

Section 1 Program Information

PROGRAM ADMINISTRATION AND FACULTY

University of New England School of Nurse Anesthesia

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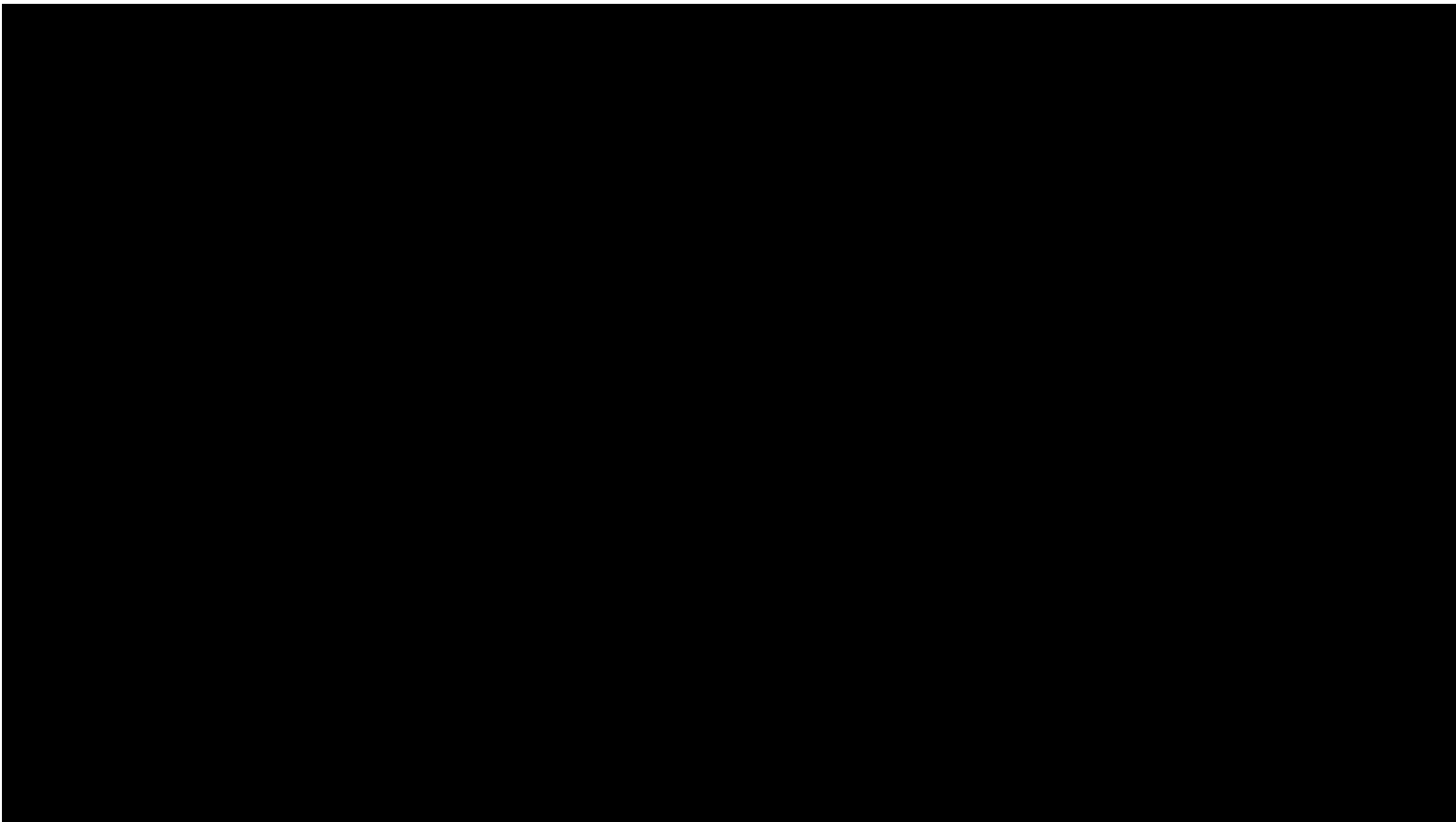
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CRITERIA FOR CLINICAL PRACTICUM PROMOTION:..... 63.....

APPENDIX



This handbook contains the University's and the Program's ~~expect~~ expectations, policies and procedures

Phase II 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

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 that 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 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 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 academic 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

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 training forms an important cornerstone of the program's curriculum and promotes not only the development of technical competence but likewise encourages self-awareness, interpersonal communication skills and critical decision-making.
5. Examinations will evaluate the extent to which the student is able to master the material in a comprehensive and self-directed manner. It is expected that all written assignments and/or projects should be the result of comprehensive research and reflection on a given topic in keeping with the principles of intellectual honesty and scientific inquiry and be presented in a professional manner on the due date.
6. Meeting deadlines for submission of administrative paperwork, clinical evaluations, conference, or self-examination testing applications is a professional expectation and failure to do so is considered a breach of conduct becoming of a professional graduate student such behaviors will be met with consequences ranging from probation to course failure.
7. Time-sensitive communication between faculty and students is an essential component of the student's success in the program and efficient department functioning. For this reason, the University has provided a communication platform based on individual email accounts for each student and a web-based platform which supports live chat and threaded online class discussions. It is considered a professional obligation that students respond to faculty calls and electronic correspondence within 24 hours or sooner if requested, of receiving messages. Failure to do so will be construed as unprofessional behavior. Students should remain updated on web-based class related notifications and information. It is recommended that students check their email and the Brightspace Announcement section for updates initially in the morning and throughout the day.

8. On-going evaluation of the program's clinical and didactic programs by students is an essential component of meeting standards of quality as mandated by the Council on Accreditation of Nurse Anesthesia Programs and an important means of communication between students and faculty. Please note course evaluations are a required element of every course; to receive your grades at the end of the semester, you will need to complete the online course and instructor evaluation. Notices and time frames for completion are sent out via email and determined by the University. Participation in evaluation processes by students is a professional and departmental expectation and is detailed in the Westbrok College of Health Professions. Students must have appropriate resources necessary to fully participate in all phases of the program.
9. The DNP in Nurse Anesthesia program is a full-time course of study and cannot be delivered or completed in a part time format.

GRADUATION CRITERIA

The following criteria must be met:

1. Satisfactory completion of all didactic and clinical courses with a minimum GPA of 3.0 on a 4.0 scale.
2. Satisfactory completion of clinical experiences, case types, numbers, and clinical hours as required by the UNE School of Nurse Anesthesia and Council on Accreditation of Nurse Anesthesia Educational Programs.
3. Satisfactory completion and fulfillment of stated UNE School of Nurse Anesthesia Student Learning outcomes.
4. Completion of 36 actual months in the program, exclusive of probationary time. Clinical hours that require extended make up time for personal/disciplinary reasons may be added to the end of the program and extend the student's completion and/or graduation date. Program extension is at the discretion of the program director.

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 UNL 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 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

- f. Do not continue to take the exam beyond the designated ~~time~~ ~~time~~ 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

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 a 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

This is defined as intentional and/or unauthorized falsification common in the academic and/or clinical environments are as follows:

1. Fabrication or falsification of examinations, reports, assignments, case studies and other assigned work.
2. Falsification or invention of sources or page references in assignments.

F. Computer Use Policy

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

G. Discipline

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 lectures, seminars 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 instructor, their behavior is interfering with the learning environment. In addition, sanctions may be brought against any student as outlined in the University of New England Student Handbook.

RESPECTING THE PHYSICAL ENVIRONMENT

A considerable amount of human and fiscal resources are used to maintain the integrity and appearance of the physical facilities of the school. Students are expected to contribute to

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, professional 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 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 Student Registered Nurse Anesthetist (SRNA) and Certified Registered Nurse Anesthetist (CRNA), and remains focused on the task at hand; remembers that as a SRNA he/she represents the DNRNA program to the community).
7. Demonstrates ability to learn from mistakes and failures, heeds admonitions and warnings from administrative faculty of the DNRNA Program and of clinical faculty at affiliate clinical sites (e.g., is responsive to feedback and constructive criticism and evaluations regarding professional behavior and attitude, understands the seriousness of academic and disciplinary warnings).

8. Demonstrates compassion and respect to 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 HIPAA 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, (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., does not use foul or abusive language, does not intimidate others, is not disrespectful to any employee, supervisor, patient, visitor or fellow student, does not engage in unprofessional conduct on social media, does not conduct theft, fraud, or unauthorized use of hospital, patient, visitor, or student property).
4. Demonstrates a commitment to learning (edges not take unauthorized absences, does not refuse or fail to follow the instructions of assigned Clinical Faculty, does not refuse to accept clinical assignments, meets all assigned deadlines, is prepared for assignments) (Pd ()

CONDUCT VIOLATIONS

All allegations of improper, unethical, or unprofessional conduct will result in an immediate referral to the Student Development Committee for review and recommendations. (This policy does not supplant the University Judicial Process, which states, “Any University employee or student may file a misconduct complaint against a University student if there is a reasonable, good faith belief that a violation has occurred.”) Depending on circumstances, a confirmed conduct violation may result in:

1. Remediation prior to progressing further in the program
2. Placement on probationary status
3. Dismissal from UNE.

In all cases, students will receive written notice regarding the nature of the conduct violation, its consequences, and any stipulated conditions for continuation in the program. All documentation related to conduct violations will become part of the student’s permanent record.

COMPREHENSIVE EXAMS

Comprehensive exams may be scheduled throughout the program at the discretion of the faculty and will continue through the last semester of the program. Failure to take the exam or achieve a passing grade may delay the graduation date.

CONFIDENTIALITY

DNP-NA students are obligated to respect all confidences revealed to them such as patient conditions, medical and pharmaceutical records, economic information, fee payments or any privileged information from committees of which a student is a member. Confidentiality is an ethical concern and a legal issue. Nurse anesthetists, including students, are legally bound to safeguard the confidentiality of matters concerning patients. Respecting the confidentiality of patients maintains public trust. As part of the curriculum, DNPNA students complete several hundred hours of nurse anesthesia practice. Students are required to comply with the legal requirements, and with professional and ethical standards relating to the practice of nurse anesthesia.

Failure to maintain the confidentiality of any patient or failure to engage in professional and ethical conduct will be treated by the School of Nurse Anesthesia in the same manner as academic dishonesty. It is the policy of the School of Nurse Anesthesia that students who engage in unethical conduct will be subject to disciplinary penalties.

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

5. Fingernails must be clean, neatly tr

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 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

Students have the responsibility to ensure that they bring a power cord and a fully charged battery to the examination. Students must mute computer speakers during the examination period. Students may be required to visit with the IT department at the beginning of the

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

- v) Use of Time and Resources manage time and resources effectively to obtain the maximum possible benefit.
 - 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.
- 4) 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 [((car)>>BDC /TT0os thie r tomilie (g)11.d

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2. Maturity in accepting the decisions of persons of authority within the School of Nurse Anesthesia and the University of New England as well as in the professional practice environment.
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.

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Self-Evaluation Exam (SEE): \$275.00 paid by program for first time; students will pay for second subsequent exam (if required).

Outside review course if the student opts to take one. Valley is approximately \$900.

Other courses' fees may vary.

The DNPNA 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 and update immunization records. If the immunizations become outdated, the student will be removed from the (ude)ao ()33Tc -0.00S3 (r)8 (o

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.

action and/or delay graduation. Students must also maintain current ACLS/BLS/PALS certifications during the clinical phase of the program.

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; therefore, the student must make a request to the Program Director 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 release time for mission trips based on the student's level in the program, their academic standing, and an assessment of the level of supervision available to the student. Participants must present their experiences and what they learned at a student meeting. They should be prepared to present the objectives achieved and experiences, both clinical and personal, in a format determined by the faculty.

MEETING ATTENDANCE POLICY

Students are required to attend two state or regional meetings during the program. A NEANA or NEASRNA meeting will suffice as a state or regional meeting. Proof of attendance is mandatory. Attendance must be in-person. Professional behavior and attendance at all educational sessions during these meetings are mandatory. The state association or other organizations provide some financial assistance for students to attend meetings.

AANA Educational Meetings: Students are required to attend (in person) one of the following national meetings during the length of the program

- Mid-Year Assembly (Washington DC)

- Annual Congress (rotates to a different city every year)

- Fall Leadership Academy (rotates to a different city every year)

- Assembly of School Faculty (rotates to a different city every year)

Some financial and scholarship assistance may be available from state associations, NEASF, and/or NEASRNA. The annual AANA Congress offers financial support through the "Sponsor a Student" process.

Students are excused from clinical and class for the scheduled meeting days plus one travel day prior to and following the meeting. This must be approved by the program director in advance of the meeting. Professional behavior and attendance at the educational sessions is

taking the National Certification Exam (NCE) after graduation. It is being used in this program

If no other PPE guidelines are in effect, gloves should be worn at all times gloves would normally be worn when caring for a patient.

- Mannequins are susceptible to staining; do not use pens and pencils on mannequins.
- Do not blow in mannequin mouth or manipulate excessively.
- Handle mannequins with care, treat with respect, as a real patient.
- The simulation lab is considered a clinical setting professional and safe behavior is expected at all times.
-

- 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 or have the right to use these items.
- d. In online social networks, the lines between public and private, personal and professional, are blurred. Just by identifying yourself as University of New England, Nurse Anesthesia student, you are creating perceptions about the School of Nurse Anesthesia by those who have access to your social network profile or weblog. Be sure that all content associated with you is consistent with your position at the school and with UNE's values and professional standards.
- 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 policies, 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 Boards).
- g. Unprofessional postings by others on your page reflect very poorly on you. Please monitor others' postings on your profile and work to ensure that the content would not be viewed as unprofessional. It may be useful to block postings from individuals who post unprofessional content.
- h. Keep in mind that statements and photos posted within these sites are potentially viewable by future employers, and even if deleted can be recovered under certain circumstances. Be aware too, that images can be downloaded by and forwarded to others. It is not uncommon for potential employers to search for the social network profiles of potential hires, and there are many examples of people not being offered a job because of findings on social networking sites.
- i. Avoid giving specific medical advice.
- j. 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.)

STUDENT ACCESS CENTER

UNE seeks to promote respect for individual differences and to ensure that no person who meets the academic and technical standards requisite for admission to, and continued enrollment at, the University is denied benefits or subjected to discrimination at UNE solely by reason of his or her disability. Any student eligible for academic accommodations due to a documented disability is encouraged to speak with the professor in a timely manner. Registration with Student Access is required before accommodation requests can be granted. Student Access on the Portland campus is located in the lower level of Ginn Hall and may be reached by calling 221-4418. Student Access on the Biddeford campus is located in the lower level of Stella Maris

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/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

Thanksgiving break: Thursday/Friday; The Wednesday before Thanksgiving is a clinical day
Winter Break: December 24 through New Year's Day



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 Medatrx, and can also be found in the COA Standards Accreditation Document (Revised January 2022) <https://www.coacrna.org/wp-content/uploads/2022/02/Standards-Accreditationof-NurseAnesthesiaProgramsPracticeDoctorate-revised-January2022.pdf>

Although these are noted as the required cases, we strongly encourage and expect all students to exceed the minimums in the clinical case rotations and time within the UNE Nurse Anesthesia Program.

CLINICAL CORRELATION CONFERENCES

Students are required to par (L)-5 T2arateeteviews i4 Tm (e)4 (r)-7 (e)4po (r)3 (1w)2i4 Tm , Q(w)2A

- 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 2week 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 clinical experience of the students.

The primary responsibilities of the Clinical Faculty are to:

1. Mentor and supervise students in the practice of anesthesia in the clinical setting. Clinical supervision requirements ~~are~~ follows as dictated by the COA Standards for Accreditation of Nurse Anesthesia Educational Programs Practice Doctorate 2022.
 - a. Clinical oversight of graduate students in the clinical area must not exceed:
 - i. Two graduate students to one CRNA
 - ii. Two graduate students to one anesthesiologist, if no CRNA involved.
 - iii. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (life threatening situations) but it must be demonstrated that this is a rare situation for which contingency plans are in place.
 - b. A CRNA or anesthesiologist must be present in the anesthetizing location where a graduate student is performing/administering an anesthetic and available to be summoned by the graduate student (immediately available).

4. Provide accurate and constructive evaluations to each student that will give the students insight into areas needing improvement
5. Discuss student issues and/or concerns including positive feedback with the Clinical Coordinator.

PHYSICIAN CLINICAL FACULTY

All physicians involved in the clinical teaching of nurse anesthesia students shall:

1. Be currently credentialed commensurate to their position and responsibility by the medical staff according to the facility medical staff policies and facility laws.
2. Be knowledgeable in the teaching/learning process including student evaluations.
3. Provide accurate and constructive evaluations to each student that will give the students insight into areas the need improvement.
4. Discuss student issues or concerns as well as positive feedback with the Clinical Coordinator.

CLINICAL EVALUATION GRADING

Student progress throughout all clinical practicums will be evaluated by clinical site instructors, program faculty, and by self-evaluations on evaluation tools as explained below. ~~Pass~~ this course, students must meet the minimum requirements for all objectives, complete all documentation requirements, meet attendance requirements, and submit all completed faculty and facility evaluations via Survey Monkey©. Any student placed on probationary status will not advance to the following clinical practicum until the probationary status has been dismissed.

EVALUATION CRITERIA AND GRADING SCALE

Clinical practicum coordinator responsibilities for evaluating students:

1. The clinical practicum coordinator will review each student's clinical progress on a regular basis. Clinical evaluations, case plans and weekly reflection papers placed on Brightspace will be reviewed then documented on the Clinical Practicum spreadsheet.
2. Each daily evaluation will be assessed for an average score from the twelve evaluation categories. Then those scores will be averaged for a composite weekly total. The clinical practicum coordinator will note how many clinical faculty completed evaluations are submitted as well as if only self-evaluations were submitted.
3. If the student is meeting expectations and submitting in a timely fashion, the clinical practicum coordinator may intermittently communicate with the student to touch base and provide support for a job well done.
4. If the student is not meeting expectations on a regular and consistent basis, the clinical practicum coordinator will immediately contact the student via email to ascertain areas needing improvement and provide support and a feedback loop for improvement.

The following grading scale and criteria will be utilized:

always be a CRNA/Anesthesiologist in attendance while the student is on call. The call experience may come at any time and will vary between clinical sites. Students are required to participate in the call schedule at clinical affiliations as assigned by the clinical coordinator. For information on continuous clinical time and a rest period, see “Clinical Rotation Policies, item #10”.

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

Students are expected to meet clinical practice 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

Program Director at the time of initiating probation. Any 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

CLINICAL ROTATION CREDENTIALING

Students must ensure, at least ~~6~~ weeks prior to their clinical rotation (or as identified as required by the individual site), that credentialing procedures and required preclinical 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 ~~an~~ 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 ~~setup~~ and equipment check, providing anesthesia care, completing postoperative visits, studying required material and

rotations. During clinical practicum V, an article that relates to cases done that week may

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
St. Mary's Hospital, Bangor, ME
Southern Maine Health Center, Biddeford, ME
Stratham Ambulatory Surgery Center, Stratham, NH
UMASS Memorial Health Center, Worcester, MA
University of Vermont, Burlington, VT
Veterans Administration Togus Medical Center, Togus, ME
York Hospital, York, ME

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	50	100
Inhalation induction	25	40
Mask management	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
(total of a & b) (see Glossary, "Alternative tracheal

⁷ Tracheal intubations accomplished via alternative techniques should be counted in both tracheal intubation and the alternative tracheal intubation categories.

⁸ Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Regional techniques		
Actual administration (total of a, b, c, & d)	35	
a. Spinal (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
b. Epidural (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
c. Peripheral (total of 1 & 2)	10	50
1. Anesthesia		
Upper		
Lower		
2. Pain management		
Upper		
Lower		
d. Other ¹⁰ (total of 1 & 2)		
1. Anesthesia		
2. Pain management		
Management (total of 1 & 2)	35	50
1. Anesthesia		
2. Pain management		

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

¹⁰ 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	

Placement ¹² – 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	

Ultrasoundguided techniques (total of a & b)	20 [†]	
a. Regional [‡]	10 [†]	
1. Actual regional		
2. Simulated regional		

¹² 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.

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

b. Vascula¹⁴

CLINICAL SITE SELECTION PREFERENCE FORM

Primary Site: Select 3 choices in order of preference

1. _____

2. _____

3. _____

Enrichment site: Select 3 choices in order of preference. You will need to select a CRNA only site as one choice.

1. _____

2. _____

3. _____

UNE NURSE ANESTHESIA PROGRAM
PROGRAM COMPLETION CHECKLIST

Name: _____

F

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, including the *Professional Expectations for Graduate Study*. Furthermore, I acknowledge that I have read the Essential Technical Standards and understand that these standards must be met prior to my matriculation in the program and maintained throughout the course of my training. If I am unable to maintain these standards, I will notify the Program Director immediately. All policies and procedures outlined in the Student Handbook are subject to change during the course of the

Printed Name: _____ Date: _____

UNIVERSITY OF NEW ENGLAND SCHOOL OF NURSE ANESTHESIA
STUDENT CLINICAL CONTRACT

I certify that I have read the University of New England School of Nurse Anesthesia Clinical Practicum Handbook. I have had an opportunity discuss its contents with the administration and I agree to adhere to the policies and requirements contained herein. I understand that the school is responsible to keep me informed of any changes in this handbook.

Signature: _____ Class of _____

Printed Name: _____ Date: _____

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