

SUPPLEMENTAL NURSE ANESTHESIA EMPHASIS RESIDENT MANUAL

University of Wisconsin Oshkosh

College of Nursing

2022 - 2023

The University of Wisconsin Oshkosh, College of Nursing, Doctorate of Nursing Practice (DNP), Nurse Anesthesia Emphasis program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), New address and phone: 10275 W. Higgins Rd., Suite 906, Rosemont, IL 60018-5603, 224-275-9130, www.coacrna.org

Original and Updates Approved by the Graduate Program Committee

This manual has been prepared for the Nurse Anesthesia Emphasis Program as a supplement to policies contained in University of Wisconsin System and Oshkosh as well as the College of Nursing publications, handbooks, and manuals. This manual contains the Nurse Anesthesia Emphasis program's policies and procedures regarding resident activities in the anesthesia program, didactic coursework, and clinical components. Residents are required to familiarize themselves with the contents of the manual and to contact the Nurse Anesthesia Emphasis Program Director with any questions or concerns.

The program reserves the right to revise statements, policies, curriculum fees, and calendars as necessary. Residents will be notified of any changes in policies via email or other communication.

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Overview

The Nurse Anesthesia Emphasis Program resides in the College of Nursing at the University of Wisconsin Oshkosh in Oshkosh, Wisconsin. The program consists of 75 semester hours leading to the Doctor of Nursing Practice degree. The curriculum integrates health sciences with nursing sciences to prepare residents as advanced practitioners in nurse anesthesia who can integrate research findings and evidence based practice guidelines into their practice. Residents are prepared to assume leadership roles in anesthesia and provide anesthesia care to patients in a variety of settings including medically underserved areas. Graduates are eligible for certification as a Certified Registered Nurse Anesthetist (CRNA) and state licensure as Advanced Practice Registered Nurses (APRNs) where required.

Accreditation

The University of Wisconsin College of Nursing Nurse Anesthesia Emphasis is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), 222 South Prospect Avenue, Park Ridge, Illinois 60068-4001, phone: 847-655-1160, <http://coacrna.org>

The COA is a specialized accrediting body recognized by the Council on Higher Education Accreditation (CHEA) and the U.S. Department of Education.

Philosophy, Mission and Goals

The CON vision is to develop caring and scholarly leaders who positively impact contemporary and future health care. This vision, applying equally to residents, faculty, and staff, extends the UWO vision for being a national model as a responsive, progressive, and scholarly public service community known for its accomplished record of engaging people and ideas for common good.

Scholarly leaders are developed through resident-faculty interactions, working jointly with clinical and community agencies through didactic and clinical courses and scholarly evidence-based clinical practice projects. These projects serve to change policy, practice, and health outcomes in the populations served. The vision is operationalized via ongoing translational scholarship endeavors with faculty and practice partners guiding DNP residents on their various projects.

The CON mission, vision, value statements and definitions, as well as program outcomes, are based on professional standards and guidelines including, among others, the American Association of Colleges of Nursing (AACN) *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), *Essentials of Master's Education for Advanced Nursing Practice* (2011), *Report of the National Task Force (NTF) on Quality Nurse Practitioner Education*, and the American Nurses Association *Scope and Standards of Practice* (2010).

Based on the CON vision, the Nurse Anesthesia Emphasis curriculum endeavors to prepare residents to act as caring patient advocates during the peri-operative period

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through the development of collaborative healthcare relationships in which the rights of patients to dignity and self-determination is respected. To be successful in attaining this goal, the curriculum fosters the development of critical thinking and problem solving skills derived from a physiological and pharmacological scientific knowledge base to develop an evidence based nurse anesthesia practice in a supportive learning environment.

Goals/Learning Outcomes

The graduate must demonstrate the ability to:

Patient Safety

1. Be vigilant in the delivery of patient care.
2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).
3. Conduct a comprehensive equipment check.
4. Protect patients from iatrogenic complications.

Perianesthesia

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

Critical Thinking

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

Communication

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

Leadership

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

Professional Role

1. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
2. Interact on a professional level with integrity.
3. Apply ethically sound decision-making processes.
4. Function within legal and regulatory requirements.
5. Accept responsibility and accountability for his or her practice.
6. Provide anesthesia services to patients in a cost effective manner.
7. Demonstrate knowledge of wellness and chemical dependency in anesthesia profession through completion of content in wellness and chemical dependency.
8. Inform the public of the role and practice of the CRNA.
9. Evaluate how public policy making strategies impact the financing and delivery of healthcare.
10. Advocate for health policy change to improve patient care.
11. Advocate health policy change to advance the specialty of nurse anesthesia.
12. Analyze strategies to improve patient outcomes and quality of care.
13. Analyze health outcomes in a variety of populations.
14. Analyze health outcomes in a variety of clinical settings.
15. Analyze health outcomes in a variety of systems.
16. Disseminate research evidence.
17. Use information systems/technology to support and improve patient care.
18. Use information systems/technology to support and improve healthcare systems.
19. Analyze business practices encountered in nurse anesthesia delivery systems.

Admission Criteria

The following requirements must be met prior to consideration for admission into the Nurse Anesthesia Emphasis program:

- Bachelor's degree with a Nursing major from a program accredited by the National League for Nursing (NLNAC, now the Accreditation Commission for Education in Nursing) or the Commission on College Nursing Education
- Completion of application for admission, including copies of all original post-secondary educational transcripts. Transcripts should show 8 credits of anatomy and physiology with labs, 8 credits of inorganic and organic chemistry, 3-4 credits of microbiology, 3-4 credits of pharmacology
- Current, unencumbered Wisconsin license to practice as a registered nurse
- Undergraduate cumulative grade point average (GPA) of 3.00 on a 4.00 scale.
- Current BLS, ACLS, and PALS certification
- Three professional references which reflect current knowledge of professional and or/academic skills. At least one reference must be from a CRNA.
- Minimum of one-year (two years preferred) current, continuous full time (or part-time equivalent) critical care experience* as a registered nurse. Critical care certification (CCRN) is preferred.

* Critical care experience must be obtained in a critical care area within the United States, its territories or a US military hospital outside of the United States. During this experience, the registered professional nurse has developed critical decision making and psychomotor skills, competency in patient assessment, and the ability to use and interpret advanced monitoring techniques. A critical care area is defined as one where, on a routine basis, the registered professional nurse manages one or more of the following: invasive hemodynamic monitors (e.g., pulmonary artery, central venous pressure, and arterial catheters), cardiac assist devices, mechanical ventilation, and vasoactive infusions. Examples of critical care units may include but are not limited to: surgical intensive care, cardiothoracic intensive care, coronary intensive care, medical intensive care, pediatric intensive care, and neonatal intensive care. Those who have experiences in other areas may be considered provided they can demonstrate competence with managing unstable patients, invasive monitoring, ventilators, and critical care pharmacology.

Note: Due to the competitive nature of the admission process applicants should understand that meeting the minimum standards does not guarantee admission into the program. Also, applicants will be screened, and the most qualified individuals will be invited for an interview.

Program Transfer Policy

The UWO CON Nurse Anesthesia Emphasis Program may accept transfer residents from another program. Applicants requesting transfer must meet admission requirements and delineated criteria for transfer credit published in the current UWO CON Graduate Resident Manual. Applicants must also undergo a pre-admission interview. Due to the heavy clinical requirement and sequential nature of courses, the Nurse Anesthesia Emphasis Program reserves the right to refuse transfer admission and course transfers to any applicant.

Transfer of Graduate Credit Policy

Graduate residents may petition to transfer credits from other accredited institutions of higher learning. No more than nine graduate semester hours (9) may be transferred in to the graduate program of study. Only courses which fulfill UWO CON course requirements and have been completed within five (5) years and with a grade of “B” or better may be transferred. Transfer credit is not allowed for courses specific to the professional discipline (e.g. Nurse Anesthesia) and include: N835 Physics, Equipment and Technology, and Advanced Chemistry Concepts for the Nurse Anesthetist, N729 Advanced Health Assessment, N830 Pharmacotherapeutics for Advanced Nursing Roles II, N831 Basic Principles of Anesthesia and Lab, N839 Clinical Practica I, N840 Clinical Practica II, N 836 Professional Aspects of Nurse Anesthesia Practice, N841 Clinical Practica III, N832 Advanced Principles of Anesthesia I, N837 Professional Aspects of Nurse Anesthesia Practice II, N833 Advanced Principles of Anesthesia II, N842 Clinical Practica IV, N834 Advanced Principles of Anesthesia III, N843 Clinical Practica V, N844 Clinical Practica VI, N838 Professional Aspects of Nurse Anesthesia III, and N845 Clinical Practica VII.

Curriculum & Course Descriptions

The Nurse Anesthesia Emphasis Program is a 36 month course of continuous study. **Residents do not follow the traditional trimester format upon entering the anesthesia practicum courses of the curriculum.** To provide residents with necessary clinical hours to accomplish course and clinical objectives and comply with the required number and types of anesthesia cases by the COA, each session is continuous with the next session (block format) with vacation and holidays appropriately dispersed to individual residents.

The program is planned so that academic credit is allotted for clinical experience time that includes clinical conferences. Dates for registration, dropping courses without penalty, and resident health requirements are contained in UWO *Resident Manual*.

Plan of Study Class of 2023

Year I – Summer 1

Course	Credit Hours
BIO 729 Anatomy	1
BIO 730 Advanced Human Physiology	4
NUR 835 Physics, Equipment and Technology, and Advanced Chemistry Concepts for the Nurse Anesthetist	3
TOTAL	8

Year I – Fall 1

Course	Credit Hours
NUR 729 Advanced Health Assessment	3
NUR 709 Pharmacotherapeutics for Advanced Nursing Roles	3
NUR 704 Pathophysiology for Advanced Nursing Roles	3
TOTAL	9

Year I – Spring 1

Course	Credit Hours
NUR 830 Pharmacotherapeutics for Advanced Nursing Roles II	3
NUR 831 Basic Principles of Anesthesia and Lab	4
NUR 839 Clinical Practica I	1
NUR 800 Foundation of DNP Role	3
TOTAL	11

Year II – Summer 2

Course	Credit Hours
NUR 801 Philosophical, Theoretical, and Ethical Foundation for ANP	3
NUR 840 Clinical Practica II	1
NUR 836 Professional Aspects of Nurse Anesthesia Practice	1
TOTAL	5

Year II – Fall 2

Course	Credit Hours
NUR 701 Translational Scholarship	3
NUR 841 Clinical Practicum III	1
NUR 832 Advanced Principles of Anesthesia I	3
NUR 804 DNP Scholarly Project I	1
NUR 837 Professional Aspects of Nurse Anesthesia Practice II	1
TOTAL	9

Year II - Spring 2

Course	Credit Hours
NUR 833 Advanced Principles of Anesthesia II	3

NUR 842 Clinical Practica IV	2
NUR 806 DNP Scholarly Project II	1
NUR 803 Advanced Epidemiology and Biostatistics for Population Health	3
TOTAL	9

Year III - Summer 3

Course	Credit Hours
NUR 834 Advanced Principles of Anesthesia III	3
NUR 843 Clinical Practica V	2
TOTAL	5

Year III – Fall 3

Course	Credit Hours
NUR 844 Clinical Practica VI	4.5
NUR 805 Clinical Scholarship for ANP	3
NUR 808 DNP Scholarly Project III	1
NUR 702 Healthcare Systems Policy and Advocacy	3
TOTAL	11.5

Year III – Spring 3

Course	Credit Hours
NUR 838 Professional Aspects of Nurse Anesthesia III	1
NUR 845 Clinical Practica VII	4.5
NUR 810 DNP Scholarly Project IV	1
NUR 883 Health Care Informatics	3
NUR 809 Organizational Leadership and Health Policy for ANP	3
TOTAL	12.5

PROGRAM GRAND TOTAL 80 semester hours
(Program length: 9 semesters; 36 months; full time, year-round, continuous course of study)

Plan of Study Class of 2024 and forward

Year I – Summer 1

Course	Credit Hours
BIO 729 Anatomy	1
BIO 730 Advanced Human Physiology	4
NUR 835 Physics, Equipment and Technology, and Advanced Chemistry Concepts for the Nurse Anesthetist	3
TOTAL	8

Year I – Fall 1

Course	Credit Hours
NUR 729 Advanced Health Assessment	3
NUR 709 Pharmacotherapeutics for Advanced Nursing Roles	3
NUR 704 Pathophysiology for Advanced Nursing Roles	3
TOTAL	9

Year I – Spring 1

Course	Credit Hours
NUR 830 Pharmacotherapeutics for Advanced Nursing Roles II	3
NUR 831 Basic Principles of Anesthesia and Lab	4
NUR 839 Clinical Practica I	1
NUR 800 Foundation of DNP Role	3
TOTAL	11

Year II – Summer 2

Course	Credit Hours
NUR 801 Philosophical, Theoretical, and Ethical Foundation for ANP	3
NUR 840 Clinical Practica II	3.5
NUR 836 Professional Aspects of Nurse Anesthesia Practice	1
TOTAL	7.5

Year II – Fall 2

Course	Credit Hours
NUR 701 Translational Scholarship	3
NUR 841 Clinical Practicum III	3.5
NUR 832 Advanced Principles of Anesthesia I	3
NUR 804 DNP Scholarly Project I	1
NUR 837 Professional Aspects of Nurse Anesthesia Practice II	1
TOTAL	11.5

Year II - Spring 2

Course	Credit Hours
NUR 833 Advanced Principles of Anesthesia II	3
NUR 842 Clinical Practica IV	4.5

NUR 806 DNP Scholarly Project II	1
NUR 803 Advanced Epidemiology and Biostatistics for Population Health	3
TOTAL	11.5

Year III - Summer 3

Course	Credit Hours
NUR 834 Advanced Principles of Anesthesia III	3
NUR 843 Clinical Practica V	4.5
TOTAL	7.5

Year III – Fall 3

Course	Credit Hours
NUR 844 Clinical Practica VI	4.5
NUR 805 Clinical Scholarship for ANP	3
NUR 808 DNP Scholarly Project III	1
NUR 702 Healthcare Systems Policy and Advocacy	3
TOTAL	11.5

Year III – Spring 3

Course	Credit Hours
NUR 838 Professional Aspects of Nurse Anesthesia III	1
NUR 845 Clinical Practica VII	4.5
NUR 810 DNP Scholarly Project IV	1
NUR 883 Health Care Informatics	3
NUR 809 Organizational Leadership and Health Policy for ANP	3
TOTAL	12.5

PROGRAM GRAND TOTAL 90 semester hours
(Program length: 9 semesters; 36 months; full time, year-round, continuous course of study)

Course Descriptions:

Nursing 701 Translational Scholarship: The course introduces students to the skills needed to analyze and apply research and other evidence in health care and advanced nursing practice. The course highlights identification of relevant practice problems, application of appropriate theoretical foundations, clinical judgment, and ethical guidelines to improve nursing practice and health outcomes for individuals and populations. The importance of interdisciplinary teams in applying evidence to support practice and policy changes is addressed.

Nursing 702 Health Care Systems Policy and Advocacy: In this course the students develop their ability to recognize, analyze and articulate health care policy within an advanced nursing framework. The focus is on the social, cultural, political, technological, ethical, and economic dynamics impacting health policy from a global and organizational perspective.

Nursing 704 Pathophysiology for Advanced Nursing Roles: This course will critically examine the physiological and pathophysiological reaction of the body to alterations in biological processes throughout the life span. Focus will be on the knowledge required by the advanced practice nurse to diagnose actual and potential health problems. A conceptual approach will be used to analyze the metabolic, infectious, immunologic, degenerative and neoplastic alterations at the cellular and organ levels.

Nursing 709 Pharmacotherapeutics for Advanced Nursing Roles: This course is a comprehensive study of the pharmacokinetics and pharmacodynamics of drugs used in the promotion and maintenance of health across all physiologic systems throughout the life span. Emphasis is on the role of the advanced practice nurse in the pharmacotherapeutic management of clients in primary health care.

Nursing 729 Advanced Health Assessment: Identification of health status of the individual at all ages through history, interview, and physical examination; recognition of differences in physiological function and psychosocial behavior; assessment of developmental stages of the individual and relationship to family unit; exploration of collaborative role development by nurse and physician in primary health care delivery.

Nursing 800 Foundations of the DNP Role and Interprofessional Collaboration: In this course students examine the roles and responsibilities of the DNP emphasizing effective practice and interprofessional collaboration. Theoretical concepts from nursing and other disciplines guide the exploration of health and health care delivery and are applied to the DNP role integrating practice inquiry and advanced practice.

Nursing 801 Philosophical, Theoretical & Ethical Foundations for Advanced Nurse Practice: Course will focus on inquiry into the philosophical and theoretical perspectives and foundations of the discipline. Paradigms in nursing will be examined in relation to advanced nursing practice. Strategies for theory development will be addressed. Advanced nursing practice will be studied in the context of complex clinical, business, legal, ethical, and system issues that confront individual recipients of care, families, health care professionals, organizations, and society.

Nursing 803 Advanced Epidemiology and Biostatistics for Population Health: Epidemiologic research and concepts are synthesized and applied to clinical and population based health to best identify and analyze the determinants of health, health promotion and risk reduction strategies, and to evaluate the distribution of health conditions. Epidemiological, biostatistical, and other scientific approaches are used to analyze population data to better understand determinants of health and illness.

Nursing 804 DNP Scholarly Project I: This is the first in a series of four courses that will guide the student in the completion of the DNP Scholarly project. During this course, the student will identify and work with their Scholarly Project chair to form a Scholarly Project committee, refine the PICO(T) question, and problem statement that will be addressed in the Scholarly project. Emphasis will be on development of a sound rationale for the project, justified by a thorough review of the context in which the project will take place and a synthesis of relevant literature on the topic. (Minimum 56 practice hours)

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Nursing 805 Clinical Scholarship for Advanced Nursing Practice: Course will focus on the elements of advanced clinical scholarship. Content will include evidence-based practice processes, the translation of research into practice, the evaluation of practice, activities aimed at improving health care practice and outcomes, and participation in collaborative research. Principles of information technology will be integrated and applied to advanced nursing practice.

Nursing 806 DNP Scholarly Project II: This is the second in a series of four courses focused on developing and implementing the DNP Scholarly project. During Scholarly Project II, students develop the proposal for the Scholarly project, including problem recognition, needs assessment, goals and objectives, theoretical underpinnings and plans for evaluation. Sources of funding will be explored and IRB applications completed. At the conclusion of DNP Scholarly Project II, students submit their proposals to their Scholarly Project committee for approval. (Minimum 56 practice hours)

Nursing 808 DNP Scholarly Project III: This is the third in a series of four courses focused on the implementation of the DNP Scholarly project. During this course, students will work with their Scholarly Project committee to conduct their project. DNP Scholarly Project III will focus on implementation of the Scholarly Project within a practice setting. (Minimum 56 practice hours)

Nursing 809 Organizational Leadership and Health Policy for Advanced Nursing Practice: Course will focus on the systematic collection of information about the activities, characteristics, and outcomes of programs to improve health care and inform future programmatic decisions. Emphasis is placed on the strategies used in needs assessment and implementation of effective health care interventions, programs, and policies. This course prepares the advanced nursing professional to respond to current realities and provide enhanced leadership for future policy development and professional practice.

Nursing 810 DNP Scholarly Project IV: This is the final course in a series of four courses in which students finalize and disseminate their DNP Scholarly project. During this course, students will work with their Scholarly project committee to complete the project, evaluate project outcomes and disseminate results. (Minimum 56 practice hours)

Nursing 830 Pharmacotherapeutics for Advanced Nursing Roles II: In this course students will evaluate pharmacology and corresponding physiology pertinent to the delivery of anesthetic care. Selected categories of drugs commonly used for the induction and maintenance of anesthesia, as well as additional adjunct drugs used for cardiopulmonary support and pain control, are analyzed.

Nursing 831 Basic Principles of Anesthesia and Lab: In this course students will examine a variety of basic concepts needed to begin to assess patients pre-operatively for an anesthetic, and manage their care intra-operatively and post-operatively. The lab will complement the lectures.

Nursing 832 Advanced Principles of Anesthesia I: In this course students will demonstrate the administration and management of anesthesia to patients requiring special considerations. Anatomy and physiology principles that relate to the practice of anesthesia, as well as other important areas requiring knowledge in the administration of anesthesia, will be analyzed and applied. Principles of anesthetic management outside of the operating room (endoscopy, MRI, EP lab, ECT, ICU, cancer treatment, interventional radiology), burns, eye surgery, anaphylaxis / immunosuppressed patients, the elderly, patients with rare co-existing diseases, neuromuscular disorders, malignant hyperthermia, robotics, and trauma will be explored. Labs will complement the lecture material.

Nursing 833 Advanced Principles of Anesthesia II: In this course students will examine fundamental concepts essential to clinical anesthesia practice in the obstetric and pediatric populations and the theoretical and practical aspects of acute and chronic pain management.

Nursing 834 Advanced Principles of Anesthesia III: In this course students will examine the administration and management of anesthesia to the neurosurgical patient. The renal, hepatic and endocrine systems as they relate to the practice of anesthesia will be reviewed, as well as other important areas requiring knowledge in the administration of anesthesia. Principles of anesthetic management outside of the operating room and trauma will be examined.

Nursing 835 Physics, Equipment and Technology, and Advanced Chemistry Concepts for the Nurse Anesthetist: In this course students will examine the basic chemistry and physics essentials to the safe delivery of anesthetic care. Additional emphasis is placed on the understanding of the functioning and relevant physical laws governing the use of the equipment required in the delivery of anesthesia.

Nursing 836 Professional Aspects of Nurse Anesthesia Practice I: In this course students will examine the importance of personal wellness and stress management for the nurse anesthesia student and the practicing CRNA. The student will become familiar with complementary and alternative modalities used to create wellness and balance. Students will demonstrate an understanding of the multiple factors related to chemical dependency and substance abuse in the profession. Students will also explore the importance of cultural sensitivity and diversity in healthcare.

Nursing 837 Professional Aspects of Nurse Anesthesia Practice II: In this course students will analyze the business practice of anesthesia, legal aspects, the professional association and councils, and policies as they relate to the practice of anesthesia.

Nursing 838 Professional Aspects of Nurse Anesthesia Practice III: In this course students will examine wellness and chemical dependency as it relates to the issues faced by anesthesia providers.

Nursing 839 Clinical Practica I: This course is the first of seven practicum courses in the Nurse Anesthesia emphasis. Students will focus on administration of anesthesia for selected patients. Emphasis is on the application of basic principles of general anesthesia; patient assessment; preparation of anesthesia equipment and drugs; development of

patient-specific anesthesia care plans; and basic airway management in supervised settings.

Nursing 840 Clinical Practica II: This course is the second of seven practicum courses in the Nurse Anesthesia emphasis. Students will focus on achieving increased responsibility in planning, managing, and implementing patient specific anesthesia care plans for difficult procedures.

Nursing 841 Clinical Practica III: This course is the third of seven practicum courses in the Nurse Anesthesia emphasis. Students will focus on specialty rotations in obstetrics, pediatrics, and neurology. Students begin taking call and assume increased responsibility for anesthetic management for patients with higher acuity.

Nursing 842 Clinical Practica IV: This course is the fourth of seven practicum courses in the Nurse Anesthesia emphasis. Students will focus on specialty rotations in cardiac, obstetric, and pediatric anesthesia. Students demonstrate progress towards achieving the terminal objectives for entry-level competency in anesthesia practice.

Nursing 843 Clinical Practica V: This course is the fifth of seven practicum courses in the Nurse Anesthesia emphasis. Students will focus on specialty rotations in cardiac, obstetric and pediatric anesthesia. Focus is on internalization of theoretical concepts in applying and managing all types of patients and procedures, and achieving the terminal objectives for entry-level competency in anesthesia practice.

Nursing 844 Clinical Practica VI: This course is the sixth of seven practicum courses in the Nurse Anesthesia emphasis. Students will focus on internalization of theoretical concepts in applying and managing all types of patients and procedures, and achieving the terminal objectives for entry-level competency in anesthesia practice.

Nursing 845 Clinical Practica VII: This course is the final of seven practicum courses in the Nurse Anesthesia emphasis. Students will continue to focus on internalization of theoretical concepts in applying and managing all types of patients and procedures, and achieving the terminal objectives for entry-level competency in anesthesia practice.

Nursing 883 Health Care Informatics: This course will focus on developing the skills to effectively use and evaluate information technology to promote optimal outcomes for patients. Content is directed toward assisting students to understand the relationship between patient outcomes and information systems. The course focuses on navigating and interpreting the vast amount of electronic resources and examples of standardized nomenclature. Students will use this information to enhance their own knowledge as well as function as a practice specialist/consultant sharing that knowledge base with their patients and peers. Legal, ethical, regulatory, and cultural considerations are explored as they relate to information management and its use in health care.

Academic and Yearly Calendar

Residents entering the clinical portion of Nurse Anesthesia Program curriculum follow a continuous calendar schedule, without traditional academic / semester breaks. Thus, didactic and clinical assignments will be assigned continuously throughout the year.

Class Attendance

Residents are required to attend all units of instruction, for example: didactic coursework, laboratory assignments, computer applications, clinical instruction, clinical conferences, program recommended professional meetings, and clinical site conferences.

Residents who are absent from units of instruction without authorization are subject to disciplinary action. Residents taking compensatory days off must still attend didactic coursework, laboratory assignments, computer applications, and clinical conferences.

Residents on approved vacations or sick time are responsible for missed didactic material and clinical time.

Academic Failure

Academic failure occurs when a resident: a) does not achieve the requisite grade of “B” in nurse anesthesia course work or does not achieve an overall GPA of 3.0 in graduate coursework. Residents experiencing academic failure are subject to immediate dismissal from the program.

Residents experiencing academic failure are required to withdraw from all coursework in the Nurse Anesthesia Emphasis program and complete out-processing paperwork. If individuals desire to return to the Nurse Anesthesia Emphasis program, they must apply during the normal application cycle for the next available class. Should a vacancy occur in the program which is compatible with matriculation of the failed resident, the Nurse Anesthesia Emphasis program may extend an invitation for application to the program. Individuals/applicants must submit required admission paperwork and fees. An invitation for application does not signify acceptance into the program. Failing residents desiring to be considered for reapplication should submit a letter of intent to the Nurse Anesthesia Emphasis program director.

At the time of readmission Nurse Anesthesia Emphasis Program faculty will design an individualized course of study for the readmitted resident, which may include repeating coursework successfully completed previously and directed study classes.

Late Coursework Policy

Scores for major coursework assignments (such as term papers, literature reviews) turned in late will be decreased 10% for each day that the assignment is late. Scores for minor coursework assignments (such as worksheets, care plans, daily resident clinical evaluations) turned in late will receive a zero score.

Unannounced Quizzes

At their discretion, faculty may administer unannounced quizzes. Scoring and weighting of quizzes is at the discretion of the faculty member or course coordinator. However, weighting of one quiz administration will not exceed 5% of the total course grade. Weighting of other course assignments will be adjusted in an equitable fashion to accommodate the presences of an unannounced quiz(zes).

Computer Requirements

Residents will be required to purchase, at their own cost, a lap top computer with camera and microphone that supports internet access, e-mail capabilities, and the currently available Microsoft office (Word, PowerPoint, Excel) and Adobe Acrobat software. Course syllabi, schedules, clinical assignments and other important course materials will be housed in the Canvas learning platform or in the Typhon system. Laptops must contain required software and an Ethernet card so that residents may obtain access to the internet (and hence email communications from the program, Canvas learning platform, and Typhon records) while away from the main campus.

Frequently checking departmental email and electronic communications and announcements at least every 24 hours is the responsibility of the resident. Residents should immediately report problems with their laptop, resident email account, Canvas learning platform, or Typhon record keeping system to the department.

Residents should bring their laptop to all didactic classes, as quizzes, tests, class activities, and so forth, as these instructional units require computer access. It is the resident's responsibility to maintain the computer in functioning order. Test, quiz, or assignment schedules and scores will not be adjusted due to computers not brought to the class site or maintained in working condition. It is the expectation that each resident will have with them their computer for each class.

Test Taking and Assignments Policy

Throughout the program, residents are expected to be honest and ethical in their didactic (as well as clinical) work. Unless indicated as group work all assignments are to be completed individually and sharing of answers will be considered a violation of academic integrity and their test, assignment and/or other class work will result in a grade of zero and disciplinary action will be taken.

As such, residents are expected to avoid even the appearance of cheating or academic dishonesty. Cheating, academic dishonesty, or other unethical behaviors may be reported to the Wisconsin State Board of Nursing.

If a resident's test, examination paper, lab report, term paper, or other written assignment gives evidence of not being completely his/her work, they may be given an F in the course. Residents who communicate with anyone during the course of an examination or test, unless given permission from the instructor, may be immediately dismissed from the room and given an F. Such communications include attempts to read from another's paper. If a resident is found to have brought study materials into an examination room

without the instructor's permission, it may be assumed that he/she intended to use such materials unlawfully, and he/she may be penalized accordingly.

During computer tests, extraneous materials (such as paper, pencils, class notes, cell phones, additional computers, internet accessing devices, etc.) are not allowed in the testing area. Residents bringing prohibited items will be found in violation of Nurse Anesthesia Emphasis program testing policies. The course coordinator/test proctor may decide to allow limited, prescribed writing materials in the testing area.

Challenges to Test Questions

Challenges should be emailed to the course coordinator and specify a rationale as to why their chosen answer should also be considered a "correct" answer. Scholarly / credible references should be provided with the rationale. Challenges concerning appropriateness or relevancy of the question are not within the purview of the resident and will not be considered. Challenges will only be received for 3 working days after test administration or the test review, if offered. Challenges received after 3 working days will not be considered. Challenges should be directed to the course coordinator. The course coordinator will make the final decision concerning the challenge and notify the resident and/or class.

Test Review Policy

It is not the policy of the program to conduct formal, in class test reviews. Residents may be given an opportunity at the end of the testing period to review their graded test. Residents needing to enhance test taking skills may schedule an office appointment with the appropriate course coordinator and the Center for Academic Achievement.

Missed Examination Policy

The examination process is essential for the growth and evaluation of the resident registered nurse anesthetist (RRNA), as well as for the development and evaluation of the Nurse Anesthesia Emphasis Program. Missed examinations are serious infractions and may impact the resident's GPA, success and course completion. RRNAs who miss examinations are subject to abide the following policy.

The department of Nurse Anesthesia Emphasis Program recognizes the potential for other unforeseen emergencies and hardship that may impact the ability of a resident to test on a particular day. At the discretion of the course coordinator, a resident may be allowed to make up a missed examination with the following conditions.

1. The resident must notify the course coordinator in advance, within 24 hours if possible, if unable to take the exam.
2. The resident must submit in writing the circumstances involved.
3. The examination must be made up within 2 business days.
4. The resident is prohibited from speaking with classmates about the examination.

5. The resident may be assigned additional course, non-course work or counseling.
6. Examination make up is allowed for family member death with documentation.

This policy only applies to course examinations. No makeup is allowed for other course assignments.

Grading Policies: Didactic & Clinical

Didactic Grades

The Nurse Anesthesia Emphasis Program adheres to the grading system published in the UWO CON Graduate Student Manual.

A resident whose didactic performance is below expected levels will receive written notification to request a meeting with the instructor responsible for the course. The instructor will work with the resident to formulate goals and objectives for improvement. The written notification and action plan will become a part of the resident's academic record. All nurse anesthesia courses must be completed with a grade of "B" or better.

Clinical Grades

Practica courses are graded according to the Minimum Standards for Successful Completion of Practica Course rubric. Residents must achieve a minimum grade of "B" in clinical coursework. A resident whose clinical performance is below expected levels is expected to schedule frequent appointments with his/her clinical course instructor. The clinical course instructor will work with the resident and the clinical coordinator to formulate goals and objectives for improvement.

Daily Clinical Performance Evaluations

- A. One daily resident clinical evaluation should be completed by the clinical preceptor for each clinical day.
- B. Daily resident clinical evaluations are just that: an evaluation of one clinical day, a "snap shot" in time.
- C. Feedback received via the daily resident clinical evaluation tool as well as verbal feedback from clinical preceptors will be used in assessing the resident performance.
- D. Residents may enter their own responses and comments to evaluations on the form and during the evaluation review session, if they so desire.
- E. At no time are residents to confront a clinical preceptor about an evaluation. Individual issues with an evaluation or the evaluation process may be submitted to

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- the residents' respective clinical course instructor or Nurse Anesthesia Emphasis program director.
- F. Residents confronting a clinical preceptor about his or her evaluations will be suspended from clinical for one week, and the missed clinical time will be subtracted from the vacation balance or made up at the end of the program. Residents engaging in these behaviors a second time will be dismissed from the program.
 - G. Residents following below expectations on a daily clinical evaluation are required to contact their clinical instructor within 24 hours. A written explanation of the issue including an action plan must be emailed to the clinical course faculty and uploaded with the clinical evaluation into the online learning platform. The clinical course faculty will meet with the resident to approve and or modify the action plan.

AANA Associate Membership

Residents are required to join the American Association of Nurse Anesthetists (AANA) as associate members. Associate membership dues are \$200 and subject to change. The cost of Associate Membership is the responsibility of the resident. Benefits of membership include:

1. Subscription to *AANA Journal*
2. Subscription to *AANA NewsBulletin*
3. Membership in the Wisconsin Association of Nurse Anesthetists (WIANA)
4. Reduced enrollment fees at national and state meetings
5. Privilege to attend business meetings of AANA and WIANA (non-voting status)
6. Opportunities to network with other resident anesthetists, CRNAs and health service industry personnel

Graduation Requirements

Residents will be recommended for graduation and eligibility for the certification examination when they:

1. Meet all the learning outcomes of UWO CON and the Nurse Anesthesia Emphasis Program.
2. Meet all the requirements of the accrediting/approval bodies for licensure and certification.
3. Administer a minimum of 700 anesthetics.
4. Administer all required numbers for each category of cases and clinical experiences.
5. Complete all nurse anesthesia courses with a grade of "B" or better.
6. Complete the overall sequence of courses with a grade point average of 3.0 or better.
7. Complete all practicum courses.
8. Possess ACLS, BLS, and PALS certification.
9. Possess current, unencumbered Wisconsin RN licensure.

10. Complete all required coursework in 5 years from first date of entrance into the Nurse Anesthesia Emphasis program.

National Examinations

SEE Examination

Residents are required to take the Self Evaluation Exam (SEE) during the Fall #2 (Clinical Practica III and Fall #3 semesters (Clinical Practica VI). Residents should use scores from the Fall #2 test to identify areas of weakness and focus their learning. Residents must achieve a score at or above the 40th percentile rank for the Fall #2 test. Failure to achieve the requisite score requires the resident to retest at their own expense. Residents who score below the 50th percentile rank on the Fall #3 test are required to retake, at their own expense, the exam until achieving scores at or above the 50th percentile rank. Residents are required to meet the SEE in the respective clinical courses to be eligible for progression into the next clinical course and the program.

The cost for taking/retaking the SEE is the responsibility of the resident. The current fee is \$250 and is subject to change without notice. The examination should be taken Monday – Friday and **one** day off from clinical time will be provided to residents for taking the exam. All SEE retakes will require the use of a personal day. Requests for time off to take the SEE exam should be in accordance with the vacation request policy.

National Certification Examination

Residents graduating from the program are expected to take the National Certification Examination from the National Board on the Certification and Recertification of Nurse Anesthetists (NBCRNA). Extensive studying is required before and after graduation for successful completion of the exam. The cost for taking this examination, currently \$995, is the resident's responsibility and subject to change without notice.

Additionally, all test items on the examination are proprietary information. Each candidate agrees to a Statement of Confidentiality prior to starting the examination. If candidates “share” questions with other residents, organizations, or candidates, they are breaking the confidentiality agreement. The CCNA takes threats to the security of the examination very seriously and **will not hesitate to prosecute candidates** caught violating the confidentiality of the examination. Residents and candidates can permanently lose eligibility for certification or have their certification revoked because they “shared” test questions with others.

Absences: Approved & Unapproved

The following policies supplement policies on absences published in UWO and CON policies.

Vacation. Vacation time is scheduled with and approved by the program. During years 2 and 3 of the program, residents receive 4 weeks of vacation during each year (May 1st through April 30th) to be dispersed throughout the year. One of the four weeks of vacation time may be taken in 1-day increments (regulated by the personal day leave policy) **or** as a full week of vacation time (regulated by the weekly vacation policies). Vacation time requested as 2 weeks in a row or 2 weeks within the same month will not be approved. The remaining vacation time is to be taken in 1-week increments (no splitting) and scheduled from Monday thru Friday. Weekends on either side of the vacation request will also be given as vacation time. For example, a one week request for December 26-30, 2016, will result in no clinical assignments between Dec. 24, 2016, and January 1, 2017, inclusively.

Due to the stressful nature of the program, residents are expected to schedule vacations throughout the program to allow for rejuvenation and recreation. Residents are not to “save up” their vacation time so as to take it entirely in one year or at the end of the program. Year 02 vacation time is lost after 2359 on April 30th. Only 1 resident from a clinical site is allowed to take vacation. Residents may only take one week of vacation at a time during clinical rotations (i.e. residents may not take two or more consecutive weeks of vacation). Vacation requests during specialty rotations will not be approved. Specialty rotations include: cardiovascular / thoracic, pediatrics, and OB. Vacation time during final test weeks will only be considered for extreme circumstances.

Residents are required to submit vacation requests via the Typhon Scheduling System. Vacation requests will be approved or disapproved via the Typhon Scheduling System, as well. Vacation requests must be submitted by the first of the month, one month prior to the month in which the vacation time is needed. For example, for vacation time during the month of December (December 1 or December 15 or December 31—and any time in between), the request must be received by 2359 on November 1st.

It is the resident’s responsibility to notify the Clinical Coordinator at the current and/or upcoming clinical site at least two weeks prior to the start of the scheduled time off. If this is not completed, the time off will be treated as an unexcused absence and a penalty will be determined by program faculty.

Residents are responsible for monitoring the amount of vacation time remaining in their vacation bank throughout the program. Should residents exceed their allotted amount of vacation time, they will be required to make the clinical time up before they graduate. While make-up clinical time is scheduled in consultation with the resident, final approval and scheduling is made at the program’s discretion. Residents are responsible for didactic material presented during vacations.

All vacation requests when submitted must include the amount of vacation taken previously to the current request. The resident must also indicate that it is not a specialty rotation.

Holidays. The College recognizes the following holidays: New Year’s Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas Day, and classes will not be scheduled. Residents will be assigned clinical

time during holidays as part of their call experience. Holidays may vary according to institution.

Sick / Personal Time. Residents who are ill are to notify the Nurse Anesthesia Emphasis Program office **prior** to class or clinical assignments. If illness prevents a resident from attending clinical, the resident should also notify the clinical site as soon as possible. A doctor's note to document time needed due to illness is required. Clinical time missed and class assignments from illness or other absence must be resolved prior to the end of the course. Failure to do so will result in assignment of an "Incomplete" grade for the practicum course until the absences are made up. Sick time may be counted as vacation time at the request of the resident and at the discretion of the Nurse Anesthesia Emphasis program director. Sick / personal time from year 02 of the program is lost after 2359 on May 31st.

Any resident calling in sick on a test day must notify the didactic instructor and Nurse Anesthesia Emphasis program director. The time, type, and place of a make-up test are strictly at the discretion of the instructor. Failure to communicate with the course director will result in a zero grade on the examination.

Personal time is to be used for personal appointments such as mandatory court appearances, doctor / dental appointments, personal attorney meetings, etc. Personal time should not be scheduled on test days or during final test week. Personal time cannot be added to weekly vacation time or used to extend weekend time off. Personal time should be scheduled in accordance with vacation request policies.

Residents receive 4 days of sick / personal leave per year in year 02 and 03 of the program and can NOT be:

- carried over from year 2 to 3,
- used to extend vacation or holiday time,
- combined to take a full week of vacation time.

Sick / Personal time will be charged according to the following schedule:

Missed Time	Sick Time Charged
Class day	1 day
8 hour clinical day	1 day
12 hour clinical day	1.5 days
16 hour clinical day	2 days
24 hour clinical day	3 days
Unscheduled personal day	Double the missed time rate
Unreported sick day	Double the missed time rate
Scheduled holiday call	Triple the missed rate
Scheduled weekend call	Triple the missed rate

Charges for sick or personal time missed not covered by this schedule will be determined on an individual basis by program faculty.

Pregnancy. The operating room presents a potentially hazardous environment to the fetus. As a result, residents who are pregnant should consult with the Nurse Anesthesia Emphasis program director or assistant program director as soon as possible so that clinical assignments may be adjusted as necessary. The program will work with residents who anticipate taking maternity leave to adjust clinical and didactic assignments and the length of the program as necessary. Dates of re-admittance and development of an individualized program of study, which may include retaking of previously completed coursework, is at the discretion of the program faculty.

Family Leave. Extended leave from the Nurse Anesthesia Emphasis program will be granted to residents in accordance with *The Family and Medical Leave Act of 1993*, if applicable. The program will work with residents who anticipate taking family leave to adjust clinical and didactic assignments and the length of the program as necessary. Dates of re-admittance and development of an individualized program of study, which may include retaking of previously completed coursework, is at the discretion of the program faculty.

Military Duty. Residents who are U.S. National Guard or U.S. Armed Services Reserve Force members will be granted military leave as outlined for Active Military Duty in the *UWO Academic Bulletin*. The program will work with residents who anticipate taking military leave to adjust clinical and didactic assignments and the length of the program as necessary. Dates of re-admittance and development of an individualized program of study, which may include retaking of previously completed coursework, is at the discretion of the program faculty.

Absenteeism. Personal business must be handled during a resident's own time. Examples of personal business are doctor's appointments, court appearances, job interviews and payment of traffic fines. Unexcused absenteeism is grounds for disciplinary action, academic probation, or dismissal from the program and/or College.

Tardiness. Tardiness includes reporting late for clinical duties, didactic responsibilities, and abuse of lunch periods or breaks. If a resident knows s/he will be late, s/he should make every effort to notify the program and appropriate clinical site. Residents failing to report within an hour of the scheduled start time will be considered absent. Unexcused tardiness is grounds for disciplinary action (academic probation, suspension, or dismissal from the program and/or College).

Leave of Absence. A leave of absence may be granted at the discretion of the Nurse Anesthesia Emphasis program director. Residents requesting a leave of absence must obtain all necessary approvals from the CON and file the required forms with the Office of the Registrar before a leave can be finalized. Residents receiving a leave of absence will be required to reapply to the program during the next reapplication period. Individuals reapplying to the program are not guaranteed re-entry. Their application will be considered with the pool of applications for that year. Re-admission is also subject to the availability of appropriate learning experiences for the total number of RRNAs

Suspension or probation. Suspension or probation may be imposed for a variety of reasons, to include, but not limited to: those listed in the *Academic Bulletin*, violation of program policies, academic or clinical performance problems, or disciplinary issues. While the customary suspension time is two weeks (10 business days), specific suspension times will be imposed on an individual basis as determined by the procedure for Discipline in the *Academic Bulletin*. If the resident chooses to file an appeal to the suspension decision, he/she may continue to attend didactic sessions but will not participate in clinical assignments during the process.

Dismissal. The Nurse Anesthesia Emphasis Program faculty reserves the right to immediately recommend suspension, dismissal, and/or failure of any resident for conduct that is unprofessional, illegal, unethical, or immoral. Residents can also be dismissed for academic failure or failure to meet the required outcome criteria. If the resident chooses to file an appeal to the dismissal decision, he/she may continue to attend didactic sessions but will not participate in clinical assignments during the process.

Summary of Vacation, Sick, and SEE Leave Time and Requirements

	Vacation	Sick Day	Personal Day
Allotment	4 weeks each year in years 02 and 03 of the program	4 days total for sick and personal days each year in years 02 and 03 of the program	4 days total for sick and personal days each year in years 02 and 03 of the program
Scheduling	Must be requested 1 st day of month preceding the month in which vacation is to be scheduled	Must be reported prior to missed clinical assignment or class day	Must be requested 1 st day of month preceding the month in which vacation is to be scheduled
Requirements	Must be taken in 1 week time periods Must be taken from Monday thru Friday, and bordering weekends will also be scheduled off	Must be taken in 1 day period of time	Must be taken in 1 day period of time
Restrictions	Cannot be combined with other vacation, sick, or personal leave time	Cannot be combined with other vacation time	Cannot be combined with other vacation, sick, or personal leave time

	Compensatory vacation day not granted for holidays within vacation times		
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Academic Integrity and Professionalism

RRNAs are to adhere to all UWO, CON, and Nurse Anesthesia Emphasis program policies on academic integrity. Residents are expected to exhibit high levels of integrity in all activities. UWO reserves the right to deny admission to or remove residents from the College or any academic program if they have a record of misconduct or demonstrate behavior that would jeopardize their professional performance. Residents are responsible for being familiar with this policy and abiding by it.

UWO CON RRNAs are expected to demonstrate honesty, integrity, and professionalism in all parts of their education. Academic integrity and professionalism will be demonstrated by (this list is not inclusive):

1. Respecting the dignity and privacy of patients.
2. Treating faculty, fellow residents, and fellow health care providers with dignity and respect.
3. Accepting responsibility and accountability for your practice.
4. Maintaining self-discipline.
5. Promoting self-discipline in fellow learners and co-workers.
6. Fully preparing for classroom and clinical activities.
7. Completing clinical and didactic assignments in a timely manner.
8. Attending all required academic functions.
9. Maintaining appropriate dress, including name tag where appropriate.
10. Refraining from inappropriate verbal communications or physical contact.
11. Submitting original work and crediting other's work appropriately.
12. Following clinical area instructions and guidelines, as appropriate to patient safety.
13. Using medications for their intended purposes and communicating as indicated with clinical preceptor before medications are given, as appropriate to resident clinical functioning and level of independence.
14. Refraining from the copying, reproduction, or transmission of tests, quizzes or examinations.
15. Maintaining accuracy and honesty in the submission of daily resident clinical evaluations and clinical case logs.
16. Representing one's abilities and credentials honestly and appropriately.
17. Interacting on a professional level with integrity.
18. Providing culturally competent care.
19. Refrain from discriminatory and derogatory actions.

Violations of ethical conduct should be reported to the Nurse Anesthesia Emphasis program director. Ethical violations are viewed very seriously and may result in probation, suspension, or dismissal from the program.

Cheating and Plagiarism

Faculty reserve the right to request an electronic copy of all written course work or residents' course assignments completed by residents for earning course credit or completed as an agent of or on behalf of the Nurse Anesthesia Emphasis Program that is subject to evaluation for copyright violation or plagiarism through the appropriate means as determined by the program. Faculty reserve the right to evaluate all course assignments for copyright or plagiarism violations.

A resident who is determined to have plagiarized, fabricated documentation, submitted unoriginal work or cheated on any assignment or examination is considered in violation of ethical standards deemed essential to the integrity of the Nurse Anesthesia Emphasis Program. Such violations of ethical conduct are grounds for disciplinary action, which can include dismissal from the program. Residents who are later discovered to have been academically dishonest during the program, even though they have already graduated, may be reported to the National Board on Certification and Recertification of Nurse Anesthetists and/or state licensing board.

Social Network Policy

In order to promote professionalism of residents enrolled in the Nurse Anesthesia Emphasis Program, no resident shall post photos, comments, or other forms of a web based material of faculty, residents, clinical personnel or patients to their web based communication sites such as, but not limited to: Face Book, My Space, Twitter, etc, without the before mentioned person's permission. In addition, no resident shall supply or forward photos, comments or other web based materials to anyone for posting on any web based communication sites, without that person's consent. Any resident found to have posted, supplied or forwarded materials for postings used on web based communication sites without permission of said persons may be dismissed from the Nurse Anesthesia Emphasis Program.

Please note that future employers may view potential candidate's websites. Residents are advised to review their site(s) for any unprofessional images or language, which could lead to cancellation of a job interview.

Clinical Requirements & Expenses

Immunizations

UWO and clinical sites require residents to be currently immunized prior to entry into the clinical area. In accordance with the policy on "Health and Immunizations", residents are required to present verification of required tests as follows: immunization status against varicella, mumps, rubella, measles, chicken pox and yearly influenza vaccines. Updated tetanus/diphtheria immunization (within 10 years), as well as a TB skin test (within 60

days) and are also requirements. Proof of immunity to Hepatitis B or documentation that the Hepatitis B vaccine immunization series has begun is also required prior to registration. These must be performed by the resident's private physician. An annual TB skin test (or chest X-ray), is required of all residents within 60 days prior to their anniversary date of entry. Costs of immunizations are residents' responsibility.

In order to participate in clinical learning experiences, residents must meet the vaccination requirements of the clinical site, which can exceed University requirements. Failure to participate in clinical learning experiences as assigned can halt program progression in the program and prevent graduation.

Liability Insurance

Professional liability insurance is required of all RRNAs. Liability policies for registered nurses will not cover the practice of anesthesia. Individual professional liability policies are available for RRNAs through the American Association of Nurse Anesthetists insurance services. The cost is approximately \$250/year and subject to change without notice. Residents will be furnished applications for insurance prior to their assignment in the clinical area. The liability insurance covers residents throughout the United States when functioning as residents at assigned clinical sites. The cost of liability insurance is the responsibility of the resident. Residents unable to obtain nurse anesthesia liability insurance in the amount of \$1,000,000 per occurrence and \$3,000,000 aggregate, will not be allowed to continue in the program.

Licensure and Certifications

BLS/ACLS recognition is required for practice at the clinical sites and for application for the post-graduation National Certification Examination given by the Council on Certification of Nurse Anesthetists. PALS certification is required for application of the certifying examination as well. Residents must present evidence of BLS/ACLS/PALS recognition prior to entry into the clinical areas. Residents are expected to maintain current BLS/ACLS/PALS recognition throughout the program. Residents unable to maintain current BLS/ACLS/PALS recognition will not be allowed to continue in the program. The costs of maintaining BLS, ACLS, and PALS certifications are the responsibility of the resident. Residents must coordinate their own certification. The program is not responsible for coordinating these classes.

Residents are required to have an unencumbered state registered nursing license in Wisconsin and any state in the future where they may participate in clinical learning experiences. The current licenses must be shown to the office of the Department of Nurse Anesthesia's Administrative Assistant before entering the clinical areas. Residents unable to maintain a current, unrestricted state nursing license in Wisconsin and other states where they may participate in clinical learning experiences will not be allowed to continue in the program. The cost for maintaining nursing licensure is the responsibility of the resident.

Residents are required to sit for the National Certification Examination at the completion of their program of study. The cost for taking this examination, currently \$995 and subject to change, is the responsibility of the resident.

Current Clinical Sites

There is a clinical coordinator appointed at each clinical site. The following table lists each active clinical site and its respective clinical experience. .

Clinical Site	Experience(s) Available
St. Elizabeth Medical Center	Intracranial, Intrathoracic, Pediatric, OB, Regional, vascular
St. Mary Hospital	Pediatric, Regional
St. Vincent Medical Center	Intracranial, Intrathoracic, Pediatric, Regional, ICU
Waupun Memorial Hospital	Rural practice site, regional, CRNA only
Mercy Medical Center	Pediatric, OB, Regional, vascular
Aurora Oshkosh Hospital	Pediatric, Regional
Bellin Medical Center	Intrathoracic, intracranial
Marshfield Medical Center	Intracranial, pediatric, neuroanesthesia, vascular
Tower Clock Surgery Center	CRNA only practice
St. Agnes Hospital	Intrathoracic, vascular, regional, central lines
VAMC Green Bay	Outpatient, regional
Ascension St. Clare's	Vascular, OB, pediatric, regional
Ft. Health Medical Center	CRNA only, ENT, regional
Gunderson Lutheran Medical Center	Neurosurgery, OB, Vascular
ThedaCare New London	Rural practice site, regional, CRNA only
ThedaCare Appleton	Neurosurgery, Cardiac, Thoracic
ThedaCare Neenah	Neurosurgery, Cardiac, Thoracic
ThedaCare Waupaca	Rural practice site, regional, CRNA only
Aspirus Medford	Rural practice site, OB, regional
HSHS St. Clare Oconto	Rural practice site, CRNA only
Aurora Medical Center Manitowoc, Two Rivers	Small urban practice setting
Ripon Medical Center	Critical access hospital, CRNA only, pain management
Envision Sites: Ascension Southwest Hospitals, St. Joseph, Franklin, All Saints, St. Francis, St. Mary, St. Clare, Elmbrook, Edgerton	Underserved populations, Intracranial, Intrathoracic, pediatric, OB
ThedaCare Shawano	Urban practice setting
Crossing Rivers Health	CRNA only, pain management
Aspirus Medford Hospital	CRNA only
HSHS St. Clare	CRNA only
Ascension Chilton	CRNA only

Holy Family	Independent practice
Southwest Health	Pain management, OB, regional
Beaver Dam	CRNA only, regional

In resolving issues at the clinical site, residents should first consult with the respective site clinical coordinator. If this issue remains unresolved, residents should contact the Assistant Nurse Anesthesia Emphasis Program Director.

Clinical hour requirements vary by course and are estimated in the following table.

Course	Clinical days/week	Clinical Contact Hours	Total Credit Hours
Practica I		96	1
Practica II	3	384	1
Practica III	3	384	1
Practica IV	4	575	2
Practica V	4	575	2
Practica VI	4	575	2
Practica VII	4	575	2
TOTAL		3164	11

Resident assignments will also include: emergency shifts, call rotations (“off” shifts), professional meeting attendance (prior approval required), specialty rotations, and, possibly, research opportunities. Course clinical hours represent minimum hourly requirements. Residents may be assigned additional clinical time at the discretion of the Nurse Anesthesia Emphasis program faculty for remediation or to obtain needed clinical case numbers or skills. Residents assigned to specialty rotations may be assigned 8-24 hour shifts as dictated by resident learning needs and resources of the department.

Residents rotating to sites away from the main campus may access needed support services and program faculty by telephone or via email. Access to the library and its many databases may be obtained via the internet at the UWO homepage. Tests will usually be administered on the main campus or by special arrangement with a clinical coordinator.

Housing, licensing, travel costs and liability insurance costs are the responsibility of the resident.

Clinical Attendance Guidelines

The goal of the Nurse Anesthesia Emphasis Program is to develop beginning level competent clinical practitioners. In order to attain that goal, extensive clinical experience in anesthesia administration is required. As a result, clinical rotations are arranged to

maximize resident experience. The number of clinical days per week varies depending on the course, resident learning needs, and resources of the program.

A typical clinical day extends from 0600 until 1600. Residents are expected to arrive in the clinical area in sufficient time to prepare all necessary drugs and equipment for the assigned clinical experiences. Initially, this may require arriving an hour or more prior to the start of the surgical schedule. On average, residents may anticipate being relieved from their operating room responsibilities at approximately 1500-1600 hours. Residents assigned to specialty rotations may be assigned 10, 12 or 24 hour shifts as dictated by resident learning needs and resources of the department. Residents may request to or be asked to finish interesting or unusual cases or cases which will end in a reasonable period of time. It is inappropriate for a RRNA to ask clinical instructors/coordinators to leave the clinical area early. Residents may be dismissed early from the clinical area at the discretion of the clinical preceptor/coordinator. However, clinical preceptors / coordinators **do not need** resident input in deciding when residents are released from clinical. Residents are expected to remain in the operating room area until they have been relieved of their duties by the clinical coordinator or preceptor. Refusing to complete clinical assignments or leaving the operating room area without permission is grounds for academic suspension and dismissal from the program and/or College. After being relieved in the OR, residents must obtain their next day's assignments and make pre- and post-operative rounds.

In cases of emergency, RRNAs may call the Nurse Anesthesia Emphasis program director, present the extenuating circumstances and request early release from clinical. Unexcused absence from the clinical area is grounds for academic discipline, to include suspension, probation, and dismissal from the program and/or College.

To obtain the best learning experiences while in the program, residents should ask to:

- Remain at the clinical site to participate in emergency, rare, and/or exceptional clinical cases.
- Remain at clinical site or be willing to be called in on the weekend and evenings to do epidurals, central lines, trauma patients, emergency airways or other exceptional learning experiences.
- Adjust their clinical assignment to participate in greater numbers of clinical cases, for example when an assigned clinical day may have no or few scheduled cases and an alternative day does have more clinical cases available.
- Adjust their clinical assignment in order to work with approved clinical preceptors, such as licensed, credentialed physicians and CRNAs and ***never*** a resident, graduate nurse anesthetist, or anesthesia/anesthesiologist assistant.

Adjustments to clinical assignments and on call scheduling should:

- Be approved by appropriate preceptor(s) at clinical site.
- Be communicated to the respective clinical course instructor before, or as soon as possible following, implementation of the adjustment.
- Not be used to extend approved leave time.
- Not be used to take unapproved leave time.

- Not be used to satisfy personal resident agendas/issues.

Clinical Supervision of Residents

Residents must be supervised during their clinical rotation assignments by CRNAs and/or anesthesiologists with institutional staff privileges. Residents will be supervised in a 1:1 ratio during the first part of their clinical experience. More advanced residents may be supervised on a 1:2 faculty/resident ratio. **At no time is the supervision ratio to exceed two residents to one faculty.** Supervisory ratios are decided by the clinical coordinator and program faculty in light of the patient and procedure issues and will represent a conservative approach when considering increasing the supervision ratios.

Residents in non-anesthetic situations such as airway management and resuscitation are required to have clinical supervision from CRNAs, Anesthesiologists, or other credentialed physicians and advanced practice nurses. Residents are not permitted to attempt clinical interventions without CRNA and/or anesthesiologist supervision, with the exception of nursing skills acquired prior to entering the program i.e. starting I.V., lines, signing out medications, etc.

Residents are **never** to be supervised or precepted by graduate nurse anesthetists, residents, or anesthesiology assistants.

Required Clinical Equipment

Residents will need to purchase at their own expense the following equipment before entering the clinical area: a) Stethoscope and b) Laboratory Coat(s)

Credentialing Policy

In order to participate in clinical assignments, residents must complete a series of credentialing requirements 12 weeks prior to the start of the clinical assignment. Several credentialing requirements are completed by the program. Documents for clinical credentialing are submitted 12 weeks prior to your planned rotation date. Therefore, Credentials (such as BLS, ACLS, PALS, TB skin test, RN license and so forth) must be current for the entirety of the rotation PLUS 1 month following the end of the rotation. For example, if a rotation is scheduled for January 2 to March 3, all credentials must be valid through April 3. If the credential is due to expire during the rotation then the resident **MUST** provide a renewal with their documents for credentialing 12 weeks prior to the start of the rotation. Maintaining current credentials is the sole responsibility of the resident. Residents missing clinical time due to credentialing issues will be required to make-up clinical absences following graduation as program and clinical facility resources are available.

Daily Resident Clinical Responsibilities

1. RRNAs are guests of the clinical affiliate. Residents must conform to the policies and procedures of the affiliating clinical institution and anesthesia department.

2. Residents are to obtain clinical assignments the day before the scheduled clinical experience. Assignments will be available sometime in the afternoon or early morning depending upon the clinical site.
3. Residents are to perform a preoperative visit and evaluation on all assigned in-house patients. The assessment is to include an anesthesia related history and physical examination, review of pertinent laboratory and other studies (x-ray, ECG, MRI, stress tests, etc.). Previous anesthetic records from the old chart should be reviewed if they are available or can be obtained. Every effort should be made to obtain these records. The preanesthetic assessment is documented according to the procedures of each clinical site.
4. Residents are to review the complete preoperative assessment for ambulatory surgery patients, if available.
5. Residents are to review the preoperative evaluation with a clinical preceptor (CRNA or anesthesiologist) at the clinical site. The preceptor may suggest additional areas for assessment or pre-operative evaluation.
6. Residents are to develop one written anesthesia care plan for each assigned clinical day. Residents should select the most challenging case or patient for the care plan requirement. All other cases require a verbal care plan to be developed.
7. Residents may be required to contact their assigned anesthesiologist and CRNA clinical preceptor in person or by phone prior to 9 PM to discuss the proposed plan of anesthetic management for the next day. A list of clinical preceptor phone/beeper numbers is available from each institution.
8. On the day of clinical, residents should review their patient's record.
9. The resident, in conjunction with the clinical preceptor should develop a plan of care prior to induction. **In the event of a conflict between the resident's plan and that of the anesthesiologist, CRNA or clinical preceptor (out of OR experiences), the anesthesiologist, CRNA or clinical preceptor will make the final decision for the anesthesia plan of care.**
10. Residents are to arrive at the clinical site in sufficient time to prepare for the assigned clinical experiences. This may necessitate arriving an hour or more early.
11. Residents found to be unprepared for clinical activities may be dismissed from the operating room setting. Make up clinical time will be at the discretion of the Nurse Anesthesia Emphasis faculty. Dismissal from the clinical area twice may result in academic suspension or dismissal.
12. Residents are to conduct a comprehensive check on the anesthesia machine and prepare all airway equipment, drugs, and ancillary equipment necessary for the conduct of the procedure and anesthetic. This includes all IV's, regional anesthesia trays, fluid warmers, and invasive monitoring lines.
13. A resident should manage the anesthetic from pre-induction through maintenance and emergence in collaboration with the clinical preceptor and anesthesiologist. The clinical preceptor will decide on the resident's level of involvement in the case based upon the resident's level of experience, the patient's condition and the difficulty of the procedure. Residents should strive for increased independence of decision making and patient management as they gain knowledge and skills.
14. The resident must position and/or supervise the positioning of patients to insure optimal physiologic function and to prevent injury.

15. At the termination of the anesthetic/procedure, the resident is to transport the patient safely to the appropriate postoperative area, and report pertinent pre- and intra-operative data to the recovery personnel.
16. All aspects of anesthesia care given (pre-, intra-, and post-operatively) must be documented by the resident according to the policies and procedures of the clinical site. This includes completing all required documentation of controlled substances and billing.
17. Residents are to visit patients postoperatively and document the postoperative visit according to institutional policies. The post-op visit must occur after discharge from the PACU for inpatients. The resident may contact ambulatory surgery patients by calling them at home or visiting them in the recovery area.
18. Residents are to maintain and restock all anesthesia equipment and supplies in accordance with department policies.
19. Residents are to report all complications and critical incidents immediately to the supervising anesthesiology or CRNA and to Nurse Anesthesia Emphasis program director or designee.
20. Each resident must complete the daily clinical experience record on the Typhon system. Residents falling behind in this responsibility may be relieved from clinical so as to bring their case records up to date. Missed time from clinical must be made up at the discretion of the Nurse Anesthesia Emphasis director and clinical agency.
21. Residents are expected to participate in department quality assessment programs and conferences.
22. Residents are expected to participate in weekly clinical conferences with clinical preceptors.
23. Residents must complete inpatient post-anesthesia rounds on assigned patients and document according to facility policy. Any post-anesthesia complications should be reported to the clinical coordinator / preceptor / supervisor.

Anesthesia Care Plans

Residents are expected to read about and prepare for all assigned cases. This requires that a plan of anesthesia care is developed for each assigned patient (see appendix). During the first two trimesters of clinical experience, one written anesthesia care plan must be completed for each clinical day, and verbal care plans developed for all other cases. The case chosen for a care plan should be either the most complex case or the newest experience for that day. The care plan is to be reviewed the next clinical day by the clinical preceptor or Anesthesiologist. Clinical preceptors may make comments, as indicated, on the care plans as they review them with the resident. Unacceptable care plans may be returned to the resident for correction and resubmission.

To preserve patient confidentiality, at no time should the resident record patient identifying material on the resident care plan. Nor should any documents containing health protected information be removed from the clinical area.

The resident is responsible for submitting care plans to the program office on a weekly basis for review by the resident's clinical course instructor. Only acceptable care plans will be included in calculation of the clinical portion of the term grade. A resident

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missing 5 or more care plans for the semester may be subject to academic disciplinary action.

Vigilance

Residents must refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.).

Attendance at Department Meetings

Residents are expected to attend the conferences and meetings of the clinical facility to which they are assigned. If the institution holds an early morning conference, residents should allow sufficient time to prepare for the day's cases prior to the conference.

Attendance at WIANA & AANA Professional Meetings

Residents are required to attend one professional meeting from the Wisconsin Association of Nurse Anesthetists (WIANA) or the American Association of Nurse Anesthetists (AANA). Residents will receive clinical time credit for attendance at these professional meetings. Requests to attend meetings should be submitted through the Typhon scheduling system and require faculty approval. Specific classes may require additional meeting attendance, at the residents' own costs.

Call Experiences

Call experiences include all clinical experiences after 5 PM and before 7 AM and weekends. When a resident is "on call" there must be a qualified CRNA or anesthesiologist immediately available to the resident. If residents relieve on a case that is in progress, the resident may take credit only for that portion of the case of procedure in which they are actively involved.

In order to participate in call experiences, residents must be a senior level resident, meeting academic and behavioral standards. In house call experiences must be approved **in advance** by the NA Director or Assistant Program Director via the typhon scheduling system. Only the following facilities and times are available for in house call experiences:

- Ascension St. Elizabeth's Medical Center, 0700-2300
- HSHS St. Vincent's Medical Center, 1500-0700 (next day)
- Theda Care Neenah, 1500-0700 (next day)
- Gunderson Lutheran Medical Center, 1500-0700 (next day)
- Marshfield Clinic, 1500-0700 (next day)
- Ascension St. Joseph Milwaukee OB rotation, 1500-0700 (next day)
- Bellin Hospital 1500-0700 (next day)

While residents may participate in 24-hour in-house call experiences, with approval as described above, residents may work no more than 16 continuous hours at one time. Residents may not participate in clinical learning experiences within 10 hours following a scheduled in-house call assignment.

When residents work late, they are not required to participate in administration of anesthesia the following day unless s/he has had the opportunity to sleep for eight hours. If there is potential conflict between the clinical learning experience and scheduled surgery in the morning, the clinical preceptor will determine which experience is more beneficial to the resident and decide upon the appropriate clinical assignment.

In order to obtain need experiences or participate in exceptional learning experiences (for example epidural insertion, CVP insertion, pheochromocytoma excision, multiple trauma, and so forth), residents may volunteer to be available, take call from home, or work late. When residents work late, they are not required to participate in administration of anesthesia the following day unless s/he has had the opportunity to sleep for ten hours. If there is potential conflict between the call experience and scheduled surgery in the morning, the clinical preceptor will determine which experience is more beneficial to the resident and decide upon the appropriate clinical assignment.

Resident Time Studies

Residents are required to complete time studies documenting to the program the hours they spend in didactic and clinical activities. This information will be used to monitor program demands on resident time. Resident time studies are completed on the Typhon system. Between classroom attendance and clinical assignments, Residents should not be committed to > 64 hours / week as averaged over 4 weeks. Residents must inform their clinical course instructor immediately if the time commitment is exceeded.

Clinical Experience Record

Residents are required to complete and submit clinical experience records. Cumulative reports will be generated throughout the course of study. Clinical course instructors as well as the individual resident should review cumulative reports for errors and completeness. Residents should report errors in the clinical experience cumulative report immediately to their clinical course instructor. The cumulative report comprises the record of resident clinical experiences required for graduation and eligibility to take the Certification Examination. Resident case counts should be reviewed during formative and summative Resident session evaluations. It remains the responsibility of the resident to seek needed case experiences during the clinical program.

- **At the end of each day**, the resident will record the total number of procedures, agents, patients, etc. that were performed on the online clinical experience record.
- Residents are responsible for following their case needs and seeking out these experiences at the clinical site.
- Residents should also check the accuracy of the log record periodically.

Hints for Completing the Clinical Experience Record*

(*Original document written by Dr. Elizabeth Seibert and modified and used with permission.)

The record consists of many sections (physical status, hours of anesthesia time, anatomic categories, and so forth) and two sides. Monitor your progress towards meeting the required number of cases in each category as you will be unable to graduate until you complete them.

Following are helpful ideas as you go about completing your online clinical experience record.

- Patient physical status (PS) represents the ASA classification assigned to each patient. Each patient should only have one PS status. Do not forget to add the **emergency** category when it is appropriate.
- Hours of anesthesia time represents the actual time you are engaged in administering anesthesia. It does not include set-up time or the time you take to do pre- and post-op visits. The online record will automatically calculate your case hours from the entered case time.

Example: You are in the OR from 0600 until 1600 (10 hours). Your 0730 case is delayed and does not start until 0900. The case lasts 3 hours and then you go to lunch. Two other cases scheduled for your room get switched to another room so as not to be delayed. You wait around for an emergency case coming from the ER, but it never gets there. In the meantime, you do you pre-op and post-op rounds. *Only the 3 hours* when you delivered anesthesia count as hours of anesthesia time.
 - Anatomic categories: This category is confusing as there is an overlap of anatomic and surgical categories. Patients who are having multiple procedures will be counted in several categories. Some types of procedures can be counted in more than one anatomic category. Improper entries in this section can lead to deficiencies of certain types of cases. If you are not sure, ASK! Don't just mark the "other" category.

Example #1: You administer anesthesia for an aorto-bifemoral graft. You will check vascular and intra-abdominal.

Example #2: One night during your obstetric rotation you administer anesthesia for an emergency c-section. You should enter obstetrical delivery, c-section, intra-abdominal, and emergency.

Example #3: While you are on call, a trauma victim with multiple injuries comes to the OR. You spend the night doing a craniotomy, tracheotomy, exploratory laparotomy, and ORIF of a femur. Count all of the following categories for this one patient: intra-abdominal, head-intracranial, neck, and emergency.
 - Methods of anesthesia: Count each type of anesthetic technique you use once: general or regional. Do not count sedation given with a spinal as regional and Moderate/deep sedation—this counts for only regional. Sometimes you will do

an epidural with a general anesthetic or start with a spinal which progresses on to a general anesthetic. You may count both the general and the regional in the methods section. Inductions are *either* IV or mask inductions, not both. Inhalation inductions through a tracheotomy do not count as mask inductions. Airway management is counted as either mask, endotracheal, or LMA (includes COPA). Endotracheal intubation means that you successfully performed the intubation yourself. If you did not, don't count it. Total IV anesthesia means a general anesthetic in which no volatile agent is used. Emergence means that you performed the extubation. There will be times when the end of the case occurs after you have left the operating room, or the patient remains intubated and is taken to the ICU. Do not record an emergence for these instances. Moderate/deep sedation anesthesia care refers to surgical procedures where the surgeon performs the local anesthetic and sedation is provided. Once again, it does not include sedation given to a patient receiving a regional anesthetic.

- **Regional techniques:** Management means that you only managed the regional anesthetic. This includes situations in which you both do and do not administer the block. Actual administration means that you actually performed and were successful at the regional block yourself.
Example: You are in the cysto room for 4 cases, all of which are scheduled for spinals. You are only able to perform two spinals but manage all the cases. Count these cases as two spinals actually administered and four managed.
- **Invasive monitoring techniques:** Includes arterial, central venous, and pulmonary artery catheters. These categories are similar to the regional and intubation categories—if you do it, count it as insertion/placement **and** monitoring. If you don't place the catheter, only count it as monitoring. **Don't forget** to count CVP monitoring when you have a PA catheter.

Clinical Conference Guidelines

Residents must complete Journal Club and Case Conferences course requirements. Residents may participate in a variety of learning experiences to meet this requirement, such as case conference offerings, anesthesiology departmental morbidity and mortality conferences, lecture series at clinical sites, or service-learning projects. Other learning activities may be considered appropriate for journal club / case conference credit and will be considered on an individual basis. Residents must request and receive approval for individual journal club / case conference learning activities from the Nurse Anesthesia Emphasis Program or Assistant Program Director **prior** to the start of the activity.

Journal Club. Journal Clubs will require residents to review current literature in anesthesia and related fields; review current areas of research in anesthesia; and practice presentation and scientific critical thinking skills.

Case Presentations. Case presentations require that residents: prepare and present a case discussion before a peer group; review clinical management problems and possible solutions; educate colleagues and faculty. Case presentations must be coordinated with

critical incident management and quality assurance activities in the anesthesia department where the resident is assigned.

Service-Learning Projects. Service-learning projects require that residents plan and implement a community service-learning program to the community, as well as develop a presentation highlighting the importance of community service and summarization of the particular project.

Evaluations

Mandatory Course Evaluations

Residents are required to complete instructor and course evaluations each semester. Clinical preceptor and site evaluations are conducted annually.

Clinical Evaluation

Clinical evaluations include daily resident clinical evaluations, clinical preceptor evaluation, and clinical site evaluation. Evaluations are used to help individuals improve performance by identifying areas of strengths and weaknesses. Daily resident clinical evaluations are also used to determine resident progression in the clinical program.

The daily resident evaluation form should be completed by the clinical preceptor and signed by both the resident and clinical preceptor. Residents should submit evaluations on a weekly basis to the Nurse Anesthesia Emphasis program. Clinical course instructors are to review evaluations and provide residents with feedback as indicated and at the midterm and final points of the term. Missing daily evaluations receive a score of “0,” resulting in diminution of the clinical grade. Residents missing 5% or more of daily evaluations may receive a grade of incomplete for the course. Further progression in the program will be contingent upon submission of missing clinical evaluations or making up clinical assignments represented by missed evaluations.

Daily Resident Clinical Evaluations

The daily evaluation form (see Appendix) describes behaviors that residents are expected to meet or exceed during a semester. These behaviors are based on the programs’ terminal objectives, which specify the skills and behaviors a graduate of the program will meet. It is expected that as residents progress through the program their clinical skills and nurse anesthesia care will continue to improve and demonstrate higher levels of mastery. Therefore, meeting performance expectations in previous semesters does not indicate that the same level of performance will meet expectations in subsequent semesters. To be successful, continued learning and improvement will be the goal of every resident and CRNA.

Daily Evaluation Procedure

1. All daily clinical evaluations must be completed on the daily clinical evaluation paper form or in the Typhon system.

2. At the end of each clinical day, the clinical preceptor will rate the resident's performance in the various categories using the semester level expectations as a benchmark. Written comments which provide constructive suggestions are an integral part of the evaluation process and will help the resident improve his/her performance.
3. Missing evaluations will result in the loss of attendance credit for the respective clinical day. In other words, the resident will forfeit the clinical day/time for every missing resident evaluation. Missing clinical time must be made up according to the discretion of the program and the clinical site. Missing resident evaluations exceeding 5% of assigned clinical time may result in clinical failure, academic probation, or academic dismissal from the program and/or College. Residents encountering problems with obtaining resident clinical evaluations from their clinical preceptor should report this immediately to their academic advisor.
6. The Assistant Nurse Anesthesia Emphasis Program Director and the resident's clinical course faculty will review evaluations on a regular basis during the clinical rotation.
7. Clinical course instructors will conduct mid-term and end-of-term conferences with each resident to review the resident's progress toward the course evaluations.
8. Each resident will complete 1st year and 2nd year self-evaluations of his/her progress towards the course objectives and self-identified goals at the end of each year.

Resident Term Evaluations

Residents will meet with their clinical course instructor twice during a session, at a minimum. At the midterm evaluation, residents should ensure that all required daily evaluations and care plans have been submitted. The clinical course instructor and resident will review the clinical experience record, noting areas of noteworthy accomplishments as well as needed case numbers or skill achievement. During the end of semester evaluation, clinical course instructors and residents should review case and skill numbers, care plans, and clinical evaluations. The clinical course instructor will document advising session and evaluations on the Clinical Course Instructor Evaluation of Resident Progress form (see appendix). Residents requiring additional clinical course instructor contact may meet more frequently with their clinical course instructors, as dictated by the situation and individual resident needs. Residents and faculty should sign and date evaluations.

Resident Self Evaluations

Self-reflection and evaluation are professional responsibilities. As such, residents are expected to participate in their own evaluation process. Residents should complete the year 01 and 02 self-evaluation forms as well as the final program evaluation form. In this manner, Residents may be able to track their learning and skill development as they progress through the program and faculty can develop needed clinical experiences to enhance resident learning.

Clinical Site Evaluations

Purpose

- Provide clinical sites with feedback on their facilities and contributions
- Allow residents opportunity to comment on clinical instruction
- Provide feedback to program on clinical instruction
- Identify potential areas for faculty development programming

Procedure

- Residents must complete evaluations of clinical sites annually.
- The composite evaluations will be shared with the respective Clinical Coordinator of each site on a yearly basis.

Clinical Preceptor Evaluation**Purpose**

- Provide clinical preceptors with feedback
- Promote professional growth and development of clinical preceptors

Procedure

- Residents must complete evaluations of clinical preceptors annually.
- Instructor evaluations are available at the program's Typhon site.
- Composite evaluations will be shared with the respective Clinical Coordinator of each site.

Resident Exit Interviews

During the final session, senior residents will complete the end of program evaluation. Final program evaluations are conducted by the Nurse Anesthesia Emphasis program and College of Nursing. Resident comments will be compiled in aggregate form to maintain resident confidentiality. The Nurse Anesthesia Emphasis Program will provide a written response to resident comments including a plan of action to improve indicated areas as needed. Monitoring of action plan implementation and evaluation will be a joint process between the Nurse Anesthesia Emphasis Program and CON. This process represents one of many processes designed for continuous quality improvement.

Work Outside of Program

Residents must be prepared to devote full time energies to their nursing anesthesia studies. Personal responsibilities must be managed to minimize distractions and stress so that the resident may concentrate on the demanding responsibilities in the program. Part-time work as an RN is extremely difficult to maintain while attempting to meet the demands of the program. Thus, residents are discouraged from seeking outside employment. Should a resident choose to work, a resident may work only as long as the resident:

- Demonstrates satisfactory academic and clinical performance,
- Has notified the program director of outside employment and scheduled shifts **prior** to working, and

- Is not employed during the eight (8) hours prior to any class or clinical assignment,

By participating in outside employment, residents acknowledge they will inform the program director of any potential hazardous exposure (for example, viral, bacterial, radiation) and undergo appropriate self-quarantine, if required by the program director or clinical facility. Any missed clinical days due to outside employment issues will be charged to residents' leave time. Missed clinical days in excess of available leave time must be made up before graduation.

Residents failing to notify the program director of outside employment activities prior to working or potential hazardous exposure will be considered in violation of the academic honesty policy and subject to disciplinary action.

At no time may a resident work as a CRNA or represent him/herself as a nurse anesthetist. Working or representing oneself as a CRNA while a resident, will result in immediate dismissal from the program.

Faculty and Instructional Academic Staff (IAS) Availability

Faculty and IAS are available to residents for routine matters during normal business hours (8A-5P), except when 'out of the office' for faculty practice activities, business related meetings, or leave time. Under normal circumstances, residents should communicate via their UWO email account with faculty and staff, who will respond as soon as possible, but usually not longer than 2 business days. When sending notification of urgent or emergent situations, residents may communicate through UWO email or office telephone. For matters needing immediate attention, residents may contact faculty via the faculty's UWO office or personal cell phone (calling or texting). Follow-up notification via email on urgent/emergent matters should be sent as soon as it is feasible to do so.

Nondiscriminatory

It is the practice and promise of the UWO CON DNP Nurse Anesthesia Emphasis to treat all individuals, including applicants, without regard to race, color, national origin, gender, marital status, sexual orientation, religion, age or disability, or any other category consistent with federal, state and local law. Although an applicant is not required to provide information regarding any protected characteristics, he or she can provide such information on a voluntary basis.

A relative or cohabitant in a clinical preceptor and or faculty position shall not supervise or evaluate any College resident's performance in didactic or clinical setting. Violations of this policy may result in disciplinary action up to academic dismissal of the resident.

Time Limit for Finishing the Program

All required coursework must be completed within 5 years from first date of entrance to the Nurse Anesthesia Emphasis program. Individual programs of study will be developed for those projected to finish the program between 3 and 5 years.

Appendices

Nurse Anesthesia Emphasis Resident Fee Schedule

Anesthesia Care Plan

Confidentiality during Simulation

Patient Information Confidentiality Agreement

Consent for Videotaping

Daily Clinical Resident Evaluation form

Clinical Remediation Process

Notes:

- ^a Evaluation forms are based, in part, on evaluations provided to the program by Louisiana State University Health Sciences Center School of Nursing Nurse Anesthesia Option, Decatur Memorial Hospital's Nurse Anesthesia Program/Bradley University, and Rush University College of Nursing Nurse Anesthesia program.

Fee Schedule
(Estimates*)

Nurse Anesthesia Resident Tuition and Fees

Tuition	\$96,000
University fees	TBD
College of Nursing fees	2,950
AANA Associate Membership	300
BLS, ACLS, & PALS (Initial and one renewal)	600
Stethoscope	400
Lab Coat	200
Computer / Laptop	6,000
Printer / Scanner	500
Liability Insurance (Initial and renewals)	750
SEE Exams (at end of year 02, 03)	600
On Campus Parking (\$300/year)	1,000
National Certification Examination	1,000
Textbooks	9,500
CastleBranch	300
Anesthesia Meeting(s)	4,000
Clinical Rotation Housing	12,000
TOTAL	\$136,100

*Estimated costs are calculated as averages and subject to change. Therefore, individual resident costs may vary from the calculated average.

UWO CON Nurse Anesthesia Emphasis Confidentiality Agreement

I acknowledge that during the course of performing my assigned duties at clinical sites, I may have access to, use, or disclose confidential health information. Federal laws, including HIPAA and FERPA, state regulations, licensure requirements, practice acts and clinical facilities detail the use of specific information related to healthcare settings and professional behaviors. I hereby agree to handle such information in a confidential manner at all times during and after my enrollment at the College and commit to the following obligations:

- A. I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties.
- B. I will request, obtain or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties.
- C. I will take reasonable care to properly secure confidential health information on computers and will take steps to ensure that others cannot view or access such information. When I am away from the workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.
- D. I will not disclose my personal password(s) to anyone, record or post it in an accessible location, and will refrain from performing any tasks using another's password.

I understand that as a resident of UWO CON, the use and disclosure of patient information is governed by the rules and regulations established under HIPAA, the Health Insurance Portability and Accountability Act of 1996, and related state and federal policies and procedures in addition to the policies and procedures of UWO. Therefore, with regard to patient information, I commit to the following additional obligations:

- A. I will use and disclose confidential health information solely in accordance with state, federal, University, College and clinical facility policies set forth above or elsewhere. I also agree to familiarize myself with any periodic updates or changes to such policies in a timely manner.
- B. I will immediately report any unauthorized use or disclosure of confidential health information that I become aware of to the appropriate supervisor.

I also understand and agree that my failure to fulfill any of the obligations set forth in this agreement and/or my violation of any terms of this agreement shall result in my being subject to appropriate state, federal and College disciplinary action, up to and including, federal prosecution and / or dismissal from the College.

Resident Signature:	
Resident Name (Printed):	
Resident Signature Date:	

UWO CON NURSE ANESTHESIA EMPHASIS PROGRAM

Resident Self Evaluation 1st Year

Resident self-evaluation is an important part of the overall program's evaluation. Please comment on the growth of your knowledge since beginning this program. The information you provide is anonymous, kept confidential and used only for program improvements. Rate each according to the following scale:

E = Excellent; S = Satisfactory; NI = Needs Improvement; NA = Not Applicable

Comments are always very helpful, especially when NI is used. Use the comments space to provide any comments you wish to share with the program.

CRITERIA	E	S	NI	NA	COMMENTS
Knowledge of: Pharmacology					
Advanced Physical Assessment					
Anatomy, Physiology, & Pathophysiology					
Chemistry & Physics					
Anesthesia Machine					
Intraoperative Monitors					
Preoperative Care: Formulation of anesthesia care plan					
Preop patient preparation					
Room set-up					
Knowledge of: Moderate / Deep Sedation					
General Anesthesia for ASA I&II					
Regional Anesthesia					
Routine postoperative pain management					
DNP Role					
Healthcare systems policy & advocacy					
Wellness					
Acceptance of Instruction					
Vigilance during anesthesia delivery					
Critical thinking skills					
Verbal & nonverbal communication skills					
Ethical decision making					
Class preparedness					
Caring abilities					

Resident Comments

My Strengths:

My Weaknesses:

Clinical Course Instructor Comments:

Resident Electronic Signature:

Clinical Course Instructor Electronic Signature:

UWO CON NURSE ANESTHESIA EMPHASIS PROGRAM
Resident Self Evaluation 2nd Year

Resident self-evaluation is an important part of the overall program's evaluation. Please comment on the growth of your knowledge since beginning this program. The information you provide is anonymous, kept confidential and used only for program improvements. Rate each according to the following scale:

E = Excellent; S = Satisfactory; NI = Needs Improvement; NA = Not Applicable

Comments are always very helpful, especially when NI is used. Use the comments space to provide any comments you wish to share with the program.

CRITERIA	E	S	NI	NA	COMMENTS
Knowledge of:					
Leadership					
Healthcare policy					
Epidemiology					
Informatics					
Chemical dependency in CRNAs					
Healthcare improvement strategies					
Knowledge of anesthesia management for:					
Pediatric patients					
Obstetric patients					
Geriatric patients					
ASA III patients					
Regional techniques					
Self confidence					
Wellness					
Anesthesia care delivery					
Fiberoptic intubation					
Communication skills					
Intraoperative vigilance					
Decision making skills					
Problem solving skills					
Diagnostic skills					
Leadership skills					
Application of evidence based principles in practice					
Critical thinking skills					
Ability to teach others					
Ability to manage complications during anesthesia delivery					

Resident Comments
My Strengths:

My Weaknesses:

Clinical Course Instructor Comments:

Resident Electronic Signature:

Clinical Course Instructor Electronic Signature:

**UWO CON NURSE ANESTHESIA EMPHASIS
ADVISOR EVALUATION OF PROGRESS**

Resident: _____ **Date:** _____

**NAP
Faculty:** _____

Semester: Year I Year II Year III
 Spring Summer Fall

AREA					COMMENTS
Care Plans					
Quantity					
100% Present	1-2 Missing	3-5 Missing	6+ Missing		
Quality					
Patient specific:	Agree	Disagree	Undecided		
Procedure specific:	Agree	Disagree	Undecided		
Complete & thorough:	Agree	Disagree	Undecided		
Daily Resident Evaluations					
Meeting Objectives for time in program					
Meeting Expectations	Not Meeting Expectations	Counseling Session Given	Action Plan Developed		
Level of Independence is appropriate for cases & time in program					
Meeting Expectations	Not Meeting Expectations	Counseling Session Given	Action Plan Developed		
Clinical Experiences					
Total:	GA:	Regional:	Conf Hours:		
Didactic Performance					
Meeting Expectations	Not Meeting Expectations	Counseling Session Given	Action Plan Developed		

Additional Comments:

Resident Signature: _____ **Date:** _____

CON Course Fees

Course #	Course Name	CON Fees			Site
		Lab	Clinical	On Line	License
Year 1, Summer 1					
BIO 729	Anatomy	0	0	0	0
BIO 730	Advanced Human Physiology	0	0	0	0
NUR835	Physics, Equipment & Technology, & Advanced Chemistry Concepts for the Nurse Anesthetist	\$50	0	0	\$200
Year 1, Fall 1					
NUR 729	Advanced Physical Assessment	\$50	0	0	0
NUR 709	Pharmacotherapeutics for Advanced Nursing Roles	0	0	\$150	0
NUR 704	Pathophysiology for Advanced Nursing Roles	0	0	\$150	0
Year 1, Spring 1					
NUR 830	Pharmacotherapeutics for Advanced Nursing Roles II				0
NUR 831	Basic Principles of Anesthesia and Lab	\$50			0
NUR 839	Clinical Practica I		\$100		0
NUR 800	Foundation of DNP Role			\$150	0
Year 2, Summer 2					
NUR 801	Philosophical, Theoretical, & Ethical Foundation for ANP	0	0	\$150	0
NUR 840	Clinical Practica II	0	\$100	0	0
NUR 836	Professional Aspects of Nurse Anesthesia Practice	0	0	0	0
Year 2, Fall 2					
NUR 701	Translational Scholarship	0	0	\$150	0
NUR 841	Clinical Practica III	0	\$100	0	0
NUR 832	Advanced Principles of Anesthesia I	\$50	0	0	0
NUR 804	DNP Scholarly Project I	0	0	0	0
NUR 837	Professional Aspects of Nurse Anesthesia Practice II	0	0	0	0
Year 2, Spring 2					
NUR 833	Advanced Principles of Anesthesia II	\$50	0	0	0
NUR 842	Clinical Practica IV	0	\$100	0	0
NUR 806	DNP Scholarly Project II	0	0	0	0
NUR 803	Advanced Epidemiology & Biostatistics for Population Health	0	0	\$150	0

Year 3, Summer 3

NUR 805	Clinical Scholarship for ANP	0	0	\$150	0
NUR 843	Clinical Practica V	0	\$100	0	0

Year 3, Fall 3

NUR 844	Clinical Practica VI	0	\$100	0	0
NUR 834	Advanced Principles of Anesthesia III	\$50	0	0	0
NUR 808	DNP Scholarly Project III	0	0	\$50	0
NUR 702	Healthcare Systems Policy & Advocacy	0	0	\$150	0

Year 3, Spring 3

NUR 838	Professional Aspects of Nurse Anesthesia III	0	0	0	0
NUR 845	Clinical Practica VII	0	\$100	0	0
NUR 810	DNP Scholarly Project IV	0	0	\$50	0
NUR 883	Health Care Informatics	0	0	\$150	0
NUR 809	Organizational Leadership & Health Policy for ANP	0	0	\$150	0

Daily Clinical Evaluation Tool

UWOSH CON Nurse Anesthesia Emphasis Daily RRNA Clinical Evaluation Tool						
Student Name: _____		Date: _____		Current Clinical Practicum Level: _____		
Criteria	Exceeds Expectations	Meets Expectations	Needs Improvement	Safety Concern	Not Applicable	Today's Learning Goal:
	Preceptor Comments					
Preoperative assessment & preparation (Equipment, monitors, cart setup)						
Controlled induction & airway management						
Participates in patient positioning, protecting patient from iatrogenic complications and injury.						
Effective anesthesia titration & maintenance phase management						
Timely, controlled emergence						
Appropriate management of ventilation, pain, n/v, hydration, complications						
Use of Universal Precautions & Sterile technique						
Invasive line insertion &/or Regional block insertion						
Vigilance / Situational Awareness / Charting / Documentation						
Seeks out learning opportunities and preceptor feedback						
Culturally competent care						
Diagnostic skills & effective critical thinking						
Appropriate written/verbal anesthesia care plan for assigned cases						
Individualizes care using effective decision-making process & evidence-based practices						
Intra- & inter-professional collaboration & communication including handoff to appropriate staff						
Preceptor Signature/Comments (What went well & what needs work on)*						
Student Signature & Comments (What went well & what needs work on)*						

***SRNA should seek constructive feedback from preceptor at the end of case & each day.**

Revised 9/22/2022

Clinical Semester Expectations for Daily SRNA Clinical Evaluation

Clinical Practica I Expectations:

- Conducts comprehensive anesthesia machine check
- Performs anesthesia cart and medication set-up
- Conducts preoperative anesthesia assessment on ASA I & II patients
- Able to insert IV catheters in uncomplicated patients
- Starting to establish induction routine
- Developing skills in masking and intubation
- Recognizes esophageal intubation
- Appropriate positioning techniques for supine and lithotomy
- Appropriate anesthesia charting for ASA I & II patients
- Appropriate anesthesia care planning for ASA I & II patients
- Manage fluid therapy in ASA I & II patients
- Verbalizes and recognizes met criteria for extubation
- Transfers care to PACU RN via protocol/checklist
- Developing anesthesia titration skills

Clinical Practica II Expectations:

- Competency in Clinical Practica I expectations
- Conducts preoperative anesthesia assessment on ASA I & II patients
- Able to insert IV catheters in most patients
- Established induction, maintenance, and emergence routine
- Appropriate anesthesia charting for all patients
- Appropriate anesthesia care planning for ASA I & II patients
- Manage fluid, colloid, and blood replacement therapy
- Recognizes complications/untoward trends and verbalizes possible interventions
- Developing regional anesthesia insertion skills

Clinical Practica III Expectations:

- Competency in Clinical Practica II expectations
- Skillfully performs laryngoscopy and intubation
- Appropriate positioning techniques for all surgical positions
- Appropriate anesthesia preoperative assessment, anesthesia care planning, maintenance of IV volume status on ASA I, II, and III patients
- Appropriate anesthetic titration
- Uses a variety of anesthesia techniques
- Anticipates, diagnoses and responds appropriately to changes in patient condition
- Coordinates emergence with surgical completion

Clinical Practica IV Expectations:

- Competency in Clinical Practica III expectations
- Able to independently* manage ASA I and II patients for uncomplicated procedures throughout the anesthesia continuum

Clinical Practica V Expectations:

- Competency in Clinical Practica IV expectations
- Able to independently* manage ASA I, II, and III patients for uncomplicated procedures throughout the anesthesia continuum

Clinical Practica VI and VII Expectations:

- Competency in Clinical Practica V expectations
- Able to independently* manage all uncomplicated and complex patients for uncomplicated and complex procedures throughout the anesthesia continuum

*independently denotes that SRNA is able to appropriately conduct skill or manage anesthesia technique with competence so that minimal intervention(s) is/are required from clinical preceptor

_____ Preceptor Initials

Agreement to Abide by**Code of Ethics for the Certified Registered Nurse Anesthetist**

I, _____, have read and agree to abide by the Code of Ethics for the Certified Registered Nurse Anesthetist. I will also be honest and forthright in my scholarly and professional duties, using ethically sound decision-making processes in my nurse anesthesia practice and academic work. Furthermore, I will take responsibility for my actions in the clinical and didactic areas, and will solicit assistance from my peers, instructors, and mentors to hold myself accountable.

Signature

Date

UWO Photography and Video Release



PHOTOGRAPHY AND VIDEO RELEASE

On (insert date) _____ I, the undersigned do hereby assign to the University of Wisconsin Oshkosh absolutely, the copyright and/or the right to copyright photographs and/or video tapes of me and the right of reproduction thereof, either wholly or in part, and the unrestricted use thereof in whatever manner the University or its licensees or assignees may in their absolute discretion think fit for all and any advertising or other purposes whatsoever, including the right of necessary retouching, and tinting or work up for reproduction purposes.

Signed

Name (print)

E-mail

Date

Signature of Parent or Guardian (minors only)

Date

I was offered a copy of this document.

Clinical Remediation Procedure

Depending on the situation and individual circumstances, this procedure may be instituted when a resident is having difficulties or has a weakness in a specific clinical area. The following lists the order of steps taken to assist the resident in improving their proficiency and hopefully return to the clinical area with an improved set of clinical skills.

- ✚ The resident will be placed in clinical probation and will be removed from clinical for a specified period of time.
- ✚ The resident will have conference meetings with advisor to identify areas of weakness.
- ✚ The resident will be referred to the appropriate resident services departments.
- ✚ An intensive written care plan will be created in conjunction with faculty based on individualized patient assignments and targeted clinical weakness. While creating the care plan the resident will be working closely and in collaboration of Nurse Anesthesia Emphasis Program Faculty.
- ✚ The resident will have Simulated Learning Experiences (In Simulation Lab at the College) based on care plan scenarios. Residents will also work in the simulation lab with Nurse Anesthesia Emphasis Program Faculty on individualized learning activities based upon their specific clinical weakness.
- ✚ The resident will be re-introduced to the clinical area with consistent clinical preceptor mentorship.
- ✚ The resident must have consistent weekly improvement on their clinical performance.
- ✚ Once remediation is completed successfully and resident has demonstrated consistent clinical improvement in targeted areas of weakness, he/she will be fully re-introduced to their respective clinical area and regular clinical rotation.
- ✚ The resident failing to achieve consistent improvement in targeted areas of weakness will fail the practica course and be required to withdraw from the program.

UNIVERSITY OF WISCONSIN OSHKOSH (UWO)
COLLEGE OF NURSING (CON)

GRADUATE PROGRAM
BSN to DNP Nurse Anesthesia Emphasis
REFUND POLICY - ADDENDUM

The UWO CON is in compliance with the University of Wisconsin System and University of Wisconsin Oshkosh refund policy.

The unique nature of the DNP Nurse Anesthesia Emphasis requires an additional addendum due to its cost recovery nature. A nonrefundable deposit is due within two weeks of the resident being offered placement in the program. The balance of the tuition is due in successive semester payments as outlined below.

Residents in the DNP Nurse Anesthesia emphasis do not pay on a per credit basis but on a block program payment basis. Residents sign a document when entering the program acknowledging they understand the payment process for the program.

If a resident withdraws from the program, regardless of the reason, after beginning courses in a semester, the resident is required to pay for the entire block administrative semester regardless of how many courses were actually completed in the administrative semester. However, the resident will not be required to pay for block administrative semester(s) that follow the withdrawal.

Nurse Anesthesia Emphasis Charges					
	Deposit	Summer	Fall	Spring	Year Total
Yr 01	5000	15000	23000	23000	66000
Yr 02		5000	7500	7500	20000
Yr 03		2000	4000	4000	10000
				Program Total	96000

UWO CON Nurse Anesthesia Emphasis Confidentiality Agreement
University of Wisconsin Oshkosh
Drug Testing Authorization & Consent Form

I, the undersigned, hereby knowingly and voluntarily authorize and consent to the collection and testing of specimens by a collection site and laboratory to be designated by the University of Wisconsin Oshkosh or its designated agent, CastleBranch, Inc., for the purpose of drug testing.

I authorize the collection site, laboratory and medical review officer (MRO) to disclose the results of my drug tests to CastleBranch, Inc. and I further authorize CastleBranch, Inc. to disclose the results to the University of Wisconsin Oshkosh Nurse Anesthesia Emphasis Program Administrator, or designee.

I acknowledge that the drug test results will be utilized by the University of Wisconsin Oshkosh to determine my eligibility as a resident within the College of Nursing Nurse Anesthesia Emphasis program or continued eligibility. I authorize the University of Wisconsin Oshkosh, by its representatives in the College of Nursing, to disclose the drug test results with the relevant clinical facilities and/or state board of nursing.

I acknowledge that at the time of collection, a refusal to authorize the collection and testing by the collection site and laboratory, or a refusal to authorize the above disclosure of the test results will be treated as a positive drug test. These results will be sent to the state(s) board of nursing. I further acknowledge that a positive drug test may result in disciplinary action up to and possibly including termination from the University of Wisconsin Oshkosh Nurse Anesthesia Emphasis program. Refer to Chapter UWS 17, Student Nonacademic Disciplinary Procedures.

In addition, I hereby knowingly and voluntarily release the University of Wisconsin Oshkosh, CastleBranch, Inc., the collection site, the testing laboratory and their respective officers, directors, employees and agents from any and all claims, damages, losses, liabilities, costs and expenses, including attorney fees, arising from or relating to such collection and testing and any disclosure of the results thereof, including without limitation, the disclosure of any inaccurate or incomplete results, to the fullest extent permitted by law.

I further authorize the testing laboratory to disclose the results of my drug screen to the University of Wisconsin Oshkosh Nurse Anesthesia Emphasis program administrator, or its agents, the state(s) board of nursing, and CastleBranch, Inc. for a period of time not to exceed three years from the date of my signature below.

I acknowledge that I have the right to receive a copy of this authorization.

I have read and understood the above Authorization & Consent in its entirety, and I agree that a copy of this document is as valid as the original.

Signature

Date

Printed Name

Street Address

City State Zip

Supplemental Policies and Procedures Manual

Acknowledgement Form

Nurse Anesthesia Emphasis

By signing below, you acknowledge receipt of the DNP Nurse Anesthesia Emphasis Supplemental Policies and Procedures manual. You further acknowledge that you have read, understand, and accept each policy in its entirety, and you acknowledge that you have retained the manual for your records. This Signature Authorization Form will become part of your resident record.

I have received the Supplemental Policies and Procedures manual, and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made to it.

Signature

Printed Name

Date