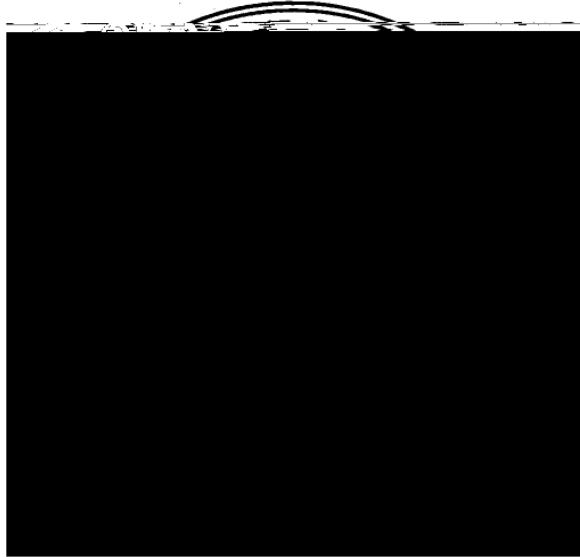


**University of New England**  
**School of Nurse Anesthesia**



**DIDACTIC & CLINICAL HANDBOOK**  
**Class of 2026**

6/2022 CLN  
Rev. 8/8/22  
Rev. 12/22  
Rev. 9/23 ERC  
Rev. 12/13/23 CLN

## **Section 1: Program Information**

### **PROGRAM ADMINISTRATION AND FACULTY**

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This handbook contains the University's and the Program's expectations, policies and procedures for students, faculty, administrators, and the university. The policies contained in the handbook will apply to all students who are to receive a degree from the University of New England via the Nurse Anesthesia program.

## **MISSION STATEMENTS**

### **University of New England Mission Statement**

The University of New England prepares students to thrive in a rapidly-changing world and, in so doing, to improve the health of people, communities, and our planet.

Phase III extends over 5 semesters and includes the clinical course of study and didactic courses. Didactic instruction related to advanced anesthesia principles, professional development, and the scholarly project continues during the clinical phase with lectures, hybrid classes, seminars, and simulation experiences taught by program faculty. The clinical phase begins in January and is completed in August of the following year for a total of 19 months.

The University of New England Nurse Anesthesia program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), a specialized accrediting body recognized by the Council on Post-secondary Accreditation, and the US Department of Education. The curriculum is based on the academic requirements and standards established by the COA.

### **EQUAL OPPORTUNITY STATEMENT**

The DNP-NA Program abides by the UNE policy on discrimination. Discrimination, based on race, ethnicity, religion, age, gender, marital status, handicap, sexual orientation, or national origin will not be tolerated.

### **STUDENT LEARNING OUTCOMES**

Upon completion of this educational program, the student shall demonstrate, to the satisfaction of the faculty, specific competencies expected of the graduate. These competencies identify knowledge and skills necessary for competent entry-level practice of nurse anesthesia. Upon completion of the program, the graduate will:

1. Demonstrate understanding of the peri-anesthetic management of patients based on theory and research evidence learned in the basic sciences, basic principles of anesthesia, and advanced principles of anesthesia during the didactic phase of the program.
2. Apply theoretical and evidence-based knowledge learned during the didactic phase of the program and demonstrate mastery in the peri-anesthetic management of the patient in the clinical setting to provide individualized, patient-centered, culturally competent, safe care across the lifespan.
3. Communicate effectively with all health care professionals, patients, and families in the delivery of culturally competent, ethical and peri-anesthetic care throughout the anesthetic experience while maintaining patient confidentiality and dignity.
4. Demonstrate vigilance and adherence to patient safety principles throughout the anesthetic experience.
5. Demonstrate professional responsibility, integrity, and accountability to peers, interprofessional colleagues, and other healthcare stakeholders throughout the program and peri-anesthetic clinical experiences.
6. Demonstrate the ability and understanding to administer anesthesia utilizing all techniques to all physical classes of patients across the lifespan.



8. Apply analytical processes in the areas of advocacy, health policy, quality improvement of patient care outcomes, information systems, and business practices to support and improve healthcare delivery systems.

### **BEHAVIORAL OUTCOME CRITERIA**

Upon completion of this educational program, the student shall demonstrate, to the satisfaction of the faculty, specific competencies expected of graduates. These competencies identify knowledge and skills necessary for competent entry-level practice of nurse anesthesia. Upon completion of the program, the graduate will:

1. Perform a thorough preanesthetic assessment and formulate a comprehensive anesthetic case plan for each assigned patient based on the preanesthetic assessment of that patient.
2. Use a variety of current anesthetic agents, techniques, adjunctive drugs and equipment as appropriate while providing anesthesia.
3. Demonstrate the use of appropriate agents/techniques to protect the patient from iatrogenic complications.
4. Apply appropriate safety principles and precautions in caring for patients to prevent or minimize any potential risk. This includes refraining from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, emailing, etc.)
5. Utilize universal safety precautions and appropriate infection control measures to ensure the safety of the patient, staff, and CRNA.
6. Conduct a

16. Provide anesthesia services for patients in trauma and emergency cases.
17. Function as a resource person for airway and ventilatory management of patients.
18. Serve as a leader or member of a cardiopulmonary resuscitation team and possess up to date advanced cardiac life support (ACLS) recognition and pediatric advanced life support (PALS) skills and certification.
19. Participate in quality improvement activities.
20. Critically analyze published data in the field of anesthesia and apply new evidence in technology, pharmacology, and techniques to patient care.
- 21.

It is imperative that all students recognize the primary responsibility for a successful nurse anesthetist education, both in and outside the classroom, rests with the individual. Students, including students with disabilities, must have the capacity to manage their lives and anticipate their own needs. The school has incomplete influence in helping students achieve these personal adaptations. Situations can arise in which a student's behavior and attitudes resulting from a disability or other personal circumstances represent a secondary problem, which impairs the student's ability to meet the school's standards, even after implementation of all reasonable accommodations by the school.

### **Recommendations:**

1. No otherwise, qualified individual will be denied admission to the School of Nurse Anesthesia based solely upon a disabling condition.
2. Candidate with disabilities applying to the School of Nurse Anesthesia will be expected to have achieved the same requirements as their non-disabled peers.
3. Matriculation into the School of Nurse Anesthesia assumes certain levels of cognitive, emotional, and technical skills. Nurse anesthetist students with disabilities will be held to the same fundamental standards as their non-disabled peers. Reasonable accommodations will be provided to assist the student in learning, performing, and satisfying the fundamental standards, so long as the student provides timely, comprehensive documentation establishing the student's disability status and need for reasonable accommodation.
4. Reasonable accommodations that facilitate student progress will be provided, but only to the extent that such accommodation does not significantly interfere with the essential functions of the School of Nurse Anesthesia, fundamentally alter the program, or significantly affect the rights of other students.
5. The School, under the law, is obligated to provide all reasonable accommodations that will eliminate or minimize the barriers disabled students may face in the process of successfully completing the requirements for graduation from the University of New England School of Nurse Anesthesia.

### **ABILITIES AND SKILLS:**

A student of this program must have abilities and skills of five varieties including observational skills; communication skills; fine and gross motor skills; conceptual, integrative and quantitative abilities; and behavioral and social/emotional attributes.

#### **I. Observational Skills**

The student must be able to acquire a defined level of required information as presented through demonstration and experiences in the basic sciences and anesthesia courses including, but not limited to, information conveyed through labs and simulated anesthesia patient exercises. Furthermore, a student must be able to observe a patient accurately, at



ambulate patients and transfer anesthetized patients to patient recovery areas; the candidate is required to move not only the patient's weight but also the heavy bed.

The student is required to carry heavy equipment and supplies, sit for long periods of time on stools with and without any back support, twist and turn to visualize monitors and the surgical field, and possess the strength and flexibility to assist in the restraint of combative patients. In addition, the student must be able to move quickly to respond to emergencies. At all times, the ability to administer care to patients in a safe manner is paramount.

2. The role of the program faculty is to facilitate the learning process by guiding the student to the resources necessary for him or her to meet the educational objectives of the program in a self-directed manner, and by promoting a supportive and collaborative environment conducive to the pursuit of academic excellence, clinical competence, and professional success.
  
3. Didactic instruction in the program is designed to synthesize the wide body of knowledge represented by the program curriculum in a manner that highlights foundational principles and that facilitates the student's mastery of the material through the development of learning strategies for which he or she is ultimately accountable.
  
4. Simulation-based

8. On-going evaluation of the program's clinical and didactic programs by students is an

16. Successful completion of the Self-Evaluation Exam (SEE) from the NBCRNA. (Refer to the SEE in the handbook)

The program reserves the right to defer a student's graduation until all requirements have been met.



## **SECTION 2: POLICIES AND PROCEDURES**

### **ADVISORS**

All students will be assigned a UNE Nurse Anesthesia Program Faculty Advisor at the start of the program. A student receiving a grade less than 80% on an assignment or examination is encouraged to meet with their advisor. Advisor meetings are encouraged to determine if there are any concurrent issues with the student or with course work, with the end goal of promoting successful advancement through the program. It is the student's responsibility to schedule the meeting with their advisor. Students are encouraged to continue to contact their academic advisors during the clinical phase when they score below an 80% on an assignment, exam, or are having issues in clinical or their personal life . An advisor may initiate the meeting for any reason including didactic, clinical, or personal issues. Advisors will meet with their advisees a -13(t)7(i)7(a)-13(t)

- f. Do not continue to take the exam beyond the designated time for the exam.
- g. Do not collaborate on an examination, assignment or project unless explicit permission to do so has been granted by the instructor or proctor. This includes repurposing a previous student's assignment.

**See the section on Exam Security for additional information.**

**ACADEMIC INTEGRITY POLICY OF THE UNIVERSITY OF NEW ENGLAND:**

“The University of New England values academic integrity in all aspects of the educational experience. Academic dishonesty in any form undermines this standard and devalues the original contributions of others. It is the responsibility of all members of the university community to actively uphold the integrity of the academy; failure to act, for any reason, is not acceptable. Charges of academic dishonesty will be reviewed by the dean of the appropriate College and, if upheld, will result at minimum in a failing grade on the assignment and a maximum of dismissal from the University of New England. Academic dishonesty includes, but is not limited to the following:

1. Cheating, copying, or the offering or receiving of unauthorized assistance or information.
2. Fabrication or falsification of data, results, or sources for papers or reports.
3. Actions that destroy or alter the work of another student.
4. Multiple submissions of the same paper or report for assignments in more than one course without permission of each instructor.
5. Plagiarism: the appropriation of records, research, materials, ideas, or the language of other persons or writers and the submission of them as one's own.”

***Academic misconduct includes, but is not limited to, the following actions:***

**A. Cheating**

Cheating is intentionally using or attempting to use, or intentionally providing or attempting to provide, unauthorized materials, information or assistance in any academic exercise. Examples of cheating are as follows:

1. Using the work of another individual on an examination or assignment and submitting it as your own work.

6. Taking an examination for another student or having an examination taken by a second party.
7. Altering or falsifying examination results after they have been evaluated by the instructor and returned to the student.
8. Unauthorized possession or use of examinations except examinations returned by professors from previous semesters.
9. Collaborating on any assignment or examination without the explicit permission of the instructor.
10. Failing to comply with instructions given by the person administering the test.
11. Falsifying data, laboratory reports, and/or other academic work offered for credit.

## **B. Plagiarism**

Plagiarism is the appropriation, through any means, of another's work and the subsequent submission of it as one's own academic work. In the absence of any other agreement between the student and the instructor, it is assumed that when a student turns in an assignment or takes an examination, every word of the assignment or answer is the student's own work. All work submitted to an instructor is considered a representation of the student's work. **This includes any work including drafts and final papers, whether graded or not.** Plagiarism can easily be avoided by clearly referencing the work of others when it appears in your own work.

Examples of plagiarism as it might occur in term papers, research papers, laboratory reports, and other written assignments are listed below.

1. Failure to provide a citation for a paraphrase or summary;
2. Failure to paraphrase or summarize properly, even when a note is provided.
3. Copying another source verbatim (word for word) without quotation marks or proper indentation;
4. Copying another source without acknowledgement;
5. Turning in another person's paper or other work as one's own.

## **Turnitin©**

Turnitin© is a software program available to instructors to check a student's work for plagiarism. At the instructor's discretion, any and all submitted papers may be run through this software to determine if plagiarism exists.

## **C. Fabrication, Fraud or Forgery**

3. Falsification or alteration of original source documents, such as misquoting or misrepresenting the document, to support a specific point of view or hypothesis.
4. Falsification or fabrication of laboratory or patient data.
5. Falsification of any school or university document including grade reports, transcripts or personnel files.
6. Forging signatures of school or university officials on any official document including patient records.
7. Providing a false excuse or reason for missing an examination, assignment, a required attendance class or clinical rotation.
8. Providing the name or signature of another student on an attendance form; signing an attendance form when you are present for only a brief period of time, e.g., signing in and leaving or signing when you arrive near the end of a class or session.
9. Providing false information to an instructor to increase one's grade or to attain special consideration.
10. Providing false information regarding contributions to group assignments or projects.
11. Misrepresenting the facts about oneself or another in regard to health, personal, financial or academic consideration to gain an unfair academic or financial benefit.

**D. Altering or damaging reference material and equipment:**

Examples may include but are not limited to the following:

1. Destroying or removing study materials from circulation, examination keys, posted grades or other materials made available made available to all students.
2. Any attempt to limit another student's access to educational resources.
3. Any attempt to alter equipment so as to lead to an incorrect answer for subsequent users.

**E. Electronic Device Abuse- cell phone/pager/text or other communication device**

Students are allowed to have cell phones, pagers and other similar devices on campus.

However, students may not use these electronic devices during class unless specifically

## **F. Computer Use Policy**

Please refer to the University Student Handbook for guidelines on Information Technology and computer use.

## **G. Discipline**

These offenses will not be tolerated under any circumstances as they compromise the academic and professional integrity of this program.

If a student is suspected of violating academic integrity, the accusation will be investigated further by faculty. The case will be brought before the Student Development Committee (SDC). The SDC may either:

1. Drop the case based on insufficient evidence.
2. Recommended immediate dismissal from the Program.

The Program Director will, in turn, consider the SDC's recommendation and then issue a final decision. Decisions made by the Program Director may be appealed to the Dean of the Westbrook College of Health Professions. To do so, the student should follow the review process set forth in the UNE Student Handbook

## **CLASS ATTENDANCE POLICY**

All scheduled classes, skills labs, and simulated sessions are mandatory. It is expected that students arrive early or on time to all classes. Class attendance and tardiness are factored into the class participation grade in all courses. Students unable to attend a class session must notify the instructor and program administrative assistant prior to the class session. It is the individual course instructor's discretion if any more penalties are to be applied for missing class or a deadline.

Participation in the professional activities of the anesthesia department at clinical sites and attendance at all formal classes at the University of New England during the clinical portion of the program are mandatory. Illness, adverse weather, and family crisis will be taken into consideration. Failure to comply with this policy will reflect in final grades for the practicum course and may also lead to academic or clinical probation.

## **CLASSROOM BEHAVIOR**

Students should respect their peers' right to learn. All interactictiarn. Amili

2. Do not leave the classroom during lecture unless a reasonable circumstance requires this action (e.g., illness); if you must leave, do so as quietly as possible with minimal disruption.
3. Refrain from conversations during the presentation of the class, seminar or other learning session.
4. Do not gather materials to leave the class until the instructor has completed his or her remarks.
5. Refrain from making disrespectful sounds during lecture.
6. Refrain from distracting activities during class.
7. Do not bring pets or other animals into class, seminars or other learning sessions (except for certified companion dogs).
8. Refrain from bringing family members or other guests into class, seminars or other learning sessions unless permission is obtained from the instructor or course director.

Faculty have the authority to identify disruptive students, instruct students to refrain from such behavior and require that students leave the classroom if, in the judgment of the

## **RESPECT FOR PATIENT RIGHTS**

Students must respect patients and their rights while on rotation in the clinical setting. To that end, students will:

1. Act professionally as defined by the DNP Nurse Anesthesia Program and provide an appropriate level of care.
2. Clearly identify oneself to patients as a Student Registered Nurse Anesthetist (SRNA). Identifying or holding oneself out to be a Graduate or Certified Registered Nurse Anesthetist (CRNA) is a violation of the State Board of Nursing Regulations and is considered an unlawful act. Students must wear the nametag provided by the Program and Clinical Site.
3. Maintain strict patient confidence and adhere to Health Insurance Portability and Accountability Act (HIPAA) guidelines. Pictures or other documents related to patient care shall not be copied or removed from the clinical environment without the proper patient consent and approval from the Clinical Coordinator.
4. Obtain an informed consent from each patient to whom the student will provide anesthesia care.
5. Observe the “Golden Rule”. That is, treat others, as you would like to be treated.

## **CODE OF PROFESSIONAL CONDUCT**

**In addition to the [University of New England Student Handbook](#), students enrolled in the DNP in Nurse Anesthesia program will adhere to additional standards of conduct specific to the DNP Program. Students are required to be familiar with both the UNE Student Handbook and the DNP in Nurse Anesthesia student handbook.**

The University of New England, School of Nurse Anesthesia is committed to promoting in all students a sense of professionalism and a desire to adhere to the highest professional standards that pertain to nurse anesthesia practice. Students are expected to exhibit the highest standards of professional conduct, avoiding impropriety and the appearance of impropriety. The School of Nurse Anesthesia Student Code of Professional Conduct exists to promote honorable conduct on the part of all students in the school. Its purpose is to create an environment where honesty,

situations. Failure to adhere to these standards will result in a disciplinary action ranging from a written warning to immediate dismissal from the program (depending upon the violation and the circumstances surrounding the offense). During the clinical phase of the program, ethical and behavioral issues at individual sites will be managed by administration in the program.

## **STANDARDS FOR PROFESSIONAL BEHAVIOR AND CONDUCT**

The Professional SRNA:

1. Behaves in a responsible, reliable, and dependable manner. (e.g., manages time well, is on time for assignments, meetings, and appointments; plans ahead; follows through with commitments; cooperates with person(s) in charge of programs; and takes responsibility for absences or missed assignments).
2. Demonstrates personal integrity, honesty, and self-discipline. (e.g., is consistent and truthful, shows appropriate personal control, takes on tasks that he/she can manage; honest in reports and self-evaluations).
3. Projects a professional image in manner, dress, grooming, speech, and interpersonal relationships that is consistent with the medical profession's accepted contemporary community standards. (e.g., maintains awareness of personal hygiene, wears proper operating room attire, white coat and name tag if expected, notifies clinical faculty or other leader in case of emergency absence or calls to apologize if unable to notify in advance; is respectful of other students and patients when providing patient care).
4. Recognizes his/her personal limitations and biases, whether they are intellectual, physical or emotional; strives to correct them (e.g., overcomes negative behaviors such as procrastination, learns to be a team member, and adapts to new situations; avoids discriminatory conduct or speech).
5. Demonstrates the professional and emotional maturity to manage tensions and conflicts that occur among professional, personal, and family responsibilities, seeking professional help if necessary (e.g., meets with supposed antagonists to resolve misunderstandings, gets needed help from faculty advisors, tutors, counselors, learning assistance professionals and other qualified persons, shows ability to appropriately prioritize personal, professional, and academic expectations and activities).
6. Demonstrates the ability to exercise sound judgment and to function under pressure (e.g. requests help when needed and does not endanger others, respects the difference between



8. Demonstrates compassion and respect toward others (e.g., works cooperatively with differences and diversity in personalities and in cultural backgrounds as well as with differences in social and in economic status, and respects the privacy and individual choice of others).
9. Consistently demonstrates respect for administrators, faculty, staff, and fellow students of the University.

In addition to the above Standards for Professional Behavior and Conduct, the SRNA must abide with other professional standards unique to Clinical Affiliate Sites. These are, but are not limited to the following:

1. Respects the privacy and confidentiality of patients and fellow students under the laws of HIPPA and FERPA. (e.g., does not divulge or discuss patients by name or other identifiers with persons not directly involved in that particular patient's care, does not discuss student status or other confidential student information with others without that particular student's permission, omits, in all academic presentations, all identifying data including names, initials, dates of birth, and facilities).
2. Maintains strict confidentiality of patient and hospital records (e.g., unless authorized, does not possess, use, copy, disclose or distribute information contained in official patient or other hospital records, except as required for the direct care of assigned patients, to any unauthorized person or persons).
3. Consistently projects a professional demeanor (e.g.6(.g.)JTJETQq0.00000912 0 612 792 reW\* nBT/F1 1



## **CONDUCT VIOLATIONS**

entities must comply with the Privacy Rule and its requirements. Guidance is available to help covered entities implement and maintain compliance with the requirements. Nurse Anesthesia students will be required to complete HIPAA training before engaging in patient care and as required by the university. For more information on HIPAA:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html>

### **CRIMINAL BACKGROUND CHECK**

It is at the discretion of the DNP-NA Program and/or clinical affiliate sites to require the student to undergo a criminal background check at any time during the program (initial check and updates). Information will be provided when this is required and payment will be required from the student for the background check. Criminal background checks are required by some state boards of nursing and some clinical facilities. It is the student's responsibility to pay for the criminal background checks.

### **DRESS CODE**

The School of Nurse Anesthesia recognizes that appropriate personal appearance creates a favorable impression on the nurse anesthesia profession in general. The dress code is based on the theory that learning to use socially acceptable manners and selecting attire appropriate to specific occasions and activities are critical factors in the total educational process. The continuous demonstration of appropriate manners and dress insures that the DNP-NA students meet the very minimum standards of quality achievement in the social, physical, moral and educational aspects of their lives - essential areas of development necessary for propelling students toward successful careers.

The dress code applies at all times when class is in session on campus, professional meetings both on and office campus and to any situation where patient care activities occur or the occurrence of direct patient or healthcare professional contact can be reasonably assumed. These instances would include but not be limited to all experiential experiences. In the absence of a stated policy for an indstated policy for an indstaat(e)7(s)-6( ani)-13(a)7(nc)700044>7005t.00000912 0 612 79es



3. If for religious, medical, or cultural reasons, there is a need to deviate from this policy, the student must make a request to the Program Director in writing and be willing to provide required documentation.

Dress attire that deviates from policy will be approved at the discretion of program faculty. The School of Nurse Anesthesia and its clinical faculty reserve the right to require students who are in violation of the dress code to remove the inappropriate item(s) or leave the learning or patient care environment.

### **EMAIL POLICY**

A University assigned student email account shall be the University's official means of communication with all students. Students are responsible for all information sent to them via their university assigned email account. If a student chooses to forward their university email account, he or she is responsible for all information, including attachments, sent to any other email account.

Email response from faculty to students will occur within 48 hours during the faculty member's regularly scheduled work days. If there is an emergency that requires an immediate response, the program director or designee should be contacted directly by the student via text or phone call.

### **EMPLOYMENT**

Students are strongly encouraged to enter school with adequate financial resources due to rigorous time commitments (up to seventy hours a week for didactic, didactic preparation, clinical practicum, and clinical preparation). It is highly recommended that no student work during the program except for phase I. Work commitments which impinge on academic or clinical requirements will not be tolerated. If a student chooses to work during phases II and III of the program, there must be an eight (8) hour lapse between work time and reporting for class and clinical time.

During clinical, students are **strongly discouraged** from full or part-time employment as a Registered Nurse (RN). If a student elects to engage in part-time employment, at least 8 hours must lapse between working part-time and reporting to the clinical site. Clinical assignments will not be adjusted to fit any student's employment schedule. If there are any clinical or academic concerns and it is discovered the student is working as an RN on their own time, they may immediately be required to stop working or face disciplinary action, up to and including termination from the program.

No student shall represent himself or herself as a licensed provider or receive compensation for anesthesia services. No student shall be permitted to render anesthesia services outside of the



4.

All exams will adhere to the Secure Exam Policy:

### **SECURE EXAM POLICY**

All exam items and related materials are considered confidential and are not to be released or shared in any forum outside of the testing/review setting.

1. No formulas, study materials, notes, papers, calculators, telephones, or any other electronic device will be allowed in exams/exam reviews. Course coordinators have the option to amend this requirement (for example an open book exam, or exam where calculators or other aids may be necessary).
2. Students cannot wear or have on or near their person, watches of any kind, fitbits, or any type of electronic device. Students shall not be in possession of cell phones during exams. Backpacks, bags, and other personal belongings will be stored away from the student during the exam.
3. No exams, answer sheets, or materials of any kind shall leave the testing area.
4. All exams, answer sheets, additional materials as supplied and answer keys if distributed following the exam, will require that the student put their name on each piece of paper.

5: Students must utilize Respondus Mr ionandus Mr ionalndus Mr ionalndus Mr ionalndus Mr entStudents must utilize 377-





Exams that are taken online or in person will utilize Respondus Lockdown Browser© or the exam security program available. If in person review of exams is not possible, students will review exams with the subject's professor via an online format.

### **EXIT INTERVIEWS**

All students are required to attend an exit interview with administrative faculty prior to graduation.

### **EXPECTATIONS FOR PROFESSIONAL BEHAVIOR:**

Students enrolled in WCHP are expected to conduct themselves according to the following policies, procedures, guidelines, and expectations. Students are responsible for seeking clarification of any aspect of the conduct code about which they have questions, especially in the event of receiving written notice of conduct concerns and/or violations. It is expected that students will:

- 1) Read and agree to comply with the policies and procedures outlined in the *UNE Student Handbook*; access <https://www.une.edu/sites/default/files/2020-08/2020-2021%20University%20of%20New%20England%20Student%20Handbook.pdf>
  - a) Content: Policies and procedures, including the University Conduct Code, which governs the conduct of all UNE students.
  - b) Context: Applies to all on-campus and UNE-sponsored off-campus activities, including clinical observations, clinical practica, and community service.
- 2) Become familiar with the Code of Ethics for Nurse Anesthesia and to uphold these standards in all relevant settings:[https://www.aana.com/docs/default-source/practice-aana-com-web-documents-\(all\)/code-of-ethics-for-the-crna.pdf?sfvrsn=d70049b1\\_2](https://www.aana.com/docs/default-source/practice-aana-com-web-documents-(all)/code-of-ethics-for-the-crna.pdf?sfvrsn=d70049b1_2)
  - a) Adopt the following standards of professional behavior, applicable to students across all health professions. Students are expected to progressively develop these skills and abilities during their course of study and to endeavor to maintain these standards in all on-campus and UNE-sponsored off-campus activities, including clinical and fieldwork experiences and relevant community service. These specific professional behaviors include the demonstration of:
    - i) Communication Skills- communicate effectively (i.e. verbal, nonverbal, reading, writing, and listening) for varied audiences and purposes.
    - ii) Interpersonal Skills- interact effectively with patients and clients, families, colleagues, other health care professionals, and community members.
    - iii) Cultural Sensitivity- be aware of, respect, and acknowledge cultural differences.
    - iv) Problem Solving- recognize and define problems, analyze data, develop and

- vi) Responsibility- be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community, and social responsibilities.
  - vii) Critical thinking- question logically; identify, generate, and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences and assumptions; and distinguish relevant from irrelevant information. Utilize, analyze, and critically interpret scientific evidence to develop a logical argument, and to understand how bias affects the decision-making process.
  - viii) Use of Constructive Feedback- solicit and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
  - ix) Commitment to Learning- self-direct learning and continually seek and apply new knowledge, behaviors, and skills.
  - x) Health and wellness- identify sources of stress and implement effective coping behaviors in relation to self, patient/clients and their families, members of the health care team and in life balance.
- 3) Facility-specific policies and procedures: Students are expected to familiarize themselves with the policies and procedures of host institutions for their clinical or field work placements and to act in accordance with those guidelines. (Students should refer to the relevant policies of the specific institution and/or consult with clinical preceptors or supervisors.)
- 4) Dress appropriately for the professional context and institutional setting, whether in a campus, community, or clinical setting. Usually this means “business casual” attire unless the clinical facility or fieldwork setting, or a specific event requires alternate attire. Nametags may be required or recommended in many settings. When in doubt, students should consult with their clinical instructor, site supervisor, or faculty member about specific dress code expectations or requirements at a particular facility or for a specific event.
- 5) Delivery of safe, competent care and related services, all of which underscore all aspects of professional practice. Specific standards of physical, social, and emotional safety are often defined within courses and clinical teaching sites. Accordingly, students are expected to demonstrate behaviors that uphold those standards. Failure to do so may result in a referral for academic advising and/or a referral to the Student Development Committee.

### **PROFESSIONAL CONDUCT**

DNP-NA students are expected to display professional behavior including but not limited to:

3. Respect for the beliefs, opinions, choices, and values of others. Nurse Anesthesia students are expected to treat other persons equally regardless of race, culture, gender, age, religion, ethnicity, sexual orientation, socioeconomic status, physical or mental status.
4. Diplomacy in expressing opinions, resolving conflict and evaluating others.
5. Respect for the confidentiality of others including patients, students, faculty and staff.
6. Provision of nurse anesthesia services according to legal and ethical standards of nurse anesthesia practice.
7. Commitment to self-evaluation, personal growth, and life-long learning

**VIOLATIONS OF PROFESSIONAL BEHAVIOR STANDARDS:**

Improper, unethical, or unprofessional conduct may result in a referral to the Student Development Committee for review and recommendations. (This policy does not supplant the University Judicial Process, including the determination of other conduct issues, as described in the UNE Student Handbook.) Depending on circumstances, a confirmed violation of professional behavior standards may result in (a) remediation prior to progressing further in the program, (b) receiving a failing grade in a course, or (c) dismissal from the program. In all cases, students will receive written notice regarding the nature of the professional behavior violation, its consequences, and any stipulated conditions for continuation in the program. All documentation related to professional behavior and/or conduct violations will become part of the student’s permanent record.

**FEES**

Students are responsible for certain program-related fees incurred throughout the program. Program administration attempt to be as transparent as possible regarding these fees but changes may arise. At the current time, the following fees with approximate amounts are to be paid out of student pocket to maintain good standing in the program:

- Books: depending on edition ~\$1500
- Castlebranch (formerly Certified Background): documentation ~ \$171.00 (at start of program) for immunizations, physical exams, CV, licenses, etc.: ~\$200.00 (up to 2 times in program during clinical)
- Precordial/esophageal earpiece: \$85.00
- National Certification Exam (NCE) fee (at end of program): \$995.00
- Cost of NCE license (includes application fee, exam fee, and license fee): \$185.00
- Cost of NCE license (includes application fee, exam fee, and license fee): \$185.00

The DNP-NA program also has fees that are included as part of tuition and fees every semester. At the current time, the following fees with approximate amounts are paid by the program:

- AANA Associate Member Fee (start of program): \$200.00
- Lab supplies (throughout the program): \$1500.00
- BLS/ACLS/PALS Recertification course (at end of fourth semester): \$250.00
- Name badges (at end of fourth semester): \$20.00
- Medatrax case tracking fee (during clinical): \$525.00
- APEX review course: \$395.00

### **IMMUNIZATION POLICY**

**Students need to provide UNE Health Center, Medatrax AND the DNP-NA program a copy of your immunizations (i.e. PPD) to include updates.** All documentation must also be submitted to Castlebranch (formerly Certified Background). All students must adhere to UNE's immunization requirements. If a student refuses to acquire the required immunizations, they may be dismissed from the Program and University. Please fax, mail or email your immunization records and required testing (i.e. PPD, Covid-19, etc.) results to the anesthesia office and confirm receipt. It is the student's responsibility to maintain an up-to-date immunization record. **If the immunizations become outdated, the student will be removed from the classroom and/or clinical setting until current updates are received. Any time that is missed will need to be sites may require additional testing.**

Clinical sites have immunization, and updated titer level requirements. These will be met in advance of a rotation at the clinical site.

### **LEAVE OF ABSENCE**

Students requesting a leave of absence must notify the Program Director via email and in person. A Leave of Absence Application may be required, depending on the circumstances, and approval will be determined on a case-by-case basis. Lost time must be entered into Medatrax and must be made up in order to fulfill graduation requirements. Requests for emergency leave due to serious illness or death of an immediate family member is automatically granted.

### **DELAY IN PROGRAM COMPLETION**

#### **Students Taking a Medical Leave of Absence or Having a Delay in Progression**

During the length of the program, students may need to take a medical leave of absence. University policy states students may request a medical leave of absence not to exceed one (1) academic year.

DNP-NA students will follow the procedure listed:

1. The student requesting the medical leave must provide supporting documentation from a health care provider.
2. Upon returning from the leave, the student must provide documentation from a health care provider indicating the student is able to return to the rigors of full time academic and clinical study and meet the essential technical standards. If they require accommodations after their LOA, they will be required to follow the University's policy and apply through the Student Access Center.
3. The student will continue in the program with the remaining DNP-NA courses taken in chronological order.
4. Students who experience a delay in progression and require additional time in clinical rotations will be assigned appropriate clinical rotations until completion requirements are fulfilled.

### **LICENSURE, CERTIFICATIONS AND RECERTIFICATIONS**

Students are required to maintain *current unencumbered* RN licenses in each state where he or she will practice during clinical site rotations. It is highly recommended that students immediately apply for their licensure, if required, as soon as learning where the assignment will be. Not doing so may delay the start of clinical rotations due to various state licensure timeframes. Compact licensure is recognized, where applicable. Students are responsible for knowing whether or not their "State of Residence" RN license is a compact state with the state where the clinical rotation assignment will be. **For example, if a student is a resident of New Hampshire and has a current RN license from New Hampshire and is assigned to a clinical site in Maine, the New Hampshire license, being a compact state with Maine, will be honored in Maine. Massachusetts and is not a compact state.**

**Please Note: not ALL Maine licenses are compact licenses.** A Maine license is required for all students at the beginning of the program. Contact the Maine BON for confirmation of your license status. Please refer to the following link for questions regarding compact state licensure: <https://www.ncsbn.org/nurse-licensure-compact><https://www.ncsbn.org/nurse>

### **MEDICAL MISSION TRIP**

Students may request clinical release time to serve on medical mission experiences. These trips are not part of the curriculum or clinical residency and are not sponsored by the University of New England. The student agrees to serve on these trips at their own risk, and UNE does not insure, endorse, protect, or assume liability for any aspect of these experiences. Because these trips are not scheduled with consideration for the University calendar, they may interrupt the student's clinical assignments; thus, the student must make a request to the Program Director first then Clinical Coordinator to participate and sign a consent acknowledging and agreeing to this policy.

**Only students beyond their twelfth month of clinical are allowed to go on mission trips.**

Requests for release time should occur well in advance of the mission. The Program Director or designee will approve or deny

Proof of attendance is mandatory. A reflection paper is required after each meeting and submitted to each student's advisor by the Friday following the meeting. Attendance at one national meeting is required during the length of the program.

### **PROFESSIONAL LIABILITY**

The University provides professional liability coverage for each student assigned on rotation. The school will provide proof of coverage to the Clinical Coordinator at each clinical site. Students who become involved or believe they may become involved in a situation that may result in a professional liability claim, whether groundless or not, must immediately report the incident to the Clinical Coordinator. The Clinical Coordinator and the student should notify the Program Director both verbally and in writing with details of the incident. See "**Section 3: Clinical Handbook**"

### **REVIEW COURSES**

The student may choose to take a supplemental review course (of their choosing) and complete this by the end of Clinical Practicum IV. Proof of attendance at the review course will be submitted to the program director. All students must clear the test date with both the program



- The initial SEE exam will be available during Clinical Practicum III and must be completed by the end of the semester. The program will pay for this test.
- The second SEE attempt will be taken during Clinical Practicum IV and the benchmark of 425 must be reached. The student will pay for this test.
- Failure to achieve the benchmark score of 425 on the second attempt will require taking the SEE for the third time in the summer semester during Clinical Practicum V.
- Failure to achieve a passing score on the third attempt will require taking a comprehensive exam in the final semester. An overall average of 80% on all comprehensive exams is required to pass Clinical Practicum V. Failure to pass Clinical practicum V may result in a delay in program completion.
- The student cannot take the SEE within 30 days of program completion. This date will change yearly according to the date of program completion.

### **SEXUAL HARASSMENT/MISCONDUCT**

Please refer to the Sexual Misconduct Policy of the UNE Student Handbook.

### **SIMULATION EXPECTATIONS AND POLICIES**

Simulation experiences form an important part of both the didactic and clinical phases of the program. Attendance is required for all scheduled sessions. In addition, students are occasionally required to engage in remediation sessions with faculty in the simulation lab.

**Simulation Lab Guidelines:** The Simulation lab contains highly sophisticated mannequins and equipment. It is important for all users to understand and follow the guidelines that have been designed to encourage professionalism and to insure the usability and care of the space and equipment.

- Wash hands prior to touching mannequins.
- No food or drink in the simulation lab.
- Any PPE policies will be consistent with UNE Onward plan.

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**Evaluations:** Users will be asked to complete evaluation forms at the end of each semester or after the simulation lab experience.

**Confidentiality:** In order to maintain the integrity of the Clinical Simulation Program, users may be asked to sign a statement agreeing to maintain the strictest of confidentiality about any observations of individual performance in the simulation lab or of the content of any simulated training exercises.

**Photo Release:** Some simulation scenarios may be recorded. By signing the student contract at the end of this Handbook, grants permission to use photographs or videotaped images for use in connection with activities of the University of New England.

## **SOCIAL MEDIA/NETWORKING**

### **A. Definitions**

- a. Social networking site: spaces in the internet where users can create a profile and connect that profile to others (individuals or entities) to create a personal network. Examples include Facebook, Instagram, LinkedIn, Reddit, Discord, YouTube and Twitter.
- b. Weblog: a website, usually in the form of an online journal, maintained by an individual with regular commentary on any number of subjects. Can incorporate text, audio, video clips, and any other types of media.

### **B. Professionalism**

- a. Postings within social network sites are subject to the same professionalism standards as any other personal interactions. The permanence and written nature of these postings make them even more subject to scrutiny than most other forms of communication. The professionalism description can be found in the Code of Professional Conduct section of this handbook. Students may be subject to disciplinary actions within the school for comments or postings that are either unprofessional or violate patient privacy.
- b. Statements made by you within online networks will be treated as if you verbally made the statement in a public place.
- c. Do not violate copyrighted or trademarked materials. If you post content, photos, or other media, you are acknowledging that you own for ha,

- e. UNE logos may not be used on any social media site without the approval of the UNE Web Manager or the Public Relations Director. Any medically oriented weblogs should contain the disclaimer: “The posts on this site are my own and do not necessarily represent the UNE School of Nurse Anesthesia’s positions, strategies, or opinions.”
- f. Use of these social networking sites or weblogs can have legal ramifications. Comments made regarding care of patients or that portray you or a colleague in an unprofessional manner can be used in court or other disciplinary proceedings (i.e., State Licensing

- f. Make sure that you differentiate medical opinions from medical facts. The world of medicine is foreign to many, so readers may take your words at face value. Try to make clear what statements reflect your personal beliefs.

**D. Confidentiality**

- a. HIPAA regulations apply to comments made on social networking sites, and violators are subject to the same prosecution as with other HIPAA violations.
- b. Patient privacy measures taken in any public forum apply to social networking sites as well.

### **STUDENT CONTACT INFORMATION**

Students are required to notify the Program Staff Assistant when there is a change in any contact information (address, email, phone number, etc.). Students must also maintain a current Emergency Contact Information Form that was completed at the beginning of school. The program will not be responsible for lost mail, late notifications or other information due to a failure to maintain updated personal files with the Program Staff Assistant.

All students and faculty of the Nurse Anesthesia Program are issued a UNE email address. For recognition and security purposes, all email communications from students to the Program must originate via the UNE email system. Students are required to check their UNE email each day for updates and other information. Email from addresses other than the UNE system will not be read.

Students are allowed to communicate with clinical site faculty via means left to the discretion of the individual clinical sites. This allows clinical site faculty to determine the most efficient method of communicating with students at their site. Students may not directly contact any clinical site faculty for questions pertaining to clinical site rotation availability. Students with questions involving clinical site rotations must contact the Program Director.

### **STUDENT/PROFESSOR CONFLICT**

Students, who feel that a faculty member has unfairly treated them in regard to grades, class expectations, unfair or discriminatory actions, etc., should speak directly with the professor involved. If the student feels that additional action is required or feels unable to speak directly with the professor involved, the student should speak with the program director.

### **STUDENT DEVELOPMENT COMMITTEE AND PROGRESSION**

The Student Development Committee is responsible for reviewing all student issues identified by the program director, faculty, or students. This includes academic, behavioral, and clinical issues. Please refer to the following link for the most up-to-date information on graduate progression policies.

[https://www.une.edu/sites/default/files/2022-07/GradProgPolicies\\_AY20222023\\_FINAL.pdf](https://www.une.edu/sites/default/files/2022-07/GradProgPolicies_AY20222023_FINAL.pdf)

### **SUBMISSION OF ASSIGNMENTS**

All written assignments are to be submitted in the following manner:

1. Assignments will not be accepted in an email unless extenuating circumstances exist and are approved by the instructor.
2. Assignments must be submitted by the due date via the appropriate assignment location in Brightspace.

3. **All papers must be submitted in a word document.** PDFs are not acceptable for submission.
4. Naming files: Name your electronic file submission exactly as specified when submitting assignments. Include the following information on all submissions:
  - a. LastnameFirstinitial.nameofassignment.date.
  - b. Example: SMITHJ.OBCASESTUDY.060117
5. Keep a hard copy and an electronic copy of your submission.

**SUBSTANCE MISUSE**

A student who is arrested or charged with a drug or alcohol offense which involves the off-duty sale, distribution, or possession of legal or illegal drugs must immediately inform the School of Nurse Anesthesia Program Director of the arrest, the nature of the charges, and the ultimate disposition of the charges.

Students are expected to comply with the hospital policies at each clinical site. Clinical training sites may also require students to undergo drug/alcohol testing prior to placement or during clinical rotations at the site. Therefore, students may also be tested in accordance with the clinical training site's policy. Students, like employees, are required to comply with all hospital policies regarding pre-employment drug and health screening.

Students who take over the counter or prescribed medication are responsible for being aware of the effects the medication may have on their performance and personal behavior and ensure patient safety is not compromised. Students on a medication that may impair students' performance and/or clinical judgment must present documentation from the primary care provider, ensuring fitness for duty.

Students are prohibited from reporting to the classroom or the clinical area under the influence of illicit drugs or alcohol. With reasonable suspicion of subst





**or as soon as practical in case of emergency, via e-mail. *If a student fails to inform the Program Director of an absence, the student will have two (2) PTO days deducted from their bank per occurrence.***

**NON-CLINICAL DAYS:**

Periodically, students are granted non-clinical days during the 19-month clinical phase. These days are designed to allow students time to work on special assignments, attend class, committee meetings, and other outside projects. Permission to have non-clinical days must be granted by the program director.

**POLICIES AND PROCEDURES CHANGE STATEMENT**

All policies and procedures are subject to change during the course of the Program, and it is the student's responsibility to keep abreast of these changes as they are announced. Changes in policy and procedure may be communicated to the students by way of electronic email, letters or phone. Students **MUST** keep their contact information current with the program and monitor their communication daily.



addition to the overall case and hours requirements, requirements are established for specific cases, patient populations, environments, and techniques. These requirements are set forth by the Council on Accreditation.

The specific clinical case requirements are outlined in the appendix of this document, in Medatrax, and can also be found in the COA Standards for Accreditation Document (Revised January 2022) at <https://www.coacrna.org/wp-content/uploads/2022/02/Standards-for-Accreditation-of-Nurse>

- a. **If the required information has not been received/verified, the student may be placed on immediate probation.**
- b. **Information uploaded into Medatrax is subject to lock out after 2 weeks. If your case information is not entered in Medatrax within the 2-week window, the program may deem that you are unable to count those case experiences, which may extend your graduation date.**

## **CLINICAL EDUCATION PERSONNEL**

### **AFFILIATE CLINICAL SITE COORDINATOR**

The Clinical Coordinator provides instruction, orientation, assignments, and evaluation while students from the University of New England are assigned to affiliate clinical sites. This individual is responsible for monitoring student scheduling and clinical progress. At times, they are invited to participate in campus based instructional activities. The primary responsibilities of the Clinical Coordinator are to:

1. Serve as liaison/contact person between the institution and the School of Nurse Anesthesia. Facilitate the acquisition of necessary contractual agreements and credentialing documentation.
2. Orient students to the clinical anesthesia setting.
3. Coordinate clinical assignments and rotations in conjunction with the faculty clinical practicum coordinator that will enhance the student's progress toward meeting the required cases necessary for graduation and certification.
4. Coordinate student scheduling and daily operating room assignments with the Clinical Faculty.
5. Provide daily student mentoring and counseling.
6. Evaluate and document ongoing student performance in conjunction with student clinical objectives including daily evaluations and summation evaluations as needed.
7. Ensure that accurate and constructive daily student evaluations are completed by the end of each clinical day by the Clinical Faculty when feasible.

### **AFFILIATE CLINICAL FACULTY**

All Clinical Affiliate Faculty members (Adjunct Instructors) must be credentialed physician or CRNA providers at the individual affiliate sites and able to provide the necessary expertise and knowledge for comprehensive and relevant clinical experiences.

**At no time may a nurse anesthesia student be supervised by an Anesthesiologist Assistant (AA), graduate registered nurse anesthetist, or anesthesia resident.** All anesthesiologist and CRNA providers must have institutional staff privileges and be immediately available to the student in the assigned clinical areas. The UNE Nurse Anesthesia Program will annually monitor each site's credentialing process to assure that the providers are current in their licenses and certifications.

The primary responsibilities of the Clinical Faculty are to:

- 1.





on the learning continuum. This is a brief summation of the week and can include your cases, what you learned, any issues, goals for the next week, etc.

- Students are required to turn in a weekly case plan. Articles are accepted but are not to be used in place of a case plan.
2. Student Evaluation of Clinical Faculty: Students must complete and submit evaluations on each clinical faculty with whom he or she has been assigned at each rotation site. These evaluations will remain anonymous and be utilized to provide feedback for clinical site improvement. The mechanism will be through an anonymous survey program.
  3. Student Evaluation of Clinical Site: Students must complete and submit this evaluation at the end of the rotation at the site. These evaluations will assist in improving student experiences at the clinical sites. These evaluations will remain anonymous and be utilized to provide feedback for clinical site improvement. The mechanism will be through an anonymous survey program.
  4. Student Self-Evaluation: Each student will evaluate himself or herself daily per the Clinical Practicum Evaluation tool as well as at the end of each clinical practicum.
  5. Advisor Evaluation: At the end of each clinical semester, the faculty advisor will meet with the advisee to determine readiness and progression to the next clinical practicum.

### **CLINICAL HOURS DEFINITIONS**

Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, pre-anesthesia assessment, post-anesthetic assessment, patient preparation, operating room



always be a CRNA/Anesthesiologist in attendance while the student is on call. The call

Director who will decide on written warning with monitoring, remediation, probation, or dismissal.

Students are expected to meet clinical practicum objectives. If student performance indicates, “needs improvement” at any time during the practicum course, this will be monitored by the program faculty and communicated with the student and clinical faculty. It is expected that students obtain “acceptable” performance throughout the last month of the course. If the student fails to do so, the Program Director may issue a written warning with monitoring or place them on clinical probation. In addition, a clinical probation may be instituted at any time during a clinical course if a student exhibits unsafe or “unacceptable” clinical practice or fails to submit the required evaluations or program required documentation of professional licensure.

If recommended, a written warning with monitoring will be issued for a period of 30 calendar days. The written warning will be signed by the Program Director and will be placed in the student’s permanent file. A copy of the written warning will be emailed to the student. Following the 30-day period, the student will be re-evaluated. If the student’s behaviors and/or clinical performance have improved, the monitoring will be completed, and the written warning will stay in the student’s file. If a student’s clinical behavior has not improved or if an additional policy is violated, the student will be placed on immediate clinical probation for a period of 30 days. Any sick time taken off will be made up by adding it to the end of the monitoring period. PTO days can NOT be utilized during the monitoring period.

The length and parameters of probation will be determined by the Program Director and based on the recommendations of the SDC committee. Clinical probation entails a 30-calendar day period of time. During this time program faculty will re-evaluate the student’s status. Students will communicate with program faculty and clinical faculty to develop a plan for clinical improvement based on their clinical evaluations, clinical faculty feedback and/or program faculty findings. After the 30-day probation period, the student will meet with the SDC for re-evaluation to determine if clinical objectives have been met. If improvement is demonstrated, probation will end. Failure to meet clinical objectives at that level may result in dismissal.

Students who have successfully met objectives of a clinical probation period and encounter subsequent performance issues may either be placed on a second 30-day probation period or dismissed from the program, as determined by the SDC and program faculty. If placed on probation, the process described would apply. The limit for all students is (2) probationary periods. If performance issues continue to occur after a student has successfully completed (2) probationary periods, the student would be immediately dismissed.

Program faculty will delineate the clinical site for the probation period. Students will not be allowed to take personal time off, except for sick time, during this period unless approved by the

Program Director at the time of initiating probation. **Any sick time taken off will be made up by adding it to the end of the probationary period. PTO days can NOT be utilized during the probationary period. The probationary time and any other related time (waiting for an appropriate clinical site to become available for the probation experience) will be added to the end of the program and push the completion date back accordingly. The student will not be permitted to make-up probationary days.**

### **CLINICAL REMEDIATION**

A major component of the DNP-NA program is the Phase III clinical rotations, which provide the student with the opportunity to apply learned concepts and skills in actual patient care situations. Eligibility for the clinical phase requires a student has achieved a passing grade in all didactic courses in the curriculum and in assessments conducted in the skills labs and during patient simulation. These assessments are designed to identify each student's level of understanding of pertinent technical and theoretical concepts. They also serve to identify those students who may have difficulty in the Phase III clinical portion of the program and provide an opportunity for remediation of technical and integrating skills.

Any student observed to have poor technical skills or an inability to integrate and apply learned knowledge during patient simulation or skills labs may be identified for remediation. A remediation plan may be developed prior to beginning the Phase III clinical portion of the program. The student will be responsible for documenting both short and long-term goals as part of the plan and develop a plan of action to meet these goals. Part of the remediation plan will include-planned simulation experience and/or additional time in the skills labs to provide additional learning opportunities and evaluate the student's progress.

The clinical coordinator at the student's primary clinical site may be informed about the student's identified areas of weakness and the remediation plan, prior to the student beginning their clinical rotation. The clinical faculty will provide feedback to the Clinical Coordinator and program faculty on the student's progress. The student may be required to schedule regular meetings with program faculty to discuss clinical progress at intervals determined by the Program Director.

Four to six weeks after entering clinical, the progress of the student in remediation will be reevaluated. The student's overall clinical performance will be evaluated by both program faculty and clinical faculty. A remediation and/or probationary status may be considered if the student fails to consistently meet clinical performance outcomes. The clinical coordinator at the primary site will be informed about any decisions reached by the program faculty and the student's status.

## **CLINICAL ROTATION CREDENTIALING**

**Students must ensure, at least 4-6 weeks prior to their clinical rotation (or as identified as required by the individual site), that credentialing procedures and required pre-clinical in-services with the clinical site are complete.** Students must be aware of their obligations at each clinical affiliate site. The Program will provide each student with the necessary contact information for his or her specific clinical site. Some clinical sites require additional RN licensure that may take several months to obtain. Students shall determine if they meet the licensure requirements when the assignment is made and shall allow time to negotiate the licensure process.

## **CLINICAL ROTATION EXPECTATIONS**

1. At least 4-6 weeks prior to the first day of each rotation, the student shall contact the Clinical Coordinator to discuss “first day” expectations and other details.
2. The first day at each rotation site is usually spent in orientation, observation, and becoming familiar with the physical plant and the expectations unique to the clinical site. If an orientation is not provided at the beginning of the first clinical day, students will politely ask the Clinical Coordinator to provide one by the end of the day. If an orientation is not completed on the first day, students must contact the Program Director.
3. Students are required to be in the Operating Room (OR/Anesthesia Area) **at least** one hour prior to the beginning of assigned cases. This allows ample time to check the room, anesthesia machine and supplies, gather and assemble any necessary equipment, perform the patient assessment, and discuss the case plan with the assigned Clinical Faculty.
4. Clinical Faculty may require a phone call the evening prior to discuss the plan of care. Students must comply with this requirement in addition to any individual requirements deemed appropriate by the Clinical Coordinator or Clinical Faculty. Specialty rotations may require the student to arrive more than 1 hour before the start of cases. Students will confirm with the Clinical Coordinator what the expectations are at each Clinical Site.
5. Students will complete each day's clinical assignment/caseload. This means that some cases may not be completed until late in the afternoon/evening on some days. Compensatory time is at the discretion of the Clinical Coordinator. On average, students can expect a minimum of 40 hours/week to a maximum of 64 hours per week consisting of developing anesthesia case plans, room set-up and equipment check, providing anesthesia care, completing postoperative visits, studying required material and completing and submitting required documentation.
6. Students will benefit by making every effort to obtain an assignment the day prior to the procedure. This will allow more time for a preoperative visit/assessment and preparation of an anesthesia case plan. Anesthesia case plans are required for each patient.
- 7.

rotations. During clinical practicum V, an article that relates to cases done that week may be posted instead of a case plan.

8. If the Clinical Faculty should determine that a student is unprepared for the day's assignment, that student may be asked to leave the OR and return when he/she is properly prepared. **In the event of being asked to leave the OR, students must notify the Program Director immediately via email.** The Clinical Coordinator will also notify the

## **CLINICAL ROTATION POLICIES**

## **CLINICAL TIME AND SCHEDULING**

Each clinical site has unique scheduling needs and they have the flexibility to schedule students as deemed appropriate within the guidelines established by the Program. Some sites will allow students to gain their clinical experiences in 8, 10, 12, or 16-hour shifts. Sixteen hours of direct anesthesia care is the maximum amount of time students are allowed at any one time. If students are scheduled for a call rotation, they are allowed to be at the Clinical Site for a 24-hour shift. However, they may not exceed the 16-hour maximum mandate for direct anesthesia care. Students must have a minimum of 40 hours per week at their clinical site. Three shifts of 12 hours each is not sufficient. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours).

## **CLINICAL TIME OFF**

Refer to the [TIME OFF policy](#) in previous section of this manual.

## **CRITERIA FOR CLINICAL PRACTICUM PROMOTION:**

1. Acceptable clinical performance determined by Clinical Faculty evaluations, verbal feedback, written documentation and attainment of clinical practicum objectives.
2. Completion of required clinical hours.
3. Submission of all clinical documentation by stated deadlines.
4. Compliance with the Self Evaluation Exam (SEE) policy during the appropriate semester.

Program faculty are responsible for reviewing the student's clinical performance each month. If there are areas of concern, they must inform the student in verbally or in writing of these concerns. Communication on a regular basis is required by both the student and the advisor.

**APPENDIX**



**CLINICAL SITE FACILITIES (as of December 2023)**

Berkshire Medical Center, Pittsfield, MA  
Beth Israel Deaconess, Plymouth, MA  
Brigham & Women's Hospital, Boston, MA (inactive)  
Cary Medical Center, Caribou, Maine  
Central Maine Medical Center, Lewiston, ME  
Cottage Hospital, Woodsville, NH  
Crane Center for Day Surgery, Pittsfield, MA  
Dartmouth-Hitchcock Medical Center, Hanover, NH  
Elliot Hospital, Manchester, NH  
Exeter Hospital, Exeter, NH  
Good Samaritan Hospital, Brockton, MA  
Holy Family, Methuen, MA  
Houlton Hospital, Houlton, ME  
Kent County Memorial Hospital, Warwick, RI  
Littleton Hospital, Littleton, NH  
Maine General Medical Center – Augusta/Waterville, ME  
Maine Medical Center, Portland, ME  
Mayo Regional Hospital, Dover Foxcroft, ME  
Mercy Hospital, Springfield, MA  
MidCoast Hospital, Brunswick, ME  
Millinocket Regional Hospital, Millinocket, ME  
Northeastern Vermont Regional Hospital, St. Johnsbury, VT  
Northern Light AR Gould Aroostook Medical Center, Presque Isle, ME  
Northern Light Eastern Maine Medical Center, Bangor, ME  
Northern Light Maine Coast Memorial Hospital, Ellsworth, ME  
Northern Light Mercy Hospital, Portland, ME  
Northern Maine Medical Center, Ft. Kent, ME  
Parkland Medical Center, Derry, NH  
Portsmouth Regional Hospital, Portsmouth, NH  
St. Anne's Hospital, Fall River, MA  
St. Joseph's Hospital, Nashua, NH  
Southern Maine Health Center, Biddeford, ME  
Southern New Hampshire Medical Center, Nashua, NH (Inactive)  
Stratham Ambulatory Surgery Center, Stratham, NH  
UMASS Memorial Health Center, Worcester, MA  
University of Vermont, Burlington, VT  
Veterans Administration Togus Medical Center, Togus, ME  
Wentworth-Douglas Hospital, Dover, NH  
York Hospital, York, ME

**STANDARDS FOR ACCREDITATION OF NURSE ANESTHESIA PROGRAMS**

Revised January 29, 2022

The minimum number of clinical hours is 2,000 (See Glossary, “Clinical hours”).

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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Patient Physical Status

Class I		
Class II		
Classes III-VI (total of a, b, c, & d)	200	300
a. Class III	50	100
b. Class IV	10	100
c. Class V	0	5
d. Class VI		
Total cases	650 <sup>†</sup>	700

Patient Assessment<sup>†</sup>

Pediatric 2 to 12 years	30	75
Pediatric (less than 2 years)	10	25
Neonate (less than 4 weeks)		5

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Trauma/emergency (E)	30	50
Obstetrical management (total of a & b)	30	40
a. Cesarean delivery	10	15
b. Analgesia for labor	10	15
Pain management encounters ( <i>see Glossary, "Pain management encounters"</i> )	15	50

### **Anatomical Categories<sup>5</sup>**

Intra-abdominal	75	
Intracranial (total of a & b)	5	20
a. Open	3	10
b. Closed		
Oropharyngeal	20	
Intrathoracic (total of a, b, & c)	15	40
a. Heart		
1. Open heart cases (total of a & b)	5	10
a) With cardiopulmonary bypass		
b) Without cardiopulmonary bypass		
2. Closed heart cases		10
b. Lung	5	
c. Other		
Neck	5	10
Neuroskeletal	20	

Vascular	10	30
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<sup>5</sup> Count all that apply.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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### Methods of Anesthesia

General anesthesia	400	
Perform a general anesthetic induction with minimal or no assistance <sup>†</sup>	50	100
Inhalation induction	25	40
Mask management <sup>6</sup>	25	35
Supraglottic airway devices (total of a & b)	35	50
a. Laryngeal mask		
b. Other		
Tracheal intubation (total of a & b)	250	
a. Oral		
b. Nasal		5
Alternative tracheal intubation/endoscopic techniques <sup>7</sup> (total of a & b) ( <i>see Glossary, "Alternative tracheal intubation techniques"</i> )	25	50
a. Endoscopic techniques <sup>8</sup> (total of 1 & 2)	5	15
1. Actual tracheal tube placement		
2. Simulated tracheal tube placement		
3. Airway assessment		
b. Other techniques	5	25
Emergence from anesthesia	300	



Moderate/deep sedation	25	50
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<sup>9</sup> Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

<sup>10</sup> Examples include truncal, cutaneous, head, and neck blocks (e.g., transversus abdominis plane, rectus sheath, ilioinguinal, iliohypogastric, oral, and maxillofacial blocks).

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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### Arterial Technique

Arterial puncture/catheter insertion	25	
Intra-arterial blood pressure monitoring	30	

### Central Venous Catheter

Placement <sup>12</sup> – Non-PICC (total of a & b)	10	15
a. Actual		5
b. Simulated		
Placement – PICC (total of a & b)		
a. Actual		
b. Simulated		
Monitoring	15	

### Pulmonary Artery Catheter

Placement		5
Monitoring		10

### Other

Ultrasound-guided techniques (total of a & b)	20 <sup>†</sup>	
a. Regional <sup>13</sup>	10 <sup>†</sup>	
1. Actual regional <sup>†</sup>		
2. Simulated regional <sup>†</sup>		

<sup>12</sup> Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone. Insertion of peripherally inserted central catheters (PICC) does not meet the requirements for central line placement.

<sup>13</sup> Regional includes neuraxial, truncal, and peripheral nerve blocks. No clinical experiences can be obtained by simulation alone.

b. Vascular <sup>14</sup>	10 <sup>†</sup>	
1. Actual vascular <sup>†</sup>		
2. Simulated vascular <sup>†</sup>		
Point of Care Ultrasound (POCUS) <sup>†, 15</sup>		
a. Actual <sup>†</sup>		
b. Simulated <sup>†</sup>		
Intravenous catheter placement	100	
Advanced noninvasive hemodynamic monitoring		
Assessment of chest X-ray <sup>†, 16</sup>	5	10







F Senior Day Paperwork

- Financial Aid Meeting
- Exit Interviews
- Program evaluations

F Please answer the following:

- Have you accepted a CRNA position? YES \_\_\_\_\_ NO \_\_\_\_\_
- With Whom/Where will you be working?

- 
- Email to reach you in the future:

**UNIVERSITY OF NEW ENGLAND SCHOOL OF NURSE ANESTHESIA**

**STUDENT CONTRACT**

I have received a copy of the University of New England's School of Nurse Anesthesia Student Handbook. I have had an opportunity to review and discuss its contents, and I agree, as a student enrolled in this Program, to adhere to the policies and guidelines set forth, inc0 gOnng?4fn



Students must print, sign and date, scan then upload this contract into the evaluation assignment in Brightspace under Clinical Practicum I.