when the University of Tennessee Health Science Center implements its Inclement Weather Policy.

Purpose: The purpose of an Inclement Weather policy is to inform students and faculty of the University of Tennessee Health Science Center the appropriate actions to be taken in case of inclement weather.

Procedure: In the event of inclement weather, safety of students and employees is the first consideration.

Program Component:

- A. Inclement weather (snowstorms, ice storms, etc.) may necessitate the delay, closing, or early closure of the program.
- B. Students and personnel should call 448-8423 or consult the University of Tennessee Health Science Center web site. Students completing the didactic portion of the Program are governed by the University standards.
- C. Class time missed due to inclement weather will be made up at the discretion of the program faculty. Call the program for amended class schedule.
- D. Employees should report to the program as safety permits.

* This does not apply to students that are at clinicals.

Clinical Component:

- A. Students are adult learners and are expected to demonstrate appropriate judgment regarding travel to and from clinical sites. Students assume the risk associated with transportation and inclement weather. Students may be required to perform additional clinical days to compensate for time missed due to inclement weather.
- B. Inclement Weather Procedure is enacted when the university is officially closed due to inclement weather.
- C. If the university is not officially closed due to inclement weather, then the regular Attendance Policy remains in enacted.
- D. Clinical Procedure for Inclement Weather:
 1. **EMAIL** the Program Director and the Administrative Aide, if you feel it is unsafe for travel to the clinical area.
 2. All communication must be made via email. Official communication regarding any policy is made via email, not text messages.
 3. If a student believes that it is unsafe to travel during inclement weather the student should not attempt to travel.
 4. Any missed clinical days will be made up prior to the end of the program. The missed clinical day may be made up at the earliest convenience.
 5. The arrangements for make-up days are to be made through the Program Director.
 6. If the missed clinical day is a 24 hour shift this accounts for three 8 hour vacation days. Make-up days can be made up as three 8 hour shifts or one 24 hour shift. The time to be made up will depend on clinical availability and will be made on a case-by-case basis. This decision will be made by the Program Director.
 7. Inclement weather does not mean a free day off from clinical. If clinical time is missed there must be clear communication via email with the Program Director, regarding the missed clinical experience. If there is no communication regarding the missed clinical day it will count as an unexcused absence and the student will be subject to failure of the clinical course.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

Level of Student Supervision Policy

Policy: The level of supervision of nurse anesthesiology students for Certified Registered Nurse Anesthetist (CRNA) and anesthesiologists is guided by the current clinical rotation.

Purpose: The purposes of this policy are to:

- A. Outline student clinical experience by semester
 - 1. Define supervisory roles of the CRNA and the Anesthesiologist for each designation of student clinical experience.
 - 2. Delineate supervision for each level of student clinical experience.
- B. Outline the evaluation procedure for each level of student clinical experience.

Procedure: The criteria for CRNA and Anesthesiologist level of supervisor for each clinical experience is outlined below:

- A. Student Clinical Experience:

DNP Front-Loaded Curriculum

Semester	DNP Clinical/Lab Experience	Level of Supervision
1	No clinical experience	
2	No clinical experience	
3	No clinical experience	
4	No clinical experience	
5	Principles II	Preceptor
6	Anesthesia Practicum A	Preceptor/Mentor
7	Anesthesia Practicum B	Mentor
8	Anesthesia Practicum C	Mentor
8	Specialty Practicum A	Mentor/Consultant
9	Specialty Practicum B	Consultant

- B. Supervisory roles:
 - 1. Supervision shall be on a 1:1 ratio (Student to Faculty) for students in DNP Anesthesia Practicum A and during Specialty Rotations if faculty deem it necessary. The ratio may be increased to 1:2 during DNP Anesthesia Practicum B if faculty has evaluated the students skill set. Faculty is defined as a CRNA or anesthesiologist. Faculty retains full responsibility for the care and safety of the patient.
 - 2. Faculty shall be present in the operating room, delivery room, or other anesthetizing are at all times. The faculty will function as a:
 - a. Preceptor* to students in Principles II and DNP Anesthesia Practicum A.
 - b. Mentor** to students in DNP Anesthesia Practicum A (student skill and instructor judgment dependent) and B and Specialty Practicum A and B.
 - c. Consultant*** to students in DNP Anesthesia Practicum C and Specialty Practicum B.
- C. Evaluation Procedure:
 - 1. Students shall be evaluated on a per day basis unless their behavior requires additional documentation.
 - 2. Orientation through DNP Anesthesia Practica A through C and DNP Specialty Practica A and B shall be evaluated on a per shift basis unless their behavior requires additional documentation.
 - 3. Evaluations may be completed by CRNAs and/ or Anesthesiologists.

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Level of Student Supervision Policy

**Preceptor: A teacher, tutor, or educator. One who imparts knowledge, information, or skills in a methodical and formal manner. Methods used by a preceptor include teaching, instruction, drilling, testing, demonstration, example and modeling.*

***Mentor: A trusted guide or coach. Mentoring is a relationship between novice and expert in which advice is shared toward the mutual goal of career advancement. Methods used by a mentor include: guiding, supporting, avocation, exchange of information.*

****Consultant: An expert that gives counsel or advice. Methods used by a consultant include: recommendation regarding the course of conduct or decision-making process, sharing of knowledge or information that imparts professional or technical advice.*

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

Non-Discrimination Policy

Policy: The University of Tennessee Health Science Center College of Nursing – Nurse Anesthesiology Concentration admits students of any race, religion, sex, sexual orientation, color, national ethnic origin, disability or age to all the rights, privileges, programs and activities generally accorded or made available to students at the Program. It does not discriminate on the basis of race, religion, sex, sexual orientation, marital status, color, national or ethnic origin, disability or age, in administration of its educational policies, admissions policies, scholarship and loan programs, and other university-administered programs.

Purpose: The purpose of a policy on non-discrimination is to assure the commitment of the Nurse Anesthesiology Program to promoting inclusion, respect and the inherent value of all students.

Procedure:

- A. The Program will voluntarily follow UTHSC’s policy for non-discrimination and diversity by:
 - 1. admitting students of any race, religion, sex, sexual orientation, color, national ethnic origin, disability or age.
 - 2. affording to all, the rights, privileges, programs and activities generally accorded or made available to students at the Program.
 - 3. not discriminating on the basis of race, religion, sex, sexual orientation, marital status, color, national or ethnic origin, disability or age in administration of its educational policies, admission policies, scholarship and loan programs and other university administered programs.
- B. The Program will accurately depict non-discrimination policy.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

Preoperative and Postoperative Anesthesia Rounds Policy

Policy: Each student is required to perform a preoperative visit on ALL anesthetic cases the student anticipates managing during his/her assigned clinical hours if possible. It is mandatory to complete a preoperative visit if the patient is an in-house patient. A daily written care plan is required for the first assigned case of the day. A written care plan will be completed weekly for the first three (3) semesters and with any case after that if not previously done where the student is assigned for induction and maintenance. Faculty may require more based on student performance. A concise verbal case management is to be presented to each clinical instructor prior to the beginning of anesthesia care.

Each student is required to perform a postoperative anesthesia visit on all inpatients with documentation on the written care plan within the first 24 hours after surgery. This note may not be written in the PACU. Same Day Surgery patients to be treated the same as an inpatient and postoperative visit are mandatory with documentation on the written care plan within the first 24 hours after surgery. This note may not be written in the PACU.

Faculty will confer with clinical site coordinators to ensure that students are completing postoperative anesthesia rounds. Additionally, faculty will monitor all care plans to insure compliance.

Purpose: The purpose of the pre and postoperative anesthesia rounds policy is to delineate expectations of the students' behavior and responsibilities as a nurse anesthesiology professional.

It is to provide a formal process for documentation and consequence of noncompliance.

Procedure:

- A. Students will complete pre-anesthetic written care plan for first patient of the day that the student is assigned for induction and maintenance. Students will provide these care plans to the clinical preceptor for review and discussion.
- B. Each student will perform a postoperative anesthesia visit on all inpatients or same day surgery with in the first 24 hours after surgery yet NOT in the PACU setting. Documentation of the postoperative visit MUST be included on the written care plan for credit.
- C. All care plans must be submitted to the Preceptor or Clinical Site Coordinator or Nurse Anesthesiology Faculty in order to obtain credit for the clinical experience. These are due in the digital Drop Box in Blackboard on Monday of the following week by 5 p.m.
- D. Anesthesia Faculty will review all care plans and case logs for consistency monthly.
- E. Failure to submit the appropriate documentation will result in counseling session and written warning for the first offense, placement on probation for the second offense and failure for the third offense. No credit for the clinical experience will occur.
- F. Failure to fulfill the University's credit hour requirements and course objectives can result in clinical failure.
- G. Each student will perform a postoperative anesthesia visit on all inpatients or same day surgery. Documentation of the postoperative visit MUST be included on the written care plan for credit.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

DNP Scholarly Project

Project: DNP students must complete a scholarly project with poster for dissemination in order to complete DNP degree requirements. This project is to be focused on an anesthesia related topic and will demonstrate knowledge and scholarship skills. It will be completed in sections embedded in three courses.

Procedure:

DNP Scholarly Project:

- A. Project: Approval and development of the DNP project by the major advisor will be obtained during NSG 947, DNP Project Seminar I, NSG 948, DNP Project Design and Methods, NSG 949, DNP Project Implementation and Evaluation, and NSG 950, DNP Project Seminar II.
- B. A final poster will be developed and completed during NSG 950 DNP Project Seminar II.
- C. Dissemination will be as follows:
 1. A mandatory poster presentation is presented at the state nurse anesthesiology meeting Tennessee Association of Nurse Anesthetists (TANA).
 2. In addition, a poster dissemination may also be approved for other venues by your faculty advisor. Examples of such venues would be a local clinical site, College of Nursing (CON), or an AANA recognized anesthesia conference.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

Recommendation Policy

Policy: Nurse Anesthesiology Concentration requires a written release from all seeking recommendations.

Purpose: The purpose of a recommendation policy is to ensure that students' rights of confidentiality are protected and that any recommendation regarding a student or former student is performed by the requested reference.

Procedure: Students are responsible for notifying faculty of requests for recommendations/references. All requests are to be accompanied by a written release. Only written evaluations will be provided by faculty. Any student experiencing requesting recommendations or references will:

- A. Notify the selected faculty.
- B. Provide a written release with photo to requesting organization.
- C. The Nurse Anesthesiology Faculty has the responsibility to adhere to FERPA regulations and to maintain a copy in the student's file.
- D. Failure to comply with this policy will result in no recommendation or reference to the student's requesting organization.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

Review Course Policy

Policy: The Nurse Anesthesiology Concentration will allow **ONE (1)** designated review course during the last year of the student's educational plan of study. **TWO (2)** days of educational time will be granted for attendance.

Purpose: The purpose of the "Review Course Policy" is to ensure that consistent protocol and time allotment is employed for students who elect to attend a review course during their education.

Procedure:

- A. Review course time is allowed during the last year of the student's educational plan of study.
- B. TWO (2) days will be granted for absence from the clinical area.
- C. Additional days of clinical area absence must be approved in the Student Time Bank.
- D. A written request to attend the course and, if desired, request for the use the Student Time Bank must be submitted 90 days in advance prior to attending the course. Failure to submit the request(s) by the deadline will result in denial of request(s).
- E. A copy of the request(s) with approval or denial will be returned to student for record keeping.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

Record Retention Policy

Policy: The Nurse Anesthesiology Concentration will maintain complete and current records of all its administrative, fiscal, personnel, and accreditation activities. The Nurse Anesthesiology Concentration will also maintain records of all decisions made throughout a program's affiliation with the Nurse Anesthesiology Concentration regarding accreditation and major programmatic changes, including all correspondence that is significantly related to those decisions. Nurse Anesthesiology programs are also required to maintain complete and accurate records in any readily retrievable format. Sufficient data must be available to onsite reviewers to demonstrate that all components of a comprehensive evaluation plan are actually being implemented and the program is complying with accreditation standards. Institutional policies may require programs to maintain other records outside the purview of the Nurse Anesthesiology Concentration.

Procedure: Program requirements

- A. Maintain accurate cumulative records.
 1. All student records will be retained for a period of 3 years following graduation. If a student fails to pass the National Certification Examination (NCE) within the 3-year period, the records will be kept until the student has passed NCE.
 2. Student records to be kept indefinitely include any records that may relate to grievances, litigation, final case records, summative student evaluations, and National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) results.
- B. In addition to maintaining the student records already identified, ensure that the following information is maintained and available:
 1. Program philosophy, objectives, and master schedule.
 2. Organizational charts.
 3. Administrative policies.
 4. Budget data.
 5. Committee meeting minutes of the preceding three years.
 6. Hospital statistics and data.
 7. Current course outlines, objectives, and student brochure.
 8. Examinations and testing materials.
 9. Faculty teaching and time commitment data.
 10. Report regarding follow-up of graduates and employers.

General Policy on Self-Assessment (Program, Students, Instructors, Courses)

Purpose: The purposes of the General Policy on Self-Assessment (Program, Students, Instructors, and Courses) are to:

- A. Delineated the process of self-assessment by which the Nurse Anesthesiology Program can determine its effectiveness in educating nurse anesthetists.
- B. Inform student, instructors, and members of the community of interest, the process by which the Nurse Anesthesiology Program conducts self-assessment.
- C. Provide a schematic presentation of the overall self-assessment program of the Nurse Anesthesiology Program.
- D. Be consistent with the College of Nursing's Master Evaluation Plan.

Policy: Assessment of the Nurse Anesthesiology Program is multifaceted, multidimensional, and a systematically designed process that assesses program effectiveness by encompassing the following categories of evaluation:

- A. Program:
 1. Internal Evaluation
 2. External Evaluation
 3. Graduates, Employers (1 year out)
- B. Student:
 1. Clinical:
 - a. Daily (Formative) Evaluation
 - b. Semester (Summative) Education
 - c. Self-Evaluation
 2. Didactic:
 - a. Program evaluation
 - b. Self-evaluations
 - c. Course outcomes
- C. Instructor Evaluation:
 1. Clinical:
 - a. Student evaluation of clinical instructor
 - b. Student course evaluation
 - c. Student clinical site evaluation
 - d. Faculty summary evaluation
 2. Didactic:
 - a. Student evaluation of didactic instructor
 - b. Faculty site visit evaluation
 - c. Faculty course evaluation
 3. Course Evaluation:
 - a. Student course evaluation
 - b. Faculty course evaluation
 - c. Concentration Summary Evaluation
 4. Clinical Site:
 - a. Student clinical site evaluation
 - b. Faculty affiliation visit

General Policy on Self-Assessment (Program, Students, Instructors, Courses)

Procedure: The process of self-assessment is a two-stage procedure. The first stage involves the evaluation of the Nurse Anesthesiology Concentration, its faculty, clinical instructors and students. The second stage assesses the results of the evaluations and makes recommendations for program change as appropriate.

- A. The evaluation procedure includes:
 1. Program: In addition to complying with all department regulations required by UTHSC College of Nursing, the Nurse Anesthesiology Concentration is evaluated through the following mechanisms:
 - a. Internal Evaluation - Semester review of the internal organization and administration of the program are reviewed and updated at the Curriculum and Concentration Coordinators' meeting annually through the Concentration summary. Changes are made as needed.
 - i. Annual programmatic assessment to insure program compliance with COA standards will be done three months prior to annual report.
 - b. External Evaluation:
 - i. COA (Council on Accreditation of Nurse Anesthesiology Educational Programs)
 - ii. CCNE (Commission on Collegiate Nursing Education.
 - iii. SACS (Southern Association of Colleges and Schools)
 - c. External program evaluation – Student exit assessment survey and alumni assessment surveys and graduate employer evaluations are reviewed annually to identify areas needing change and improvement.
 2. Students: All students are required to participate in the evaluation process. Their academic and clinical grades are determined by successful progression of clinical skills and academic courses are evaluated in the following manner:
 - a. Clinical:
 - i. Daily (Formative) Evaluation – Students are evaluated daily. These evaluations are scored and tallied in an on-going manner that allows constant evaluation of the student.
 - ii. Semester (Summative) Evaluation – A composite evaluation is reviewed and discussed with the student at the end of each semester.
 - iii. Self-evaluation – Each student is responsible for a self- evaluation daily and at the end of the semester including appraisal of their own clinical and didactic performance.
 - b. Didactic:
 - i. Program evaluations – Grades for each academic course are distributed to the student at the end of each semester.
 - ii. Self-evaluations – Each student is responsible for self- evaluation at the end of the semester that includes appraisal of their own didactic performance.
 3. Instructor Evaluation: In order to insure continued excellence and improvement of both clinical and didactic instruction, all instructors are evaluated in the following manner:
 - a. Clinical:
 - i. Student evaluation of clinical instructor- Second year students evaluate clinical instructors during each rotation. Each instructor with whom they have worked greater than five times during the course of the rotation is evaluated. A copy of this evaluation is forwarded to each clinical preceptor and coordinator.
 - ii. Self-evaluation of clinical instructor – Upon receipt of the composite of the above evaluation the instructor completes a self-evaluation to be returned to the program.
 - b. Didactic:
 - i. Student evaluation of didactic instructor – Students evaluate didactic instructor after the completion of the course in which they have taught.
 4. Course Evaluation
 - a. Student course evaluation - Students complete courses during the last third of the course.
 - b. Faculty Summary – Upon receipt of the composite of the student course evaluations, the instructor completes a faculty summary of the course that is returned to the Director of the Nurse Anesthesiology Concentration. The Director then completes and Concentration summary, which is then presented to the Curriculum and Concentration Coordinators' Committees.

General Policy on Self-Assessment (Program, Students, Instructors, Courses)

- c. Clinical Site:
 - i. Students evaluate the clinical site at the completion of the clinical rotation. These are submitted to faculty and are compiled into an anonymous summative evaluation, which is sent to the clinical coordinator.
 - ii. Faculty evaluate the clinical site during affiliation visits.
5. Affiliation Evaluation
 - a. Student evaluations - Students complete clinical site evaluations at the end of each clinical rotation. Composites of each affiliation are reviewed by Program Administration and shared with the Concentration Coordinators' Committee with the completion of the Concentration Summary. A copy of the composite is provided to the Clinical Site Coordinator. Issues related to clinical site experiences are discussed between the Clinical Site Coordinator and Program Administration.
 - b. Faculty affiliation evaluation - Nurse Anesthesiology Faculty conduct affiliation site visits and evaluations a minimum of once per year. These affiliation evaluations are kept on file in the Nurse Anesthesiology Offices and used by program faculty to determine quality of student experiences and compliance with the program's policies annually.
- B. The self-assessment procedure includes analysis of the above evaluations by:
 1. The Program Faculty
 - a. Assesses any items needing attention as revealed by the above evaluations during their Program meetings.
 - b. Makes appropriate changes based on evaluations and suggested or recommended changes by Curriculum and Faculty of the CON committees.
 2. The Clinical/Didactic Instructors:
 - a. Assess course content changes prior to each semester.
 - b. Make suggestions and recommendations to the program faculty based on composite evaluations of courses, and experience in the clinical area.
 3. The Clinical Faculty:
 - a. Are informed of major programmatic changes.
 - b. Make suggestions and recommendations for programmatic change based on their clinical experience.
 4. The Curriculum Committee:
 - a. Assesses the results of the Certification Examinations annually and make recommendations for program change based on aggregate student outcomes.
 - b. Assesses graduating senior program exit evaluations annually and makes recommendation for program change based on aggregate student outcomes
 - c. Approves major programmatic changes and makes recommendations for change to the Faculty of the CON Committee.
 5. Faculty of the CON Committee
 - a. Assesses recommendations from the Curriculum Committee.
 - b. Approves major programmatic change.
 6. UTHSC CON Community Advisory Council
 - a. Meets semiannually
 - b. Exchanges information regarding general health trends, specific societal and community health needs, and specific needs of CON programs.
 - c. Exchanges information regarding community expectation and the quality of UTHSC CON graduates.
 - d. Engages in strategic planning.
- C. UTHSC CON Nursing Alumni Association Board Of Directors
 - a. Exchanges information regarding general health trends, specific societal and community health needs, and specific needs of CON programs.
 - b. Exchanges information regarding community expectation and the quality of UTHSC CON graduates.
 - c. Engages in strategic planning.

Policy on Time Bank

Policy: Students are required to attend all scheduled classes and clinical experiences.

Purpose: The purpose of the Student Time Bank is to delineate required attendance of students while enrolled in the Nurse Anesthesiology Program.

Procedure: Student attendance shall be recorded according to the following procedures:

- A. Class, seminar and conference attendance:
 1. Attendance for each scheduled lecture for class, afternoon conference or clinical site conference is mandatory.
 - a. Time off is not allowed during didactic portion of the program or during a specialty clinical rotation.
 2. Two or more consecutive sick days will require documentation from a physician, APN, or student health.
 3. If a student is sick on an exam date, the student must submit documentation from a physician, APN, or student health in order to be allowed to make up the exam. Failure to provide documentation will result in a zero for the exam.
 4. The student is required to email the course instructor, Nurse Anesthesiology Faculty, and Administrative Aide prior to start of class to report their illness. Failure of notification by the student may result in:
 - a. Official meeting for counseling, review of policy and development of action plan and an official letter of counseling to remain in students' academic file.
 - b. Probationary period following the second offense.
 - c. Failure of course following the third offense.
 5. Nonattendance at a scheduled lecture by a student will be counted as an unexcused absence and will be addressed accordingly.
 6. Two (2) unexcused absences from class or afternoon conference will result in failure of the course.
 7. Occasionally, changes in class times and days may be necessary. Students are responsible for checking their own class schedules and emails. Changes may be made via announcements on Blackboard or via email from the course faculty. Changes will be worked out between the class leader and the program administrators during our monthly Student Representative meetings. This also includes simulation lab schedules and times.
- B. Clinical Component: In order to receive University credit for the course, as each clinical course is assigned University credit, the clinical student must fulfill all time commitments associated with the course.
- C. The Student Time Bank: Each student is allotted a total of fifteen (15) days total for the life of the program, this includes Sick Time, Personal Time Off, and Vacation.
 1. Personal time off:
 - a. Time granted as PTO should be requested no less than (5) days in advance with written approval from the program administration.
 - b. The Student Time Bank should be requested via emailed to both the program administration and administrative aide.
 - c. Only one calendar week off at a time.
 - d. No time off will be granted during specialty rotations.
 2. Sick time off:
 - a. Will come from the Student Time Bank
 - b. Time taken for a 24 hour shift will result in a charge of three (3) days. Any additional time beyond the allotted fifteen (15) days must be completed at the end of the semester prior to the commencement of the subsequent semester.
 - c. When sick, the following procedures must be followed:
 - i. Contact must be made TWO (2) HOURS prior to scheduled shift. The student requires documentation of the time as well as the name of the person taking message.

Policy on Time Bank

- ii. The student must EMAIL the Anesthesia Program Director ONE-HOUR prior to start of scheduled shift. Students are to communicate DIRECTLY with faculty regarding notification of illness, time of site notification and name of facility personnel who took the message.
- iii. An EMAIL must be sent to Anesthesia Program Director, administrative assistant, and clinical coordinator.
- iv. The student must document sick time on their computerized Monthly Clinical Case Report. And a Sick documentation must be submitted no later than the Afternoon Conference following illness.
- d. Two or more consecutive sick days will require documentation from a physician, APN, or student health.
- e. Any sick day will be charged against your Student Time Bank and will be charged as follows:
 - i. 8 hour shift – 1 day
 - ii. 12 hour shift – 1.5 days
 - iii. 24 hour shift – 3 days
- f. Any sick time taken during the scheduled week of the comprehensive clinical exam will require documentation from a physician, APN, or student health.
- g. Any unused Student Time Bank days may not be used during the final week of the program. All sick time taken during the final week of the program requires documentation from a physician, APN, or student health.
- h. The administrative assistant and Nurse Anesthesiology Faculty will document sick time and keep records of absence in the Student's Clinical File.
- i. Failure to notify Clinical Site, Clinical Site Coordinator and/or Nurse Anesthesiology Faculty of illness may result in:
 - i. Unexcused absence
 - ii. Clinical Probation
 - iii. Failure of the Clinical Practicum
- j. Any unexcused absence for a scheduled clinical day will be charged with a sick day and honor code charges? will be filed.
- k. Any time over the allotted time will be made up at the end of the program and may result in delayed graduation.

Student Clinical Performance Policy

Policy: Knowing that an evaluation is a critical assessment of a students' overall clinical performance (positive and/or negative) and that this assessment is one of the three criteria for the practicum grading policy, only CRNAs and/or anesthesiologists are acknowledged to be clinical instructors for student registered nurse anesthetists and are responsible for the clinical education and evaluation of the students.

Purpose: The purposes of a policy on evaluation of student clinical performance are to:

- A. Explain the clinical evaluation process
- B. Identify the clinical instructors' role in the evaluation of student clinical performance
- C. Inform clinical instructors of their responsibilities as clinical instructors
- D. Appraise students of the clinical evaluation process.

Procedure: Upon accepting the assignment to supervise a student in the clinical area, the instructor shall:

- A. Instruct the student in the skills needed for administering anesthesia, using safe, effective, accepted methods based on a sound scientific principle.
- B. Evaluate that student in the following manner:
 1. Each student must be evaluated **daily** using the form that evaluates the student's level of training or specialized clinical rotation.
 2. A student may receive more than one evaluation per day depending upon the instructor(s) involved, cases done, or as particular incidents arise.
 3. Evaluations can be filled out by **the** supervising anesthesia provider (CRNA and/or MDA).
 - a. Students must obtain an evaluation of the preceptor if the majority of the day was spent with the preceptor and/or if the preceptor provided verbal feedback of unsatisfactory performance.
 - b. Failure to obtain evaluation by preceptors meeting the above description may result in failure of the practicum.
 4. All evaluations shall be discussed with the student within 48 hours of clinical performance and before the evaluation is turned in to the Nurse Anesthesiology Concentration.
 5. If arbitration over an evaluation is desired by either the student, the instructor, the Director, or Assistant Director, a time for arbitration shall be scheduled as soon as possible with either one of the aforementioned people presiding. During arbitration an action plan may be decided upon to encourage and promote success of the student, if needed. If an action plan is needed there will be a follow up meeting scheduled 4 weeks from the date of original arbitration. Student progress will be monitored during this 4 week time period. If no further action is required there will be no further follow up meetings scheduled. If arbitration remains unresolved further action plans and meetings will be decided at that time until the issue is resolved for all. This may result in a longer probationary period or failure of the practicum.
 6. Clinical instructors are encouraged to write comments critically assessing, analyzing, praising and/or correcting student behavior.
 7. Students must hand in all of the evaluations for the previous week by Monday at 4 p.m. Students not submitting evaluations weekly may be suspended from the clinical area until the evaluations are received by the program.
 8. If the student receives an evaluation that has UNMET in ANY category, they are required to notify the program director following the shift to discuss. Failure to do so may result in failure of the practicum.
 9. Failure to submit evaluations from the clinical site over a two-week time period may result in failure of the practicum.
- C. Due to the continuous enrollment in the Anesthesia Concentration, upon completion of the practicum course and final grade submission, any clinical or didactic concern (issue/incident/sentinel event) will automatically fall under the next clinical practicum course heading in the Plan of Study. This policy is intended to cover the time span between the ending and beginning of practicum courses.

UTHSC Catalog Student Academic Performance

For the DNP program:

- A. Students must maintain a cumulative grade point average of 3.0 to progress to the subsequent term or to graduate. Students are expected to complete all courses with a grade of “B” or higher. Any student who earns a grade of “WF,” “C,” “D,” “F,” or “I” is reviewed by the appropriate committee. Students earning two “WF” grades or a grade of “D” or “F” are dismissed from the program. Grades in courses earned at another university will not be computed in the cumulative GPA.
- B. A student must demonstrate satisfactory behavior in personal and professional areas deemed by faculty as being necessary for academic success and competency in clinical practice. Such areas may include ability to establish rapport with clients, ability to work effectively with members of the healthcare team, dependability, judgment, integrity, initiative, and interest.
- C. Students must complete required clinical hour and meet clinical outcomes for courses to progress in the program. If a student changes their state of residency, the College of Nursing may not be able to arrange appropriate clinical experiences. Delay of progression may result and could necessitate students take a leave of absence or withdrawal from the program if clinical experiences cannot be arranged.
- D. Students must meet the College and program technical and performance standards to continue in the various curricula and graduate. Copies of these standards are provided to students by their respective programs and are included in this catalog. Does this mean the AANA standards? Should we include this statement as well?
- E. Registered nurses must maintain an unencumbered Tennessee RN license or have unencumbered authority to practice as an RN via the multi-state privilege for the duration of the program.
- F. Individuals who are admitted into either the AG-ACNP certificate program or DNP program based on licensure as an advanced practice nurse must maintain this license during the program.

Student Policy SA116 – Student Drug and Alcohol Policy

Policy: It is the policy of the University of Tennessee to maintain a safe and healthy environment for its students and employees. Therefore, the University prohibits being under the influence of, or the unlawful use, manufacture, possession, distribution or dispensing of drugs (“controlled substances” as defined in the Controlled Substances Act, 21, U.S.C. 812) and alcohol on university property or during university activities.

Violation of this policy is grounds for disciplinary action - up to and including permanent dismissal of a student. Federal and state laws provide additional penalties including fines and imprisonment (21 U.S.C. 841, et seq., T.C.S. 39-6-401 et seq.). Local ordinances and UTHSC policies (see CenterScope section on Maintenance of Professional and Ethical Standards at <http://catalog.uthsc.edu/index.php?catoid=28>) also provide penalties for drug- and alcohol-violators, which may include referral for local prosecution or requiring the individuals to participate satisfactorily in an approved drug or alcohol abuse assistance or rehabilitation program.

To maintain a safe and drug-free environment, University of Tennessee expects its campuses and institutes to establish procedures for performing screenings for controlled substances and alcohol within areas or positions that affect safety or where such screenings are required by federal regulations. In addition, screenings are permissible where there is reasonable suspicion of drug or alcohol use.

At UTHSC, colleges bear the additional responsibility of assuring that students entering clinical settings are ‘fit for duty’ and must pay attention to issues that could affect patient safety or student success. To this end, the campus has established several guidelines and procedures relating to drug and alcohol monitoring.

“Permanent dismissal” is defined as the student being barred from matriculation into any program offered at the University of Tennessee Health Science Center - refer to Student Code of Conduct section of CenterScope (<http://catalog.uthsc.edu/index.php?catoid=28>).

Guidelines and Procedures: While colleges may have more explicit rules, students should be aware of the following:

1. Clinical sites may require drug testing as a condition of clinical placement and students may be responsible for payment of such testing. In addition, agencies may require random drug and/or alcohol testing of a student while in or on the clinical site’s premises. Students participating in patient care in such settings as a part of their education must conform to that site’s policies and requirements.
2. Students taking over-the-counter or prescribed medication are responsible for understanding the effect that the medication may have on their performance or personal behavior and the possibility that usage of these medications might lead to an adverse finding on a drug screen. Students in such circumstances are strongly advised to report the use of such substances to their Program Director and/or University Health Service if they suspect that their performance may be impaired and/or if their behavior has caused college officials to require them to provide blood, urine or breath samples for analysis.
3. A college official may require a student to undergo an immediate blood, urine or breath analysis under any of, but not limited to, the following circumstances and conditions:
 - a. When there is reasonable suspicion that the individual is under the influence of alcohol, narcotics, stimulants, sedatives, hallucinogens, marijuana or other chemical substances;
 - b. Following a work-related injury;
 - i. Observation of poor judgment or careless acts, that caused or had the potential to cause patient injury, or that had, or had the potential to jeopardize the safety of others, or that had resulted in damage to property and/or equipment;
 - ii. Suspected diversion of controlled substances (e.g. use or possession of a prescription drug without a prescription, sale or distribution of a prescription drug, or theft of a prescription drug) including, but not limited to, anti-anxiety agents or psychostimulants (such as Adderall, Dexedrine and Ritalin).

Student Policy

SA116 – Student Drug and Alcohol Policy

4. Until proven otherwise, an individual with a preliminary positive drug or alcohol screen is presumed to be under the influence of drugs or alcohol and subject to intervention or sanction by his/her college. The type of intervention or sanction will be dependent on the setting in which the incident occurred, the degree of impairment observed and the actual level of banned substance detected. Additional confirmatory testing or monitoring would likely be required to determine the need for additional sanctions/treatment beyond temporary removal from the setting in which change in, and/or abnormal behavior was observed.
5. Individuals with a history of drug or alcohol use, including those who were required by the college to seek treatment as a condition of continued enrollment, may be required to have periodic testing for drugs or alcohol at the student's expense.
6. Individuals who refuse to undergo an immediate drug and alcohol screen may be subject to immediate disciplinary actions, up to and including dismissal.

Intervention Process for Cases of Chronic Substance Use/Abuse/Dependence

In the absence of a defined college process, the following general guidelines should be followed when a college determines that a student is unduly affected by substance use/abuse/dependence.

1. Students that have been exhibiting evidence of substance use/abuse/dependence should be referred for assistance through the Student Assistance Program and/or other health care programs for voluntary evaluation and care.
2. If his/her conduct and performance in a didactic or clinical setting warrants such action, the student may be subject to immediate corrective action by the faculty. Such actions could involve immediate removal from the didactic or clinical setting, requirement for immediate testing for alcohol or controlled substances at the student's expense, referral of the student for behavioral screening, or other actions as deemed necessary by the faculty.
3. A student may be required to withdraw from the concentration (normally for a period not to exceed 12 months) for evaluation and care by a treating clinician who will be permitted to confirm compliance with recommended treatments and to confirm readiness of the student to return.
4. Any student who fails to complete recommended care and treatment and/or whose readiness to resume his/her academic program is not confirmed by his/her health care provider will be subject to dismissal.
5. Any student on leave to address substance use/abuse/dependence will not be allowed to resume active enrollment without a written positive recommendation from his/her treating health care provider(s).
6. In the case of substance use/abuse/dependence:
 - a. The student must provide evidence of successful completion of treatment program and sustained active recovery/sobriety.
 - b. The student must present documentation that they are substance free, presently involved in an after-care program and fit to resume their education without restrictions.
 - c. The student must sign a statement that they are willing (or be willing) to provide periodic unannounced urine screens during the remainder of their educational experience at the HSC.
7. Students should be aware that academic programs may be required to divulge information related to prior drug or alcohol treatment for hospital and/or professional credentialing.

APPROVAL HISTORY:

Effective: April 2, 2013, Committee on Academic and Student Affairs (CASA)

Approval: June 21, 2016, Committee on Academic and Student Affairs (CASA)

Approval: June 30, 2016, Chancellor

Student “Town Hall” Policy

Policy: Each student will be notified at the beginning of the semester of the date for the Student Town Hall forum which will be held during the Afternoon Conference timeframe.

Purpose: The purpose of the Student “Town Hall” forum is to provide an assembly for students to establish open communication patterns in order to discuss problems and issues that directly impact students or the program.

It is to provide a formal communication between the program administration and its students.

Process: A time will be established as needed each semester. Students will be given advance notice of the meeting and will be invited to submit items for the agenda.

Chair: Program Director; a representative from the clinical faculty will be present as well as the student body.

Test Review Policy

Policy: Each student is encouraged to review all tests for knowledge.

Purpose: The purpose of the Test Review Policy is to provide:

- A. An opportunity for the student to review and understand theoretical knowledge on Program tests.
- B. A consistent procedure for review.
- C. To protect the security of the Program test questions.

Process: A time will be established after the completion and grading of exams for student review.

- A. The review time will begin immediately after grades are posted and continue for one week.
 1. Make an appointment with the Administrative Aide to review exam.
 2. It is the student's responsibility to review the assigned reading regarding the content in question
 3. If the content remains unclear at that point, it is the student's responsibility to email the faculty of record and request an appointment for further guidance. The email should include what subject matter the student needs further clarification on. This is to ensure enough time is set aside for the meeting with faculty.
- B. Any request to review after this time period must be approved by Nurse Anesthesiology Faculty.
- C. No talking, discussing, or recording of information occurs among students while reviewing the exam
- D. Students may contest the grade during the review time.
- E. All personal items/materials must remain outside the testing/review area.
- F. Semester comprehensive exams will not be reviewed.

Wellness Policy

Purpose: The purpose of this document is to:

- A. Describe mental and physical qualifications for professional and advanced nursing practice.
- B. Delineate health requirements of students for professional and advanced nursing practice
- C. Define prevention strategies through educational programs, early identification of individuals at risk, assurances of confidentiality, promotion of physical and psychosocial well-being and support for individuals who seek assistance for substance abuse or chemical dependence.
- D. Inform student, instructors, and members of the community of the processes by which the UTHSC CON responds to students with substance abuse, chemical dependence or emotional illness.

Policy: The University of Tennessee Health Science Center's College of Nursing wishes to inform students of the minimal physical and mental qualifications to practice in the nursing profession. Further, UTHSC CON wishes to assist applicants in meeting all essential qualifications. The CON of UTHSC is concerned about potential student impairment related to stress, alcohol and drug use/abuse and emotional illness. These conditions can affect the student's academic and clinical performance, which are a danger to self and a grave danger to patients in the students' care. It is the intent of this document to complement information in the UTHSC's CenterScope.

Criteria:

- A. To meet the minimum mental and physical qualifications, a student must normally be able to:
 1. Work in a standing position for prolonged periods and walk frequently.
 2. Lift and transfer patient up to 6 inches from a stooped position, then push or pull the weight up to 3 feet.
 3. Lift and transfer patient from a stooped position to an upright position to accomplish bed-to-chair and chair-to-bed transfers.
 4. Physically apply up to 10 pounds of pressure to bleeding sites or perform CPR.
 5. Respond and react immediately to auditory inputs; be able to communicate effectively by phone.
 6. Physically perform clinical laboratory experiences that may last for as long as twelve hours.
 7. Perform close and distance visual activities involving objects, persons, and paperwork, as well as discriminate depth and color perception.
 8. Discriminate between sharp/dull and hot/cold stimuli when using hands.
 9. Perform mathematical calculation for medication preparation and administration.
 10. Communicate effectively, both orally and in writing, using appropriate grammar, vocabulary and word usage
 11. Assimilate knowledge acquired through lectures, discussions, demonstrations, and readings and make appropriate judgments/decisions in a timely manner during clinical practice.
 12. Demonstrate competence in applying concepts from biological, sociological and psychological sciences in clinical practice.
 13. Manipulate equipment necessary for providing nursing care to clients, e.g. syringes, infusion pumps, life support devices.
 14. Maintain current CPR certification or ACLS, BCLS, and PALS depending on Concentration.
- B. For students who do not meet the minimum qualifications described above, the College of Nursing, in accord with the nondiscrimination policy of UTHSC will endeavor to make reasonable accommodations for students and applicants with disabilities. Any student or applicant who thinks he/she does not possess one or more of the following skills should consider their ability to meet the above qualifications with reasonable accommodation and seek assistance from an academic counselor, faculty advisor and/or Disability Services. Requests for accommodation will be evaluated by nursing faculty with representation from outside the UTHSC CON as appropriate.
- C. Additional health Requirements include, but are not limited to, the following:
 1. Documentation of Immunizations for Diphtheria/Tetanus, Oral Polio; Hepatitis B Vaccine (or documented seropositivity), Varicella History (Chicken Pox), Measles, Mumps, Rubella,
 2. Tuberculin Skin Test
 3. Proof of Health Insurance

Wellness Policy

Process for insuring dissemination of and compliance with this policy:

- A. Education
 - 1. Distribute policy during orientation
 - 2. Provide mandatory lectures on substance abuse and chemical dependence during educational tenure
 - 3. Advertise resources and services for assistance with substance abuse or chemical dependence including but not limited to: Student Assistance Program, TNPAP, and educational materials on stress, emotional health, and substance use/abuse/dependence.

- B. Drug and/or Alcohol Testing:
 - 1. Pre-enrollment screening.
 - a. All students are required to submit to drug and/or alcohol testing as a condition of enrollment. Enrollment will be denied to individuals who refuse or fail to provide a sample for a drug and/or alcohol screen or who have a positive result on pre-enrollment drug and/or alcohol screen.
 - b. Results of pre-enrollment health assessments, including mandatory drug screens, are a permanent part of the individual's confidential health record.
 - c. Failure to inform UTHSC CON of active participation in an impaired provider program may result in revocation of enrollment offer or immediate dismissal.
 - 2. Testing for reasonable suspicion. An individual may be required to undergo an immediate blood, urine or breathe analysis under any of the following circumstances:
 - a. When there is reasonable suspicion that the individual is under the influence of alcohol, narcotics, hallucinogens, marijuana or other chemical substances.
 - b. Following a work-related injury.
 - c. When there is evidence of poor judgment or careless acts that caused, or had the potential to cause, patient injury, that jeopardized the safety of others, or that resulted in damage to equipment.
 - b. When there has been a suspected diversion of controlled substances.
 - 3. Individuals who are taking over-the-counter or prescribed medication are expected to assess the effect the medication may have on their performance or personal behavior and report to their Academic Advisor and/or University Health the use of any medication that may impair their performance or has the potential for an adverse effect on a drug screen.
 - 4. Individuals who refuse to undergo an immediate drug and alcohol screen may be subject to immediate disciplinary actions, up to and including dismissal.
 - 5. Until proven otherwise, an individual with a positive drug screen is presumed to be under the influence of drugs. All positive drug and/or alcohol testing will have a confirmatory follow-up test.

- C. If determined that the student is unduly affected by stress, substance use/abuse/dependence or emotional illness, the intervention process, after notification and consultation with the Dean of Academic Affairs, may include but is not limited to the following:
 - 1. Referral to Student Assistance Program and/or other health care programs for voluntary evaluation and care. Cost of treatment is totally the responsibility of the student.
 - 2. Immediate intervention by the clinical faculty to correct problems with a student's conduct and performance in the clinical setting.
 - 3. Counseling as to the consequences (disciplinary action and prevention from being licensed to practice nursing in the State of Tennessee) if voluntary assistance is not sought.
 - 4. Recommendation of a leave of absence. This will only be granted if the student can demonstrate that he/she has agreed to an evaluation and is complying with recommendations of his/her treating clinician; and the recommended leave of absence cannot exceed 12 months.
 - 5. Immediate dismissal may be recommended if the student fails to complete recommended care and treatment,

Wellness Policy

6. A student will be allowed to resume active enrollment dependent upon recommendation from the treating health care provider(s).
 - a. In the case of substance use/abuse/dependence, the following will apply:
 - i. The student must provide evidence of successful completion of treatment program and sustained active recovery/sobriety.
 - ii. The student must present documentation that they are substance free, presently involved in an after-care program and fit to resume their education without restrictions, other than those required by the College, TNPA P or state of practice.
 - iii. If enrolled in the graduate program, possess a current licensure as a registered nurse.
 - iv. Have a planned program for continued recovery.
 - b. In the case of leaves relating to stress or mental health issues, the following will apply
 - i. The student must provide documentation of fitness for duty from his/her health care provider; this documentation must specify any additional follow-up that has been recommended to assure student success
 - ii. If enrolled in the graduate program, possess a current licensure as a registered nurse

These guidelines will be reviewed annually to ensure that disciplinary sanctions are appropriate, fair, and enforced consistently. Policy revisions may be indicated if the review suggests a need for improvement.

English Proficiency for Students

At the University of Tennessee Health Science Center, all coursework is conducted in the English language, and English proficiency is a required prerequisite for student success. Each college must establish a process whereby students can demonstrate or document their proficiency in English prior to matriculation.

Colleges should require appropriate documentation of English proficiency of any prospective student: a) when the applicant's native language is not English, or b) whenever questions of English proficiency arise during the application process. In most cases documentation will involve successful attainment of a pre-determined score on an accepted language exam such as TOEFL (Test of English as a Foreign Language) or IELTS (International English Language Testing System).

Student Academic Support Services & Inclusion

Student Academic Support Services & Inclusion (SASSI) has a primary goal of promoting student progress in the various programs offered by the University of Tennessee Health Science Center. To that end, it offers a variety of services designed to facilitate learning and enhance academic performance of a diverse study body. All student conferences with SASSI staff are confidential unless otherwise noted. Services are provided on an individual or group basis without charge to students. The focus is not on remediation but rather on adjusting study habits to the volume of the health science curricula and the time constraints of daily schedules. Efforts are devoted to helping students adjust to the challenges and pressures of the health science learning environment.

SASSI provides support services to all UTHSC students, including those students off-campus and on-line. Educational specialists and a part-time counselor are available to meet with students individually or in groups. Appointments can take place in-person, on the phone, through email, or on-line. SASSI services include assistance in time management, test taking, test anxiety, stress management, learning preferences, reading efficiency, note taking and note using, information retention, organization for learning, and board preparation. Resources related to these and other areas can be found on the SASSI website and Blackboard along with useful apps, webinars, workshops and electronic resources. SASSI also facilitates and coordinates accommodations for students with disabilities along with awareness and support for, but not limited to, students dealing with issues and challenges around race and ethnicity, gender and sexual preference, faith, place of origin, life experience, economic conditions and students who are victims of domestic violence, veterans, under-represented and/or any student seeking safety and support on campus.

SASSI maintains a library of resources, including books for student check-out, a computer lab, and a 24/7 study area and lounge.

www.uthsc.edu/SASSI
(901) 448-5056

Locations

SASSI is located in the General Education Building (GEB):

- Room BB9 = Main SASS Office, Computer Lab, Cubicles
- Room BB9 = Services for Students with Disabilities
- Room BB9 = Library and Reference Room
- Room BB6 = Computer Lab
- Room CB18 = Conference Room

SASSI Hours of Operation

- Monday-Thursday - 8am to 7pm
- Friday - 8am to 5pm
- Saturday - 10am to 5pm
- Sunday - 2pm to 6pm
- ***Closed Daily for Lunch - 1pm to 2pm***

24/7 Card Access Student Study Area

- Rooms CB3 and CB15
- Equipped with a lounge, cubicles, and group study rooms.
(Cubicles and Study Rooms available on a first come, first serve basis)
- A refrigerator, microwave, free coffee, and couches are also available for student use.

Campus Wide Tutoring Program

Through the Campus Wide Tutoring Program, SASSI provides peer tutoring for all programs at UTHSC. Group tutoring is coordinated, as available, in select courses for students prior to the first assessment. After the first assessment, group tutoring is available for students with a failing grade, as determined by their program. Individual tutoring is also offered on a case-by-case basis, as available. Students interested in receiving tutoring or becoming a tutor should contact the SASSI Tutoring Coordinator at sassi@uthsc.edu or 448-5056.

Student Academic Support Services & Inclusion

Accommodations for Students with Disabilities

Any student wanting to request accommodations must disclose a disability and provide evidence of a functional limitation that impacts the individual in the academic setting. SASSI requires comprehensive documentation of the disability and a personal interview to determine appropriate services and accommodations. Students should contact the Disability Coordinator in SASSI as early as possible in order to facilitate the timely review and/or approval of the requested services which can take up to 2-3 weeks. For more information on the process for requesting accommodations, the documentation guidelines, and to download the paperwork that will need to be completed, please visit the SASSI Blackboard, SASSI website (www.uthsc.edu/sassi), or contact SASSI at sassi@uthsc.edu or 448-5056.

Students who are denied accommodations have a right to appeal the decision. For more information on the appeal process, please contact the Disability Coordinator (SASSI@uthsc.edu) or (901) 448-5056.

Guidelines for Handling excused Absences from Exams/Quizzes for Disability Based Issues

The following guidelines describe the process whereby students currently registered with SASSI for a documented disability can arrange to make up an absence from an exam and/or quiz when such absence is directly related to a previously-disclosed, documented disability and approved accommodations through SASSI.

Students aware that they will miss the exam and/or quiz prior to its administration must notify SASSI in writing (email is acceptable) as soon as possible prior to the exam. If the student is not able to notify SASSI due to an unexpected absence, it is expected that the student notifies SASSI in writing within 12 hours of the original exam administration time.

- Students must follow the professor's policy regarding notification of an absence from an exam. The reason/diagnosis for which the absence is based need only be shared with SASSI staff.
- Within five (5) working days, the student must provide SASSI with a written explanation from their present health care provider. Once written notification is received, SASSI staff can verify the absence, if needed, for the professor. The notification must include information that directly supports the need for the absence from an exam based on a documented disability on file with SASSI. This explanation must be from a professional on letterhead and include a projected date for return to campus.
- Students must follow the professor's policy regarding make-up exams.
- If taking the make-up exam in SASSI, students must follow SASSI procedures for regular exam administration.
- Faculty members should contact SASSI if they desire verification of the disability-related absence from an exam and/or quiz. Faculty members must refrain from asking the student for specific and detailed documentation of the excused absence since such explanations/ documentations constitute a violation of the student's privacy rights.
- When providing a make-up exam for a student with a disability-related excused absence, faculty members must administer the same make-up exam and/or quiz given to all other students, provided that the make-up is given at the same time for all students. Should it be necessary to prepare a separate make-up exam and/or quiz for any student (disability or not), the faculty member must provide an exam that is comparable to the original with respect to the types of questions, length of exam, and complexity of the questions.

NOTE: SASSI should not be contacted for test-taking accommodations unless the excuse is directly related to a disability that has been documented by SASSI. Absences that are not attributable to a documented disability must be handled according to the professor's written policy regarding missed exams.

Anesthesia Practicum Course Descriptions and Outcomes

ANES 883 DNP ANESTHESIA PRACTICUM A

COURSE DESCRIPTION:

This preliminary course is to integrate didactic knowledge based on the framework of basic sciences, pharmacology, standards of practice and systems with practical application in nurse anesthesia. This course focuses on the student's ability to achieve a level of proficiency with the normal, healthy patient and the patient with mild systemic disease (no functional limitation), assigned a physical status classification of P1 and P2.

COURSE OUTCOMES:

Upon completion of this course, the student will be able to:

1. Perform a physiologically sound anesthetic induction, maintenance and emergence within the confines of the operative, diagnostic and therapeutic situation and the pathological condition,
2. Demonstrate responsibility, accountability, professionalism, and integrity in the clinical leadership role of the nurse anesthetist,
3. Provide culturally sensitive care that incorporates the patient's right to self-determination,
4. Evaluate practice for the purpose of continuous improvement,
5. Use best available evidence to enhance quality in clinical practice.

Anesthesia Practicum Course Descriptions and Outcomes

ANES 884 DNP ANESTHESIA PRACTICUM B

COURSE DESCRIPTION:

This course provides a clinical opportunity for the intermediate student nurse anesthetist to integrate previously mastered knowledge and skills in the care of a more comprehensive range of patients. This course focuses on the student's ability to achieve a level of proficiency with the normal, healthy patient and the patient with mild systemic disease (no functional limitation) for emergency surgery, assigned a physical status classification of P 1 E and P2E and the patient with severe systemic disease (with some functional limitations) assigned a physical status classification of P3 status and the P3E who presents for emergency surgery.

COURSE OUTCOMES

Upon completion of this course for P1E, P2E, P3 and P3E patients, the student will be able to:

1. Perform a physiologically sound anesthetic induction, maintenance and emergence within the confines of the operative, diagnostic and therapeutic situation and the pathological condition,
2. Demonstrate responsibility, accountability, professionalism, and integrity in the clinical leadership role of the nurse anesthetist,
3. Provide culturally sensitive care that incorporates the patient's right to self-determination,
4. Evaluate practice for the purpose of continuous improvement,
5. Use best available evidence to enhance quality in clinical practice.

Anesthesia Practicum Course Descriptions and Outcomes

ANES 885 DNP ANESTHESIA PRACTICUM C

COURSE DESCRIPTION:

This course provides a clinical opportunity for the student nurse anesthetist to integrate previously mastered knowledge and skills in the care of a more comprehensive range of patients. This course focuses on the student's ability to achieve a level of proficiency with the patient with severe systemic disease that is a constant threat to life (functionally incapacitated) assigned an assigned a physical status classification of P4 status and the moribund patient who is not expected to survive without the procedure/surgery assigned a physical status classification of P5 and these same patients who present for emergency surgery assigned as P4E and P5E.

COURSE OUTCOMES:

Upon completion of this course, the student will be able to:

1. Perform a physiologically sound anesthetic induction, maintenance and emergence within the confines of the operative, diagnostic and therapeutic situation and the pathological condition,
2. Demonstrate responsibility, accountability, professionalism, and integrity in the clinical leadership role of the nurse anesthetist,
3. Provide culturally sensitive care that incorporates the patient's right to self-determination,
4. Evaluate practice for the purpose of continuous improvement,
5. Use best available evidence to enhance quality in clinical practice.

Anesthesia Practicum Course Descriptions and Outcomes

ANES 886 DNP SPECIALTY PRACTICUM A

COURSE DESCRIPTION:

This is the first in a series of two clinical courses in which the DNP nurse anesthesiology student integrates previously mastered knowledge and skills in the care of patients from the five specialty areas of anesthesia and surgery. The focus of this course is on the student's ability to achieve proficiency for obstetric, pediatric, neurosurgical, trauma or cardiac surgical patients.

COURSE OUTCOMES:

Upon completion of this course, the student will be able to:

1. Perform a physiologically sound anesthetic induction, maintenance and emergence within the confines of the operative, diagnostic and therapeutic situation and the pathological condition,
2. Demonstrate responsibility, accountability, professionalism, and integrity in the clinical leadership role of the nurse anesthetist,
3. Provide culturally sensitive care that incorporates the patient's right to self-determination,
4. Evaluate practice for the purpose of continuous improvement,
5. Use best available evidence to enhance quality in clinical practice.

Anesthesia Practicum Course Descriptions and Outcomes

ANES 887 DNP SPECIALTY PRACTICUM B

COURSE DESCRIPTION:

This is the second in a series of two clinical courses in which the DNP nurse anesthesiology student integrates previously mastered knowledge and skills in the care of patients from the five specialty areas of anesthesia and surgery. This course focuses on the student's ability to achieve proficiency for obstetric, pediatric, neurosurgical, trauma or cardiac surgical patients.

COURSE OUTCOMES:

Upon completion of this course, the student will be able to:

1. Perform a physiologically sound anesthetic induction, maintenance and emergence within the confines of the operative, diagnostic and therapeutic situation and the pathological condition,
2. Demonstrate responsibility, accountability, professionalism, and integrity in the clinical leadership role of the nurse anesthetist,
4. Provide culturally sensitive care that incorporates the patient's right to self-determination,
5. Evaluate practice for the purpose of continuous improvement,
6. Use best available evidence to enhance quality in clinical practice

SECTION IV CLINICAL SITES

Clinical Facilities

The University of Tennessee Health Science Center Nurse Anesthesiology Concentration and the Methodist Le Bonheur Healthcare system are partners. Affiliations with the Medical Anesthesia Group and Methodist Le Bonheur Healthcare include the following institutions:

- Methodist University Hospital – Memphis, TN
- Methodist Le Bonheur Germantown Hospital – Germantown, TN
- Methodist North Hospital – Memphis, TN
- Methodist South Hospital – Memphis, TN
- Le Bonheur Children’s Hospital – Memphis, TN
- Methodist Olive Branch – Olive Branch, MS

Other affiliations include:

- Regional One Health – Memphis, TN
- Baptist Memorial Hospital – Union County - New Albany, MS
- Baptist Memorial Hospital - DeSoto- DeSoto, MS
- Baptist Memorial Hospital – Memphis, TN
- St. Francis Hospital – Memphis, TN
- St. Jude Children’s Research Hospital – Memphis, TN
- Veteran’s Affairs Medical Center – Memphis, TN
- NEA Baptist Memorial Hospital - Jonesboro, AR

The student is to adhere to the policies of the guest department or institution. The student is expected to use his/her judgment in informing the appropriate authority or the Nurse Anesthesiology Faculty concerning any clinical or didactic problems associated with any of the clinical rotations.

Please remember you are a guest at the facilities!

Methodist University Hospital
1265 Union Avenue
Memphis, TN 38014
(901) 516-7000

Terminal Learning Outcomes: This site is utilized for students in all clinical practica. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group Medical Anesthesia Group

6060 Primacy Parkway, Suite 241
Memphis, TN 38119
(901)725-5846

Business Manager: Matthew Johnson

CRNA(s):

Jillian Smith - (901) 494-8499 jillianreesesmith@comcast.net jsmith@magememphis.com

Care Plans/Evaluations: As per UTHSC Nurse Anesthesiology Concentration Student Handbook.

Sick: At least 2 hours prior to start of shift, email the clinical coordinator that sent you the assignment the night before. Also e-mail the Program Director daccardo@uthsc.edu, Assistant Director lcoker1@uthsc.edu and the Administrative Aide, Ashley Jones (ajone339@uthsc.edu) of your absence.

Parking: Parking is provided at Methodist University Hospital.

Assignments: Assignments are made and e-mailed the night before after 1900. All inpatient assignments are to be seen the night before surgery. An assessment form is to be completed on all patients. If there are any questions regarding lab work or preoperative orders, this should be cleared with the CRNA or MD.

Narcotic Control:

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. At Methodist Hospitals, all narcotics will be obtained by the anesthesia provider.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left and verify the remaining count is correct. It is the student's responsibility to follow hospital policy regarding handoff of controlled substances.
4. If you need to waste a portion of unused narcotic, document this on the patient's record with a co-signature of another RN, CRNA or MD. Always follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. All syringes (narcotics and any other drug) are to be labeled with the drug name, the drug dose and dated.
7. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
8. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Directions: Take Madison Avenue east from the College of Nursing to Pauline. Turn south at Pauline and travel to Union Avenue. Turn east on Union Avenue and travel to 1265 Union Avenue.

Phone Numbers: Surgery Desk: (901) 516-8407

Cafeteria: Lunch is not provided. Please plan on buying or bringing your lunch.

Anesthesia In-service: You will be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator.

Methodist University Hospital

Reading Assignments: Students should read about cases with which they will be involved on the following day. For the specialty rotations such as Neuro and CV, the primary preceptors for these rotations will assign appropriate reading assignments.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at Methodist University Hospital and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on UTHSC Nurse Anesthesiology Concentration Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD preceptor.
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned preceptor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by so the student will be available in the preoperative area by 0645 for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated, timed and initialed. At the end of the day any opened, unused drugs should be discarded according to hospital policy.
5. Plan ahead and set up assigned cases in advance. Your anesthetic care plan must be reviewed and readily available either via discussion with preceptor or in written form, if requested. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned CRNA or anesthesiologist clinical preceptor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their CRNA or anesthesiologist clinical preceptor, or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed CRNA or anesthesiologist clinical preceptor. Failure to follow this policy is illegal and will result in dismissal from the clinical site and/or Program. Under no condition is it acceptable for a student to administer an anesthetic without a licensed CRNA or anesthesiologist clinical preceptor supervising.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or UTHSC Nurse Anesthesiology Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on UTHSC Nurse Anesthesiology Concentration's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. It is imperative to adhere to the UTHSC Nurse Anesthesiology Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect

Methodist University Hospital

professional and/or institutional standards

16. Any student removed from the clinical area must contact the clinical site coordinator and UTHSC Nurse Anesthesiology Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Methodist University that each student benefits from their clinical experience. This is a learning experience, which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

Orientation: Orientation is given to all students during the fall semester upon the completion of SimLab.

Methodist Le Bonheur Germantown Hospital
7691 Poplar Avenue
Germantown, TN 38138
(901) 516-6418

Terminal Learning Outcomes: This site is utilized for students in all clinical practica. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group

Medical Anesthesia Group
6060 Primacy Parkway, Suite 241
Memphis, TN 38104

Business Manager: Matthew Johnson

CRNA(s):

Jillian Smith - (901) 494-8499 jillianreesesmith@comcast.net jsmith@magememphis.com

Care Plans/Evaluations: As per UTHSC Nurse Anesthesiology Concentration Student Syllabus and Student Handbook.

Sick: At least 2 hours prior to start of shift, e-mail Program Director Dwayne Accardo (daccardo@uthsc.edu) or the clinical coordinator that sent you the assignment the night before. Also email Administrative Aide, Ashley Jones (ajone339@uthsc.edu) of your absence.

Parking: Parking is provided.

Assignments: Assignments are made and e-mailed the night before after 1900. All inpatient assignments are to be seen the night before surgery. An assessment form is to be completed on all patients. If there are any questions regarding lab work or preoperative orders, this should be cleared with the CRNA or MD.

Narcotic Control:

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. At Methodist Hospitals, all narcotics will be obtained by the anesthesia provider.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left and verify the remaining count is correct. It is the student's responsibility to follow hospital policy regarding handoff of controlled substances.
4. If you need to waste a portion of unused narcotic, document this on the patient's record with a co-signature of another RN, CRNA or MD. Always follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. All syringes (narcotics and any other drug) are to be labeled with the drug name, the drug dose and dated.
7. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
8. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Directions: Take Madison Avenue east from the College of Nursing to Pauline. Turn south at Pauline and travel to Union Avenue. Turn east on Union Avenue and merge onto I-240 S for 4.6 miles. Merge onto I-240 E via the exit on the left toward Nashville for 10 miles. Take the US-72 E/Poplar Ave. exit (exit number 15A) toward Germantown. Stay straight to go onto Poplar Ave/TN-57 E/US – 72 E for 3.3 miles. Turn left onto S. Germantown Rd/TN 177.

Phone Numbers: Surgery Desk: (901) 516 - 6909

Cafeteria: Lunch is not provided. Please plan on buying or bringing your lunch.

Methodist Le Bonheur Germantown Hospital

Anesthesia In-service: You will be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists

These guidelines exist to maximize the student's clinical experience at Methodist University Hospital and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on UTHSC Nurse Anesthesiology Concentration Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD preceptor.
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned preceptor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by so the student will be available in the preoperative area by 0645 for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated, timed and initialed. At the end of the day any opened, unused drugs should be discarded according to hospital policy.
5. Plan ahead and set up assigned cases in advance. Your anesthetic care plan must be reviewed and readily available either via discussion with preceptor or in written form, if requested. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned CRNA or anesthesiologist clinical preceptor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their CRNA or anesthesiologist clinical preceptor, or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed CRNA or anesthesiologist clinical preceptor. Failure to follow this policy is illegal and will result in dismissal from the clinical site and/or Program. Under no condition is it acceptable for a student to administer an anesthetic without a licensed CRNA or anesthesiologist clinical preceptor supervising.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or UTHSC Nurse Anesthesiology Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on UTHSC Nurse Anesthesiology Concentration's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. It is imperative to adhere to the UTHSC Nurse Anesthesiology Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect

Methodist Le Bonheur Germantown Hospital

professional and/or institutional standards.

16. Any student removed from the clinical area must contact the clinical site coordinator and UTHSC Nurse Anesthesiology Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Methodist University that each student benefits from their clinical experience. This is a learning experience, which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

Orientation: Orientation is given to all students during the fall semester upon the completion of SimLab.

Methodist North Hospital
3960 New Covington Pike
Memphis, TN 38128
(901) 516-5200

Terminal Learning Outcomes: This site is utilized for students in all clinical practica. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group
Medical Anesthesia Group
6060 Primacy Parkway
Suite 241
Memphis, TN 38119

Business Manager: Matthew Johnson

CRNA(s):

Jillian Smith - (901) 494-8499 jillianreesesmith@comcast.net jsmith@magmemphis.com

Care Plans/Evaluations: As per UTHSC Nurse Anesthesiology Concentration Student Syllabus and Student Handbook.

Sick: At least 2 hours prior to start of shift, e—mail daccardo@uthsc.edu or the clinical coordinator that sent you the assignment the night before. Also email the administrative assistant, Ashley Jones (ajone339@uthsc.edu) to inform her of your absence.

Parking: Parking is provided.

Assignments: Assignments are made and e-mailed the night before after 1900. All inpatient assignments are to be seen the night before surgery. An assessment form is to be completed on all patients. If there are any questions regarding lab work or preoperative orders, this should be cleared with the CRNA or MD.

Narcotic Control:

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. At Methodist Hospitals, all narcotics will be obtained by the anesthesia provider.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left and verify the remaining count is correct. It is the student's responsibility to follow hospital policy regarding handoff of controlled substances.
4. If you need to waste a portion of unused narcotic, document this on the patient's record with a co-signature of another RN, CRNA or MD. Always follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. All syringes (narcotics and any other drug) are to be labeled with the drug name, the drug dose and dated.
7. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
8. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Directions: Take Madison Avenue east from the College of Nursing to I-240N/I-40W ramp and merge onto I-240N for 0.1 mile. Merge onto I-40 E for 7.5 miles and merge onto TN-14 via exit number 8 toward Austin Peay Highway for 3.9 miles. Turn right onto New Covington Pike – TN-204.

Phone Numbers: Surgery Desk: (901) 516-5413

Cafeteria: Lunch is not provided. Please plan on buying or bringing your lunch.

Methodist North Hospital

Anesthesia In-service: You will be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists

These guidelines exist to maximize the student's clinical experience at Methodist University Hospital and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on UTHSC Nurse Anesthesiology Concentration Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD preceptor.
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned preceptor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by so the student will be available in the preoperative area by 0645 for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated, timed and initialed. At the end of the day any opened, unused drugs should be discarded according to hospital policy.
5. Plan ahead and set up assigned cases in advance. Your anesthetic care plan must be reviewed and readily available either via discussion with preceptor or in written form, if requested. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned CRNA or anesthesiologist clinical preceptor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their CRNA or anesthesiologist clinical preceptor, or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed CRNA or anesthesiologist clinical preceptor. Failure to follow this policy is illegal and will result in dismissal from the clinical site and/or Program. Under no condition is it acceptable for a student to administer an anesthetic without a licensed CRNA or anesthesiologist clinical preceptor supervising.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or UTHSC Nurse Anesthesiology Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on UTHSC Nurse Anesthesiology Concentration's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. It is imperative to adhere to the UTHSC Nurse Anesthesiology Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect

Methodist North Hospital

professional and/or institutional standards.

15. Any student removed from the clinical area must contact the clinical site coordinator and UTHSC Nurse Anesthesiology Faculty immediately.
16. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
17. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
18. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Methodist University that each student benefits from their clinical experience. This is a learning experience, which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

Orientation: Orientation is given to all students during the fall semester upon the completion of SimLab.

Methodist South Hospital

1300 Wesley Drive
Memphis, TN 38116
(901) 516-3700

Terminal Learning Outcomes: This site is utilized for students in all clinical practica. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group:

Medical Anesthesia Group
6060 Primacy Parkway, Suite 241
Memphis, TN 38119

Business Manager: Matthew Johnson

CRNA(s):

Jillian Smith - (901) 494-8499 jillianreesesmith@comcast.net jsmith@magmemphis.com

Care Plans/Evaluations: As per UTHSC Nurse Anesthesiology Concentration Student Syllabus and Student Handbook.

Sick: At least 2 hours prior to start of shift, e—mail daccardo@uthsc.edu or the clinical coordinator that sent you the assignment the night before. Also e-mail our Administrative Aide, Ashley Jones (ajone339@uthsc.edu)

Parking: Parking is provided.

Assignments: Assignments are made and e-mailed the night before after 1900. All inpatient assignments are to be seen the night before surgery. An assessment form is to be completed on all patients. If there are any questions regarding lab work or preoperative orders, this should be cleared with the CRNA or MD.

Narcotic Control:

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. At Methodist Hospitals, all narcotics will be obtained by the anesthesia provider.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left and verify the remaining count is correct. It is the student's responsibility to follow hospital policy regarding handoff of controlled substances.
4. If you need to waste a portion of unused narcotic, document this on the patient's record with a co-signature of another RN, CRNA or MD. Always follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. All syringes (narcotics and any other drug) are to be labeled with the drug name, the drug dose and dated.
7. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
8. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Directions: Take Madison Avenue east from the College of Nursing to Pauline. Turn south at Pauline and travel to Union Avenue. Turn east on Union Avenue and merge onto I-240 S for 4.6 miles. Travel to exit number 25A toward Jackson, MS and merge onto I-55 S. Take US-51 exit (exit number 5B) toward Elvis Presley Blvd. South. Turn left onto E. Brooks Road for <0.1 miles. Turn right on Elvis Presley Blvd and travel for 2 miles. Turn left onto Wesley Drive.

Phone Numbers: Surgery Desk: (901) 516-3811

Methodist South Hospital

Cafeteria: Lunch is not provided. Please plan on buying or bringing your lunch.

Anesthesia In-service: You will be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at Methodist University Hospital and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on UTHSC Nurse Anesthesiology Concentration Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD preceptor.
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned preceptor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by so the student will be available in the preoperative area by 0645 for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated, timed and initialed. At the end of the day any opened, unused drugs should be discarded according to hospital policy.
5. Plan ahead and set up assigned cases in advance. Your anesthetic care plan must be reviewed and readily available either via discussion with preceptor or in written form, if requested. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned CRNA or anesthesiologist clinical preceptor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their CRNA or anesthesiologist clinical preceptor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed CRNA or anesthesiologist clinical preceptor. Failure to follow this policy is illegal and will result in dismissal from the clinical site and/or Program. Under no condition is it acceptable for a student to administer an anesthetic without a licensed CRNA or anesthesiologist clinical preceptor supervising.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or UTHSC Nurse Anesthesiology Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on UTHSC Nurse Anesthesiology Concentration's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. It is imperative to adhere to the UTHSC Nurse Anesthesiology Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.

Methodist South Hospital

15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and UTHSC Nurse Anesthesiology Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Methodist University that each student benefits from their clinical experience. This is a learning experience, which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

Orientation: Orientation is given to all students during the fall semester upon the completion of SimLab.

Methodist Le Bonheur Children's Hospital
50 North Dunlap
Memphis, TN 38103
(901) 287-KIDS

Terminal Learning Outcomes:

1. Formulate anesthetic care plans based on the major anatomical and physiologic changes in the developing pediatric patient (pre-term and term neonates through adolescence).
2. Critique the anesthetic implications of the differences in anatomy and physiology of neonates, infants, children and adults: airway, transitional circulation, lung volumes and pulmonary function, fluid distribution, renal and hepatic function, metabolism, pharmacokinetics and pharmacodynamics of anesthetic agents and medications.
3. Recognize the emotional stress and related perioperative problems that may be experienced by children and parents.
4. Formulate methods to alleviate anxiety and reduce emotional and behavioral problems.
5. Assess the anesthetic concerns of common medical problems encountered in perioperative care: URIs, asthma, gastroesophageal reflux, delayed psychomotor development, cerebral palsy, Down syndrome, premature birth, latex allergy, obstructive sleep apnea, congenital heart disease.
6. Differentiate specific equipment for pediatric cases including circuits, ventilators, endotracheal tubes, laryngoscopes and airway adjuncts.
7. Analyze common techniques for induction and maintenance of anesthesia in the pediatric patient: various methods of inhalation induction, intravenous induction, balanced anesthesia, total IV anesthesia.
8. Recommend methods to prevent hypothermia based upon physiologic principles of thermoregulation in the pediatric patient.
9. Recommend fluid and blood product administration for the pediatric patient.
10. Assess management of common pediatric emergencies, i.e., post op tonsillar hemorrhage, trauma, foreign body ingestion/aspiration, "open-globe" eye injury.
11. Analyze routine preoperative assessment and preparation including indications for laboratory and radiographic testing, fasting guidelines, and preoperative medications including anxiolysis and sedation.
12. Critique management of routine problems encountered in pediatric anesthetic management, i.e., hypoxia, laryngospasm, emergence delirium, PONV.
13. Propose routine management of acute postoperative pain in the pediatric patient.
14. Recommend management strategies for malignant hyperthermia or for the at-risk patient based upon the physiologic and etiologic principles of malignant hyperthermia.

Anesthesia Group:

Pediatric Anesthesiologists, P.A.
50 North Dunlap, 2nd Floor Research Tower
Memphis, TN 38103

Contact: Beverly Smith; pedgas@me.com; 901-287-6060.

CRNA(s):

Janet Sessums; jisnurse@aol.com

Care Plans/Evaluations: As per UTHSC Nurse Anesthesiology Concentration Student Syllabus and Student Handbook.

Sick: If you know you will still be ill by the next day call (901) 287 – 6060 before 5 p.m. If you are sick the morning of your scheduled shift, call (901) 287 – 6056 at least 2 hours prior to your scheduled start time. Remember to obtain and document the person's name who took the message. Also e-mail the Program Director daccardo@uthsc.edu, Assistant Director, lcoker1@uthsc.edu, and Administrative Aide Ashley Jones (ajone339@uthsc.edu) to inform them of your absence.

Orientation: Ms. Beverly Smith will e-mail you in advance to tell you the time of your orientation appointment, which will be about two weeks before the start of your rotation. Turn in the forms she attaches **as soon as possible** after you receive her e-mail. ****During orientation security badges and a parking permit will be issued. If you have a Methodist ID badge, this has to be brought with you on orientation day. No exceptions!**

Methodist Le Bonheur Children's Hospital

Assignments: Assignments are made and students will receive a copy of the schedule with their assignments each day by 6:00 p.m. via e-mail. If there are questions, call (901) 287 – 6056 or e-mail pedgas@me.com.

Narcotic Control: See Le Bonheur's Narcotic Distribution and Control: Anesthesia Department Policy in Pediatric Handbook, given at clinical orientation.

Directions: Take Madison Avenue west from College of Nursing to Dunlap. Turn right at Dunlap to 50 N. Dunlap Ave.

Phone Numbers:

Surgery Desk: (901) 287-6056 or (901) 287-6058
Ms. Helen Patterson – Secretary
Main Hospital: (901) 287- KIDS
Anesthesia Office: (901) 287-6060
Ms. Beverly Smith – Office Manager
Ms. Laura Coleman – Billing Specialist
Anesthesia Workroom: (901) 287- 2097
Ms. Geraldine Thompson – Anesthesia Aide
Ms. Theresa Silvestri – Anesthesia Aide
Pre-op Holding (Bunny Room): (901) 287 – 6028
Ms. Raninell Clark – Nurse in Charge

Cafeteria: The cafeteria is open from 11:00 until 2:00 p.m. There is a refrigerator and microwave available for use in the anesthesia office as students are encouraged to bring their lunches.

Anesthesia In-service: Periodically, lectures are given by the anesthesiologists. You are required to attend these.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at Methodist Le Bonheur Children's Hospital and are contained in the Pediatric Anesthesia Trainee Manual.

1. Students need to plan to arrive by 06:15 a.m. to set-up your room for 07:15 start time.
2. Students must bring their ear-piece for precordial or esophageal monitoring.
3. Students are required to stock and organize their anesthesia cart.
4. Students are to be prepared to discuss their care plans with staff before the start of the day.
5. Students are to do evaluations daily.
6. If two students are assigned to one room, you are to alternate cases. For the best learning experience, please chart and manage your own case while fellow student prepares for the next case.

Methodist Olive Branch Hospital
4250 Bethel Road
Olive Branch, MS 38654
(662) 932-9000

Terminal Learning Outcomes: This site is utilized for students in all clinical practica. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group:

Medical Anesthesia Group
6060 Primacy Parkway
Memphis, TN 38119
Contact: Matt Johnson-Business Manager

CRNA(s):

Jillian Smith - (901) 494-8499 jillianreesesmith@comcast.net jsmith@magmemphis.com

Care Plans/Evaluations: As per UTHSC Nurse Anesthesiology Concentration Student Planner and Handbook.

Sick: At least 2 hours prior to start of shift, e—mail daccardo@uthsc.edu or the clinical coordinator that sent you the assignment the night before. Also email Administrative Aide, Ashley Jones (ajone339@uthsc.edu) to inform her of your absence.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at Methodist University Hospital and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on UTHSC Nurse Anesthesiology Concentration Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD preceptor.
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned preceptor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by so the student will be available in the preoperative area by 0645 for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated, timed and initialed. At the end of the day any opened, unused drugs should be discarded according to hospital policy.
5. Plan ahead and set up assigned cases in advance. Your anesthetic care plan must be reviewed and readily available either via discussion with preceptor or in written form, if requested. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned CRNA or anesthesiologist clinical preceptor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their CRNA or anesthesiologist clinical preceptor, or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed CRNA or anesthesiologist clinical preceptor. Failure to follow this policy is illegal and will result in dismissal from the clinical site and/or Program. Under no condition is it acceptable for a student to administer an anesthetic without a licensed CRNA or anesthesiologist clinical preceptorsupervising.

Methodist Olive Branch Hospital

8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or UTHSC Nurse Anesthesiology Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on UTHSC Nurse Anesthesiology Concentration's Care Plan and is required for ALL patients. ANY perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. It is imperative to adhere to the UTHSC Nurse Anesthesiology Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and UTHSC Nurse Anesthesiology Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Methodist University that each student benefits from their clinical experience. This is a learning experience, which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

Orientation: Orientation is given to all students during the fall semester upon the completion of SimLab.

Assignments: Assignments are made and e-mailed the night before after 1900. All inpatient assignments are to be seen the night before surgery. An assessment form is to be completed on all patients. If there are any questions regarding lab work or preoperative orders, this should be cleared with the CRNA or MD.

Narcotic Control:

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. At Methodist Hospitals, all narcotics will be obtained by the anesthesia provider.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left and verify the remaining count is correct. It is the student's responsibility to follow hospital policy regarding handoff of controlled substances.
4. If you need to waste a portion of unused narcotic, document this on the patient's record with a co-signature of another RN, CRNA or MD. Always follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. All syringes (narcotics and any other drug) are to be labeled with the drug name, the drug dose and dated.

Methodist Olive Branch Hospital

7. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
8. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Directions: Take 240 S for 14 miles. Take exit 287 toward Church Rd, then turn left onto Church Rd W for 9.4 miles. Then turn right onto MS-305 S for 1 mile, then turn left onto College Rd for 2 miles. Then turn left onto Bethel Rd for 0.4 miles and you will see Methodist Olive Branch Hospital.

Phone Numbers: Surgery Desk: (662) 893-9815

Cafeteria: The cafeteria is open from 11:00 until 2:00 p.m. There is a refrigerator and microwave available for use in the anesthesia lounge as students are encouraged to bring their lunches.

Anesthesia In-service: Periodically, lectures are given by the anesthesiologists. You are required to attend these.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at Methodist South Hospital and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on UTHSC Nurse Anesthesiology Concentration Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
5. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Check, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or UTHSC Nurse Anesthesiology Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on UTHSC Nurse Anesthesiology Concentration's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. It is imperative to adhere to the UTHSC Nurse Anesthesiology Dress Code while attending these clinical sites.

Methodist Olive Branch Hospital

12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. It is imperative to remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and UTHSC Nurse Anesthesiology Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Methodist South Hospital that each student benefits from their clinical experience. This is a learning experience which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

Regional One Health
877 JEFFERSON AVE
MEMPHIS, TN 38103
(901) 545-7100

Terminal Learning Outcomes: This site is utilized for students in all clinical practica. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group:

University of Tennessee Medical Group
877 Jefferson, 6th floor Chandler Bldg.
Memphis, TN 38103

Contact: Ms. Pamela Smith (901) 448 – 5893 or Pamela.Smith@utmg.org

CRNA(s):

Angie Duncan – Clinical Coordinator: aduncan@ut-rop.org, Cell – 901-210-6182

Mary Farris – Trauma Clinical Site Coordinator: mf3221@hotmail.com
Cell – 334-7260, Trauma Anesthesia – 545-8056

Adryan Emion, CRNA – Chandler Clinical Site Coordinator: aemion@ut-rop.org
Office/Cell- 545-6765, Chandler Anesthesia- 545-7134

Care Plans/Evaluations: As per UTHSC Nurse Anesthesiology Concentration Student Planner and Handbook.
*Care plans in Chandler are completed using form provided by Adryan Emion.

Sick: Call the assigned clinical area at least 2 hours prior to start of shift. At least 2 hours prior to start of shift, e—mail daccardo@uthsc.edu or the clinical coordinator that sent you the assignment the night before. Also e-mail our Administrative Aide Ashley Jones (ajone339@uthsc.edu) inform them of your absence. Remember to obtain and document the person’s name who took the message:

- Trauma Anesthesia – 545-8056 or 545-8044
- OB Anesthesia – 545-7345.
- Chandler OR – 545-7075 and text Adryan Emion 901-289-3321

Parking: Most students park in their UTHSC parking spot.

Assignments: Clinical assignments for the Chandler OR are made each afternoon prior to leaving the clinical site. Trauma and OB Anesthesia assignments are not made in advance.

Narcotic Control:

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. Each student will sign out a narcotic bag each day.
2. Students are responsible for the narcotics throughout the day and for returning all remaining narcotics to the narcotic bag at the end of the day.
3. All narcotic usage must be recorded on pharmacy-supplied documentation sheets.
4. If you are relieved on a case, a narcotic count must be performed with the relieving provider.
5. If you need to waste a portion of unused narcotic, document this on the provided sheet. Place the waste narcotic in the bag, with the syringe capped. No needles are to be placed in the bag.
6. *NEVER USE A SYRINGE ON MORE THAN ONE PATIENT.* Leftover narcotics must be wasted on each case.
7. All syringes (narcotics and any other drug) are to be labeled with the drug name, the drug dose and date of expiration.
8. Narcotics or any other drug should NEVER be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
9. All drugs drawn up should be secured in a locked cart in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Regional One Health

Directions: The Regional One Health is located directly west of the College of Nursing.

Phone Numbers: Chandler OR – (901) 545-7075

Trauma OR – (901) 545-8044

Labor/Delivery – (901) 545-7345

Main Hospital Number (901) 545-7100

Cafeteria: There is a cafeteria located in the hospital on the first floor. Students will get a discount when wearing the UT student ID badge. Each clinical area has a microwave and refrigerator for use by the anesthesia staff and students.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at the Regional One Health and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information, perform an assessment and interview of each assigned patient. This assessment is to be documented on UTHSC Nurse Anesthesiology Concentration Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor.
2. The student is expected to bring a stethoscope and earpiece.
3. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
4. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be completely set up for 0730 cases by 0645, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
5. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
6. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, Accu-Chek, hemodynamic monitoring equipment, etc.)
7. At the proper time once the anesthesiologist or CRNA approves, the SRNA will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
8. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
9. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or UTHSC Nurse Anesthesiology Faculty.
10. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on UTHSC Nurse Anesthesiology Concentration's Care Plan and is required for ALL patients. ANY perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
11. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
12. Adhere to the UTHSC Nurse Anesthesiology Dress Code while attending these clinical sites.
13. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.

Regional One Health

14. The student is expected to be prompt, polite and professional at all times. Remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
15. As a guest in this facility, it is important that behavior reflect this status.
16. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards. If removed from the clinical area, the student must contact the clinical site coordinator and UTHSC Nurse Anesthesiology Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions suggested by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

APS Clinical Rotation Guidelines:

It is the sincere desire of the anesthesia staff at Regional One Health that each student benefits from their clinical experience. This is a learning experience, which allows the student the privilege of working with CRNAs and anesthesiologist who bring a unique and personalized approach to the art and science of anesthesia.

Expectation:

1. Arrive for a 645 start.
2. Retrieve APS patient census rounding book and the APS pager- both are typically located in trauma break room.
3. Have these and be prepared to meet the Acute Pain Service attending physician in trauma or wherever has been agreed upon. These physicians rotate on the service one week at a time, so you will be exposed to different teachers and different types of blocks during your rotation.
4. Do not keep any medications in your pockets or on your person. This is a Joint Commission infraction. Medications for placing blocks/catheters and for bolusing existing catheters can be obtained from the APS drug kit or from Omnicell.
5. Typically, at the end of the previous day or start of the new day you should review the OR schedule in Chandler, Trauma, and OSC for potential nerve blocks anticipated throughout the day. Sometimes you'll do the block with your attending or the acute pain service physician wherever the block is to occur.
6. You may leave at 1530. It is at your discretion to remain in the clinical area for additional experiences or procedures.
7. You will more than likely be very busy on the Acute Pain Service, but please don't forget to take a break for lunch. Remind your attending physician if he or she forgets to send you to lunch. They should respect that.
8. It is the student's responsibility to ensure that the maximum weekly hours are not exceeded.

Rounding:

1. Each attending physician expects a slightly different style note. They will teach you what they like, but there are core topics that should be covered in each note.
 - a. Each note should start with why the pt is there: 57 yo CFM s/p mva, etc. This can most easily be found at the start of any H&P or consult note.
 - b. You should verify that a consult for Acute Pain management has been ordered by the primary service prior to placing any blocks or catheters. This is a billing requirement.

Regional One Health

- c. **S:** Write what the patient reports as their chief pain complaint, or complaints of any breakthrough pain and its descriptors, location, quality, rating (all three must be documented always, in every note). Tingling, heavy feeling, and numbness are often perceived as pain, but is actually how a nerve block can be interpreted. Report the ability to tolerate physical therapy. Identify and report all IV and oral pain medication requests over the past 24 hours. Document any signs or symptoms of LAST.
- d. **O:** Typically next, write your observations. Temperature and pressure sensation over appropriate dermatomes, ability to achieve adequate volumes on incentive spirometer, and actual use of IV / PCA and oral pain med from the chart, to ensure accuracy..
- e. **A:** Assessment. Typically this is “laterality location pain.”
- f. **P:** Plan. This always includes the current rate and or changes from and to the former and new rates respectively, ordering or connecting a new disposable elastomeric pain pump (On-Q ball), any boluses, and any other medication changes. Medication changes are typically noted as “See Sorian for medication order changes.” The attending physician is to be designated to cosign orders.
- g. Do not use uncommon or unknown abbreviations. Write everything out. Other physicians and nurses do not understand our lingo.

Peripheral Nerve Block Catheter (PNBC) Placement:

1. Obtain a PNBC insertion kit/tray.
2. Each PNBC kit comes with everything except a 30mL syringe, the local anesthetic of choice, and dermabond. Grab these from either the APS block cart or the Omnicell.
3. Take the ultrasound to the bedside.
4. Bring the Acute Pain block cart to the bedside. The tray has everything, but things get dropped or can be missing, and they can be found in the cart.
5. Single shots require: OR towels, Tuohy needle, tubing to connect the needle to the 30 mL syringe, dermabond, local anesthetic (including lidocaine for local infiltration), skin-prep, steri-strips, 2-3 tegaderms, probe cover with lubricant gel, sterile gloves, 25 g needle, and 3mL syringe for lidocaine infiltration, benzoin tincture, ultrasound, and nerve block cart.

Please enjoy your time on the Acute Pain Service. You should get a boatload of experience. Read about commonly placed blocks prior to attempting them. By the end of the rotation, you should have adequate knowledge in when a block or catheter should or should not be placed, and you will gain beginning skills to place these blocks in the future.

Baptist Memorial Hospital - Union County
200 Highway 30 West
New Albany, MS 38652
(662) 538-7631

Terminal Learning Outcomes: This site is utilized for students in Anesthesia Practica B & C. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group:

Midsouth Anesthesia Consultants 391 Southcrest Circle, Suite 108
Southaven, MS 38671
(662) 349-2659

CRNA(s):

Jason White: Clinical Site Coordinator: 601-540-8646 : JTWhite0486@gmail.com

Care Plans/Evaluations: As per UTHSC Nurse Anesthesiology Concentration Student Planner and Handbook.

Sick: Jason White's Cell Phone (601-540-8646) and then call 662-538-2370 (OR Desk) at least 2 hours prior to start of shift. State that you are a UTHSC Nurse Anesthesiology Student and that you will not be in because of illness. Remember to obtain and document the person's name that took the message. At least 2 hours prior to start of shift, e-mail daccardo@uthsc.edu or the clinical coordinator that sent you the assignment the night before. At least 2 hours prior to start of shift, e-mail daccardo@uthsc.edu or the clinical coordinator that sent you the assignment the night before. Also e-mail our Administrative Aide, Ashley Jones (ajone339@uthsc.edu) to inform her of your absence.

Parking: Parking is in the back of the hospital.

Assignments: Assignments will be made the night before. However, check the board in the morning when you arrive because cases may change overnight.

Narcotic Control:

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. Obtain narcotics from the preceptor you are working with that day.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left.
4. If you need to waste a portion of unused narcotic, document this on the chart with a co-signature of another RN, CRNA or MD or follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
7. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Directions: Take Madison Avenue east from the College of Nursing to Pauline. Turn south at Pauline and travel to Union Avenue. Turn east on Union Avenue and merge onto I-240 S for 4.7 miles. Merge onto I-240 E via the exit on the left toward Nashville for 4 miles. Merge onto US-78 E via EXIT 21 toward BIRMINGHAM (Crossing into MISSISSIPPI) for 69.5 miles. Take the MS-30 W exit, EXIT 61, toward WEST NEW ALBANY/OXFORD for 0.2 miles. Turn LEFT onto MS-30/CENTRAL AVE; hospital will be on the right.

Phone Numbers:

- Surgery Desk: (662) 538-2370
- Mrs. Johnson: (662) 871-1381

Baptist Memorial Hospital - Union County

Cafeteria: The cafeteria is located downstairs from the OR. If you wish to bring lunch, there is a microwave available in the workroom.

Anesthesia In-service: You will be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at BMH-UC and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information and perform an assessment and interview of each assigned patient. This assessment is to be documented on a UTHSC Nurse Anesthesiology Concentration Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor.
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
5. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or UTHSC Nurse Anesthesiology Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on UTHSC Nurse Anesthesiology Concentration's Care Plan and is required for ALL patients.
10. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
11. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
12. Adhere to the UTHSC Nurse Anesthesiology Dress Code while attending these clinical sites.
13. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
14. The student is expected to be prompt, polite and professional at all times. Remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.

Baptist Memorial Hospital - Union County

16. Any student removed from the clinical area must contact the clinical site coordinator and UTHSC Nurse Anesthesiology Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Baptist Memorial Hospital – Union County that each student benefits from their clinical experience. This is a learning experience which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

Baptist Memorial Hospital - Desoto
7601 Southcrest Parkway
Southaven, MS 38671
(662) 772-4000

Terminal Learning Outcomes: This site is utilized for students in Anesthesia Practica B & C. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group:

Midsouth Anesthesia Consultants
391 Southcrest Circle, Suite 108
Southaven, MS 38671
(662) 349-2659

CRNA(s):

John Walker: Clinical Site Coordinator: 901-282-9262 - jwalker2261@yahoo.com

As per UTHSC Nurse Anesthesiology Concentration Student Planner and Handbook.

Sick: Call John Walker's Cell: (901-282-9262) and then call 662-292-2380 (OR Desk) at least 2 hours prior to start of shift. State that you are a UTHSC Nurse Anesthesiology Student and that you will not be in because of illness. Remember to obtain and document the person's name that took the message. At least 2 hours prior to start of shift, e-mail daccardo@uthsc.edu or the clinical coordinator that sent you the assignment the night before. Also e-mail our Administrative Aide, Ashley Jones (ajone339@uthsc.edu) to inform her of your absence.

Parking: Parking is in the back of the hospital.

Assignments: Assignments will be made the night before. However, check the board in the morning when you arrive because cases may change overnight.

Narcotic Control:

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. Obtain narcotics from the preceptor you are working with that day.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left.
4. If you need to waste a portion of unused narcotic, document this on the chart with a co-signature of another RN, CRNA or MD or follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
7. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Phone Numbers: Debra Oswalt, CRNA – 662-544-5102

Cafeteria: The cafeteria is located downstairs from the OR. If you wish to bring lunch, there is a microwave available in the workroom.

Anesthesia In-service: You will be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator.

Baptist Memorial Hospital - Desoto

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at BMH-Desoto and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information and perform an assessment and interview of each assigned patient. This assessment is to be documented on a UTHSC Nurse Anesthesiology Concentration Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor.
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
5. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or UTHSC Nurse Anesthesiology Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on UTHSC Nurse Anesthesiology Concentration's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. Adhere to the UTHSC Nurse Anesthesiology Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. Remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and UTHSC Nurse Anesthesiology Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.

Baptist Memorial Hospital - Desoto

18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Baptist Memorial Hospital – Desoto that each student benefits from their clinical experience. This is a learning experience which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

Baptist Memorial Hospital – Memphis

6019 Walnut Grove Rd.
Memphis, TN. 38120
901-226-5000

Terminal Learning Outcomes: This site is utilized for students in Anesthesia Practica B & C. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group:

American Anesthesiology of Tennessee, PC
6225 Humphreys Blvd
Memphis, TN 38120

CRNA(s):

Abby Hall – Clinical Coordinator: 314-640-2942 ahall@napaanesthesia.com

As per UTHSC Nurse Anesthesiology Concentration Student Planner and Handbook.

Sick: Call Jenny Williams: (901-550-1752) and then call (901) 421-2326 (Boardrunner) at least 2 hours prior to start of shift. State that you are a UTHSC Nurse Anesthesiology Student and that you will not be in because of illness. Remember to obtain and document the person's name that took the message. At least 2 hours prior to start of shift, e-mail daccardo@uthsc.edu or the clinical coordinator that sent you the assignment the night before. Also e-mail our Administrative Aide, Ashley Jones (ajone339@uthsc.edu) to inform her of your absence.

Parking: Parking is in the back of the hospital.

Assignments: Assignments will be made the night before. However, check the board in the morning when you arrive because cases may change overnight.

Narcotic Control:

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. Obtain narcotics from the preceptor you are working with that day.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left.
4. If you need to waste a portion of unused narcotic, document this on the chart with a co-signature of another RN, CRNA or MD or follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. Narcotics or any other drug should NEVER be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
7. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Phone Numbers: Jenny Williams: Clinical Site Coordinator; Jenny.williams04@gmail.com

Cafeteria: Located on the first floor.

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Baptist Memorial Hospital – Memphis

Anesthesia In-service: You will be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at BMH and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information and perform an assessment and interview of each assigned patient. This assessment is to be documented on a UTHSC Nurse Anesthesiology Concentration Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor.
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be completely set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
5. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or UTHSC Nurse Anesthesiology Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on UTHSC Nurse Anesthesiology Concentration's Care Plan and is required for ALL patients. ANY perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. Adhere to the UTHSC Nurse Anesthesiology Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.

13. The student is expected to be prompt, polite and professional at all times. Remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and UTHSC

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

Baptist Memorial Hospital – Memphis

Nurse Anesthesiology Faculty immediately.

17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Baptist Memorial Hospital, that each student benefits from their clinical experience. This is a learning experience which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

**St. Francis Hospital – Memphis
5959 Park Ave.
Memphis, TN. 38119
901-765-1000**

Terminal Learning Outcomes: This site is utilized for students in Anesthesia Practica B & C. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group:
Midsouth Anesthesia Consultants 391 Southcrest Circle, Suite 108
Southaven, MS 38671
(662) 349-2659

CRNA(s):
Josh Smith: Clinical Coordinator : 901-409-7362 : joshuasmith6@gmail.com

As per UTHSC Nurse Anesthesiology Concentration Student Planner and Handbook.

Sick: Call/Text Josh Smith, cell phone: (901) 409-7362 and then call 901-765-2100 (OR Desk) at least 2 hours prior to start of shift. State that you are a UTHSC Nurse Anesthesiology Student and that you will not be in because of illness. Remember to obtain and document the person's name that took the message. At least 2 hours prior to start of shift, e-mail daccardo@uthsc.edu or the clinical coordinator that sent you the assignment the night before. Also e-mail our Administrative Aide, Ashley Jones (ajone339@uthsc.edu) to inform her of your absence.

Parking: Parking is in front of hospital.

Assignments: Assignments will be made the night before. However, check the board in the morning when you arrive because cases may change overnight.

Narcotic Control:

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. Obtain narcotics from the preceptor you are working with that day.
2. Document the exact amount the patient receives.
3. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left.
4. If you need to waste a portion of unused narcotic, document this on the chart with a co-signature of another RN, CRNA or MD or follow the institution's policy on narcotic wastage.
5. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
6. Narcotics or any other drug should NEVER be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
7. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Phone Numbers: Christye Gilliland: 303-521-4319

Cafeteria: The cafeteria is located downstairs from the OR. If you wish to bring lunch, there is a microwave available in the workroom.

Anesthesia In-service: You will be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator.

**The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration**

St. Francis Hospital – Memphis

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at BMH-Desoto and to detail expectations of the student's performance.

1. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information and perform an assessment and interview of each assigned patient. This assessment is to be documented on a UTHSC Nurse Anesthesiology Concentration Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor.
2. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
3. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be completely set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
4. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
5. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
6. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
7. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
8. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or UTHSC Nurse Anesthesiology Faculty.
9. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on UTHSC Nurse Anesthesiology Concentration's Care Plan and is required for ALL patients. ANY perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
10. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. Adhere to the UTHSC Nurse Anesthesiology Dress Code while attending these clinical sites.
12. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
13. The student is expected to be prompt, polite and professional at all times. Remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
14. As a guest in this facility, it is important that behavior reflect this status.
15. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
16. Any student removed from the clinical area must contact the clinical site coordinator and UTHSC Nurse Anesthesiology Faculty immediately.
17. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.
18. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one,

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St. Francis Hospital – Memphis

it behooves the student to be receptive to alternative solutions “suggested” by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.

19. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Baptist Memorial Hospital – Desoto that each student benefits from their clinical experience. This is a learning experience which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

St. Jude Children's Research Hospital
262 Danny Thomas Place,
Mail Stop 130
Memphis, TN 38105
(901) 595-4032
(901) 595-4061 fax

Terminal Learning Outcomes: This site is utilized in the specialty clinical practica. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Phone/Contact Numbers:

- Cindy Langston, Administrative Coordinator
901-595-4035 cynthia.langston@stjude.org
- Paul McCaghren, CRNA, Clinical
Coordinator 901-734-1574,
paul.mccaghren@stjude.org

CRNA:

Paul McCaghren - Clinical Site Coordinator: paul.mccaghren@stjude.org / pmccaghr@uthsc.edu

Credentialing/Orientation:

- In order to be credentialed for St. Jude, please scan and e-mail your TN RN License and BLS and PALS certifications to cynthia.langston@stjude.org or fax to 901-595-4061 two weeks prior to clinical rotation start date:
- Institutional orientation is required for all students and is always on Monday. As part of the orientation process students will undergo drug testing and confidential health screening for MRI access.
- Students are also required to complete an on-line training module for Research Protection for Human Subjects within three days of start of clinical rotation.

Sick Procedures: Please call Jack Shearer, 901-216-1902, and e-mail both Paul McCaghren (paul.mccaghren@stjude.org) and Cindy Langston (Cynthia.langston@stjude.org) with a copy e-mail to the CRNA that you are assigned to work with for the day. Also e-mail daccardo@uthsc.edu and our Administrative Aide, Ashley Jones (ajone339@uthsc.edu) to inform her of your absence.

Parking: Parking is free. A parking hangtag will be issued during the orientation process. The first day on campus, you will be required to show your driver's license to gain access to the campus and receive a temporary parking pass.

Assignments: The daily patient schedule with staffing assignments is available by checking St. Jude e-mail through the internet at www.stjude.org/webmail.

Narcotic Control Procedure: St. Jude utilizes the Pyxis system for narcotics. The CRNA/MD that you are assigned to work with for the day will have access to the Pyxis. Narcotics must be returned to CRNA/MD that signs narcotics out of the Pyxis and not carried home at the end of workday.

Lockers: Students are assigned a shared locker to store their personal belongings in the Break Room in the Chili's Care Center.

Cafeteria: Lunch is not provided. There is a cafeteria on campus. The CRNA office in the Chili's Care Center has a refrigerator for use by the CRNA staff and students.

St. Jude Children's Research Hospital

Directions:

- Take I-40 West toward Little Rock. Exit here.
- Exit I-40 at Exit 1C (Danny Thomas Boulevard).
- Turn right at the first traffic signal (Alabama Avenue).
- Turn right at the first stop sign (Lauderdale Street). You will pass the front gates of St. Jude.
- Turn right at the first traffic signal (Third Street). Memphis Grizzly House is on the corner.
- Just past the Grizzly House at Overton St. is the campus entrance. Turn right and enter through the visitor gate.
- Stop at the guard booth and register for your parking pass. You will need your driver's license.
- Park in any of the patient/visitor parking spaces which are designated with white lines.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

1. Hospital orientation is required and must be completed prior to the start of clinical education. Immunizations must be current including a TB skin test within the last 3 months.
2. Assignments are made the day before. The staffing schedule with assignments is e-mailed to MDs/CRNAs/Students and can be accessed from off campus.
3. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. The plan is to be discussed with the assigned instructor.
4. Students assigned to the OR are expected to report no later than 0630. The room should be completely set up for 0730 cases by 0700 so that the student is available in the preoperative area for patient assessment, IV starts, sedation, and or regional administration.
5. Students assigned to remote anesthesia areas (diagnostic imaging, radiation therapy, diagnostic procedures, MRI) should report to the clinical area by 0700.
6. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications.
7. At the proper time, once the anesthesiologist or CRNA approves, the SRNA will take the patient to operating room, or the designated remote anesthesia location, and administer the agreed upon anesthesia care. The student is responsible for the patient until dismissed by their instructor.
8. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or program.
9. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor.
10. Students are expected to be available when not doing assignments to take advantage of clinical experiences with emergency and added cases.
11. Students are expected to be prompt, polite and professional at all times. It is important to remember your role as a student. CRNAs and anesthesiologists as instructors volunteer to allow students to practice under the auspices of their professional licenses.
12. Anesthesiologists/CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.

Additionally, specifically important at St. Jude Children's Research Hospital

- **Sepsis is a concern due to the immunocompromised patients at St. Jude. If the student has a fever, or may be contagious with an illness, they are to call in sick.**
- **Strict sterile and clean techniques must be adhered to during this rotation. Injection ports on central lines and IVs must be carefully cleaned with alcohol prior to injection every time.**

Jackson-Madison General Hospital
620 Skyline Drive
Jackson, TN 38301
(731) 541 – 50000

Terminal Learning Outcomes: This site is utilized for students in Anesthesia Practica B & C. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group:

Jackson Madison County General
Depart. Of Nurse Anesthesia
Jackson, TN 38301
(731) 541-7070

CRNA(s):

Brandy Strangefeld: Clinical Site Coordinator: crnasrock@yahoo.com

Willie Brown: Assistant Clinical Site Coordinator: brownwjr@yahoo.com

As per UTHSC Nurse Anesthesiology Concentration Student Planner and Handbook.

Sick: Call the Board Runner at phone: (731) 541-7073 (this number does NOT receive texts). You will also be required to email Becky Bell at becky.bell@wth.org. State that you are a UTHSC Nurse Anesthesiology Student and that you will not be in because of illness. You will need to have contacted them both, at least 2 hours prior to start of shift. State that you are a UTHSC Nurse Anesthesiology Student and that you will not be in because of illness. Remember to obtain and document the person's name that took the message. Also, at least 2 hours prior to start of shift, email daccardo@uthsc.edu or the clinical coordinator that sent you the assignment the night before. Also e-mail our Administrative Aide, Ashley Jones (ajone339@uthsc.edu) to inform her of your absence.

Parking: Parking is on the 4th Floor or above of Garage 3. Walk across the crosswalk on the 3rd Floor to get to the main hospital.

Assignments: Assignments will be made the night before. However, check the board in the morning when you arrive because cases may change overnight.

Narcotic Control:

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

8. Obtain narcotics from the preceptor you are working with that day.
9. Document the exact amount the patient receives.
10. If you leave a case and the narcotic is remaining for another provider to use to complete the case, document the amount you have left.
11. If you need to waste a portion of unused narcotic, document this on the chart with a co-signature of another RN, CRNA or MD or follow the institution's policy on narcotic wastage.
12. Do NOT use leftover clean drugs on another patient. Waste the drugs with a co-signature.
13. Narcotics or any other drug should **NEVER** be taken away from the hospital and will result in immediate dismissal from the Program. Notification of the Board of Nursing for disciplinary action will be instituted.
14. All drugs drawn up should be secured in a locked cart or in the OR and not carried around in pockets.

Please remember that this is a legal issue and practice accordingly!

Phone Numbers: Brandy Strangefeld, CRNA – 901-828-1338

Cafeteria: The cafeteria, Starbucks, and Chick-fil-a are located on the lower level. If you wish to bring lunch, there is a microwave and a refrigerator in the workroom.

Anesthesia In-service: You will be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator.

Jackson-Madison General Hospital

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at BMH-Desoto and to detail expectations of the student's performance.

20. Assignments will be made the day before scheduled cases whenever possible. The student is expected to review the chart for pertinent information and perform an assessment and interview of each assigned patient. This assessment is to be documented on a UTHSC Nurse Anesthesiology Concentration Care Plan. This preoperative visit is required on ALL patients. Any questions or problems the student encounters in the preoperative assessment should be referred to the CRNA or MD instructor.
21. The student is expected to prepare a primary and secondary anesthetic care plan for each assigned case. This plan is to be discussed with the assigned instructor.
22. The student is expected to report to the clinical area not later than 0630. Preparation for some cases may require an earlier start time in order to set up and gather special equipment needed for the day. The room should be **completely** set up for 0730 cases by 0700, so the student will be available in the preoperative area for patient assessment, IV starts, sedation and/or regional administration.
23. The student will assemble basic equipment and prepare a cart set up each day that includes both anesthetic drugs and resuscitative medications. All medications on the tray must be labeled and dated. At the end of the day any opened, unused drugs should be discarded.
24. Plan ahead and set up assigned cases in advance. Assemble special equipment required for the case (blood warmer, Bair hugger, HemoCue, Accu-Chek, hemodynamic monitoring equipment, etc.)
25. At the proper time once the anesthesiologist or CRNA approves, the graduate student registered nurse anesthetist will take their patient to the operating room with their assigned instructor and administer the agreed upon anesthetic care. The student is responsible for their patient until dismissed by their instructor or until the procedure is complete and the PACU/ICU staff has assumed the care. The student is responsible for giving a complete report to this staff before being relieved of his/her responsibility.
26. Privileges to receive anesthesia clinical experience in the clinical setting are dependent on the supervision by a licensed anesthesia provider. Failure to do so is illegal and will result in dismissal from the clinical site and/or Program.
27. Supervision is instructor driven. Should you feel the need for closer supervision, it is your responsibility to express this to your instructor. If after speaking with the instructor with no result, you may contact the clinical site coordinator or UTHSC Nurse Anesthesiology Faculty.
28. The student is responsible for doing a post-op visit and assessment of their patients. This visit is to be documented on UTHSC Nurse Anesthesiology Concentration's Care Plan and is required for ALL patients. **ANY** perceived post-anesthetic complications are to be reported to the anesthesia staff for follow-up.
29. Students are expected to be available when they are not doing assignments to take advantage of clinical experiences with emergency and added cases.
30. Adhere to the UTHSC Nurse Anesthesiology Dress Code while attending these clinical sites.
31. It is imperative to be prompt throughout the clinical day. Breaks are NO more than 15 minutes. Lunch is NO more than 30 minutes. Responsibility as an anesthesia provider includes induction, maintenance, and emergence. Should you decide to stay later due to interest in a case, this time is NOT compensated with clinical time off in the future.
32. The student is expected to be prompt, polite and professional at all times. Remember your role as a student until graduation from the Program. CRNAs and anesthesiologists are NOT required to work with students, as all preceptors/instructors are volunteers allowing the student to practice under the auspices of their professional licenses.
33. As a guest in this facility, it is important that behavior reflect this status.
34. Anesthesiologists or CRNAs have the authority to remove any student whose behavior does not reflect professional and/or institutional standards.
35. Any student removed from the clinical area must contact the clinical site coordinator and UTHSC Nurse Anesthesiology Faculty immediately.
36. Communication is tantamount. Without communication, preceptors/instructors are unaware of your knowledge base, skill or recognition of anatomy or problems. It is equally important to recognize that suggestions from preceptors/instructors are really directions to take immediate action.

Baptist Memorial Hospital – Memphis

37. Administration of all drugs must be coordinated with the preceptor/instructor. There are many forms of treatment of situations during the administration of anesthesia. While the student's method may be one, it behooves the student to be receptive to alternative solutions "suggested" by the preceptor/instructor. By utilizing the expertise of the preceptor/instructor, the clinical experience will be maximized.
38. Everyone present in the OR is a source of knowledge. It is crucial to acknowledge and respect all members of the health care team.

It is the sincere desire of the anesthesia staff at Baptist Memorial Hospital – Desoto that each student benefits from their clinical experience. This is a learning experience which allows the student the privilege of working with CRNAs and anesthesiologists who bring a unique and personalized approach to the art and science of anesthesia.

Veteran's Affairs Medical Center
1030 Jefferson Avenue
Memphis, TN 38104
(901) 523 – 8990

Terminal Learning Outcomes: This site is utilized for students in all clinical Practica. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group:

VAMC Department of Anesthesia 1030 Jefferson Avenue

Memphis, TN 38104

Contact: Elizabeth Tate, Program Support Assistant 901-523-8990 x 6518, Elizabeth.Tate@va.gov

CRNA(s):

Hope Ferguson – hopef14@hotmail.com & 901-523-8990 x 5756

Care Plans/Evaluations: As per UTHSC Nurse Anesthesiology Concentration Student Planner and Handbook.

Sick: Call the assigned clinical area and Lisa Lucas at least 2 hours prior to start of shift. Remember to obtain and document the person's name who took the message. Also e-mail daccardo@uthsc.edu and our Administrative Assistant, Ashley Jones (ajone339@uthsc.edu) to inform her of your absence.

Parking: Employee Parking Lot

Orientation:

- Prior to the onset of your clinical rotation at the VAMC, you are required to complete a mandatory training program titled *VHA Mandatory Training for Trainees*. This training is available through the VA Talent Management System (TMS). The TMS offers web-based training to VA employees and its partners.
- To use the TMS, you must self-enroll and create a profile at <http://www.tms.va.gov>. Once you are at the TMS website, follow the steps listed below to create your profile, launch the mandatory training course and complete the content.
 - You will need the following information in order to complete the TMS self-enrollment:
 - VA Location Code (MEM)
 - VA Point of Contact First Name (Elston)
- Fingerprints are required and should be obtained from the VAMC 120 days prior to your rotation. You will be issued a VAMC photo ID and take the "Oath of Office." You will receive a Student Orientation Manual for your use on your first day at the clinical site.

Assignments: Clinical assignments are made each afternoon prior to leaving the clinical site.

Narcotic Control:

To help protect you from any question related to your usage and wastage of narcotics, please do the following:

1. All controlled substances are distributed through the Diebold (Med Select).
2. Only licensed anesthesia providers have access to this electronic device.
3. Students are responsible for their patient's-controlled substances throughout the day.
4. All controlled substances are to be documented on the patient's chart (flow sheet/anesthesia record) with totals done on each controlled substance.
5. Each controlled substance is issued to a specific patient. Do not use it on another patient.
6. All syringes are to be labeled with the drug name, dosage and date. All empty vials/amps are to be saved until the end of the day and then disposed of in the designated waste container.
7. All controlled substances are always to be under an anesthesia provider's control.
8. No medication should be removed from VA property. The removal of any controlled substance or falsification of records is a Federal Violation and will be dealt with harshly! This will result in immediate dismissal and notification to the State Board of Nursing.

Veteran's Affairs Medical Center

Directions:

- Take Madison Ave. East and turn left on N. Pauline St.
- Travel 0.1 miles and turn right on Jefferson Ave.

Phone Numbers:

- Elizabeth Tate – Computer Access – 901-523-8990/6518
- Preop Holding/ PACU – 901-523-8990/6512
- OR Board – 901-523-8990/5990

Cafeteria: There is a cafeteria located in the hospital on the second floor.

Anesthesia In-service: You may be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at Veteran's Affairs Medical Center and to detail expectations of the student's performance.

The VA Health Care System has a cascade of responsibility or authority to your patient.

- Christopher Marino, M.D., Chief of Staff
- Susan V. Calhoun, M.D., MBA, Chief of Anesthesiology
- M.D. supervisor, Anesthesiologist
- Staff Anesthetist assigned to the case (if applicable)
- 2nd year student
- 1st year student

Equipment Required

1. White lab coat
2. Scrub jacket – optional
3. Stethoscope
4. Precordial earpiece, tubing and chest pieces
5. Peripheral nerve stimulator -optional
6. Clipboard
7. UT I.D.
8. OR shoes – optional
9. Pen
10. Permanent marker – “Sharpie”
11. Anesthesia handbook (Mass. General, Stoelting, Barash)
12. Quick reference drug handbook – optional
13. Small notebook for your notes – such as what you will need to set up for big cases like a craniotomy or AAA.
14. Eye protection (OSHA requirement – goggles)
15. Small box or bag to carry all of these items in.

Call:

- Call is an opportunity to be exposed to new situations that you may not be exposed to in a scheduled or more structured environment. It is also an opportunity for us to evaluate you under this new and evolving environment.
- You will be off post-call. If you wish to come in the next day to do a specific case, you may volunteer to do so. You will not be given another day off if you choose to come in on your post-call day.

Veteran's Affairs Medical Center

Terminal Learning Outcomes: This site is utilized for students in all clinical Practica. Learning outcomes correlate to the particular clinical practicum in which the student is currently enrolled.

Anesthesia Group:

VAMC Department of Anesthesia 1030 Jefferson Avenue

Memphis, TN 38104

Contact: Elizabeth Tate, Program Support Assistant 901-523-8990 x 6518, Elizabeth.Tate@va.gov

CRNA(s):

Hope Ferguson – hopef14@hotmail.com & 901-523-8990 x 5756

Care Plans/Evaluations: As per UTHSC Nurse Anesthesiology Concentration Student Planner and Handbook.

Sick: Call the assigned clinical area and Lisa Lucas at least 2 hours prior to start of shift. Remember to obtain and document the person's name who took the message. Also e-mail daccardo@uthsc.edu and our Administrative Assistant, Ashley Jones (ajone339@uthsc.edu) to inform her of your absence.

Parking: Employee Parking Lot

Orientation:

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14. All syringes are to be labeled with the drug name, dosage and date. All empty vials/amps are to be saved until the end of the day and then disposed of in the designated waste container.
15. All controlled substances are always to be under an anesthesia provider's control.
16. No medication should be removed from VA property. The removal of any controlled substance or falsification of records is a Federal Violation and will be dealt with harshly! This will result in immediate dismissal and notification to the State Board of Nursing.

Hamilton Eye Institute

930 Madison Avenue, Unit 370
Memphis, TN 38168
901-448-3900

Directions:

- Union Avenue
- Turn Right into Hamilton Eye Institute Parking Garage

Phone Numbers:

Jillian Smith : jsmith@magemphis.com jillianreesesmith@comcast.net 901-494-8499

Cafeteria: Plaza Floor in 910 Building.

CRNA(s):

Jillian Smith : jsmith@magemphis.com jillianreesesmith@comcast.net 901-494-8499

Care Plans/Evaluations: As per UTHSC Nurse Anesthesiology Concentration Student Planner and Handbook.

Sick: Call the assigned clinical area and Jillian Smith at least 2 hours prior to start of shift. Remember to obtain and document the person's name who took the message. Also e-mail daccardo@uthsc.edu and our Administrative Assistant, Ashley Jones (ajone339@uthsc.edu) to inform her of your absence.

Parking: Employee Parking Lot

Anesthesia In-service: You may be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student's clinical experience at Hamilton Eye Institute and to detail expectations of the student's performance.

Equipment Required

1. White lab coat
2. Scrub jacket – optional
3. Stethoscope
4. Precordial earpiece, tubing and chest pieces
5. Peripheral nerve stimulator -optional
6. Clipboard
7. UT I.D.
8. OR shoes – optional
9. Pen
10. Permanent marker – “Sharpie”
11. Anesthesia handbook (Mass. General, Stoelting, Barash)
12. Quick reference drug handbook – optional
13. Small notebook for your notes – such as what you will need to set up for big cases like a craniotomy or AAA.
14. Eye protection (OSHA requirement – goggles)
15. Small box or bag to carry all of these items in.

The University of Tennessee Health Science Center (UTHSC)
Nurse Anesthesiology Concentration

**3725 Champion Hills Drive
Memphis, TN 38125
901-367-9001**

Directions:

- 3725 Champion Hills Dr. Suite 2400

Phone Numbers:

- Jillian Smith Clinical Coordinator: 901-494-8499 – jsmith@magemphis.com
- Main Desk: 901-367-9001

Sick: Call Jillian Smith’s cell (901-494-8499) and the assigned clinical area – Main Desk: 901-367-9001 at least 2 hours prior to start of shift. Remember to obtain and document the person’s name who took the message. Also e-mail daccardo@uthsc.edu and our Administrative Assistant, Ashley Jones (ajone339@uthsc.edu) to inform her of your absence.

Parking: This location is part of a larger office building. You may park in the mail lot in front of the building. There is no garage of special parking procedures.

Entry: The front door of the office building opens around 6:45AM. Go through the main entrance and up to the 2nd Floor to the “Methodist Endoscopy Center”. Knock on the door and someone can show you across the hall to the procedure area.

Assignments: Any students assigned to Southwind GI will be notified in the nightly email with Methodist rotations.

Lunch: Please plan to bring your lunch as there is no cafeteria at this location.

Anesthesia In-service: You may be required to present an in-service for the anesthesia department. The topic is to be agreed upon with the clinical site coordinator.

Expected Performance Guide for Graduate Student Registered Nurse Anesthetists:

These guidelines exist to maximize the student’s clinical experience at Veteran’s Affairs Medical Center and to detail expectations of the student’s performance.

Equipment Required

1. White lab coat
2. Scrub jacket – optional
3. Stethoscope
4. Precordial earpiece, tubing and chest pieces
5. Peripheral nerve stimulator -optional
6. Clipboard
7. UT I.D.
8. OR shoes – optional
9. Pen
10. Permanent marker – “Sharpie”
11. Anesthesia handbook (Mass. General, Stoelting, Barash)
12. Quick reference drug handbook – optional
13. Small notebook for your notes – such as what you will need to set up for big cases like a craniotomy or AAA.
14. Eye protection (OSHA requirement – goggles)
15. Small box or bag to carry all of these items in.

SECTION V

Appendices

Student Self Evaluation Form

**University of Tennessee Health Science Center
College of Nursing
Nurse Anesthesiology**

**Concentration STUDENT SELF-
EVALUATION**

Name: _____

Semester: _____

Date: _____

Three most important improvements during this past semester:

1. _____

2. _____

3. _____

Three goals for the next semester:

1. _____

2. _____

3. _____

Other Comments: _____

End of Rotation Student Evaluation of Clinical Sites

**University of Tennessee Health Science Center College of Nursing
Nurse Anesthesiology Concentration
End of Rotation Student Evaluation of Clinical Sites**

Clinical Site: _____

End of Rotation: _____

Date: _____

1 - almost always
2 - usually
3 - sometimes
4 - rarely
5 - almost never

OVERALL EVALUATION OF CLINICAL SITE INSTRUCTORS					
INVOLVEMENT/RECEPTIVITY/COMPETENCE	1	2	3	4	5
1. Respects student as an important individual in the healthcare team.					
2. Is available when appropriate					
3. Assists students when problem arises					
4. Explains new/difficult procedures, is supportive					
5. Allows adequate time to accomplish a task					
6. Allows student to express his/her self					
7. Involves student in formulating plan and decision making					
8. Remains calm, poised in clinical situation					
9. Relates didactic knowledge to clinical practice					
TEACHING PRACTICES	1	2	3	4	5
10. Demonstrates flexibility to improve learning					
11. Assists student in identifying problems					
12. Demonstrates new procedures					
13. Questions students understanding of anesthetic management					
14. Leads student through decision making rather than giving own impression.					
15. Provides immediate and adequate feedback with questions and patient presentations.					
16. Reviews evaluations with student and provides immediate and constructive feedback.					
17. Encourages questions and discussions regarding alternative management.					
18. Reviews all care plans and signs all evaluations.					
19. Considers student's limits according to level of experience.					
20. Respects student as an individual.					
21. Encourages student to assume increasing responsibility during clinical rotation.					
22. Evaluations are fair and in a positive manner					

OTHER COMMENTS:

Evaluation of Preceptor

University of Tennessee Health Science Center
College of Nursing
Nurse Anesthesiology
Concentration Student
Evaluation of Preceptor

Evaluation of Preceptor

Clinical Preceptor: _____

Clinical Site: _____

End of Practicum: _____

Date: _____

1 - almost always
2 - usually
3 - sometimes
4 - rarely
5 - almost never

Preceptor Behaviors	1	2	3	4	5
1. Respects student as an important individual in the healthcare team.					
2. Is available when appropriate					
3. Assists students when problem arises					
4. Explains new/difficult procedures, is supportive					
5. Allows adequate time to accomplish a task					
6. Allows student to express his/her self					
7. Involves student in formulating plan and decision making					
8. Remains calm, poised in clinical situation					
9. Behavior indicates clinical competence					
10. Relates didactic knowledge to clinical practice					
11. Respects student as an individual.					
12. Encourages student to assume increasing responsibility during clinical rotation.					
13. Evaluations are fair and in a constructive manner					

OTHER COMMENTS:

Clinical Occurrence Form

**University of Tennessee Health Science Center
Nurse Anesthesiology Concentration**

Clinical Occurrence Form

Student Name: _____ Attending Preceptor: _____

Incident Date: _____ ASA I II III IV V VI E Procedure: _____

Pre Op Diagnosis: _____

Summary:

Attachments: Pre-anesthetic summary: Y N

Anesthesia Care Plan: Y N

Received by:

Student and date

Nurse Anesthesiology Faculty and date

DNP Summative Semester Evaluation

University of Tennessee Health Science Center
Nurse Anesthesiology Concentration

DNP Summative Semester Evaluation

Name: _____ Date: _____ Semester: _____

Summative evaluations of each student's clinical and academic performance are required in Standards for Accreditation of Nurse Anesthesiology Educational Programs. Summative evaluations will remain in the student's permanent file.

Anesthesia Courses Academic Evaluation:

Course	Grade

Semester GPA:

Cumulative GPA:

Comments:

Clinical Site: _____

Clinical Evaluation: composite of semester's clinical evaluations based on evaluations, presentations & care plans

- a. Patient safety
- b. Individualized perianesthetic management
- c. Critical thinking
- d. Communication skill
- e. Professional role

Met Unmet

Strengths:

Weaknesses:

Comments:

Student's Signature

Date

Clinical Faculty's Signature

Program Faculty Signature

One Year Post-Graduation Supervisor Evaluation



UNIVERSITY OF TENNESSEE COLLEGE OF NURSING
NURSE ANESTHESIOLOGY ROLE

SUPERVISOR EVALUATION OF THE GRADUATE

Section I

Graduates name: _____

Section II (To be completed by supervisor)

Please carefully evaluate the applicant in the following areas. As you make your evaluation, please compare the applicant to other individuals you have known who have similar levels of experience and education. Please evaluate the individual's ability.

PATIENT SAFETY IS DEMONSTRATED BY THE ABILITY TO:	Below Average	Average	Above Average	Excellent
BE VIGILANT IN PATIENT CARE DELIVERY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROTECT PATIENTS FROM IATROGENIC COMPLICATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARTICIPATE IN PATIENT POSITION TO PREVENT INJURY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONDUCT A COMPREHENSIVE AND APPROPRIATE EQUIPMENT CHECK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UTILIZE UNIVERSAL PRECAUTIONS AND APPROPRIATE INFECTION CONTROL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDIVIDUALIZED PERIANESTHETIC MANAGEMENT BY THE ABILITY TO:	Below Average	Average	Above Average	Excellent
PROVIDE CARE THROUGHOUT PERIANESTHETIC CONTINUUM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
USE A VARIETY OF CURRENT ANESTHESIA TECHNIQUES, AGENTS, ADJUNCTIVE DRUGS, AND EQUIPMENT WHILE PROVIDING ANESTHESIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTER GENERAL ANESTHESIA TO PATIENTS OF ALL AGES AND PHYSICAL CONDITIONS FOR A VARIETY OF SURGICAL AND MEDICALLY RELATED PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROVIDE ANESTHESIA SERVICES TO ALL PATIENTS, INCLUDING TRAUMA AND EMERGENCY CASES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUNCTION AS A RESOURCE PERSON FOR AIRWAY AND VENTILATORY MANAGEMENT OF PATIENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADMINISTER AND MANAGE A VARIETY OF REGIONAL ANESTHETICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUNCTION AS A RESOURCE PERSON FOR AIRWAY AND VENTILATION MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSSESS ACLS AND PALS RECOGNITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DELIVER CULTURALLY COMPETENT PERIANESTHETIC CARE THROUGHOUT THE ANESTHESIA EXPERIENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRITICAL THINKING BY THE ABILITY TO:	Below Average	Average	Above Average	Excellent
APPLY THEORY TO PRACTICE IN DECISION-MAKING AND PROBLEM-SOLVING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROVIDE NURSE ANESTHESIOLOGY CARE BASED ON SOUND PRINCIPLES AND RESEARCH EVIDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PERFORM A PREANESTHETIC ASSESSMENT AND FORMULATE AN ANESTHESIA CARE PLAN FOR PATIENTS TO WHOM THEY ARE ASSIGNED TO ADMINISTER ANESTHESIA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IDENTIFY AND TAKE APPROPRIATE ACTION WHEN CONFRONTED WITH ANESTHETIC EQUIPMENT-RELATED MALFUNCTIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPRET AND UTILIZE DATA OBTAINED FROM NONINVASIVE AND INVASIVE MONITORING MODALITIES.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CALCULATE, INITIATE AND MANAGE FLUID AND BLOOD COMPONENT THERAPY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

One Year Post-Graduation Supervisor Evaluation

RECOGNIZE AND APPROPRIATELY RESPOND TO ANESTHETIC COMPLICATIONS THAT OCCUR DURING THE PERIANESTHETIC PERIOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PASS THE COUNCIL ON CERTIFICATION OF NURSE ANESTHETISTS' CERTIFICATION EXAMINATION.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATIONS SKILLS BY THE ABILITY TO:	Below Average	Average	Above Average	Excellent
EFFECTIVELY COMMUNICATE WITH ALL INDIVIDUALS INFLUENCING PATIENT CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UTILIZE APPROPRIATE VERBAL, NONVERBAL, AND WRITTEN COMMUNICATION IN THE DELIVERY OF PERIANESTHETIC CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL ROLE BY THE ABILITY TO:	Below Average	Average	Above Average	Excellent
PARTICIPATE IN ACTIVITIES THAT IMPROVE ANESTHESIA CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FUNCTION WITH APPROPRIATE LEGAL REQUIREMENTS AS A REGISTERED PROFESSIONAL NURSE, ACCEPTING RESPONSIBILITY AND ACCOUNTABILITY FOR HIS OR HER PRACTICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERACT ON A PROFESSIONAL LEVEL WITH INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEACH OTHERS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PARTICIPATE IN CONTINUING EDUCATION ACTIVITIES TO ACQUIRE NEW KNOWLEDGE AND IMPROVE HIS OR HER PRACTICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEMONSTRATE KNOWLEDGE OF WELLNESS AND CHEMICAL DEPENDENCY IN THE ANESTHESIA PROFESSION THROUGH COMPLETION OF CONTENT IN WELLNESS AND CHEMICAL DEPENDENCY.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use this space to elaborate on the graduate's qualifications.

The College of Nursing is interested in obtaining an accurate profile of the graduate's proficiency as an entry-level CRNA. Check-off items do not always provide you the opportunity to characterize the graduate as thoroughly as you would like. We encourage you to provide additional comments on the graduate's intellectual ability, professional motivation and technical skills, and ability to work well with others (e.g., perseverance, work habits, organizational skills, and interpersonal skills). We are interested in your comments about the graduate's significant professional attitudes and behaviors, any areas of practice for which the graduate was inadequately or marginally prepared and major strengths and weaknesses of this graduate.

Signature: _____ Date _____

Name: _____
(Please print)

Institution: _____ Your position: _____

Phone Number: (_____) _____

Faculty Clinical Affiliation Visit Evaluation

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER NURSE ANESTHESIOLOGY CONCENTRATION AFFILIATION VISIT

PLACE: _____

DATE: _____

STUDENTS ON AFFILIATION: _____

PERSON MAKING THE VISIT: _____

1. Student assignment(s) is/are appropriate for the student(s) current knowledge base.
 Yes No

2. The contractual agreement between the parent and affiliation institutions has been reviewed within the last year, is active and current, and reflects the expectations and responsibilities of each institution.
 Yes No

3. Written terminal behavioral objectives for the affiliation have been given to the student(s) prior to the affiliation experience.
 Yes No

4. Evidence is shown that the policies of UTHSC College of Nursing Nurse Anesthesiology Concentration are being attained and the outcomes of the affiliation are being achieved.
 Yes No

5. The quality of clinical instruction at the affiliation is comparable to that of the parent institution with evidence that a learning environment exists.
 Yes No

6. The student to instructor ratio does not exceed 2:1.
 Yes No

7. Student feedback regarding the affiliation experience is solicited during the affiliation visit by the program director or designee.
 Yes No

8. A conference is held between the program director/designee and the appointed clinical coordinator/designee of the affiliation during the affiliation visit.
 Yes No

COMMENTS, IF WARRANTED (COMMENTS ARE MANDATORY IF "NO" WAS CHECKED ON ANY OF THE ABOVE EIGHT ITEMS):