

*2015*

**ynhhsna**

Yale New Haven Hospital  
School of Nurse Anesthesia

**Policy and  
Procedure  
Manual**

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## **Faculty Anesthesiologists**

Eric Beaudoin, MD  
Marcelle Blessing, MD  
James Farmer, MD  
John Golia, MD  
Daniel Lombardo, MD  
Denisa Lujic, MD, MBA  
Rocco Marando, MD  
Philip Meeks, MD  
Jeffrey Pan, MD  
Alan Ruskis, MD  
Jonathan Schneider, MD  
Christopher Schulten, MD  
Richard Schulten, MD  
Christopher Voets, MD

## **CRNAs**

Christopher Bartels, CRNA, MS  
Joseph Bourassa, CRNA, MS  
Ronald Brunetti, CRNA, MS  
Thomas Cooke, CRNA, MS  
Marianne Cosgrove, CRNA, DNAP  
Donna Diaz, CRNA  
Michael Flaherty, CRNA, MS  
Casandra Garceau, CRNA, MS  
Odeed Geismar, CRNA, MS  
Christie Gibbs, CRNA, MS  
Nancy Guay, CRNA  
Janet Heath, CRNA, MS  
Lisa Hovagim, CRNA, MS  
Nicole Hymel, CRNA, MSN  
Carmen Ippolito, CRNA  
Robert Kyle, CRNA

Amy LaMacchia, CRNA, MS  
Hollie Manzolillo, CRNA, MS  
Kyle McClintock, CRNA, MS  
Angela Mercurio, CRNA, MS  
Maria Michaud, CRNA  
Mary Ellen Montefusco, CRNA  
Claudelle Natividad Le, CRNA, MS  
Deneen O'Mara, CRNA, MS  
Dennis Pannella, CRNA  
Michael Paulin, CRNA, MS  
Ashley Phillips, CRNA, MS  
Drew Reilly, CRNA, MS  
Jillian Sacco, CRNA, MS  
Jackie Standish, CRNA, MS  
Heather Syombathy, CRNA, MS

## **CCSU Course Sequence**

<u>Semester</u>	<u>Course</u>	<u>Credit Hours</u>
Summer	Chemistry 550 (Organic & Biologic Chemistry)	3
	Biology 517 (Anatomy & Physiology)	6
		<b>*9</b>
Fall	Biology 500 (Seminar)	2
	Biology 540 (Advanced Biology: Neuroscience)	3
	Biology 528 (Advanced Pharmacology)	4
	Biology 598 (Research)	3
		<b>*12</b>
Spring	Biology 518 (Applied Physiology/Pathophysiology)	3
	Biology 525 (Advanced Physical Assessment)	3
	Biology 516 (Advanced Biology:Immunology)	3
		<b>*9</b>
Prior to graduation	Biology 590 (Grand Rounds/Clinical Case Study)	1
	Comprehensive Oral Examination	
	Advanced Clinical Practicum (ACP) 500-505 (see below)	
Total credits		<b>31</b>

## **YNHHSNA Course Sequence**

<u>Semester</u>	<u>Course</u>	<u>Lecture Hours</u>
Spring	Basics of Anesthesia (Advanced Clinical Practicum [ACP] 500)	80
Summer	Clinical practicum - Shadowing	
	Physics and Equipment	24
	Pharmacology of Anesthesia (I, II)	30
Fall	Clinical practicum (ACP 501)	
	Advanced Principles of Anesthesia	97
Spring	Clinical practicum (ACP 502, 503)	
	Professional Aspects	48
	Clinical Conference	48
Summer/Fall	Clinical practicum (ACP 504)	
	Clinical practicum (ACP 505) until graduation (October)	

## **Mission Statement**

The fundamental responsibility of the Yale-New Haven Hospital School of Nurse Anesthesia (YNHHSNA) is to provide society with highly competent, educated and independent nurse anesthesia practitioners. In combination with our University affiliate Central CT State University, we are committed to guiding our students to attain the highest standards of academic achievement, public service, personal development and patient safety. We value quality for both our students' education and for the care that we offer to our patients. We endeavor to offer a rich and varied experience for our students, an opportunity to grow and the challenge to excel.

## **Honor System Policy**

The Yale-New Haven Hospital School of Nurse Anesthesia embraces an honor policy which embodies the basic tenets of honesty and integrity. Our school does not tolerate cheating, plagiarism, facilitation of academic dishonesty, abuse of academic material, stealing, lying, or fabrication of clinical hours or experiences. The program directors and advisory committee will deal with violations of the honor system in an immediate fashion. The following penalties may be imposed upon a student who is guilty of violations of the honor code: probation, suspension, or discharge from the program. All members of the school including students, faculty or administration are responsible for bringing allegations against a student believed to be in violation of this honor policy. Academic dishonesty is perceived very seriously by YNHHSNA and the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA) and is considered grounds for refusal of the student's eligibility to sit for the National Certifying Exam (NCE).

## **Philosophy**

The philosophy of the Yale-New Haven Hospital School of Nurse Anesthesia is to provide society with highly competent nurse anesthesia practitioners. In order to fulfill this responsibility, the Yale-New Haven Hospital School of Nurse Anesthesia will provide the students with a broad clinical and academic training which is in keeping with current standards and guidelines set by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

The members of our faculty show a deep commitment to the education of nurse anesthesia practitioners. The faculty consists of certified registered nurse anesthetists, physician anesthesiologists, and professors who openly share their expertise with our students.

We believe that our program of nurse anesthesia provides a tremendous educational stimulus for all of our faculty members. The result of this is seen in the quality of anesthesia care administered at our institution.

Graduates of the Yale-New Haven Hospital School of Nurse Anesthesia will have completed an intensive course in anesthesia which will enable them to function in the role of a safe and comprehensive provider of anesthetic care.

## **Program Objectives**

The overall objective of the Yale-New Haven Hospital School of Nurse Anesthesia is to provide an academic and clinical experience which will enable their graduates to provide safe, effective and comprehensive anesthetic care, evidence-based utilizing best current practices in all types of clinical situations.

## **The Program of Education**

Students entering the Yale-New Haven Hospital School of Nurse Anesthesia are given the opportunity to receive a Master of Science degree in the Biological Sciences with a specialization in Anesthesia from Central Connecticut State University, our academic affiliate. The program is 29 months in length with program inception annually in May to coincide with the summer session at CCSU. The first 12 months are spent at the CCSU campus with students enrolled full time (9-12 credits) for three semesters. The remaining 17 months are spent in the clinical area at Yale New Haven Hospital – Saint Raphael Campus (YNHH-SRC) and its affiliates. The course sequence at CCSU is located on page 4 of this handbook.

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## **General Information**

Anesthesiology is a specialty practiced by nurse anesthetists and qualified physicians. These individuals have been prepared in the use of specialized equipment and the administration of anesthetic agents and drugs to patients undergoing surgery, obstetrical patients, and for diagnostic and specialized treatments. Anesthesia providers also assist in the resuscitation and support of the critically ill and in the management of acute and chronic pain.

Requirements for the profession include an aptitude for the sciences, manual dexterity, meticulous attention to detail, good physical health, stamina, and a sensitive concern for patient well-being. Registered nurses who choose to follow this career carry a significant responsibility to ensure patient safety, and therefore a capacity for unusual devotion and personal effort is essential. This work provides exceptional satisfaction for those qualified to do it.

The training of the nurse anesthetist is focused on building and reinforcing a sense of self-confidence, skill and independence. The learner must be highly motivated to assume tremendous responsibility and initiative. SRNAs are taught to take an appropriate history, perform an initial examination of the patient, formulate a plan of care, administer various types of anesthesia and continually monitor basic and advanced physiologic parameters during the administration of a safe anesthetic. The essentials of pain management for acute and chronic conditions and post-anesthetic care are also covered in the curriculum.

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) (<http://home.coa.us.com>) has accredited the Yale-New Haven Hospital School of Nurse Anesthesia. The program received ongoing accreditation status in April 2015 with an expected expiration date of 2025. The Yale-New Haven Hospital School of Nurse Anesthesia is approved by the Connecticut State Department of Education for the training of veterans.

Students are admitted during the academic year in May. It is the school's policy to select students on the basis of personal merit and capabilities without discrimination as to race, color, creed, gender, sexual orientation or national origin. However, the SRNA must be physically capable to perform the duties inherent to the profession of nurse anesthesia. This nurse anesthesia program prepares registered nurses to take the National Certification Examination.

Anesthesiology services are essential to the interdisciplinary approach to modern surgery and critical care medicine, and the demand for these services continues to grow steadily. Employment opportunities for nurses certified in anesthesia exists in all states.

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## **Anesthesia Department**

### **Purpose**

To provide for the administration of all anesthetics at YNHH-SRC, to contribute to the treatment of patients, to increase knowledge of the use of anesthetic agents and related techniques, and to provide anesthesiology services for surgical, obstetrical and related medical procedures.

### **Responsibility:**

The practice of anesthesiology deals with:

1. The support of life functions under the stress of anesthesia and surgery.
2. The clinical management of unconscious patients.
3. Management of cardiopulmonary resuscitation.
4. Management of acute and chronic pain preoperatively, intraoperatively and postoperatively.
5. Management of metabolic disturbances and fluid and electrolyte imbalance.
6. Management of patients in the recovery room, emergency room, intensive care area, and in all remote areas of the hospital as needed.

The anesthesia provider is responsible for proper administration of every anesthetic, be it medically, legally or ethically. Said responsibility is separate and distinct from that of the surgeon who is responsible only for his/her own particular phase of patient care.

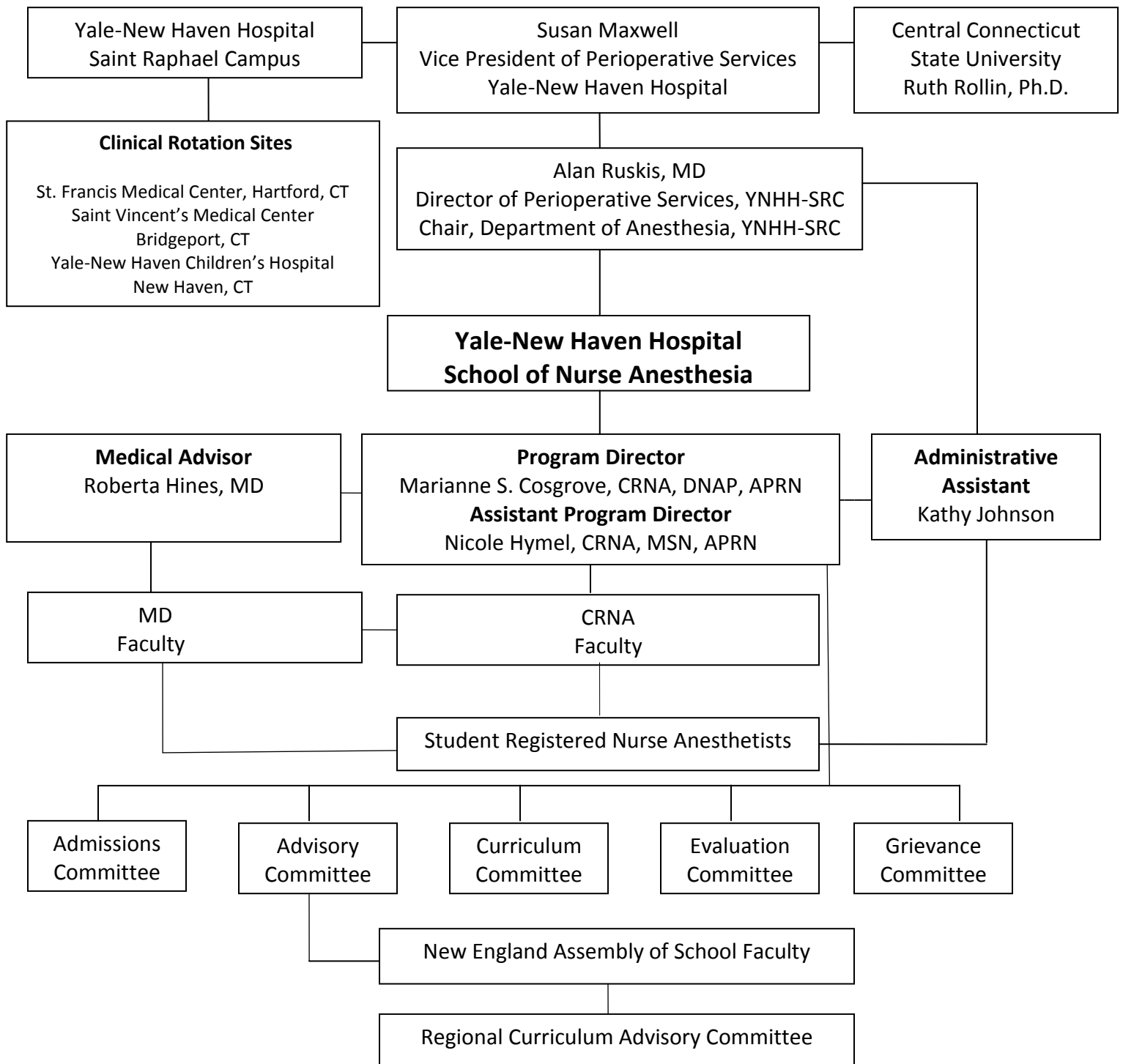
### **Organization and Direction:**

The Department of Anesthesia of YNHH-SRC, shall be organized, directed and integrated with other departments of the Hospital.

An attending physician, member of the staff, specializing in anesthesia, shall direct the Department of Anesthesia of YNHH-SRC.

The Chairman of the Department of Anesthesia is appointed by the Board of Trustees upon the recommendation of the Medical Board to the Administrator.

## Organizational Chart



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## **Scope of Services**

The delivery of anesthesia care shall be related to the scope and nature of the needs anticipated and the services offered.

1. Anesthesiologists and qualified certified registered nurse anesthetists (CRNAs) shall provide comprehensive anesthetic care.
2. An anesthesia provider, MD and/or CRNA, will be available twenty-four hours a day to provide anesthesia care at Yale-New Haven Hospital's Saint Raphael Campus.
3. The administration of anesthesia shall be limited to areas of the operating room, obstetrical department, delivery room, cystoscopy room, emergency room, radiology department, special procedure rooms, and in remote areas of the hospital.
4. Competent anesthesia personnel shall be available for all procedures requiring anesthesia services, whether elective or emergency.
5. Anesthesiologists and CRNAs must be able to perform all of the independent services required in the practice of anesthesiology.

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## **Standards for Patient Care in Anesthesia**

1. The expectations of a competent anesthesia provider are as follows:
  - a. facility in providing all technical services likely to be required in the practice of the specialty of anesthesia.
  - b. ready applicability of appropriate medical judgment in the resolution of medical problems as they arise during the care of the patient.
  - c. talent, training and habits of study necessary to appropriately apply the knowledge of anesthetic practices to direct patient care.

2. Fundamental considerations for all anesthesia providers are as follows:
  - a. A medical evaluation must be formulated and signed by a licensed physician anesthesiologist or certified registered nurse anesthetist.
  - b. The physician anesthesiologist and CRNA responsible for the anesthetic are thoroughly familiar with the medical and surgical problems involved in each case that they are involved in.
  - c. Pertinent consultation is requested and obtained as needed.
  - d. Provisions for continuity of care are considered and established.
  - e. The physician anesthesiologist responsible for the anesthetic management is identified to the patient and his availability for supervision and direction is established if he is not administering the anesthetic personally.

3. Standards of anesthesia care:

- a. Surgical anesthesia:  
Pre-anesthetic evaluation and preparation for safe anesthesia requires that the anesthesia provider:
  - Review the patient's chart.
  - Interview the patient.
  - Discuss medical, anesthetic and drug history.
  - Perform any examinations that would provide more information to conduct safe anesthesia.
  - Order necessary tests and medications essential to conduct an appropriate anesthetic.
- b. Pre-anesthesia care required:
  - Re-evaluation of the patient prior to induction.
  - Careful preparation and check of equipment, drugs, fluids and gas supplies.
  - Availability, knowledge of use of the equipment necessary to conduct safe anesthesia.
  - Proper and safe use of monitoring equipment.
  - Accurate recording of the procedure.

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c. Post-anesthesia care consists of:

- Availability of adequate nursing personnel and pertinent equipment necessary for safe post-anesthesia care.
- Availability of a responsible physician anesthesiologist.
- Availability of personnel educated in specific problems associated with the immediate post-anesthesia period.
- Policy for the discharge of patients from the post-anesthesia care facility is made by a qualified anesthesia provider.
- A visit with appropriate notation on patient's chart during early post-anesthesia period where feasible.
- Management of (but not limited to) anesthesia-related complications.

4. Obstetrical Anesthesia:

Except in an emergency, there should be no difference from the care provided to surgical patients as described above.

5. Availability of best possible qualified personnel for:

- All patients in all anesthetizing areas, twenty-four hours, seven days a week.
- That same quality of care available for all surgical emergencies.

6. Competent personnel who continue to provide evidence of their competence. This includes the requirement for current licensure and certification, continued education, departmental evaluation of quality of service, regular weekly meetings reviewing care techniques, morbidity/mortality and outcomes.

7. Diagnostic and therapeutic nerve blocks.

8. Consultation and clinical management of:

- The unconscious patient.
- Circulatory insufficiency.
- Fluid and electrolyte and acid-base disturbances.
- Chronic and acute pain management.

9. Active participation in community and hospital emergency care.

10. Documentation of postoperative course and care for all patients.

## **General Departmental Policies**

The Department of Anesthesia is directly responsible for daily twenty-four hour anesthesia coverage for elective, emergency, general surgical, all other surgical departments, obstetrical-gynecological cases and special procedures requiring anesthesia.

The primary function of the Department is to provide safe, modern and optimum anesthetic care for all patients in the Hospital.

The physician anesthesiologist is available for consultation purposes.

The Anesthesia Department represented by its Chairman and section chief is directly responsible for the post-anesthesia care unit and proper care in the post-anesthesia care unit. The Department of Anesthesia is available for in-service teaching programs and CME programs in the Hospital.

The Department shall have regular weekly meetings for the purpose of education, review and audit. The Department shall have quarterly patient care evaluation meetings. The Department shall have monthly Morbidity and Mortality meetings. The Department of Anesthesia shall be represented by a physician member at weekly Morbidity and Mortality Surgical Conferences.

The anesthesiologists, like other physicians, render service only to those patients who request their service whether directly or through another physician.

If an anesthesiologist either or by implication undertakes an obligation to a patient, he/she must discharge the responsibility for their care to another provider at the conclusion of the anesthetic and post-operative course.

Anesthesiologists practicing in a partnership or similar form of association are legally practicing as one. Patients should be informed that more than one doctor and a CRNA if applicable may care for them.

The Department of Anesthesia has complete autonomy from other departments of the Hospital.

Anesthesiologists and CRNAs have the same relationship to the Hospital as other members of the Hospital Medical Staff.

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## **Operating Room Policies and Procedures Related to Anesthesia**

Pre-anesthetic medication if required shall be ordered by the anesthesia provider.

The minimum requirements for elective surgery shall be:

1. Complete history and physical.
2. Consent form.
3. If requested by a surgeon or anesthesiologist.
4. Any laboratory test shall be done on patients undergoing general or regional anesthesia when anesthesiologist, CRNA or surgeon deems it necessary.

The daily operating schedule is formulated by the operating room supervisor and in consultation with the anesthesiologist on call and/or Chairman of the Department.

The anesthesiologist, after consultation with the surgeon, may cancel any elective case if it is in the best interest of the patient.

Emergency cases are booked through the operating room supervisor and the anesthesiologist on call.

All cases performed in an anesthetizing area should have continuous monitoring of:

- ECG
- Temperature
- Blood pressure
- Respiration
- O<sub>2</sub> saturation
- End-expiratory CO<sub>2</sub> concentration
- Anesthetic gases (if applicable)

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## Ethical Guidelines of the Program

**Purpose:** To provide guidelines for the implementation of ethical conduct by program faculty and students.

### Policy and Procedures:

- A. Ethical conduct by the Yale-New Haven Hospital School of Nurse Anesthesia and students is expected at all times. Honoring commitments, keeping confidences, and demonstrating high principles and professional behavior demonstrate ethical conduct. This conduct is monitored by tracking student loan default rates, clinical performance evaluation tools, annual faculty evaluations, student conduct in the classroom, and clinical site assessments.
- B. Students and faculty have an ethical responsibility regarding financial assistance they receive from public or private sources.
- C. Harassment of any kind is not acceptable. (See Harassment Policy)
- D. Improper Computer Use: Unauthorized access, modification, use, creation or destruction of computer-stored data and programs, selling or giving away all or part of the information on a computer disk or hard drive which will be used as graded material, or any copying of online testing material will result in immediate dismissal from the program.
- E. The Yale-New Haven Hospital School of Nurse Anesthesia Program and its affiliations will not knowingly distort and/or misrepresent faculty accomplishments, program travel requirements, program length, tuition fees, the academic calendar, or the program's accreditation status.
- F. Recruitment literature and recruitment activities for the Nurse Anesthesia Program will accurately reflect the clinical and didactic program.
- G. Admission requirements will be clearly and accurately stated in program literature found on the program's website at <http://www.ynhh.org/health-professionals/sna.aspx> and COA's CRNA search at <http://home.coa.us.com/accredited-programs/Pages/CRNA-School-Search.aspx>.
- H. The grading policy will be clearly outlined in the CCSU Graduate Catalog, The Yale-New Haven Hospital School of Nurse Anesthesia Student Handbook, and on course syllabi.
- I. The program will provide accurate information about student achievement, retention, and attrition to the public.
- J. Students who do not adhere to the ethical guidelines of the program are subject to dismissal from the program. *The NBCRNA will not allow any student dismissed from an anesthesia program for ethical reasons to take the National Certification Exam.*



## **Student's Rights and Responsibilities**

**Purpose:** Students are expected to assume a respectful decorum in the classroom, to assume the responsibilities of a well-prepared nurse anesthesia student when they enter the clinical area for training and to exercise professional socialization.

### **Policy and Procedures**

The Yale-New Haven Hospital School of Nurse Anesthesia highly values open communication with students, fair and equitable treatment, and effective instruction. Teaching/learning in the Yale-New Haven Hospital School of Nurse Anesthesia is predicated on the belief that students are fellow members of the academic community, deserving of respect and consideration in their dealings with faculty.

### **Maintenance of Current Licensure and Certification**

It is the SRNA's responsibility to maintain continuous state licensure as an RN in the state of Connecticut while enrolled in the school. Students will also maintain health insurance as required by the program. Any student with an expired license or health insurance will not be allowed into the clinical area. Days lost due to failure to maintain licensure and insurances will be deducted from the student's vacation/sick time as sick days (unscheduled absence). A maximum of 7 sick (unscheduled) absences is allotted for the duration of the clinical practicum. Unscheduled absences which exceed this number will result in a prolongation of the clinical practicum for each day missed at a rate of \$50/day.

### **Students' Rights and Responsibilities in the Clinical Area**

- A. Plan activities with the clinical faculty to attain identified goals.
- B. Confer with the clinical preceptor, faculty and program administrators when experiences are not conducive to meeting objectives.
- C. Complete all requisite evaluations in a timely manner.
- D. Arrive in the clinical area at a time established by each clinical site preceptor, in good physical and mental condition, allowing enough time for preoperative equipment check, case preparation and pre-anesthetic patient assessment.
- E. Clinical supervision of students in anesthetic and non-anesthetic situations is restricted only to CRNAs and/or anesthesiologists with staff privileges who are immediately available and assume responsibility for the student. Instruction by graduate registered nurse anesthetists or anesthesiology assistants is prohibited if they act as sole agents responsible for the students.

- F. Students are to document all perianesthesia complications and critical incidents and report them immediately to the supervising anesthesiologist or CRNA and to the Program or Assistant Program Director. Refer to the Clinical Event Forms and Yale University Quality Management Report (pp 21, 22).
- G. **Case selection:** The school's directors, anesthesiologists, the CRNA and/or MD on call and/or clinical coordinator will be responsible for the case selection each clinical day considering each student's individual ability, needs, knowledge, and case availability.
- H. **Universal Precautions:** Each facility has developed specific guidelines and policies regarding blood borne pathogens and universal precautions. All facilities provide and maintain personal protective equipment needed for the practice of universal precautions. The student will review and adhere to each facility's policies while on rotation.
- I. **Pre- and Post- Anesthesia Visits:** Students are required to perform a pre- and post-anesthetic assessment on all patients they anesthetize. Post-anesthetic rounds are to be made the day of surgery and/or on the first post-operative day for inpatients. If the patient has returned to home, review of the PACU vital signs and post-anesthetic call on EPIC is acceptable. Failure to do post-anesthetic rounds will jeopardize the students passing grade for the clinical practicum. Perioperative complications should be reported immediately to the clinical preceptor and/or anesthesiologist involved with the case, and within 24 hours to the Program Director.
- J. **Clinical Experience Record:** Each student is responsible for the accurate completion of the clinical case record required by the Council on Certification of Nurse Anesthetists. Students are expected to enter their experiences on a daily basis and to keep accurate and timely records. Student electronic case tracking is achieved through the Typhon system. Entries are checked by the school continuously and correlated with information received on the weekly case report sheet (pg 113).

## Clinical Evaluations

Written evaluations should be completed on a daily basis summarizing the student's performance. ***It is an expectation that the SRNA be proactive in obtaining evaluations from their preceptors either during or at the termination of each clinical day.*** Preceptors are sent links to student evaluation forms electronically and are encouraged to formulate evaluations on a case-by-case basis, particularly for the more complicated cases or if the student's performance on a given case is unsatisfactory or exemplary.

- A student with one "failure" or two "below expectation" overall clinical competency ratings on daily clinical evaluations will be notified and counseled. Individual care plans or case evaluations that have been scored "unsatisfactory" may warrant a memorandum of record warning if the failure involves a critical element of patient safety. Students may receive a letter of concern as a result of these substandard evaluations.

## Students Rights and Responsibilities in the Classroom

- A. Attend all classes at scheduled times either live (on campus) or via GoToMeeting and all Wednesday AM conferences while at YNHH-SRC.
- B. Personal business (non-emergent physician appointments, job interviews, etc.) must be handled during students' own time and are not to be scheduled during class or clinical time except in emergency situations.
- C. Students may be exempt from attendance at all didactic and clinical units of instruction during an approved leave. However, during those absences, students will be held academically accountable for all instructional materials presented in both the clinical and didactic modules. If a student misses an examination, prior arrangements must be made with the Program Director for a make-up examination.
- D. Students who are absent from a didactic unit of instruction without valid authorization from the Program Director are subject to disciplinary action and the time will be taken from their personal comp time.
- E. Maintain a respectful and professional decorum while in the classroom.
- F. Read all assigned course materials prior to class.
- G. Discuss course problems and academic difficulties with the instructor or director in a timely and professional manner.
- H. Complete all requisite evaluations in a timely manner. Evaluations of lecture/lecturer are sent electronically to the students. Students are responsible to complete these evaluations.
- I. Students have the right to appeal to CCSU while an academic student and to the Yale-New Haven Hospital School of Nurse Anesthesia while a clinical student.
- J. Students are required to be computer literate and have access to a PC or MAC laptop computer with high-speed wifi capabilities.

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**Tardiness**

Students who are tardy must follow policies and procedures as established by program administrators and faculty. Continued/excessive tardiness may result in disciplinary action. Tardiness includes reporting late for class or having extended lunch periods and coffee breaks in the clinical area. A pattern of excessive tardiness will result in counseling by the clinical coordinator at the clinical site and/or by the program directors. All counseling sessions related to tardiness will be documented and become a permanent part of a student's record. If a student has knowledge, that he/she will be delayed in reporting to class or clinical, he/she should make every effort to notify the anesthesia workroom (203.789.3540), the CRNA on call (203.789.5966; as for "the CRNA on call") and an appropriate faculty member.

**Military Leave**

Students who request a leave of absence for military reasons must follow the policies and procedures established by the School. Students who request a leave of absence MUST receive approval from the program director prior to taking the leave. It is strongly recommended that the students perform their active training after graduation. If students are assigned clinical duties, it is their responsibility to coordinate any active duty time so as to not interfere with their clinical commitments. *Students who elect to accept active duty training during their course of study are required to discuss the leave with the program administration prior to requesting active duty.* To be eligible for military leave, a student must be in good standing in the program (academic and clinical) and present official military orders to the program director as soon as orders are received by the student. Students should clearly understand that any missed days may require a delay in graduation, particularly if the active duty is in excess of personal days remaining.

**Jury Duty**

In the event a student is summoned for jury duty, he or she shall notify the program director and clinical coordinators, and every effort shall be made to have the student excused from service on the jury. In the event the student is not excused and has to serve involuntarily, he/she shall be excused from clinical responsibilities for up to seven (7) days without penalty. Time beyond seven days will need to be made up regardless of the time spent on jury duty.

**Confidentiality and HIPAA Regulations**

Patients are entitled to confidentiality with regard to their medical and personal information. The right to confidentiality of medical information is protected by state law and by federal privacy regulations known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Those regulations specify

substantial penalties for breach of patient confidentiality. All nurse anesthesia students will complete HIPAA training and Medicare compliance training. The training encompasses patient rights and provider responsibilities under the HIPAA Privacy Rule.

1. All patient medical and personal information is confidential information regardless of the educational or clinical setting(s) and must be held in strict confidence. This confidential information must not become casual conversation anywhere in or out of a hospital, clinic or any other venue. Information may only be shared with health care providers, supervising faculty, hospital or clinic employees, and students involved in the care or services to the patient or involved in approved research projects who have a valid need to know the information. Patient information garnered through EPIC should only be for the purposes of preparation or follow-up of direct care for that specific patient.
2. Hospital Information System and Pyxis user codes/passwords are confidential. Only the individual to whom the code/password is issued should know the code. No one may attempt to obtain access through the computer system to information to which he/she is not authorized to view or receive. If you are aware that another individual knows your code/password, it is your responsibility to request a new user code/password.
3. If a violation of this policy occurs or is suspected, immediately report this information to your supervising faculty/director.
4. Violations of this policy will result in disciplinary action up to and including termination from the program. Intentional misuse of protected health information could also subject an individual to civil and criminal penalties.

When nurse anesthesia students are training at other clinical sites, they are responsible for learning and following the privacy policies and procedure of that training site.

### **Reporting Clinical Events**

Any clinical event that results in either a potential or an actual adverse patient outcome or threatens patient safety must be documented. Students are required to report any witnessed injury, breach in patient safety or poor patient outcome in which they are involved. Students must complete the Clinical Event Report form. Nurse anesthesia faculty will review the report. A conference including faculty and the student will be held as needed to address the clinical event. A serious infraction of patient safety is grounds for possible probation and/or dismissal from the program. Failure of the student to report an unusual clinical event within 48 hours of the event, or the discovery of the event, to the nurse anesthesia program director(s) may result in possible probation and/or dismissal from the program.

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**Yale-New Haven Hospital School of Nurse Anesthesia  
Report of Clinical Event Form**

**Must be submitted to Nurse Anesthesia School within 48 hours of any  
unusual clinical event or the discovery of any unusual clinical event**

Student Name: \_\_\_\_\_

Date of Clinical Event: \_\_\_\_\_

Date of Discovery of Clinical Event (if different): \_\_\_\_\_

Location of Clinical Event: \_\_\_\_\_

List staff and students directly involved: \_\_\_\_\_

\_\_\_\_\_

Brief description of the event (include specifics of how you were involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date reported to Nurse Anesthesia Faculty/Program Director \_\_\_\_\_

Submitted by: \_\_\_\_\_

Circle all below that apply

- GN001 Mortality within 48 hrs
- GN002 Unplanned ICU Admission
- GN003 Unplanned Hospital Admission
- GN004 Operative procedure Cancelled
- GN005 Patient dissatisfaction
- GN020 ACGME Work Hour Violation

**Problems Related to Patient Assessment**

- AS010 Failure to recognize patient disease
- AS020 Lack of medical optimization
- AS030 Failure to obtain informed consent

**Problems Related to Anesthesia Equipment**

- EQ010 Failure to check anesthesia equipment
- EQ030 Airway equipment problems
- EQ050 IV/arterial catheter problems
- EQ060 Soft tissue injury due to anesthesia equip

**Problems Related to Patient Positioning**

- PO010 Damage or loss of skin or hair
- PO020 Ocular injury
- PO030 Peripheral nerve injury
- PO050 Soft tissue injury due to positioning

**Problems Related to Airway Management**

- AI010 Dental injury
- AI040 Failed tracheal intubation/ventilation
- AI050 Soft tissue injury due to airway mgmt
- AI060 Severe epistaxis
- AI080 Laryngospasm

**Problems Related to Anesthetic Medication**

- ME010 Overdose
- ME020 Inappropriate use
- ME030 Adverse drug reaction (not anaphylaxis)
- ME040 Anaphylaxis
- ME060 Ampule or syringe swap
- ME080 Incorrect controlled substance count
- ME090 Persistent neuromuscular block
- ME100 Failed conscious sedation

**Problems Related to Fluid/Blood Products**

- FB010 Fluid management problem
- FB030 Problems with blood products
- FB050 Transfusion reaction/error
- FB070 Coagulopathy/DIC
- FB090 Electrolyte abnormalities
- FB100 Hepatic or renal dysfunction

**Problems Related to the Cardiovascular System**

- CV010 Cardiac arrest during anesthesia care
- CV020 Myocardial ischemia
- CV030 Dysrhythmias requiring treatment
- CV040 Myocardial infarction within 48 hrs
- CV050 Cardiogenic pulmonary edema
- CV060 Hypertensive/hypotensive outcome

**Problems Related to the Respiratory System**

- RE010 Hypoxemia (SatO2 <90% despite O2 Rx)
- RE020 Hypercarbia/hypocarbia
- RE030 Aspiration pneumonia
- RE040 Pulmonary embolism
- RE050 Pneumo/hemothorax/pneumomediastinum
- RE060 Resp failure/re-intubation within 24 hrs
- RE070 Bronchospasm
- RE090 Non-cardiogenic pulmonary edema

**Problems Related to the Nervous System**

- NS010 Delayed emergence (>60 minutes)
- NS020 Awareness under general anesthesia
- NS030 Central nervous system injury
- NS040 Post-dural puncture headache
- NS050 Inadvertent dural puncture
- NS060 Peripheral nervous system injury
- NS070 Failed regional anesthesia
- NS080 Subdural injection / high neuraxial blk
- NS100 Seizure

Other Describe below

revised 10/8/2010

**Yale University Department of Anesthesiology  
Quality Management Report  
Confidential for Peer Review Only**

Place Patient ID Sticker Within This Block

Office Use Only:  
(1) Reviewer  
(2) Program

Resident Evaluation:  
3 Complete  
2 Resident  
1 Attending

**Facility**

☐ YNHH ☐ Shoreline  
☐ Temple ☐ VAMC

Patient Age: \_\_\_\_\_

Surgical Procedure: \_\_\_\_\_

Date of Procedure: \_\_\_\_\_

Adm Status (Circle One): Outpatient EAS Inpatient Emergency Room

Date and Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Attending Anesthesiologist: \_\_\_\_\_ Resident Anes/  
CRNA/PA: \_\_\_\_\_

Source (Circle One):

Self Reported Intradepartmental Extradepartmental Concurrent Review

Complete the following factor analysis by placing a check mark in the appropriate responses

**ASA**

- ☐ I
- ☐ II ☐ Emergency
- ☐ III
- ☐ IV
- ☐ V

**Outcome Category**

- ☐ 1 No change in hospital course
- ☐ 2 Increased care/risk without function deficit
- ☐ 3 Increased care/risk with reversible deficit
- ☐ 4 Increased care/risk with irreversible deficit
- ☐ 5 Death

Analyze the events that contributed to the outcome and check the appropriate categories.

**Human Factors**

- ☐ Operator error (H-OE)
- ☐ Improper technique (H-IT)
- ☐ Inadequate data sought (H-IDS)
- ☐ Data disregarded (H-DD)
- ☐ Inadequate knowledge (H-IK)
- ☐ Supervisory responsibility not met (H-SR)
- ☐ Communication failure (H-CF)
- ☐ Lack of professionalism (H-LP)

**System Factors**

- ☐ Equipment failure (S-EF)
- ☐ Technical/accidental (S-TA)
- ☐ Communication failure (S-CF)
- ☐ Limitation of therapeutic standards (S-LTS)
- ☐ Limitation of diagnostic standards (S-LDS)
- ☐ Limitation of resources available (S-LR)
- ☐ Supervisory responsibility not met (S-SR)
- ☐ Lack of professionalism (S-LP)

To what extent did the anesthesiologist or anesthesiologists contribute to the occurrence?

- ☐ A - Not at all ☐ C - Moderate
- ☐ B - Minor ☐ D - Major

Was corrective action timely and appropriate?

- ☐ Yes ☐ NA
- ☐ No

Does documentation support the analysis?

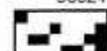
- ☐ Yes ☐ NA
- ☐ No

Recommended referral(s)? \_\_\_\_\_

**\*\*\*\*\* REQUIRED INFORMATION\*\*\*\*\***

**On the back, describe the incident.  
Include all information pertinent to the factor analysis**

50824



# Chemical Dependency Policy

## Purpose

The Yale-New Haven Hospital School of Nurse Anesthesia has a vital interest in maintaining a safe, healthy and efficient environment for its students and patients, an environment free from the misuse of drugs and alcohol. Recognizing that chemical dependency is both a disease and a professional hazard, the purpose of this policy is to provide guidelines for the reduction, confrontation, and management of substance abuse within the Department of Anesthesia.

## Policy

It is the policy of the department to provide a safe, fair working environment for all anesthesia practitioners and their patients.

## Procedures:

- I. Education – All members of the department will be informed about their risk of becoming chemically dependent, how to recognize impairment in the workplace, the importance of proper intervention, and how to assist those with a prior substance abuse history. Supervisory personnel will receive training on the conduct, behavior and indicators of drug and alcohol abuse. They will also be trained in the guidelines and administration of the department and institutional policies on chemical dependency.

The school is responsible for conducting an education and training program, as well as providing information on related resources:

- A. A minimum of eight educational hours specific to chemical dependency shall be provided each student.
  - B. Offerings will be provided by experts in the community, multimedia resources, and or practitioners in recovery.
  - C. The school will maintain a resource file of:
    - i. The names, address and telephone numbers of community drug and alcohol counseling and rehabilitation programs.
    - ii. Relevant educational materials from the state licensing bodies, and professional associations to include:
      1. Medical and Nurse Practice Acts relevant to impairment.
      2. State Peer Assistance Committees.
      3. Pertinent AANA and ASA resource publications/material on peer assistance.
      4. Information on the AANA Peer Assistance Hotline and the ASA Committee of Occupational Health and Safety will be prominently posted within the department.
  - D. Mental Health providers and entities designed to assist employees with personal or behavioral problems.
- II. Drug Testing – Students may be required to submit to drug testing as a condition of enrollment and will be required to submit to drug testing prior to entry into the clinical phase of the program. Failure or refusal to cooperate with any aspect of this policy including, but not limited to, refusal to sign forms consenting to drug testing or the refusal to submit to urine, hair, or blood sampling for testing to determine use of, or impairment by a controlled substance or intoxicant will result in immediate discharge from the program. Reentry to the program is not offered after discharge.

Students will be required to sign an acknowledgment form and consent to this policy. A student may be required to undergo a blood, hair, or urine test under any of the following circumstances:

- A. When there is a reason to believe, in the opinion of this facility that a student is under the influence of intoxicants, non-prescribed narcotics, hallucinogens, marijuana or other illicit or non-prescribed controlled substances.



- B. After the occurrence of a reported work-related injury/illness, or an accident while on the facility property or during work hours.
- C. On a random basis.
- D. During any physical examination provided by the facility.
- E. When students who have been on leave of absence, are rehired after layoff, or who have not worked within the twelve weeks preceding their return date.

**Testing Procedure** – Drug testing will be conducted utilizing the following measures.

- A. Students will be required to sign the facility's consent forms.
- B. Students will be required to sign the chain of custody forms provided by the testing laboratory.
- C. Students should disclose any medication, whether prescribed or over-the-counter, as well as any dietary intake, which could alter a drug screen.
- D. The facility will use a laboratory for testing which meets the current scientific and technical guidelines for drug testing programs.
- E. A second test will be used on any positive screen.
- F. A medical review officer will verify all positive drug tests. If it is determined that there is a legitimate medical explanation for the positive results, the medical review officer shall report the test as negative.

**Confidentiality** – Testing and test results will be handled confidentially with disclosure of results provided only to those individuals with a need to know. Upon request, students will be provided a copy of test results.

**Prescription Drugs** – Students and applicants who have been taking legally prescribed drugs or over the counter medications should disclose this use prior to testing. A confidential consent form requesting information concerning this drug usage will be provided each employee applicant prior to testing.

- III. Narcotic Accountability – all members of the department will follow a written, consistent process of narcotic accountability.

The use of all scheduled drugs, and others deemed necessary by the department administrators, will be managed as follows:

- A. All scheduled drugs will be kept under double lock and signed for only by authorized individuals according to regulatory guidelines, i.e., the Drug Enforcement Agency (DEA).
- B. All unused portions of drugs will be returned unopened to the pharmacy or wasted with a witness. If there is no centralized area, all narcotic wastage will follow facility guidelines with documented double witness wastage.
- C. Assays on unused portions of narcotics, as well as audits of anesthesia and PACU records, will be conducted periodically and if suspicion warrants.

- IV. Quality Assurance – Written periodic evaluations of department members and students and random audits of written records will be part of the QA process. This information remains confidential and undiscoverable until such time that intervention or discipline may be required.

This review shall include anesthesia records, PACU notes and narcotic inventory/usage.

- A. Unusual trends, violations or errors will be documented and investigated within the department.
- B. When sufficient evidence exists that inappropriate narcotic usage has occurred a specific investigation will begin and a more in-depth review of specific records.

- V. Documentation – Appropriate documentation will commence upon suspicion of misuse of departmental pharmaceuticals, or signs of drug/alcohol abuse.
- Upon suspicion of substance misuse, documentation shall be as follows:
- A. Note changes in behavior such as appearance, demeanor, attendance, and presence in the department when off duty.
  - B. Documentation will be kept by the department head or supervisor in non-discoverable files, but may be made a part of the students record should disciplinary action be warranted.
  - C. Documentation shall include names of those that can substantiate the observations, and should include specific dates and circumstances of all notations.
- VI. Confrontation – When there is sufficient documented evidence of an individual impairment, or when evidence exists that the student is diverting controlled substances from the department, a confrontation will be planned. Student shall be offered the option to self-report to an impaired professional program. A meeting or intervention shall be planned to confront the individual with documented questionable behavior.
- A. The planning and conduct of this confrontation shall be as follows:
    - i. Sufficient documented evidence,
    - ii. The presence of the principle observers of the questionable behavior,
    - iii. A trained individual capable of conducting intervention, and
    - iv. Recognition of the potential for immediate placement of the student in a facility for assessment and possible treatment.
  - B. If the student refuses to comply with the request that they be evaluated for chemical dependency, the information collected to date will be submitted to the appropriate regulatory agency for further investigation and probable discipline.
- VII. Procedure Following Positive Test Results – In the event the test for drugs or alcohol reveals that the student is under the influence of a drug or alcohol as defined above, the student shall be subject to immediate dismissal. Reentry into the program is not an option after discharge. However, if a student voluntarily presents with evidence in the form of a physician's diagnosis substantiating that the student is addicted to drugs and/or alcohol, the student shall be granted a maximum of a 365 day leave to permit the student to successfully complete a drug or alcohol rehabilitation program. The student's participation in a drug or alcohol rehabilitation program shall be voluntary on the part of the student and shall be at the student's expense. If the student successfully completes the rehabilitation program by the end of the authorized leave period, the student *may* be eligible to return to the School of Nurse Anesthesia. The student must provide evidence of successful completion of a rehabilitation program, which shall consist of a statement by a physician that the student has successfully completed a rehabilitation program and is able to perform the job in a productive and safe manner. The student shall be subject to random testing for the duration of the program after returning to the School of Nurse Anesthesia. As a condition of returning to the school program, the student shall give written consent to random testing until programmatic completion. ***Reentry into the program will be granted on a case by case basis only in the event that the student seeks aid and has not been found guilty of diverting.***

Revised 5/14

## Yale-New Haven Hospital School of Nurse Anesthesia Chemical Dependency Policy

I have read and understand the Chemical Dependency Policy of the Yale-New Haven Hospital School of Nurse Anesthesia.

I understand that I may be required to submit to a drug screen before entering the clinical area once accepted or **at any time** while a student in the program.

Failure to submit to a required screen will result in immediate dismissal from the program. A positive screen which reveals an illicit or controlled substance or intoxicant will result in immediate dismissal from the program. Under either of these conditions or in the event of overt diversion of narcotics or illicit substances, **reentry to the program will not be possible.**

I understand and accept this policy.

\_\_\_\_\_  
Student Name (print):

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Revised 5/15

## **Sexual Harassment Policy**

### **1. Policy**

Sexual harassment of any employees or students by management, supervisors, co-workers or non-employees who are on school premises is absolutely prohibited. YNHH and YNHHSNA will take all steps necessary to prevent and eliminate sexual harassment.

Although this policy is specifically addressed to the issue of sexual harassment, it should be clearly understood that harassment or bullying of any sort is similarly prohibited.

### **2. What Is Sexual Harassment?**

Sexual harassment is defined as any unwelcome sexual advances, request for sexual favors or other verbal or physical conduct of a sexual nature when a: submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or enrollment; b: submission to or rejection of such conduct by an individual is used as the basis for employment or programmatic decisions affecting such individual; or c: such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive learning and working environment.

Examples of prohibited conduct include:

VERBAL: sexual innuendos, suggestive comments, threats, insults, jokes about gender-specific traits, sexual propositions.

NON-VERBAL: making suggestive or insulting noises, obscene gestures, whistling, displaying obscene or offensive posters or pictures.

PHYSICAL: inappropriate touching of any kind, coercing sexual intercourse, assault and/or battery.

### **3. Procedure for Reporting Complaints of Sexual Harassment**

- A. All complaints of sexual harassment will be treated with the utmost confidentiality. The program will not tolerate the taking of any reprisals by any manager, supervisor, or employee against any complaining student or corroborating witness.
- B. Any employee who has been sexually harassed should immediately contact his/her PD, and/or the Chair of the Department of Anesthesia.

#### 4. Responsibility of Supervisors and Managers

- A. Any supervisor or manager who is made aware of a complaint of possible sexual harassment must immediately report the complaint to the Chair of the Department.
- B. Managers and supervisors to whom complaints of sexual harassment are addressed are responsible for thoroughly investigating and impartially resolving those complaints.

#### 5. Sanctions for Engaging In Sexual Harassment

Confirmed cases of sexual harassment will be corrected and eliminated immediately and appropriate discipline and corrective action will be directed at offending parties.

#### 6. Prevention of Sexual Harassment

- K. Program administrators shall formally notify all student registered nurse anesthetists of the existence of this policy.
- L. Program administrators shall work to create an atmosphere in which sexual harassment is nonexistent and disdained by other supervisors and employees.

#### 7. Recourse under the Law

Any employee who believes that he/she had been harassed in the workplace in violation of this policy may file a complaint with the Connecticut Commission on Human Rights and Opportunities, 90 Washington Street, Hartford, CT, 06106 (860-556-3350) and/or the Equal Employment Opportunity Commission, Boston Area Office, One Congress Street, Boston, MA, 02114 (617-565-3200). Connecticut law requires that a formal written complaint be filed with the Commission on Human Rights and Opportunities within 180 days of the date when the alleged harassment occurred. Remedies for sexual harassment include cease and desist order, back pay, compensatory damages.

## **Class Time**

During the clinical practicum (17 months) at Yale-New Haven Hospital and its affiliates, lectures will be held two to three times per week. Staff anesthesiologists, CRNAs and other physicians and allied personnel will give these lectures to meet the criteria set by the Council on Accreditation of Nurse Anesthesia Educational Programs/Schools. Two hours of preparation and study are recognized in our time allotment for each hour of didactic lectures. Class attendance is **mandatory** unless on vacation or excused by the director(s).

***Greater than one unexpected or unexcused absences from lecture, either live or via GoToMeeting, will result in the loss of one personal day per absence.***

## **Time Commitment**

Class time comprises three to four hours a week. Clinical experience (including pre- and post- anesthesia rounds and class time) comprises approximately fifty to sixty hours a week. Students will take call approximately every 14<sup>th</sup> to 20<sup>th</sup> evening after approximately 4 months. Call is until 11:00 p.m. during which the student is supervised by a CRNA and an anesthesiologist. The student will then have the following day free from clinical duties unless the call is on a Friday. *If lectures or meetings are scheduled for the day following call, attendance is required. Attendance via GoToMeeting is acceptable for attendance unless live participation is required (i.e. sim lab, hands-on workshops, etc.).*

## **Memberships**

Upon entering the Yale-New Haven Hospital School of Nurse Anesthesia/Central Connecticut State University, it is mandatory that the SRNA make an application to join the American Association of Nurse Anesthetists as an associate member, and will continue membership throughout the entire program. Upon completion of the program, the SRNA will be required to take the certification exam of the National Board of Certification and Recertification of Nurse Anesthetists. We also recommend that the SRNA become active in the Connecticut Association of Nurse Anesthetists.

Upon enrollment into the Yale-New Haven Hospital School of Nurse Anesthesia, all students automatically become members of the New England Assembly of Student Nurse Anesthetists and are encouraged to participate in all aspects of the Assembly.

## **Clinical Attendance Requirements**

1. ***All lectures***, including those given on days that the student is off after call (may be done via distance). If the student is away on pre-approved holiday time, attendance is not required. Students are responsible for obtaining all missed lecture-related material. Refer to the policy on class time.
2. Early AM meeting, 7:00-8:00 AM every Wednesday: Excused if on rotation, vacation, holiday time, or off after call, or with permission from the director.
3. CCSU and HRSNA workshops as assigned.
4. CANA meetings unless on call, on vacation, or given permission by the director.
5. Speaker programs as scheduled unless on call, holiday time, vacation, or by permission of the director.

Once off-campus rotations have begun, classes will be held exclusively on Mondays and Tuesdays at YNHHSR campus, with all students expected to attend. If at rotation sites, the student may attend synchronously via GoToMeeting and return to their case at the completion of the lecture is applicable. The scheduled clinical week at the rotation sites may be subject to change to accommodate this schedule.

***Unexcused absences from lecture and early AM meeting will result in time taken from the individual's comp/sick time as aforementioned. Greater than 2 unexcused absences from class will also result in the initiation of academic probation which will remain in effect for the remainder of the program.***

Annual Congress attendance – If you plan to attend the AANA Annual Congress in your junior year, it will be counted as conference time and will not be taken from personal time.\* However, ***attendance at the events scheduled is mandatory:***

1) Student day – all events    2) Business Meeting    3) Clinical Sessions  
Policies regarding the annual meeting will be at the discretion of the director(s) and will be reviewed each year. Seniors wishing to attend the Annual Congress will be required to use their comp/vacation time unless they did not have the opportunity to attend in the junior year.

\*The Midyear Assembly (MYA) or Assembly of School Faculty (ASF) meetings may be attended in lieu of attendance at the Annual Congress. If the SRNA was not in attendance at the Annual Congress in their junior year, the comp days may be used for one of these meetings. Unless the student is the Class

Representative for NEASRNA or CANA, attendance at the MYA or ASF will require use of the student's personal comp/vacation time.

Revised 5/15

### **CANA Meeting Attendance**

CANA meeting attendance, considered a component of the professional aspects curriculum, *is a requirement of the program*. There may be up to four CANA meetings per clinical practicum period. CANA meetings are usually held on a Saturday from 7:30am – 3:30 PM but may occasionally occur on a weeknight. Students are expected to attend both the educational session and the business portion of the meeting. Unexcused absences from any CANA meeting without a valid excuse or prior approval from the director(s) will result in the delivery of a professional aspects topic by the SRNA to the class in the form of a lecture and the loss of a personal comp day. Each meeting contributes 4-6 lecture hours toward the professional aspects unit. The registration fee for these meetings will be paid by the school. Unexcused absence(s) from the CANA meeting will result in a fee (~\$100) remunerated by the SRNA which will reimburse the program for the registration payment made on the student's behalf. There are absolutely no exceptions to this rule.

### **Call Experience**

Approximately four months into the clinical rotation, the student will be expected to take call from 7:00am - 11:00pm with the following day off. Friday calls will have no day off assigned; Saturday and Sunday calls will result in the following Monday off.\* If the day following call is a class day or conference day, the student is expected to participate in that scheduled activity. During call, the student will report directly to the anesthesiologist and on-call CRNA that day/evening. The call rotation will occur approximately every 12th to 20th day depending on class size and rotation/vacation schedules. Weekend and holiday calls will follow the same schedule. ***\*The school reserves the right to change scheduled post-call days off to accommodate the program's schedule.***

Revised 5/15



## **Testing Procedure During the Clinical Phase**

Examinations will be given to all students at four to six week intervals or at the termination of a particular unit of study. All examinations will be delivered electronically via Blackboard (Bb) at [www.ccsu.edu](http://www.ccsu.edu) (with the exception of the Physics and Equipment unit). All exams will be corrected and will be made available to the student for post-item analysis review and explanation in the presence of the program director or designee. ***An exception to the review period is made if the student is not successful in passing the examination and will be re-tested within the week*** (see pg 46 – Academic Probation/Exam Pass Rate Policy for further explanation).

Students with documented learning disabilities will be tested according to recommended procedures. Documentation by a professional psychologist/educational consultant with recommendations as to testing procedures necessary for the student's specific learning disability must be presented to the program director prior to the start of classes. *Please be aware that the NBCRNA will accommodate prior documented learning disabilities by administering the NCE with no time limit; however, due to the computer-adaptive testing environment necessary for the exam, the NCE can and will not be delivered on paper.*

Examinations are scheduled well in advance. Students are expected to take the examinations on the scheduled date. If the SRNA is off after call, he or she is expected to report at the scheduled time of the test. If the student is on vacation during a scheduled exam, they must take the exam by prior arrangement with the director. Students on clinical rotations will return to campus for scheduled exams.

Students are not required to report to clinical on scheduled exam days except to take the exam, typically scheduled at 8:00 or 9:45 AM. After the exam is completed, students may leave the campus with the following exceptions: 1) Call student should report to the OR no later than 11:00 AM; 2) SRNA on pediatric rotation will report to the YNHH-York St. campus at the completion of the exam; 3) St. Francis OB SRNA may choose to report to OB based on current OB numbers/availability of cases on that day. ***Please note that there will be no days owed back for those students who are required to report to a clinical site at the conclusion of the exam.***

Confidentiality regarding exams is expected at all times. The honor policy is strictly enforced regarding all exams. Sharing of exam information with others is a direct infraction of the honor policy and will result in immediate dismissal.

The grading system is:      **100 – 82% Pass**                      **≤ 81% Fail**

*Rev. 5/15*

### **Health Insurance**

All students in the clinical practicum, whether at the YNHH-HSR campus or at any of our rotation sites must have health insurance. Before the SRNA is assigned to any clinical area or rotation site, they must provide proof of health insurance, which will be kept on file for the duration of the program. **The student must provide proof of medical insurance no less than one month before the clinical practicum begins.** Medical insurance may be obtained through a spouse, a parent (if under age 26), via a COBRA policy from a former employer, or may be purchased through CCSU. Health insurance will be the responsibility of the student and must be in effect during the entire clinical practicum, up to and including day of graduation. Proof of valid and active insurance must be provided by the SRNA each semester/renewal period, particularly if the insurance is obtained through CCSU. Inability to produce this will result in removal of the student from the clinical area until documentation is provided and may result in a prolonged clinical duration/postponement of graduation.

### **Medical Malpractice Insurance**

YNHHSNA will purchase medical malpractice insurance for each student. This policy will cover the SRNA for the time the student is at the YNHH-HSR campus and all approved clinical rotation sites. Each student must supply the school with the policy cover letter and card upon initial receipt and after the 1-year renewal.

## **Requirements for Graduation**

Congruent with the Student Handbook as well as the requirements of Central Connecticut State University in order to graduate, the student must:

1. Complete the plan of study at CCSU in good academic standing (GPA  $\geq$  3.0) including a satisfactory capstone requirement.
2. Fulfill all clinical time and case requirements as required for completion of the program.
3. Attain satisfactory or higher grades on all interim and terminal clinical objectives.
4. Attain passing examination grades for all didactic exams/units.
5. Remit all assignments and paperwork, including care plan portfolio; complete application for certification exam with fee, provide proof of RN licensure and keep electronic records up to date.
6. Maintain up to date ACLS and PALS certifications.
7. Return all department and hospital property, including keys, beepers, ID badges, books, etc. Attend to all financial obligations related to such.
8. Sign a waiver for the release of student records and/or letters of reference. Understand that letters of reference are not guaranteed, and that nothing will be released without express written consent from the student/graduate and all debts are fully paid.
9. Complete an Exit Evaluation and required faculty clinical evaluations before leaving the program.
10. Review and sign the final transcript with the Director.
11. Register and pay for the National Certification Exam (NCE) upon receipt of notification of eligibility from the NBCRNA.

The Program Director will:

1. Prepare the final transcript (NBCRNA) and together with the student will sign the form attesting to its accuracy. The document, which includes a passport photo of the graduate, will be electronically filed via the COA Program Portal. A copy shall be kept in the student's permanent file.
2. Provide all graduating seniors with official documents and the NCE handbook
3. Register the SRNA for the NCE by uploading proof of RN licensure, photo and final transcripts to the NBCRNA upon official graduation.
4. Assist in completing paperwork for future licensure (i.e. APRN).
5. Remind graduates of their ethical obligation to re-pay student loans.

Upon graduation individuals may portray themselves as a Graduate Registered Nurse Anesthetist (GRNA). Upon receipt of an eligibility card from the NBCRNA, they may consider themselves "board eligible". No one may refer to himself or herself as a "CRNA" until the certification exam had been successfully passed as determined by the NBCRNA.

### **ACLS**

The NBCRNA requires evidence of Advanced Cardiac Life Support certification throughout the program and prior to granting certification. This information is provided to the NBCRNA with the final academic transcripts. Our program provides ACLS certification and recertification. This is usually offered in the spring of the junior year. ***All students are required to take this course/recertification on the assigned day***, even if they are currently ACLS certified. This assures that every student has active certification for the duration of the program. ACLS cards will be issued and a copy will be placed in the student's file. If the SRNA is unable to take this scheduled class, they will be required to reschedule and obtain certification on their own time within one month of the actual course date. Payment for this alternative course will be the responsibility of the student. *ACLS certification is required at all clinical rotation sites and it must not expire within 30 days of taking the NCE.*

### **BLS**

The NBCRNA also requires evidence of current Basic Life Support certification. Students must present a valid BLS certification card when entering the program. BLS is given in conjunction with the ACLS course offered. In the event that the SRNA has a conflict, payment for an alternative course will be the responsibility of the student.

### **PALS**

Students graduating from anesthesia programs after January 2003 are required to have Pediatric Advance Life Support (PALS) certification. Our program provides PALS certification to all of our students. The course will be arranged through the Yale-New Haven Hospital School of Nurse Anesthesia in the spring of the academic year. The certification will be valid for two years. ***The student is required to take this course as scheduled***, even if they are currently PALS certified. This assures that every student has active certification for the duration of the program. If the student is absent from this course it will be his/her responsibility to reschedule certification on their own time. The student will not be able to graduate without PALS certification. Cards will be issued to each student at completion of the course and a copy will be placed in the student's file. Payment for an alternative course will be the responsibility of the student. *PALS certification is required at all clinical rotation sites and it must not expire within 30 days of taking the NCE.*

### **SEE Exam**

All students will be required to prepare for and take the NBCRNA's Self Evaluation Examination (SEE). This exam will be taken in the late spring (~May) of the clinical practicum after all didactic lectures have been delivered. The exam will be used as a tool for student evaluation and consultation. The school will register each student and will remit the required fee. Each student will be responsible to schedule the exam date independently. If the SEE exam is taken on a weekend day or on a day after call, the student will receive one day back. If the exam is taken on a regularly scheduled clinical day, this will be done at the discretion of the director(s) as the schedule permits. No day will be returned to the student if the SEE is taken on a clinical day.

### **NBCRNA Certification Exam**

One month prior to graduation, the SRNA's final transcript and application to take the NCE will be prepared. Information will be sent to the NBCRNA on behalf of all students who are scheduled to graduate in October. The student will be required to assure that their final clinical experience record (Typhon) is complete by graduation and all compulsory case numbers are met. Failure to do so will delay the process necessary for the student to sit for the certification exam in a timely manner following graduation (eligibility period = 90 days). All debts, to both CCSU and YNHHSNA, if any, must be resolved before any transcripts will be sent to the NBCRNA. A valid RN license, ACLS and PALS certification must be included. The fee for this exam is set by the NBCRNA, and is approximately \$725.00 (2014). The SRNA will be asked to review all transcripts and paperwork for accuracy and validity prior to submission for the certification exam.

Revised 5/14

## **Review Courses**

Near or upon completion of the clinical practicum, each student will be required to attend a board review course of their choosing. Promotional material will be made available through YNHHSNA from the various review courses available. At no time should any student rely totally on a review course to guarantee success on the certification exam. Review courses are designed to assist with and direct preparation efforts for the NCE and support the academic process. Any review course that the student wishes to take will be paid for by the student and time requested to attend the review course will be granted on an individual basis based on student availability. The student will be granted one day Upon successful completion of a review course, the SRNA will be reimbursed \$500 by the program. Proof of course payment as well as attendance certificate will be necessary to obtain this reimbursement. The SRNA will be given one day to attend a review course.

## **Anesthesia Care Plans**

All students are required to prepare written anesthesia care plans on each patient for no less than the first 6 months of the program or at the discretion of the directors. Care plans will then continue and will be required at rotation sites as well as on unusual or specific cases *for the duration of the program*. Case plans are to be given to the CRNA assigned to the student, reviewed with them and initialed by that CRNA **each day**, and then handed into the CRNA directors at the end of each week. Care plan format will change as the student progresses in the program. Care plans are a vital component of the clinical learning experience and a requirement of our accrediting body, the COA. The care plan template will be reviewed with each student at the inception of the program; care plan templates may be downloaded from the student reference page: [www.ynhhsna.com/student](http://www.ynhhsna.com/student) or refer to pp 107-112.

## **Typhon Electronic Student Clinical Case Records**

Students are required to keep track of the numbers/types of cases, as well as hours involved in the administration of anesthesia and related activities. It is required that this be **done on a daily basis** to ensure accurate record keeping. Our electronic program for tracking cases is supplied by the Typhon Group. A tutorial will be given in orientation before students are expected to begin tracking cases.

If the student fails to supply Typhon documentation within any one-week period during the clinical practicum, they will be notified with a reminder to log their cases. *If this is not accomplished within the next 48 hours, the ability of the SRNA to continue to log cases, past or current, will be disabled and the student will not be allowed to take credit for any untracked cases or procedures done up to and during the Typhon lockout period.* It is important for the Typhon record to be as up-to-date as possible; SRNA scheduling in case types is a direct result of the case records provided by this tracking system. Failure to comply with Typhon record keeping affects not only the individual SRNA but the entire cohort as well.

### **Hospital Identification**

The YNHH-HSR campus will provide an I.D. badge for all members of the Department of Anesthesia. These are to be obtained through the Security Department and are to be worn at all times/visible while on duty. If lost, the replacement cost is \$20.00. Upon termination, ID badges must be returned to the anesthesia department secretary.

### **Computers**

All students are required to have a computer with an office program and internet access. The majority of our communication is via e-mail.

### **Cell phones/PDA/iPods/iPads/Other Electronic Devices**

Under no circumstances are students to compromise patient safety by texting, Facebooking, Tweeting, gaming, surfing the internet, or by making personal phone calls while caring for patients in the OR or in other anesthetizing areas.

**Photography via cell phone or PDA is strictly prohibited in the OR suite or in other anesthetizing areas.** Distractions of this nature will not be tolerated, and may lead to confiscation of the device as well as immediate dismissal from the program.

### **Personal Appearance and Dress Code**

Your appearance greatly influences the impression that the department makes on others. All students are expected to follow the simple rules of good grooming and personal hygiene. Students not meeting acceptable criteria may be sent home and rescheduled to make up the time missed. Business attire is required for all professional events (i.e. national and state meetings, rotation site visits) unless otherwise indicated.

- Body cleanliness is mandatory. Hair must be kept clean. Long hair must be kept neat. Males with long hair and/or beards must wear a full hood in the surgical suite.
- Bouffant style disposable caps are required to cover all hair, particularly at the nape of the neck; personal cloth OR caps/skull caps are not allowed.
- Fingernails should be clean and well groomed. No acrylic/artificial nails or tips are allowed per hospital policy.
- **No uniform (i.e. scrubs) is to be worn to or from work.**
- For patient and personal safety, jewelry is to be kept to a minimum. Only a watch and one ring may be worn every day.
- If administering anesthesia for a patient undergoing a total joint replacement or similar surgical procedure where strict asepsis is indicated, hair must be covered by a hood in addition to the regulation surgical cap. Particular attention should be taken to cover all hair.
- No long sleeved shirts or turtlenecks are to be exposed under the scrubs. Warm up jackets will be provided through the automated scrub machine.
- Tattoos and/or piercings must be covered while in the OR, at rotation sites, and at school sponsored functions.

Revised 5/15



## **Holiday Policy**

The School of Nurse Anesthesia regularly observes the following holidays:

1. New Year's Day
2. Martin Luther King's Birthday
3. Memorial Day
4. Independence Day
5. Labor Day
6. Thanksgiving Day
7. Christmas Day

The School of Nurse Anesthesia observes holidays that occur during a weekend: Holidays falling on Saturday will be observed the preceding Friday, and on the following Monday if it falls on Sunday.

### **Eligibility:**

Eligibility for holiday time will begin immediately upon entrance to school.

### **Holidays On Call:**

If you are scheduled to be on call on a holiday or if your "off after call day" falls on a holiday, you may take another day off with the approval of the director. This can be saved as holiday time.

### **Holidays Occurring During Vacation:**

Students who are on vacation during a School of Nurse Anesthesia observed holiday may have the holiday time added to their vacation or take it at a later date with the approval of the Director.

### **Holiday Time While on Rotation:**

Students are asked to limit holiday time to one day while on OB, pediatric or regional rotation. Students are to follow the calendar at their rotation site. If the rotation site celebrates a holiday not celebrated at HSR (i.e. Presidents' Day) the SRNA will report to HSR on that day. If the rotation site does not celebrate a holiday that is celebrated at HSR (i.e. Good Friday) the SRNA will report to that site and will be given a floating holiday that can be used at another time at HSR. Monday holidays will be returned as floating days to those students on rotations that meet Tuesdays through Fridays.

### **Comp time/Vacation Policy**

In addition to hospital holidays, students are allowed 23 days of comp time/17 months during the clinical phase of the program. Unanticipated (i.e. "sick/callout") days will be limited to a total of **7 days** of the allotted comp time. Greater than 7 unanticipated sick days will result in the need for the student to make up missed clinical days post-graduation at a cost of \$50/day. Illnesses which are extended may require a leave of absence; this will be arranged with the director(s). Time spent post-graduation after a sanctioned LOA will not result in the aforementioned cost associated with excessive unanticipated sick time. (See "Sick Leave"). When requesting time off:

- 1) Vacation weeks between Memorial Day and the week of Labor Day senior year (the second summer of clinical) must be requested as complete weeks from Monday thru Friday and cannot be requested as individual days before April 30<sup>th</sup>.
- 2) Only one full week of summer vacation per student may be requested in advance of April 30<sup>th</sup> during the second clinical summer.
- 3) No singular days off between Memorial Day and the week of Labor Day during the second clinical summer will be granted before April 30 unless for the purposes of attending a review course (limit 1 day).
- 4) Holiday time for the summer may be requested as either singular days off or additional summer weeks after April 30<sup>th</sup>.
- 5) No student will be permitted to take vacation at any time in August or during the first 2 weeks of September during the second summer of the clinical rotation in order to allow for adequate and equal holiday time off scheduling preceding oral comprehensive exams.
- 6) Students will be permitted to take only 2 days vacation time while on an 8-week clinical (OR) rotation to an affiliation site. Students on OB, Pedi or regional rotations may take no more than one day of vacation or holiday time during these specialty rotations. Students will be permitted to take vacation time during the week of graduation but must agree to report for completion procedures (i.e. class photo, transcript review and exit evaluations) before time off is granted.
- 7) Days off must be submitted via email to [ynhhsna@ynhh.org](mailto:ynhhsna@ynhh.org); days granted are given on a first-come, first-served basis.

### **Research Days**

Two additional comp days (for a total of 25) are considered research days and may be given for the purpose of preparing for grand rounds, oral boards, thesis work or other academic endeavors. *These days are not to be used as holiday or vacation time.* They will be assigned as requested by the director(s). During clinical rotations outside of HSR, research days may only be requested while on OR rotations, not while on regional, OB or pediatric rotations.

## **Part Time Employment**

It is the strict policy of the Yale-New Haven Hospital School of Nurse Anesthesia and COA of Nurse Anesthesia Educational Programs that students not commit themselves to work in the field of anesthesia at any time during their training. It is also highly suggested by the program that students not commit themselves to any type of outside employment during their 17-month commitment to the clinical practicum. Students are not permitted at any time to work more than 10 hours prior to scheduled clinical time.

It is the feeling of the directors that the academic load is such that the student has little time to fragment their commitment between the program of anesthesia and outside work. During the didactic phase of his/her education at Central Connecticut State University, the student may work, but the student must not allow work commitments to interfere with their academic responsibilities.

### **Sick Leave**

Sick leave is granted to eligible students for absence due to illness or injury. It is not intended to cover routine medical, dental or eye examinations or treatment normally scheduled in advance. When absolutely necessary, and with prior approval, doctors appointments may be scheduled later in the clinical day. During the clinical phase, students are entitled to seven sick days for the 17-month period.

When an absence extends beyond available authorized sick time, the directors may utilize vacation time as a replacement if the time is available. *This does not include unanticipated call outs.* If the absence extends beyond vacation time, the student will be required to make up the time following graduation. Students abusing the time off policy will receive a letter of concern from the program, will be counseled regarding the unapproved absenteeism and may be subject to probation and dismissal from the program. Students that have unexcused absences in excess of allotted time and that are required to remain in the program following graduation will be assessed a daily fee of \$50.00 to cover expenses of medical malpractice insurance. Graduation certificates will not be issued until the time is made up.

Students who are out sick on a scheduled call day are required to make up that day. ***All efforts should be made by the absent call student to switch call with another student,*** so as to keep the call shift covered. Uncovered call days will be assigned to another student by the directors if not covered. Students who are sick while on clinical rotations will have the days missed added to their accumulated sick time at the School. It is the responsibility of the student to notify not only the rotation site when they will be out, but the school as well.

### **Bereavement**

The School will grant time off for the death of a member of the student's family.

1. When a death occurs in a student's immediate family (mother, father, spouse, child, sister, brother or grandparent) the student will be granted a period of up to three days off.

2. If the death occurs while the student is on leave of absence or sick leave, time off will not be granted in addition.

The student must notify the director(s) immediately after the death of a family member to be eligible to receive time off.

### **Snow Policy**

We do not have an allowance for snow days. As essential providers, nurse anesthetists do not have "snow days". If you cannot travel to clinical because of bad weather, the time will be taken from your allotted comp time unless the roads have been closed by ordinance of the Governor. If you are on rotation and cannot make it to the site, and/or are told by your preceptors not to come in on a day, you may come to clinical at YNHH SRC or take the day as a comp day. Please notify the school via e-mail or phone that you have chosen to take a comp day.

Revised 5/14

### **Leave of Absence (LOA) Policy**

In accordance with the requirement of the Council on Accreditation of Nurse Anesthesia Programs, and to allow for continuity of education, the following policy for leave of absence may be granted for one or more of the following reasons: disability, pregnancy, personal, military or jury duty.

During the academic year (at CCSU), a leave of absence cannot extend beyond one academic semester (three months) due to semester sequencing (see the policy of CCSU). In the clinical phase, a leave of absence will be granted to full time students who are in good academic and clinical standing, upon approval of the program administrators.

Application for leave of absence must:

1. Be requested in writing with a full explanation of circumstances at least three weeks in advance except in the case of emergency or illness.
2. Be accompanied by a physician's statement indicating inability to perform clinical functions and attend class if the leave of absence is for medical reasons.

Leave of absence can be granted for a period of 30 days. After that time, the student may apply to renew the leave. All applications for renewal must be accompanied by a physician's or commander's statement. Application is made through the directors. The maximum number of renewals of LOA cannot exceed one (> 60 days) due to the sequencing of the didactic units and progression of the clinical cases. In consideration of the students' academic and clinical status, if > than a 60 day LOA is needed, it may become necessary to consider deferral for one complete academic year or resignation from the program. Evaluation for such action will be made through the Advisory Committee and Directors.

Withdrawal and deferral are at the discretion of the Director's and Advisory Committee and will be dealt with on an individual basis. A student requesting a deferral must be in good standing for consideration. Following the leave of absence, readmission to the program must be accompanied by written physician permission. If the student is absent for more than 60 days, he/she is no longer guaranteed a place in the program.

### **Effect of LOA on Benefits**

1. Vacation: the student will receive benefit of vacation time accumulated prior to the leave.
2. Holidays: holiday benefits will resume upon the students return from the leave. Holiday time will not be accrued while on L.O.A.
3. Sick time: accumulated sick time must be used before a student may be placed on leave.

Revised 4/14

**YNHHSNA**  
**Application for Leave of Absence**

To: \_\_\_\_\_ (Director)      Date: \_\_\_\_\_

From: \_\_\_\_\_ (Student)      Soc. Sec. # \_\_\_\_\_

---

Student's request: I hereby apply for the kind of Leave of Absence I have  
checked below:

\_\_\_\_\_ Disability (for non-school connected illness or injury)  
\_\_\_\_\_ Compensation (for school connected illness or injury)  
\_\_\_\_\_ Pregnancy  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date leave is to commence: \_\_\_\_\_  
Expected return date: \_\_\_\_\_

**Leave of absence and the terms of such agreement are at the  
discretion of the school directors and the school advisory committee.**

## **Academic Probation Policy/Exam Pass Rate Policy**

**Exam pass score = 82%** minimum – all units must be passed according to the following policy:

1. **1<sup>st</sup> failed exam** – retake exam within 1 week of the failed exam. *The ability to review the failed exam will be **not** be permitted during this time.*
  - a. 1<sup>st</sup> retake – Pass → no probation. *Passing grade will be the average of the initial exam and the retake; must meet or exceed **82%**.*
  - b. 1<sup>st</sup> retake – Fail → placed on academic probation.
    - i. must retest this unit and pass before the next scheduled unit exam (~ 4 weeks)
    - ii. 2<sup>nd</sup> retake exam will be an **oral\*** exam.
      1. Pass – the SRNA remains on probation for the remainder of the program.
      2. Failure of this 2<sup>nd</sup> retake (oral examination) is considered to be a failure of a complete academic unit and *will result in dismissal from the program.*
2. **2<sup>nd</sup> failed exam** (2<sup>nd</sup> failure of any exam → academic probation for the remainder of the program, even if the first failure did not result in academic probation.
  - i. 1<sup>st</sup> retake -written retake exam as delineated above – (two scores averaged must equal 82% or greater).
    1. Pass the retake – will remain on probation for the remainder of the program; *next exam failure results in immediate dismissal.*
    2. Fail on retake → academic dismissal.

**\*\*\*Only one period of probation will be accepted during the 17 months. Any subsequent failures will lead to immediate academic dismissal. Readmission into the program after academic dismissal will not be possible under any circumstances.**

***\*Oral exam – after the 1<sup>st</sup> failed retake exam, an oral exam will be given on the material from the readings and lectures comprising the subject matter on the failed exam. Performance on this exam will be evaluated by a committee made up of no less than 3 individuals: the primary course lecturer, the director(s) and potentially an additional faculty member involved in the coursework of the failed unit. Competency and P/F status will abide by the guidelines set forth in the oral exam rubric (pg 47).***

Revised 5/14

Oral Exam Rubric												
Assessment: Understanding of core competencies in:												
Subject Area (circle one): Anatomy, Physics, Pharm I, Pharm II, OB, Pedi, Cardiac, Respiratory, Neuro, Renal/Endo, Special Topics, Regional												
		Knowledge of subject <sup>1</sup>			Development of significant concepts <sup>2</sup>				Quality of communication <sup>3</sup>			Grade
		Exceeds Dept	Meets Dept	Does not	Exceeds Dept	Meets Dept	Does not		Exceeds Dept	Meets Dept	Does not	Pass
	Name	Requirements	Requirements	Meet	Requirements	Requirements	Meet		Requirements	Requirements	Meet	Fail
<sup>1</sup> Rubric for scoring knowledge												
	Exceeds expectations:											
	Displays impressive familiarity with full range of and grounding in subject; engages with it substantively and productively.											
	Meets expectations:											
	Displays familiarity with reasonably full range of subject; demonstrates an appropriate grounding and engagement with the subject.											
	Does not meet expectations:											
	Does not indicate familiarity with subject; has large gaps and shows little grounding in the subject. No substantive engagement.											
<sup>2</sup> Rubric for scoring development of significant concepts												
	Exceeds expectations:											
	Conveys a mastery of significant concepts and connections with related material; structure is coherent , organized, and accurate.											
	Meets expectations:											
	Reasonably addresses significant concepts and makes connections with related material; structure reflects organization, detail, understanding/or accuracy.											
	Does not meet expectations:											
	Minimally addresses significant concepts and/or fails to make connections with related material; structure reflects lack of organization, detail, understanding and/or accuracy.											
<sup>3</sup> Rubric for scoring quality of communication												
	Exceeds expectations:											
	Explanation is clear, consistent, sophisticated, and required no prompting from examiner.											
	Meets expectations:											
	Explanation is appropriate, clearly presented, consistently applied, and required little prompting from examiner.											
	Does not meet expectations:											
	Explanation is unclear, inconsistent, inappropriate, or required much prompting from examiner.											



## **Clinical Probation**

A student will be placed on clinical probation if:

He/she fails to meet the clinical objectives in each evaluation period. If a student obtains multiple ratings of "1" (does not meet objectives) in any of the categories evaluated or receives persistently negative comments on evaluations regarding clinical performance, he/she will be placed on clinical probation. The student will be counseled at 1-week intervals and notified verbally and in writing as to the status of the objectives of each level before being allowed to perform functions on a more advanced level. The student must meet all of the objectives of acceptable performance on the areas of difficulty by the next clinical evaluation period (up to 3 months).

***Any student on clinical probation will not be permitted to attend clinical rotations at any affiliation sites. Students on clinical probation will return to/remain at the YNHH-SRC until the probationary period ends.***

If the objectives are met, the probationary status will be lifted. If the objectives are not met and the student is still performing at an unacceptable level, he/she will be dismissed from the program. Subsequent periods of probation will not be permitted and students continuing to perform at an inconsistent and substandard level will be dismissed. Readmission to the program will not be possible after dismissal.

### **Letter of Concern**

A letter of concern serves as a warning, whether it is for academic or clinical performance. A letter of concern does not necessarily precede a period of probation. Letters of concern are utilized in counseling a student whose grades or clinical evaluations are below expectations. Students receiving more than one letter of concern will be placed on probation if no improvement is noted.

Revised 8/15



**School of Nurse Anesthesia**

\_\_\_\_\_, is placed on ☐ Academic  
☐ Clinical

Probation for the following reason(s):

\_\_\_\_\_  
Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Advisor

\_\_\_\_\_  
Date

I have read and understand the terms of the above probation and the policies concerning this probation.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

## **Discharge and Grievance Procedures**

Discharge – for infraction of any of the offenses carrying a penalty of immediate discharge, the Department Chairman or Directors of the School will initiate said proceedings in writing indicating that the student was discharged and the reason for the discharge. The dismissal proceeding notice must be signed by the discharged student and dated and placed in said student's file. Readmission to the program after dismissal will not be considered.

### **Offenses:**

- Academic dishonesty
- Excessive absence/tardiness
- Insubordination
- Patient endangerment/ poor judgment in patient care
- Impairment/use of alcohol/drugs
- Diverting/stealing
- HIPAA infraction (including photography of any kind without express permission)
- Misuse of electronic devices/social media
- Harassment
- Unprofessional behavior
- Failure to report adverse event

Warning or Reprimand – when a student warrants receiving a written warning for infraction of a departmental/school policy, the following procedures will ordinarily be followed; however, the Directors of the School/Department Chairman reserves the right to alter this procedure to fit the circumstances of serious cases:

1. The first warning will be given by the Program Director or Department Chairman with recommendation to correct the action of behavior.
2. For a second offense, the same as the first, or for a different offense committed within six weeks after the first warning has been given, a written warning will be issued placing the student on probation for a period of up to three months. This form will state the reason for the warning and will be signed by the Directors and Chairman. A copy of this form will become part of the students file.
3. If during the probationary period it again becomes necessary to issue another warning, the student may be discharged or suspended for a period not to exceed two weeks (10 school days). A warning form must be completed giving the exact reason for the suspension or discharge. All time lost for a suspension

period will be accounted for by the addition of an equal number of days to the student's training time allotted.

4. If within six months from the date of suspension a student is again guilty of misconduct or infraction of Departmental/Schools policies, said student will be dismissed.

The student may, at any time, make use of the Grievance Procedure if he/she feels the warning or discharge is unwarranted, provided the grievance is presented within three days from the date of the warning or discharge.

#### Grievance Procedure:

As in any organization, students will have questions and problems relative to the administration of School/Department policies, rules and regulations, as well as performance of work. When any problems or questions arise, they should be taken immediately to the Medical Director and/or CRNA Director.

The Department recognizes that not all problems can be satisfactorily handled in this manner and the students may still feel dissatisfied after speaking to the Directors. Thus, it is Departmental/School policy to provide a clear way for the student to present his/her complaints without jeopardizing his security or advancement possibilities. This procedure provides for full investigation and discussion with the student as needed. It also provides an opportunity for a review of the decision by successively higher levels of management.

#### Procedure: Grievance and Appeal

1. A student will present his/her complaint to the Program Director(s) and/or Medical Advisor(s) who will, in turn, discuss the matter fully with the student, obtain all pertinent information and confer with the Departmental Chair for assistance in interpretation of policies. The Director will then give a decision to the student in writing within three business days signed by the Director(s) as well as the Chair of the Department with a full explanation of the reason for the decision. The student will sign said statement and it shall become a part of the student's file.

2. The Program Director in conjunction with the Medical Advisor(s) will ascertain whether the student is dissatisfied with the answer (step 1) and if this is the case, the student will be encouraged to present his or her problem or complaint in writing directly to the Department Chair. The Department Chair will examine the situation with the student and assure himself that all pertinent facts have been obtained. The Departmental Chair will give his decision to the student personally to determine whether the student is satisfied with the answer.

3. If the problem is still not settled to the satisfaction of the student, he/she may take the matter to a Grievance Committee delegated by the Directors of the School and the Chairman of the Department, a member of which will be a student nurse anesthetist representative. The Departmental Chairman will arrange for the Grievance Committee giving full information about the complaint and prior action to it. A copy of this report shall be given to the student who may present any statement of evidence, oral or written to the Grievance Committee. The Committee will discuss the matter with the student and will give the student the final answer in writing within 5 days. The student may at any time before or during any step in this procedure request from the CRNA Director advice and help in processing his/her complaint. The decision of the Grievance Committee shall be final and binding.

4. While students have a right to full disclosure, all deliberations and actions of the Grievance Committee and Directors are considered confidential. The Department Chairman or Directors will maintain all the program documents and minutes, including the results of the votes, in a secure place as appropriate. Since this policy is an internal one, no outside legal counsel is permitted to attend said deliberations.

Revised 5/14

<b>PROGRAMMATIC TIMELINE Clinical - 2015-16</b>		
<b>2015 JAN-MAY</b>	Basics of Anesthesia Clinical shadowing; Sim Lab #1 (Mock inductions); ACLS/PALS certification	* EPIC training
<b>MAY</b>	CCSU finals; Orientation @ YNHH	
<b>JUNE</b>	Clinical begins; didactic lectures begin* IV and PACU rotations	
<b>JULY</b>	Care Plans begin (7/6)	
<b>AUG</b>	Pre-op rotations begin; AANA Annual Congress (8/29-9/1)	
<b>SEPT</b>	1-3 Month evaluations	
<b>OCT</b>	Class of 2015 graduation (10/2/15) Call & Main OR rotations begin (St. Vincent's and St. Francis) Sim lab #2 (CVC Workshop)	
<b>NOV</b>	OB/pediatric rotations begin	
<b>DEC</b>	3-6 month evaluations	
<b>2016 JAN</b>	CANA meeting (possible weekend) Sim Lab #3 (CRM 1)	<b>*Didactic sequence:</b> Physics Pharm I and II OB Pediatric Cardiac Respiratory Special Topics Neuro Renal/Endocrine Professional Asp
<b>FEB</b>	Grand Rounds I (Saturday 2/6) Assembly of School Faculty (2/25-27)	
<b>MAR</b>	Grand Rounds II (Saturday 3/5) 6-9 month evaluations	
<b>APR</b>	Mission trip; Mid-Year Assembly (4/3-6) End of didactic lectures	
<b>MAY</b>	SEE Exam Welcome to Class of 2017!	
<b>JUNE</b>	9-12 month evaluations (mid-program) Sim Lab #4 (CRM 2)	
<b>AUG</b>	ORALS, AANA Annual Congress (9/10-13)	
<b>SEPT</b>	ORALS 12-15 month evaluations Sim Lab #5 (Crisis Resource Management)	
<b>OCT</b>	Terminal evaluations <b>GRADUATION (10/7/16)</b>	

At the end of each academic unit, the learner shall be able to comprehend, correlate and apply the following knowledge to the clinical area:

### **Course Objectives**

#### **I. Basic Principles**

- a. Preoperative evaluation and assessment, charting and legal implications.
- b. Preoperative medication and its application.
- c. The basics of the anesthesia machine.
- d. Airway management
- e. The basics of monitoring used in anesthesia.
- f. Positioning of the surgical patients, the anatomy, the indications and injury prevention
- g. Acid/base and blood gas analysis.
- h. The basics of spinal and epidurals, the anatomy, techniques, medications, indications and hazards.
- i. Peripheral nerve blocks, the anatomy, techniques, medication, indications and hazards.
- j. Care of the obstetric, pediatric, and obese patient.
- k. Care of the patient with cardiac, pulmonary, renal and hepatic disease.
- l. The basics of fluid and blood administration in anesthesia.
- m. Anesthesia's role in PACU.
- n. Pertinent anatomy in relation to anesthesia, i.e. airway, positioning, and block placement.
- o. Participate in hands-on workshops, i.e. airway management, I.V., equipment.

#### **II. Physics**

- a. The gas laws, and laws of physics.
- b. Medical gases.
- c. In-depth knowledge of the anesthesia machine.
- d. Vaporizers.
- e. Anesthesia-breathing systems.
- f. Scavenging and O.R. pollution.
- g. Ventilators in anesthesia.
- h. Capnography, oximetry and mass spectrometry.
- i. Various modes of blood pressure monitoring.
- j. Hazards of the anesthesia delivery system.
- k. Lasers and electrical safety in the O.R.
- l. Function of Bispectral analysis and its use in anesthesia.
- m. The anesthesia implications for laser surgery.
- n. Mathematical formulas used in medicine review and application.
- o. Principles of radiation, MRI and ultrasound technologies.

### III. Pharmacology

- a. The A.N.S.
- b. Sympathomimetics and their effect on the A.N.S.
- c. The neuromuscular blocking drugs.
- d. Inhalation agents.
- e. I.V. induction agents.
- f. Narcotic analgesics.
- g. Lithium, MAO inhibitors and other psychotropic drugs and their effects on anesthetic practices.
- h. The gastric antacids, stimulants and antiemetics and the treatment of PONV.
- i. Anticholinergic drugs.
- j. Cardiac drugs, i.e. inotropic agents, calcium channel blockers and anti-arrhythmic drugs.
- k. Alpha and beta antagonists.
- l. Peripheral vasodilators.
- m. Histamine and histamine receptor antagonists.
- n. The anticoagulants.
- o. Hormones as drugs, oral hypoglycemics and insulin.
- p. The diuretics.
- q. The physiology of nerve conduction.
- r. Local anesthetics.
- s. IV, axillary and nerve blocks.
- t. Patient controlled analgesia.
- u. Spinal and epidural anesthesia.
- v. Participation in a hands-on workshop on the techniques of conduction anesthesia.
- w. Pain management.
- x. Herbal medications and anesthesia implications.
- y. Chemotherapeutic agents and how they interact with anesthetic agents.
- z. Antibiotics
- aa. Dynamics and kinetics of anesthesia drugs.



## Advanced Principles

### I. Special Topics

- a. Transfusion therapy.
- b. Sick cell and other anemias.
- c. Urological procedures and anesthesia.
- d. Malignant Hyperthermia.
- e. Anesthetic management for laparoscopy.
- f. Anesthesia for the elderly population.
- g. Anaphylaxis and latex allergy in anesthesia.
- h. Anesthesia and neuromuscular diseases.
- i. Anesthesia and surgery for the eye.
- j. Anesthesia and the burn patient.
- k. Anesthesia for orthopedic procedures.
- l. Anesthesia and the trauma victim.
- m. Sick cell and anesthesia.
- n. Anesthesia for remote locations, i.e. CT Scan, MRI, ECT, Special Procedures.
- o. Anesthetic implications for the morbidly obese patient.
- p. Anesthetic implications associated with robotic surgery.
- q. The eye and ophthalmic procedures; anesthetic management.
- r. Patients with collagen and vascular disorders.
- s. Ultrasound guided regional anesthesia.
- t. Mechanisms and treatment of chronic pain.
- u. Special Topics Journal Club

### II. Neuroanesthesia

- a. Neuroanatomy and physiology.
- b. The anesthetic implication and techniques utilized for the neurosurgical patient.
- c. Positioning, its implication and hazards and various monitoring modalities.
- d. Complications associated with the neurosurgical patient.
- e. Surgical procedures on the spine and their anesthetic implications.
- f. Neurological monitoring (i.e. SSEPs, MEPs, etc)

### III. OB

- a. Pulmonary aspiration.
- b. The physiological changes of pregnancy.
- c. Anesthesia/analgesia in obstetrics.
- d. Complications of pregnancy I-III (hemorrhage, malpresentations, PIH)
- e. Anesthesia for the high-risk patient.
- f. Non-obstetrical anesthesia for pregnancy.
- g. OB Journal Club

- h. Monitoring of the neonate, neonatal resuscitation.
- i. Workshop - Spinal and Epidural Anesthesia for the Parturient.

#### IV. Pedi

- a. The pediatric patient's anatomy and physiology.
- b. The monitoring requirements, fluid and blood management and temperature regulation of the pediatric patient.
- c. Normal cardiac changes that occur at birth and cardiac anomalies, i.e. Tetralogy of Fallot, VSD, etc and their anesthetic management.
- d. The respiratory system in the pediatric patient.
- e. Sedation, induction, analgesia, regional and recovery as they relate to the pediatric patient.
- f. Congenital anomalies and syndromes in relation to the pediatric patient.
- g. The pediatric airway and associated challenges.
- h. Pediatric trauma/resuscitation.
- i. Regional anesthesia and pain in the pediatric patient.
- j. Pediatric Journal Club

#### V. Renal

- a. Anesthesia and the patient with acute/chronic renal failure.
- b. Fluid replacement and renal function monitoring.
- c. Normal fluid and electrolyte balance.
- d. Transplantation of the kidney and the anesthesia implications.

#### VI. Endocrine

- a. The liver and the anesthetic implication of liver disease.
- b. Transplantation of the liver and the anesthetic implications.
- c. Diabetes and anesthesia.
- d. The thyroid and parathyroid and anesthesia.
- e. Hepatitis and HIV.
- f. Pheochromocytoma and anesthesia.
- g. The adrenals: anesthetic implications.
- h. Porphyria and carcinoid syndrome

#### VII. Respiratory

- a. Lung volumes and capacities.
- b. Interpret pulmonary function studies and review flow/volume loops, lung mechanics, dynamic pressures and shunts.
- c. ABG utilization and interpretation.
- d. O<sub>2</sub> and CO<sub>2</sub> transport and the oxy-hgb dissociation curve.

- e. The diagnosis and treatment of acute respiratory failure.
- f. Asthma and the anesthetic implications.
- g. COPD and restrictive lung disease.
- h. Anesthesia for patients undergoing pulmonary resection/one-  
#NAME?
- i. Modes of ventilation.
- j. Advances in pulmonary medicine.
- k. Respiratory Journal Club

#### VIII. Cardiac

- a. Cardiac physiology.
- b. Methods of measurement, values in the cardiac patient.
- c. EKG Interpretation.
- d. Cardiovascular monitoring, flow volume loops, waveforms, TEE, cardiac outputs - understand the significance.
- e. Medical vs. surgical treatment of C.A.D.
- f. Anesthesia for CAD/CABG and the denervated heart.
- g. Congenital heart disease and valvular surgery.
- h. Cardiac catheterization.
- i. Cardioversion.
- j. Pacemaker/defibrillators and the anesthetic management of patients with these devices.
- k. Procedures in cardio electrophysiology.
- l. Extracorporeal circulation, the intra aortic balloon pump and the cell saver.
- m. Peripheral vascular disease and its anesthetic implications.
- n. The technique for off-pump bypass grafts.
- o. Participate in hands-on workshop/central line simulator.
- p. Cardiac Journal Club

#### IX. Professional Aspects

- a. The legal aspects of our profession.
- b. The history of anesthesia.
- c. The history of nurse anesthesia.
- d. Ethical issues involved in patient care and their role in anesthesia.
- e. Legislative issues and updates.
- f. Substance abuse and the anesthetist.
- g. Anesthesia as a business.
- h. Advances in our field - Journal Club.
- i. Stress management modalities
- j. Study and test-taking skills
- k. The importance of Quality Assurance in anesthetic practice.
- l. Teaching and precepting to advance our profession.

## Regional Anesthesia Administration Objectives

- Understand general principles of local anesthetic pharmacology.
- Understand pharmacodynamics and pharmacokinetics of various local anesthetics, including: onset, duration, motor/sensory differentiation toxicity and its treatment.
- Understand nerve fiber differentiation & neuropharmacological principles of analgesia & anesthesia.
- Be knowledgeable about maximum recommended doses of local anesthetics.
- Understand principles and indications for various local anesthetic adjuvants, including: epinephrine, phenylephrine, narcotics, sodium bicarbonate, carbonation, hyaluronidase,  $\alpha_2$  agonists, and anticholinesterases.
- Understand principles of and option for sedation for regional anesthetic procedures.
- Be familiar with relevant gross and ultrasound anatomy for regional techniques, including: spinal canal and its contents, neural plexuses of the limbs, major autonomic ganglia.
- Understand indications for and contraindications to regional anesthetic techniques, including: central neuraxis blocks, peripheral nerve blocks, and sympathetic nerve block.
- Understand the management of complications and side effects of regional anesthetic techniques, including:
  - Local anesthetic complications: toxicity and allergy;
  - Total spine/epidural anesthesia, sub-dural blocks;
  - Spinal and epidural hematoma, abscess;
  - Anterior spinal artery syndrome;
  - Postdural puncture headache;
  - Pneumothorax;
  - Physiologic side effects;
  - Cardiovascular & respiratory;
  - Perioperative nerve injury, including assessment of neurological deficits.
- Be knowledgeable regarding differentiation for acute pain, cancer pain, sympathetically mediated pain and chronic pain syndromes.
- Understand principles of regional anesthesia as they apply to pain management.
- Understand and critically evaluate outcome studies related to the influence of regional anesthesia on perioperative outcome.

- Develop familiarity with major scientific studies related to regional anesthesia and intraoperative and postoperative management of the following regional anesthetic techniques as they become available:
  - Axial blocks:
    - Subarachnoid blocks
    - Epidural blocks to include lumbar & thoracic epidurals
  - Extremity anesthesia:
    - Axillary blocks, interscalene blocks, intravenous regional techniques, and individual peripheral nerve blocks of the upper and lower extremities.
  - Miscellaneous:
    - Penile block, airway anesthetics for fiberoptic intubations
  - Pain procedures:
    - Epidural steroid injections
    - Sympathetic blocks for pain management, including stellate ganglion, lumbar sympathetic, celiac plexus
    - Trigger point injections
    - Epidural blood patch
- Demonstrate rational selection of regional anesthesia for specific patient encounters.
- Demonstrate ability to assess adequacy of regional anesthesia before start of surgery, and appropriate plans for supplementation of inadequate blocks.
- Demonstrate effective anxiolysis and sedation of patients by both pharmacological and interpersonal techniques.
- Demonstrate cost-effective management decisions.
- Demonstrate ability to rescue failed regional anesthetic techniques.
- Demonstrate effective management of isolated peripheral nerve and central neuraxis blocks in awake patient and those under general anesthesia.
- Demonstrate effective management of regional anesthesia in critically ill patient.

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## **Objectives for Obstetric Rotation**

While on obstetric rotation, expectations of the SRNA are as follows:

### **1) Familiarize yourself with the Labor and Delivery suite:**

- a. staff members
- b. floor layout
- c. location of:
  - i. ORs/labor rooms
  - ii. epidural carts
  - iii. emergency equipment
  - iv. medications
    - emphasis on local anesthetics (lidocaine, bupivacaine, chloroprocaine), pressors (ephedrine, phenylephrine), pitocin, methergine, Hemabate, crystalloids and colloids, 20% intralipid, code meds
  - v. supplies
    - emphasis on epidural and spinal kits, infusion pumps for continuous epidurals, airway equipment (stubby handles, blue bougies, Glidescope, intubating LMAs sz 3,4, LMA Proseal sz 3,4), fluid resuscitation, fresh induction meds in carts and ORs
- d. attend AM huddle with staff at 7AM (SRC)

### **2) Assess the parturient before instituting epidural for labor, or spinal/GETA for Cesarean section**

- a. Age, ht, wt, BMI, VS, FHR\*, allergies
- b. Gestation, gravida and para status, stage of labor (if applicable)
- c. Past/present medical history
  - i. Emphasis on pregnancy-related co-morbidity
  - ii. preexisting back conditions re: past surgery, trauma, pregnancy
- d. Airway classification
- e. NPO status
- f. Past surgical hx, family history, social hx
- g. Medication profile

### **3) Assist in readying the patient for epidural, OR**

- a. IV starts/hydration
- b. Set up of epidural cart/tray
- b. Positioning

### **4) Follow laboring parturient from institution of epidural until vaginal birth, if possible**

- a. Q 1 hour vital signs (maternal and fetal), pain score, Bromage score, pt position;
  - charting
- b. interpretation of fetal monitoring strips
- c. maintenance of continuous epidural with boluses as needed

### **5) Follow pt through C/S**

### **6) Assess newborn immediately after delivery**

- a. Apgar scores
- 7) Remove epidural catheters post C/S or vaginal delivery**
  - a. chart in EPIC (SRC):
    - i. open pt's L&D record
    - ii. D/C epidural under LDAs – check off “tip intact”
    - iii. refer to delivery record – find placenta delivery time
    - iv. log placenta delivery time as anesthesia STOP
- 8) Assure that the ORs on L&D are ready for emergent C/S or surgical procedures (SRC)**
  - a. premade syringes (unlabeled/empty); propofol/Sch, ephedrine/phenylephrine available
  - b. machines on/checked
  - c. monitors on/ready for application
  - d. working/available airway equipment

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### **Objectives for Weekly Lectures/M & M Conferences**

Attendance at weekly Lectures/Morbidity/Mortality Conference is mandatory when on the YNHH-SRC and will enable the student to:

- Assess the scope of anesthesia practice by continuous review of patient's response to techniques and agents administered.
- Assess the selection of the most appropriate anesthetic agent and technique for various patients and disease states.
- Incorporate current trends and alternate techniques in the practice of anesthesia.
- Improve patient care and safety.
- Review for discussion different issues associated with patient population and monthly cases.
- Students are encouraged to prepare and present cases, when appropriate, in association with the involved anesthesiologist and/or CRNA in order to further departmental education and quality of care.



## **Anesthesia Grand Rounds**

- Purpose:** The purpose of the Anesthesia Grand Rounds is to present a clinical case study or current evidence based topic in anesthesia.
- Preparation:** The student will submit a formal written Grand Rounds proposal covering a summary of the topic to be presented. This must be reviewed by the Director(s) before final acceptance is issued.

Each student at the completion of this requirement must submit an abstract, outline and bibliography. A grade will be assigned to each presentation. This grade will appear on the University transcript from CCSU as Biology 590. Tuition will be charged for this course. The criteria for grading is found on the evaluation and grade sheet for Grand Rounds.

## **Journal Club**

- Purpose** The purpose of Journal Club is to enable the students the opportunity to research the most recent literature available on a relevant topic and to informally present this material before his/her peers. Critical thinking skills will be utilized in the discussion of the topic researched.
- Presentation** A topic in anesthesia will be selected by the director(s) and/or students. Evidence based research and PICO format will be utilized for presentation/discussion. The student will prepare a brief overview of the chosen article and will present findings to the group via a PowerPoint presentation (5-6 slides). The student will submit the article, overview and PPT slides after presentation. JC articles/presentations will be housed in the anesthesia library for reference.

Journal Club will be held at various points throughout the program, commonly following a particular didactic module (i.e. OB, Pedi, Cardiac, Respiratory and Special Topics).

### **Professional Aspects Presentation**

Each student will be required to do a professional aspects presentation at the end of the program. This presentation will involve research on an assigned topic. The students may be assigned this project either alone or in teams depending on the research involved. The topics will be selected by the director(s) in collaboration with the faculty and will encompass a pertinent topic in anesthesia to extend or complement the curriculum. The topics will be presented at several of the regularly scheduled Journal Clubs to the student's peers and other attendees from the faculty. The student must be able to answer questions regarding their presentation. The presentations will be graded and included in the final grade for Professional Aspects of Anesthesia.

## **Clinical Affiliation Rotation**

### **Regional**

Each student will be assigned to a clinical rotation for the purpose of expanding his or her regional anesthetic experience. The rotations will begin in the senior (2<sup>nd</sup>) year. The assignment of rotation dates and sites will be scheduled by the program director and will be done according to testing dates, presentation times and clinical readiness as reflected in the clinical evaluations. Regional rotations will be held at either the YNHH-SRC or Day Kimball as assigned.

Once off-campus rotations have begun, classes will be held exclusively on Mondays at the YNHH SRC, with all students expected to attend.

Evaluation of the student during this rotation will be responsibility of the affiliation coordinator. These evaluations will be forwarded to the program and placed in the student's file. These will be shared with the student during the regularly scheduled evaluation period or before if warranted. Students should be proactive in acquiring evaluations from their preceptors on a daily basis.

### **Clinical Affiliation OB Rotation**

Each student will be assigned to a clinical rotation for the purpose of expanding his or her obstetrical experience. The rotations will begin following the didactic unit on obstetrics in the senior year. The assignment of rotation dates will be scheduled by the program director. **Only one vacation day will be allowed while on rotation.** The rotation will last 4 weeks. The school will provide malpractice insurance.

It is the student's responsibility to have computer access during rotation. Students will log in their cases done on any off site locations into their electronic record.

### **Objectives:**

- The student will administer, assist and manage the anesthesia/analgesia assigned during labor and delivery with the preceptor.
- The student will correlate the physiological changes of pregnancy he/she learned in didactic with the clinical picture.
- The student will monitor the patient from the onset of labor to the delivery of the newborn.

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- The student will correlate the physiological changes occurring in the neonate at delivery with actual clinical picture, i.e., cardiac changes, respiratory, temperature maintenance, airway management, etc.
- The student will participate in newborn assessment.
- The student will be available to assist with C-section suite setup for emergencies and be available if these or any emergencies occur.
- Evaluation of the student will be the responsibility of the affiliation coordinator and will be shared with the student during regularly scheduled evaluation periods.

#### Clinical Affiliation Pediatric Rotation

Each student will be assigned to a clinical rotation for the purpose of expanding his or her pediatric experience. The rotations will begin following the didactic unit on pediatrics in the senior year. The assignment of rotation dates will be scheduled by the program director. **Only one vacation day will be allowed while on rotation.** The rotation will last approximately 4-5 weeks.

The school will provide malpractice insurance. It is the student's responsibility to have computer access during rotation. Evaluation of the student during this rotation will be the responsibility of the affiliation coordinator.

#### Objectives:

- The student will participate in peri-operative assessment and monitoring of the pediatric patient.
- The student will observe, assist and administer the anesthesia/analgesia during the peri-operative care of the pediatric patient, under the supervision of an anesthesiologist/CRNA.
- The student will correlate the physiology of the pediatric patient that he/she has learned in didactic with the clinical picture.

#### Pain Clinic Rotation Objectives

- Have an understanding of chronic pain, common areas and referred areas.
- Understand the anatomy and identify areas of block administration.
- Observe various areas of blocks and the agents used in treating/managing chronic pain.
- PCA – rounds/rotation with a physician specializing in chronic pain.

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## **PACU Rotation Objectives**

All SRNAs will rotate through both the Main OR and the STS PACUs (1 week total – M,T, W in Main; Th, F in STS). The purpose of the PACU rotation, done within the first three months of the clinical practicum, is to:

- 1) Evaluate the patient during the post-surgical recovery phase by assessment of:
  - a. airway patency
  - b. CV stability
  - c. Pain score
  - d. Temperature/presence of shivering
  - e. Presence of post-operative nausea and vomiting (PONV)
  - f. Readiness for discharge to the floor or to home
    - i. Postanesthetic Aldrete recovery score
- 2) Assist the anesthesia team in the stabilization of the post-surgical patient via treatment of:
  - a. Acute respiratory obstruction/distress
  - b. Mild to severe hypoxia
  - c. Narcotization/oversedation
  - d. Residual neuromuscular blockade
  - e. Hypotension/hypovolemia
  - f. Intractable post-operative pain
  - g. Intractable PONV
- 3) Shadow the anesthesiologist/CRNA in the preparation of post-op orders:
  - a. Oxygen administration
  - b. Patient Controlled Analgesia (PCA)
  - c. PONV prophylaxis
  - d. Post-regional pruritis
- 4) Shadow the anesthesiologist/CRNA during the pt sign out process
- 5) Assist the PACU RN during the initial admission/stabilization of the post-operative patient:
  - a. Application of monitors
  - b. Temperature monitoring/stabilization
  - c. Acceptance of report from the anesthetist
  - d. Positioning
  - e. Comfort measures

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## **Clinical Behavioral Objectives and Clinical Evaluation Tools**

### Clinical Behavioral Objectives

The purpose of clinical behavioral objectives is to provide the student nurse anesthetist with a progressive guide to the clinical behavior expected of him/her throughout the program of anesthesia.

### Clinical Evaluation Tool

Each student is given a copy of the objectives at the start of clinical (3<sup>rd</sup>, 6<sup>th</sup>, 9<sup>th</sup>, 12<sup>th</sup> and 15<sup>th</sup> clinical month). The students are aware that many faculty members will evaluate them during each period. These evaluations will be compiled and a clinical score will be given. The student will be asked to do a self-evaluation using the same form. These evaluations will be reviewed by the Program Directors with the student at the end of each evaluation period.

The grading system is divided into four categories:

- 3 Meets objectives independently
- 2 Meets objectives with assistance
- 1 Does not meet objectives
- N/A Behavior not observed or not applicable

Any behavior graded below average will be accompanied by supporting comments from clinical instructor.

The minimum acceptable grade for each time period is a 2 (average). Failure to obtain a 2 average during any interval will result in clinical probation.

Upon graduation, a summary progress evaluation will be maintained indefinitely in the student's file, which will be available to the graduate upon written request.

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Reviewed 5/14

## Clinical Behavioral Objectives

### Clinical Month #3

- Identifies and locates equipment, drugs, monitors, and related supplies within the physical plant.
- Demonstrates knowledge and application of the anesthesia set up.
- Demonstrates working knowledge of the basic monitoring equipment, proper application and possible complications related to contamination or malfunction of such. (BP, precordial or esophageal stethoscope, temperature probes, ECG, capnography, pulse oximeters and BIS)
- Utilizes aseptic techniques in the care and cleaning of anesthesia equipment and in the administration of care to the patient.
- Comprehends basic principles and physics of anesthesia gas machines including knowledge of chemical and physical principles involved in CO<sub>2</sub> removal from various breathing systems.
- Demonstrates knowledge of electricity laws and hazards as they affect anesthesia practice applies this toward patient safety in the operating room.
- Demonstrates basic preoperative patient assessment and interviewing techniques.
- Demonstrates basic knowledge of pharmacology and rationale for use of preoperative medications.
- Comprehends principles and rationale of observing and recording pertinent and accurate physiological data on the anesthetic and related records. (Lab and study results, progress notes, etc.)
- Performs venipuncture with different types of indwelling catheters and needles.
- Comprehends fundamental principles of I.V. therapy and associated physiology. (Maintenance fluids and rationale.)
- Demonstrates basic skills of physiologic safe positioning of patients on the operating table.
- Develops ability to manage a "mask case" with little supervision.
- Demonstrates knowledge of cardiopulmonary resuscitation techniques.
- Accepts constructive criticism from instructors, peers and other staff members of the operating room and anesthesia teams and benefits from this information.
- Formulates and initiates a plan to terminate anesthesia and return the patient to unassisted vital functions.

Revised 3/06  
Reviewed 5/14

## Clinical Behavioral Objectives

### Clinical Month #6

- Demonstrates ability to make knowledgeable choices of anesthetic agents & techniques which are compatible with patient's current status.
- Demonstrates clinical knowledge of various preoperative medication regimens.
- Demonstrates ability to evaluate and integrate laboratory data and make appropriate judgment for anesthetic management.
- Demonstrates basic skill in performing oral & nasal intubations.
- Identifies drug interactions which may occur between various anesthetic agents & drugs patients are taking therapeutically and/or drug abuse.
- Demonstrates knowledge of the physiologic variances & tolerances to various classifications of drugs in relation to the patient's age, weight or physical status.
- Demonstrates an awareness and appreciation of the anatomical, physiological and emotional differences between infants, children, adults and geriatric patients.
- Identifies & corrects uncomplicated cardiac dysrhythmias.
- Demonstrates an understanding & applies sound principles & techniques when anesthetizing infants and children.
- Identifies and institutes corrective measures when appropriate.
- Utilizes fundamental physiological principles involved in the management of fluid and electrolyte balance during the anesthetic process.
- Demonstrates ability to evaluate blood/fluid loss and make sound clinical judgments for the appropriate replacement of fluids/blood products.
- Demonstrates ability to assemble equipment and administer blood/blood products including warming & meticulous identification policies.
- Accepts responsibility for his/her own professional behavior.
- Understands, accepts and makes positive effort to modify his/her strengths & limitations as indicated by staff review.
- Demonstrates ability to accept & utilize constructive criticism from staff, peers and members of the surgical team.

Revised 3/06  
Reviewed 5/14



## Clinical Behavioral Objectives

### Clinical Month #9

- Demonstrates growth in knowledge and skills involved in the anesthetic process (ie, demonstrates refinement in psychomotor skills and correctly applies acquired knowledge).
- Utilizes critical thinking and assessment when administering an anesthetic.
- Demonstrates knowledge of advanced pre-operative patient assessment.
- Identifies and corrects problems during the anesthetic and surgical process (ie, effective management of hypotension).
- Demonstrates skills of proper positioning of the patient on the OR table.
- Demonstrates a basic knowledge in choosing anesthetic agents and adjunctive drugs that are compatible with the patient's current drug and physiologic status.
- Utilizes mechanical ventilators during the anesthetic process.
- Demonstrates recognition and effective management of complication of regional anesthesia (mechanical and agent related).
- Understands dosage and toxicity of various classes of regional anesthetic drugs and the ways in which they affect the cell and organs of the body.
- Prepares all necessary equipment for pediatric procedures.
- Calculates pediatric intra-operative fluid requirements according to patient, weight, age and surgical procedure.
- Calculate pediatric blood volume and discusses replacement regime.
- Demonstrates self-reliance and confidence when working with moderate supervision.
- Differentiates the unique problems associated with anesthesia for emergency surgery.
- Practices cooperation with medical and nursing staff.
- Performs "rapid sequence" induction/intubations smoothly.
- Formulates and implements a plan for choice of anesthetic drugs and techniques during emergency surgery.
- Comprehends the preoperative, operative and post-operative complications associated with emergency surgery, and effectively manages these complications.
- Comprehends anatomy and physiology of pregnancy.
- Applies knowledge of the physiology of pregnancy when selecting anesthetic techniques for vaginal delivery and c-section.
- Analyzes complication of labor and delivery in relationship to the anesthetic process.
- Understands the treatment of complications of pregnancy and their effect on the anesthetic process.
- Recognizes newborn infant distress and is able to implement effective resuscitation.

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## Clinical Behavioral Objectives

### Clinical Month #12

- Utilizes advanced monitoring equipment when indicated.
- Understands principles in the usage of invasive monitoring systems.
- Performs arterial punctures within medically established guidelines.
- Interprets arterial blood gas analysis accurately.
- Demonstrates advanced skills in oral and nasal endotracheal intubation.
- Functions as an effective member of the cardio-pulmonary resuscitative team.
- Recognizes situations requiring consultation.
- Functions as a responsible member of the "call" team.
- Performs skillfully when managing the special anesthetic problems and considerations of emergency surgery.
- Administers physiologically sound anesthesia that is compatible with the pathological condition of the patient.
- Synthesizes the total anesthetic process in relationship to all factors involved during the surgical procedure.
- Demonstrates knowledge of the integration of all body systems, and how one system malfunction effect the performance of other systems.
- Uses deductive reasoning when solving problems during the anesthetic process.
- Performs skillfully when administering anesthetics to each type of specialty surgery: a. Abdominal, b. Thoracic, c. Cardiac, d. Neurosurgery, e. Orthopedics, f. Head and Neck, g. ENT, h. Diagnostic and Therapeutic Procedures.
- Appraises the physiologic differences and problems of seriously ill patients, and formulates an anesthetic plan accordingly.
- Integrates learning from other areas of medicine into a plan for analyzing and correcting anesthesia problems.
- Demonstrates good clinical judgment, based upon sound scientific principles when correcting problems during the anesthetic process.
- Identifies and maintains surgical plans of anesthesia as indicated for each type of surgical procedure.
- Exhibits skill in the preoperative, operative, and post-operative management of pediatric patients.
- Exhibits creativity in his/her approach to the anesthetic process.
- Performs safely and adequately when administering anesthetics outside the operating suite.
- Comprehends and accepts his/her own strengths and limitations.
- Accepts constructive criticism from instructors, peers and other staff members and benefits from it.
- Accepts responsibility for his/her own behavior.

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Reviewed 5/14

## Clinical Behavioral Objectives

### Clinical Month #15

- Demonstrates ability to develop, integrate and carry out an anesthetic plan utilizing acceptable drugs and techniques.
- Demonstrates understanding of the principles in the usage of complex monitoring systems and appropriate use of data so collected.
- Demonstrates self-reliance and confidence when working independently.
- Accepts responsibility of his/her own behavior.
- Understands and accepts his/her own strengths and limitations.
- Demonstrates ability to share learning experience with other (including operating room and anesthesia colleagues) personnel.
- Recognizes patients as a total individual with particular needs and acts accordingly.
- Demonstrates knowledge of anesthetist's responsibilities during emergencies both inside and outside of the operating room.
- Performs skillfully during emergency and stressful encounters.
- Demonstrates interest and ability in non-clinical administrative activities (Anesthesia Department, Anesthesia School, etc.).
- Demonstrates an interest in professional activities and organizations.
- Demonstrates understanding and clinical practice commensurate with in-depth knowledge of professional ethics and medical law as they pertain to the practice of anesthesia by nurses.

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Reviewed 5/14

## **Policies & Procedures for Evaluations**

The evaluation process facilitates the continuous assessment of the present status and future goals of the program and its components (students, didactic faculty, clinical instructors, program director, curriculum, etc.) Additionally, this process helps to assure the attainment of educational and clinical excellence. Evaluations may be submitted as hardcopy or electronically.

### Evaluation Calendar

Student	Tool	Schedule
<ul style="list-style-type: none"> <li>Clinical Performance Daily</li> <li>Clinical Performance Weekly</li> <li>Clinical Performance Evaluations</li> </ul>	<ul style="list-style-type: none"> <li>Verbal</li> <li>Written Evaluation</li> <li>Written/Verbal and self</li> </ul>	<ul style="list-style-type: none"> <li>Daily</li> <li>Weekly for 3 months</li> <li>3 month</li> <li>6 month</li> <li>9 month</li> <li>12 month</li> <li>15 month</li> <li>Final-Exit</li> </ul>
<ul style="list-style-type: none"> <li>Clinical Performance by Rotation Coordinators</li> </ul>	<ul style="list-style-type: none"> <li>Written</li> </ul>	<ul style="list-style-type: none"> <li>End of each rotation</li> </ul>
Faculty-Clinical	Tool	Schedule
<ul style="list-style-type: none"> <li>Student Evaluation of the Clinical Instructor</li> <li>Program Director Evaluation of Clinical Instructor</li> <li>Self-Evaluation by Clinical Instructor</li> </ul>	<ul style="list-style-type: none"> <li>Written</li> <li>Written</li> <li>Written</li> </ul>	<ul style="list-style-type: none"> <li>Annually</li> <li>Annually</li> <li>Annually</li> </ul>
Program	Tool	Schedule
<ul style="list-style-type: none"> <li>Student Evaluation of Program</li> <li>Faculty Evaluation of Program</li> <li>Program Director Evaluation of the Program</li> <li>Graduate Evaluation of Program</li> <li>Employer Evaluation of Program</li> </ul>	<ul style="list-style-type: none"> <li>Written</li> <li>Written</li> <li>Written</li> <li>Written</li> <li>Written</li> </ul>	<ul style="list-style-type: none"> <li>One year after Graduation</li> <li>Annually</li> <li>Annually</li> <li>Annually</li> <li>Annually</li> </ul>

Program Director	Tool	Schedule
• Evaluation by Students	Written	Annually
• Evaluation by Faculty	Written	Annually
• Evaluation by Self	Written	Annually
Faculty – Didactic	Tool	Schedule
• Evaluation of Didactic Faculty	Written	Annually
Curriculum – Courses	Tool	Schedule
• Evaluation of each Lecture/Course lecture/course	Written	End of each
• Evaluation of Rotations/Workshops rotation/workshop	Written	End of each
Rotation Evaluations	Tool	Schedule
• Regional Rotation by Students rotation	Written	End of each
• OB Rotation by Students rotation	Written	End of each
• Pedi Rotation by Students rotation	Written	End of each
• Pain Clinic rotation	Written	End of each
• OR Evaluations for sites other rotation than HSR	Written	End of each

### YNHHSNA Programmatic Annual Review Timeline

Month	Task	Committee
June	Review of present cohort SEE scores	Advisory
July	Preparation and submission of Annual Report to the COA	PD/APD
Aug	Review of curriculum at CCSU Visits to rotation sites	CCSU PD/APD; SRNA
Sept	Review of curriculum @ YNHHSNA	Curriculum
Oct	Review of graduate evaluation of program (exit) Review of alumni evaluation of program (1 year post-graduation) Review of employer evaluation of graduate (1 year post-graduation) Annual performance review, APD	Advisory ↓ PD
Nov	Review/distribution of clinical faculty evaluations	PD/APD
Dec	Administrative review of program	Faculty
Jan	Review of past cohort NCE scores Review and update of YNHHSNA and COA program webpages	Advisory PD/APD
Feb		
March		
April	Review of policy/procedure and freshman manuals Inventory/update training resources, texts Annual performance review, PD	PD/APD Dept.Chief
May	Renewal of subscriptions (Current Reviews, Typhon)	PD/APD

Yale-New Haven Hospital  
School of Nurse Anesthesia

## Student Evaluation of Orientation

Considering the presentation, the equipment used, the methods of instruction, and the instructor, how would you rate this introductory orientation overall?

\_\_\_\_\_ Poor      \_\_\_\_\_ Fair      \_\_\_\_\_ Average      \_\_\_\_\_ Good      \_\_\_\_\_ Excellent

What do you consider to be the strongest point(s) of this orientation?

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What do you consider to be the weakest point(s) of this orientation?

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Rate using a scale of 1-5      1-extremely useful      5-not at all useful

Please rate as to usefulness in introducing you to the clinical setting: (circle one)

Wellness/Chemical Dependency Lecture:	1	2	3	4	5
Anesthetic Set-up Workshop/Fluids:	1	2	3	4	5
History of Anesthesia/Professionalism:	1	2	3	4	5
Anesthesia Machine:	1	2	3	4	5
Anatomy/Positioning:	1	2	3	4	5
Monitoring:	1	2	3	4	5
Workroom Tour:	1	2	3	4	5
Stress Management/Team Building:	1	2	3	4	5
Senior Student SRNA Panel:	1	2	3	4	5
Patient Safety:	1	2	3	4	5
Tour of YMS Library	1	2	3	4	5

Rate using a scale of 1-5      1-excellent      5-poor

Please rate as to presentation: (circle one)

YNHH Orientation: <b>M. Cosgrove</b>	1	2	3	4	5
Wellness/chemical dependency: <b>M. Dinnan</b>	1	2	3	4	5
Patient Safety: <b>M. Cosgrove</b>	1	2	3	4	5
Study/Test taking skills: <b>M. Cosgrove</b>	1	2	3	4	5
IV/Fluids & Set up: <b>C. Bartels/K. McClintock</b>	1	2	3	4	5
Monitoring: <b>K. McClintock/C. Bartels</b>	1	2	3	4	5
Anatomy/Positioning: <b>M. Cosgrove</b>	1	2	3	4	5
History/Professionalism: <b>C. Bartels</b>	1	2	3	4	5
Stress Management: <b>M. Cosgrove</b>	1	2	3	4	5
Cushing Medical Library tour: <b>D. Hersey</b>	1	2	3	4	5

What suggestions do you have for improving the orientation experience?

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Total # of evaluations entered:** \_\_\_\_\_



YNHHSNA Clinical Evaluation									
3-6 month composite									
Student:		Date:		Total # of evaluations entered:					
		Key:		3 - meets objectives independently 2 - meets objectives with assistance 1 - does not meet objectives N/A - not observed					
<b>Room Preparation</b>									
1. Conducts an anesthesia machine check and performs medication set up									
2. Anticipates equipment needs for each case									
<b>Assessment</b>									
1. Conducts a thorough and accurate patient interview and chart review									
2. Formulates appropriate care plan for all ASA levels									
<b>Record Keeping</b>									
1. Maintains a thorough anesthesia record									
2. Shows progress in charting in a timely manner									
<b>Induction</b>									
1. Demonstrates skill in IV insertion and beginners skill in arterial line placement									
2. Prepares patient for routine induction									
3. Exhibits knowledge of induction sequence									
4. Demonstrates improving skills in mask fit, laryngoscopy, and intubation									
5. Recognizes airway obstruction and esophageal intubation									
6. Demonstrates appropriate titration of medication for sedation cases									
7. Exhibits beginning skills in regional anesthetic technique									
<b>Maintenance</b>									
1. Anticipates needs for changes in anesthetic depth									
2. Initiates appropriate treatment for changes in patient condition									
3. Manages fluid therapy in uncomplicated cases									
4. Demonstrates knowledge in the management of regional anesthesia									
<b>Emergence</b>									
1. Anticipates termination of anesthesia									
2. Demonstrates knowledge of criteria for extubation									
3. Extubates patient with assistance									
4. Gives an organized PACU report									
<b>Interpersonal relationships</b>									
1. Accepts constructive criticism									
2. Exhibits qualities of a patient advocate									
4. Exhibits professional behavior/attitude at all times									
<b>Comments:</b>									
<b>Student:</b>				<b>Faculty:</b>					





**Yale-New Haven Hospital School of Nurse Anesthesia**

**Academic Evaluation – Mid-program**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Examinations:**

**Comments:**

Basics	
Anatomy	
Physics	
Pharm I	
Pharm II	
Pediatrics	
OB	
Cardiac	
Resp	
Spec. Topics	
Neuro	
Renal/Endo	

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Average of exam grades:** \_\_\_\_\_

**Care Plans:** # to date \_\_\_\_\_ **Quality of content:** \_\_\_\_\_

**Case #s to date:** \_\_\_\_\_

**Clinical hours to date:** \_\_\_\_\_

**Major categories covered to date:**

HTN ☐ CAD ☐ COPD/Asthma/smoking ☐ geriatrics ☐

Maj. abdominal ☐ ENT ☐ Pedi ☐ laparoscopy ☐ craniotomy ☐ total  
joint ☐ thoracotomy ☐ TURP ☐ vascular ☐ carotid ☐ AAA ☐ CABG ☐

ICD/Pacer ☐ CRF ☐ prone ☐ obese ☐ neck ☐ eye ☐ MAC ☐  
regional ☐ OTF (Special procedures) ☐

**Rotations: (circle all that apply)**

**St. Francis OB** ☐☐☐ **St. Francis OR** ☐☐☐ **St. Vincent's** ☐☐☐

**Yale Pedi** ☐☐☐

**Grand Rounds:** \_\_\_\_\_

**Attendance:** vacation/sick time taken: \_\_\_\_\_ **balance:** \_\_\_\_\_

**SEE exam (projected) date:** \_\_\_\_\_ **Score:** \_\_\_\_\_

**Student signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Faculty signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



**Yale-New Haven Hospital**  
**School of Nurse Anesthesia**

Student Summary Evaluation

Name: \_\_\_\_\_ Date: \_\_\_\_\_ AANA #: \_\_\_\_\_

**Key:** **E** – Excellent **AA** – Above Average **A** – Average **BA** – Below Average **P** – Poor

	Score	Comments
A. Didactic Criteria:		
1. <u>University GPA</u>	_____	_____
2. <u>Class room preparation clinical GPA</u>	_____	_____
3. <u>Motivation</u>	_____	_____
B. Clinical Criteria:		
1. <u>Pre anesthesia evaluation</u>	_____	_____
2. <u>Anesthesia care plan</u>	_____	_____
3. <u>Preparation / organization of equipment</u>	_____	_____
4. <u>Conduct of anesthesia</u>	_____	_____
5. <u>Logical thinking, theory transference</u>	_____	_____
6. <u>Completion of charts / records</u>	_____	_____
7. <u>Coordination of anesthesia care plans w/instructors</u>	_____	_____
8. <u>Interpersonal relationships</u>	_____	_____
9. <u>Professional integrity</u>	_____	_____
10. <u>Judgment</u>	_____	_____
11. <u>Dexterity</u>	_____	_____
12. <u>Adaptability</u>	_____	_____
13. <u>Efficiency</u>	_____	_____
C. Personal Criteria:		
1. <u>Acceptance of constructive criticism</u>	_____	_____
2. <u>Attendance / punctuality</u>	_____	_____
3. <u>Dependability</u>	_____	_____
4. <u>Effectiveness</u>	_____	_____
5. <u>Attitude</u>	_____	_____
6. <u>Flexibility</u>	_____	_____
7. <u>Initiative / motivation</u>	_____	_____
8. <u>Responsibility</u>	_____	_____
9. <u>Personal appearance</u>	_____	_____
10. <u>Self evaluation</u>	_____	_____

Comments / overall evaluation:

Student's comments:

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty signature: \_\_\_\_\_ Date: \_\_\_\_\_

## YNHHSNA Clinical Evaluation EXIT EVALUATION

**Student:**

**Date:**

**Total # of evaluations entered:**

**Key:**        **3** - meets objectives independently  
                  **2** - meets objectives with assistance  
                  **1** - does not meet objectives  
                  **N/A** - not observed

## Score

## Room Preparation

1. Maintains work area with drugs/supplies/equipment for cases

## Assessment

1. Formulates plans for all patients, considering history, procedure, co-morbidities, positioning, etc.
2. Demonstrates skill in anticipating the needs of complex patients/selection of appropriate interventions

## Record Keeping

1. Maintains an accurate and legible record

## Induction

1. Performs skillfully in emergent and non-emergent situations
2. Exhibits confidence as an independent practitioner
3. Performs technical skills with speed and dexterity
4. Quickly recognizes and appropriately treats airway problems

## Maintenance

1. Demonstrates ability to administer/manage a variety of anesthetic techniques
2. Treats complications associated with emergence and extubation
3. Chooses anesthetic technique in accordance with optimizing patient condition both intra and post-op

## Emergence

1. Plans emergence in a timely fashion
2. Recognizes and treats complications associated with emergence and extubation
3. Provides optimum patient safety and comfort upon arrival to PACU

## Interpersonal relationships

1. Instills confidence in instructors and surgeons by demonstrating anesthetic skills and knowledge
2. Accepts constructive criticism easily
3. Functions well in stressful situations
4. Exhibits professional behavior/attitude at all times

**Comments:**

**Student:** \_\_\_\_\_ **Faculty:** \_\_\_\_\_

[illegible]

## Chronic Pain Rotation

Observational rotation

Evaluation of student

Key:

1. Meets objectives
2. Fails to meet objectives

Student: \_\_\_\_\_

Date: \_\_\_\_\_

1. The student is knowledgeable of the anatomy and physiology associated with the regional blocks observed. \_\_\_\_\_
2. The student is knowledgeable of the medications utilized in the associated procedures. \_\_\_\_\_
3. The student asks appropriate questions at appropriate times \_\_\_\_\_
4. The student shows an interest and desire to learn \_\_\_\_\_
5. The student exhibits professional behavior at all times \_\_\_\_\_

Comments:



Yale New Haven Hospital  
School of Nurse Anesthesia

**OB Rotation Evaluation**

Students Name: \_\_\_\_\_

Date: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Number of cases done by student: \_\_\_\_\_ Number of Days Absent: \_\_\_\_\_

**Please score the student's performance using the following key**

Key: 5 - outstanding  
4 - above average  
3 - average  
2 - below average  
1 - poor  
0 - NA – not observed

**Anesthetic Assessment, Preparation and Performance**

1. The student was adequately prepared for the assignments. \_\_\_\_\_
2. The student has knowledge of the anatomy and physiology of pregnancy & the neonate. \_\_\_\_\_
3. The student has knowledge of the anesthetics techniques used. \_\_\_\_\_
4. The student has knowledge of the procedural techniques used. \_\_\_\_\_
5. The student has knowledge of the possible complications of the procedures. \_\_\_\_\_
6. Student is able to perform various regional procedures. \_\_\_\_\_

**Professional Attributes**

6. Works well with instructors \_\_\_\_\_
7. Works well with OR team \_\_\_\_\_
8. Receptive to learning \_\_\_\_\_
9. Accepts constructive criticism \_\_\_\_\_
10. Seeks help as needed \_\_\_\_\_
11. Is adaptable \_\_\_\_\_
12. Has a positive attitude \_\_\_\_\_
13. Can handle stressful situations \_\_\_\_\_
14. Has effective communication skills \_\_\_\_\_

Comments:

Yale-New Haven Hospital  
School of Nurse Anesthesia

**Pediatrics Rotation Evaluation**

Students Name: \_\_\_\_\_ Rotation Dates: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Number of cases done by student: \_\_\_\_\_ Number of Days Absent: \_\_\_\_\_

**Please score the student's performance using the following key**

Key: 5 - outstanding  
4 - above average  
3 - average  
2 - below average  
1 - poor  
0 - NA – not observed

**Anesthetic Assessment, Preparation and Performance**

1. The student was adequately prepared for the assignments. \_\_\_\_\_
2. The student has knowledge of the anatomy and physiology of the procedures/patients. \_\_\_\_\_
3. The student was able to safely handle technical aspects of the cases (airway, IV access). \_\_\_\_\_
4. The student understands positioning, medications, dosing in the pediatric patient. \_\_\_\_\_
5. The student has knowledge of the complications of the procedures in pediatric patients. \_\_\_\_\_

**Professional Attributes**

6. Works well with instructors. \_\_\_\_\_
7. Receptive to learning. \_\_\_\_\_
8. Accepts constructive criticism. \_\_\_\_\_
9. Attendance & punctuality. \_\_\_\_\_
10. Has a positive attitude. \_\_\_\_\_
11. Can handle stressful situations. \_\_\_\_\_
12. Works well with the OR staff. \_\_\_\_\_
13. Seeks help as needed. \_\_\_\_\_

Comments:

**Regional Rotation/OB Rotation/Pedi Rotation**  
**Evaluation by Student**

Student: \_\_\_\_\_ Date of rotation: \_\_\_\_\_ Location of rotation: \_\_\_\_\_

1. Was the rotation worthwhile? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain:

2. Were there enough clinical experiences available for adequate learning to take place?

3. Was the supervision adequate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain:

4. Please rate the overall quality of the instruction:

\_\_\_\_\_ excellent \_\_\_\_\_ very good \_\_\_\_\_ good \_\_\_\_\_ fair \_\_\_\_\_ poor

Comments:

5. What if anything should be changed / improved?

6. What did you like the most?

7. What did you like the least?

8. Do you feel that you were adequately prepared for the rotation?

\_\_\_\_\_ yes \_\_\_\_\_ no

If no, please explain:



School of Nurse Anesthesia

## Grade Sheet - Grand Rounds

Yale-New Haven Hospital School of Nurse Anesthesia

Date:

**Student Name:**

**Presentation:**

Criteria for evaluation (possible points) grade

1) Knowledge of subject presented **(30)** \_\_\_\_\_

2) Ability to develop significant concepts relating to topic **(15)** \_\_\_\_\_

3) Method of delivery/quality of AV presentation **(15)** \_\_\_\_\_

4) Ability to maintain interest **(10)** \_\_\_\_\_

5) Quality of communication **(10)** \_\_\_\_\_

6) Relevance of topic to anesthesia practice **(15)** \_\_\_\_\_

7) Topic engenders discussion/generates questions;  
questions answered knowledgeably **(5)** \_\_\_\_\_

TOTAL: **(100)** \_\_\_\_\_

Comments/suggestions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Revised 5/15

**Yale-New Haven Hospital School of Nurse Anesthesia  
Lecture Evaluation**

**Lecture:**

**Date:**

**Unit:**

**Instructor:**

	YES	NO
1. Were the course objectives met and clear?		
2. Was the sequence of the lecture appropriate in the unit?		
3. Were the reading assignments/handouts pertinent and helpful?		
4. Was the material presented pertinent?		
5. Was the presentation understandable?		

	Excellent	Good	Fair	Poor
6. The quality of the instruction was:				

	Just Right	Too Fast	Too Slow
7. The pace of the lecture was:			

Yale-New Haven Hospital  
School of Nurse Anesthesia

**Journal Club Evaluation**

1. Did you find Journal Club to be a valuable addition to the program?

\_\_\_\_\_Yes    \_\_\_\_\_No    If not, why?

2. Were the presentations clear?

\_\_\_\_\_Yes    \_\_\_\_\_No

3. Were the presentations interesting?

\_\_\_\_\_Yes    \_\_\_\_\_No    If not, why?

4. Did the presentations initiate valuable discussion?

\_\_\_\_\_Yes    \_\_\_\_\_No

Please offer some future topics and/or suggestions as to how we might improve Journal Club:

## Faculty Clinical **CRNA** Evaluation

Instructor's Name: \_\_\_\_\_ Date \_\_\_\_\_

- 5-Excellent  
4- Very Good  
3- Good  
2-Fair  
1- Poor

1. Does the instructor show an organized plan of action for the student assignment? \_\_\_\_\_
2. Is accessibility of the supervising instructor adequate? \_\_\_\_\_
3. Does the instructor knowledgeably respond to questions? \_\_\_\_\_
4. Does the instructor offer a sound basis for his/her actions? \_\_\_\_\_
5. Are questions asked at appropriate times? \_\_\_\_\_
6. Is the instructor usually flexible to student choice of agents and techniques? \_\_\_\_\_
7. Does the instructor serve as a role model for the student? \_\_\_\_\_
8. Is the instructor realistic in his/her expectations of student progress? \_\_\_\_\_
9. Is the instructor acting in an impartial manner regarding individual students? \_\_\_\_\_
10. Does the instructor stimulate personal and professional growth? \_\_\_\_\_
11. Does the instructor have a good working relationship with the others in the clinical area? \_\_\_\_\_
12. Does the instructor view the clinical area as a teaching area? \_\_\_\_\_
13. Does the instructor attempt to produce a favorable teaching/learning atmosphere? \_\_\_\_\_
14. Is the instructor's quantity of assistance: ( ) too much ( ) too little ( ) just right

Student's Comments:

### Directors Evaluation:

1. Participates in student evaluation process: 5 4 3 2 1  
( ) ( ) ( ) ( ) ( )
2. Teaches: ( ) Didactic ( ) Clinical ( ) N/A
3. Evaluation of lectures: ( ) ( ) ( ) ( ) ( )
4. Update of lectures:
5. Serves on committee(s): ( ) Yes ( ) No

## Faculty Clinical **Physician** Evaluation

5-Excellent  
4- Very Good  
3- Good  
2-Fair  
1- Poor

- Student's Comments:

1. Participates in student evaluation process: 5 4 3 2 1  
( ) ( ) ( ) ( ) ( )

2. Teaches: ( ) Didactic ( ) Clinical ( ) N/A

3. Evaluation of lectures: ( ) ( ) ( ) ( ) ( )

4. Update of lectures:

5. Serves on committee(s): ( ) Yes ( ) No



Yale-New Haven Hospital  
School of Nurse Anesthesia

Evaluation of the Program

Please evaluate the past 17 months of this program.

1. a. Overall, please evaluate the clinical and classroom work:  
Excellent\_\_\_\_\_ Very Good\_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_
- b. Instructors and methods of instruction:  
Excellent\_\_\_\_\_ Very Good\_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_
- c. Equipment used:  
Excellent\_\_\_\_\_ Very Good\_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_
2. What do you consider to be the strongest points of this program?  
\_\_\_\_\_  
\_\_\_\_\_
3. What do you consider to be the weakest points of this program?  
\_\_\_\_\_  
\_\_\_\_\_
4. What suggestions do you have for improving this program?  
\_\_\_\_\_  
\_\_\_\_\_
5. How would you rate the following? (High, Average, Low)  
Your interest\_\_\_\_\_ Work load\_\_\_\_\_ Professional value for you \_\_\_\_\_
6. What prompted you to choose this specialty?  
\_\_\_\_\_
7. Would you make the same choice again? Yes\_\_\_\_\_ No\_\_\_\_\_
- If no, why: \_\_\_\_\_
8. What prompted you to select this school?  
\_\_\_\_\_
9. Is the amount of supervision you received adequate? Yes\_\_\_\_\_ No\_\_\_\_\_
10. Do you feel you were adequately prepared for the role as a CRNA by this program?  
Yes\_\_\_\_\_ No\_\_\_\_\_ If no, why: \_\_\_\_\_

### Program Director Evaluation by Student

**Key:** 3 - Excellent/Consistently  
2 - Satisfaction/Frequently  
1 - Poor/Rarely  
N/A - Not applicable

1. Demonstration of integrity and welfare of student
2. Reflection of appropriate role model
3. Adherence to and maintenance of school policies
4. Availability to students and faculty
5. Courtesy and respectfulness in regards to faculty
6. Courtesy and respectfulness in regards to staff
7. Courtesy and respectfulness in regards to students

1. Initiation and maintenance of open channels of communication with faculty and students
2. Sensitivity and concern to others during communication process
3. Utilization of established protocol
4. Consistency in communication

1. Monitoring school progress to consistency in assessing and identifying possible problem areas
2. Identifies problems where change is needed
3. Cohesiveness in planning with faculty problem solving process
4. Capability in implementing change to resolve a problem
5. Objectivity in evaluation plan

1. Organization in direction and instruction of students
2. Availability to teach
3. Accepting and supportive of students and faculty
4. Responsibility for preparing students to clinical assignments

Student:

Date: \_\_\_\_\_

[illegible]

## **YNHHSNA Office/Library/Classroom**

The YNHHSNA office, classroom and library is located at the Orchard Street Medical Building (MOB) Suite 216. Access to the suite is available through a YNHH ID badge scanner on the front door. ***Access to the suite is monitored continuously; in the event of damaged or stolen resources, names of individuals who have utilized the suite during the period of incident occurrence will be retrieved from security and questioned.***

The school library contains many texts, Current Reviews, trainers and other informational material for the students to utilize. Textbooks may be signed out at the discretion of the program director (PD); however, students are encouraged to utilize library texts while on campus. Additionally, students have full access to all texts, journals and databases through the Yale Medical School library. The library is accessible via WiFi while on the YNHH-SRC or via VPN installed on the library computer.

Reference books, bound journals, Current Reviews, historical books, models and trainers may be utilized freely but are not available for removal from the library. Use of trainers must be pre-approved by the PD or APD; trainers must be cleaned, dried and replaced after each use. Sharps must be disposed of in the red sharps container located at the door of the library.

Personal laptops and iPads may be utilized in the library and may be stored in a locked cabinet. The current cabinet access code may be obtained through the PD, APD or the administrative assistant. YNHHSNA will not be held responsible for misplaced or stolen personal belongings or valuable items; utilize the locked cabinet with discretion.

With the exception of the administrative assistant's area and the PD and ADP offices, the MOB 216 suite is accessible at all times to enrolled students. Please replace library books, remove all personal articles, clean areas where food has been eaten, discard used eating utensils, replace chairs and erase the whiteboards after use. ***In the event that you are the last to leave the suite, please be sure to close the main office door and ascertain locked status.***

Your cooperation in maintaining our classroom, library, bathroom and kitchenette in a clean, orderly fashion is critical and much appreciated.

## Educational Equipment Inventories

### 1. Video Cassettes:

#### a. ASA Patient Safety Videos

- i. Adverse Event
- ii. Anatomy of the Anesthesia Machine
- iii. Anesthesia Equipment Service
- iv. Difficult Airway I, II & III
- v. Disconnection
- vi. Human Factors
- vii. Machine Checkout/Preventing Disconnections
- viii. Monitoring the Neuromuscular Junction
- ix. Monitoring the Six Senses
- x. Monitoring the Instruments
- xi. Patient Safety in the PACU
- xii. Record Keeping
- xiii. Chemical Dependence
- xiv. Obstetric Anesthesia
- xv. Patient Safety and Risk Management
- xvi. Infection Control in the Practice of Anesthesia
- xvii. CVP Catheter - Patient Complications
- xviii. Fire in the OR
- xix. Braun Series: Epidural Anesthesia and Analgesia - Thoracic
- xx. Brachial Plexus Anesthesia - Subclavian Perivascular Technique
- xxi. Brachial Plexus Anesthesia
- xxii. Interscalene Perivascular Technique
- xxiii. Peripheral Blocks of the Lower Extremities
- xxiv. Continuous Axillary Plexus Block for Postoperative Analgesia

- b. Distinguished Professor Programs
  - i. Breath - By Breath of Anesthetic Dept
  - ii. Clinical Applications of Uptake and Distribution
  - iii. Inhalation Induction
  - iv. Uptake & Distribution
- c. Cardiac
  - i. Rapid Recovery from C.A.B. a Multidisciplinary View
  - ii. Theory of Intra-Aortic Balloon Counter Pulsation
  - iii. Insertion and Removal of the Percor
  - iv. Stat Dual Lumen Intra-Aortic Balloon
- d. Instructional
  - i. Ultiva (Glaxo-Wellcome)
  - ii. Technique of Diprivan Sedation for MAC
  - iii. M.H. Grand Rounds (Zeneca)
  - iv. M.H. Knowing your Role (MHAUS)
  - v. Winning the Cold War (Augustine Medical)
  - vi. Laser Safety (Baxter)
- e. Miscellaneous
  - i. Cases in Point - #10
  - ii. Cases in Point - #11 (Roche)
  - iii. Caring Unmasked (AANA)
  - iv. Inotropic Support for the Postoperative Failing Heart (Sanofi Winthrop)
  - v. Histamine Release During Anesthesia
  - vi. TEE - Multiple Videos
  - vii. Managing Low Cardiac Output in the Cardiac Surgical Patient (Winthrop)
  - viii. CVP Catheter Complications I, II & III
  - ix. LMA Instructional Video
  - x. Unmasking Addiction - Chemical Dependency in Anesthesia
  - xi. Wearing Masks
- f. Slides, Tapes & CDs
  - i. Distinguished Professor Series
  - ii. Audio Digest Anesthesiology
  - iii. Stress Management
  - iv. Romazicon: Instructional Slides

## Anatomical Models/Simulators

- A. Airway Mannequins
  - a. Adult (2)
  - b. Difficult Adult
  - c. Neonate
- B. IV training arm (3)
- C. A-line training arm
- D. Regional (Spinal/epidural)
  - a. Simulator (Nasco)
  - b. Genesis with 3 cores (normal, obese, elderly)
  - c. Baricity trainers (3)
- E. Central Line Simulators (3)
- F. SYN:APSE simulation center
- G. larynx model
- H. Cardiac models (2)
- I. Tracheobronchial tree
- J. Spines (2)

## Printed Materials – Texts

Anesthesia for Ambulatory Surgery, Wetehier  
Anesthesia Equipment, Ehrenwerth  
Anesthesia for Obstetrics, Schneider  
A Practical Approach to Cardiac Anesthesia, 3<sup>rd</sup> Edition, Hensley, Martin & Gravlee  
Atlee, John, 1999, Complications in Anesthesia, W.N. Saunders  
Atlee, 2007, 2<sup>nd</sup> Edition, Complications in Anesthesia, Saunders  
Bankert M. 1989, Watchful Care, A History of American Nurse Anesthetists, Continuum Publishing Co.  
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Barash P.G., Cullen B.R., & Stoelting R.K. Edition, Clinical Anesthesia 2009, LWW  
Bell C., Hughes C. 1991, Pediatric Anesthesia Handbook, C.V. Mosby  
Benumof J. 1987, Anesthesia for Thoracic Surgery, W.B. Saunders  
Benumof, Jonathan, 1997, 4<sup>th</sup> Edition, Anesthesia and Uncommon Diseases. W.B. Saunders, 1998  
Benumof, J. 2007, 2<sup>nd</sup> Edition, Airway Management, Mosby  
Biddle, 2010, Evidence Trumps Belief, AANA Publishing  
Blumenreich, 2011, Let the Record Show, AANA Publishing  
Brainard, C.A. ACLS Prep, Appleton & Lage, 1997  
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Brown, David L., Regional Anesthesia and Analgesia. W.B. Saunders, 1999  
Brown, David L., Atlas of Regional Anesthesia. W.B. Saunders, 2<sup>nd</sup> Edition, 1999  
Bucklin, Gambling & Wlody, 2009, A Practical Approach to Obstetric Anesthesia, LWW  
Cecil Textbook of Medicine, 22<sup>nd</sup> Edition, Goldman & Ausiello  
Cheng, Eugene, Manual of Anesthesia and the Medically Compromised Patient, Lippincott, 1990  
Chestnut, 1999, 2<sup>nd</sup> Edition, Obstetric Anesthesia, Mosby  
Clement, Carmine, Anatomy, Williams & Wilkins, 1997  
Cole, D. & Schlunt, M., 2004, Adult Perioperative Anesthesia, Elsevier/Mosby  
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Craig, Charles & Stitzel, Robert, Modern Pharmacology with Clinical Applications, 5<sup>th</sup> Edition, Little, Brown & Co., 1997  
Dorsch J. & Dorsch S., 2011, Anesthesia Equipment, Williams & Wilkins  
Dripps, R.D., 1988, Introduction to Anesthesia: Principles of Safe Practice, W.B. Saunders  
Dubin D., 1989, 3<sup>rd</sup> Edition, Rapid Interpretation of EKG's.  
Duke, 2003, Anesthesia Pearls, Hanley & Belfus

Duke, 2006, 3<sup>rd</sup> Edition, Anesthesia Secrets, Elsevier  
 Elisha, 2011, 2<sup>nd</sup> Edition, Case Studies in Nurse Anesthesia, Jones Bartlett Learning  
 Ellis H.E. & Feldman, S., 1988, 3<sup>rd</sup> Edition, Anatomy for Anesthetists, Blackwell Scientific Publications  
 Firestone, J., 1988 Clinical Anesthesia Procedures of Massachusetts, General Hospital, Little Brown  
 Fleisher, 2009, Evidence Based Practice of Anesthesiology, Saunders Elsevier  
 Fleisher & Roizen, 2011, 3<sup>rd</sup> Edition, Essence of Anesthesia Practice, Elsevier  
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 Gray H., 1985, 30<sup>th</sup> Edition, Anatomy of the Human Body, Lea and Feibiger  
 Gregory, George; Pediatric Anesthesia, 3<sup>rd</sup> Edition, Churchill Livingstone, 1994  
 Guyton & Hall 2011, 12<sup>th</sup> Edition, Textbook of Medical Physiology, Saunders Elsevier  
 Hensley, Martin & Gravlee, 2008, 4<sup>th</sup> Edition, A Practical Approach to Cardiac Anesthesia, LWW  
 Henrichs & Thompson, 2009, A Resource for Nurse Anesthesia Educators, AANA Publishing  
 Holum, J., 1983, Elements of General & Biological Chemistry, Wiley  
 Hung & Murphy, 2008, Management of the Difficult and Failed Airway, McGraw Hill  
 Jaffee, Stanley, 2009, 4<sup>th</sup> Edition, Anesthesiologists Manual of Surgical Procedures, Lippincott  
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 Ochs, Ginger & Melvin, 1997, 3<sup>rd</sup> Edition, Recognition & Interpretation of ECG Rhythms, Appleton & Lange  
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 Pain Management I & II, Bonica  
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 Principles & Practice of Anesthesia, Waigaman  
 Principles and Practice of Anesthesiology, Volume I & II, Rogers  
 Professional Aspects of Nurse Anesthesia Practice, Foster, S.  
 Anatomical Chart Series, Spinal and Epidural Blocks, Upper Extremity Blocks  
 Professional Practice Manual, AANA  
 Reed, Alan P., 1995, 2<sup>nd</sup> Edition, Clinical Cases in Anesthesia  
 Reese, Chas, 1993, Upper Extremity Blocks, AANA  
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 Textbook of Military Medicine Anesthesia and Perioperative Care of the Combat Casualty, Brigadier General  
 Textbook of Pediatrics, Nelson  
 Thomas C.L., 1989, 13<sup>th</sup> Edition, Taber's Cyclopedic Medical Dictionary, F.A. Davis  
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Zajtchuk, Russ, Office of the Surgeon General, 1995

#### Journals

New England Journal of Medicine  
AANA Journal  
Anesthesiology  
Anesthesia and Analgesia  
British Journal of Anesthesia  
Anesthesiology Review  
Critical Care Medicine  
Journal of Clinical Anesthesia

#### Review Materials

Delpra, Mark, Sick, Steven, Dekornfeld, Thomas, Anesthesiology, 7<sup>th</sup> Edition  
Dershwitz, Mark, The MGH Board Review of Anesthesiology, 5<sup>th</sup> Edition Appleton & Lange, 1999  
Faust, Ronald, Anesthesiology Review, 2<sup>nd</sup> Edition, Churchill – Livingston, 1994  
Katz, Jeffrey, Anesthesiology, A Comprehensive Study Guide, McGraw-Hill, 1997  
Waugaman, Wayne and Foster, Scott, Nurse Anesthesia – Certification Review, Appleton & Lange, 1990  
Silverman, David and Connelly, Neil, Review of Clinical Anesthesia, 2<sup>nd</sup> Edition, 1997

Yale Medical School Library: <http://library.medicine.yale.edu/>

### Online texts

Site	username	password
<a href="http://www.inkling.com">www.inkling.com</a>	hsrsona@gmail.com	school

#### Texts:

Anesthesia and Uncommon Diseases (Fleisher)  
Clinical Anesthesia 7th Ed. (Barash)  
Conn's Current Therapy (2014)  
Essence of Anesthesia Practice (Fleisher and Roizen)  
Goldman's Cecil Medicine  
Miller's Anesthesia 7th Ed.  
Miller's Basics of Anesthesia 6th Ed.  
Nelson Textbook of Pediatrics  
Pharmacology and Physiology for Anesthesia (Hemmings and Egan)  
Rosen's Emergency Medicine  
Stoelting's Pharmacology and Physiology in Anesthetic Practice 5th Ed.



## Library Acquisitions-2013

AACN Procedure Manual for Critical Care 5th Ed  
Alspach Core Curriculum for Critical Care Nursing 6th Ed.  
Argenta Basic Science for Surgeons  
Bailar Medical Uses of Statistics  
Barash Clinical Anesthesia (6th Ed.)  
Barash Clinical Anesthesia 4th Ed.  
Benumof's Airway Management 2 Ed  
Berry & Kohn's Operating Room Technique 10th Ed.  
Bordow Manual of Clinical Problems in Pulmonary Medicine 5th Ed  
Brown Atlas of Regional Anesthesia (4th Ed)  
Cassell Geriatric Medicine 4th Ed  
Chang Pathophysiology Applied to Nursing Practice  
Chelly Peripheral Nerve Blocks: A Color Atlas  
Chestnut's Obstetric Anesthesia 4th Ed.  
Chu Manual of Clinical Anesthesiology  
Chung Gross Anatomy  
Clinical Anesthesia Procedures of the Massachusetts General Hospital (8th Ed.)  
Clinical Anesthesia Procedures of the Massachusetts General Hospital 7th Ed.  
Cote' A Practice of Anesthesia for Infants and Children 4th Ed.  
Creasy and Resnik's Maternal-Fetal Medicine  
Cunningham et al. Williams Obstetrics 22nd Ed.  
Davis Basic Physics and Measurement in Anesthesia 5th Ed.  
Davis Smith's Anesthesia for Infants and Children (8th Ed.)  
Dewan and Hood Practical Obstetric Anesthesia  
Dorsch and Dorsch Understanding Anesthesia Equipment 4th Ed  
Drain Perianesthesia Nursing: A Critical Care Approach  
Duke Anesthesia Secrets  
Evers, Maze and Kharasch Anesthetic Pharmacology  
Fishman Fishman's Manual of Pulmonary Diseases and Disorders 3rd Ed.  
Glantz Primer of Biostatistics 6th Ed.  
Goldstein A Practical Approach to Pulmonary Medicine  
Goodman & Gilman's The Pharmacological Basis of Therapeutics 11th Ed  
Guyton and Hall Textbook of Medical Physiology 11th Ed.  
Hadzic Textbook of Regional Anesthesia and Acute Pain Management  
Hay Current Diagnosis and Treatment in Pediatrics 18th Ed.  
Hensley/Martin A Practical Approach to Cardiac Anesthesia  
Hines Handbook for Stoelting's Anesthesia and Co-Existing Disease (3rd Ed.)  
Hines Stoelting's Anesthesia and Co-Existing Disease (3rd Ed.)  
Hockenberry Wong's Nursing Care of Infants and Children  
Hurst's The Heart 12th Ed.  
Jaffe and Samuels Anesthesiologist's Manual of Surgical Procedures (3rd and 4th eds)  
Jekel Epidemiology, Biostatistics and Preventive Medicine

## Library Acquisitions-2013

Kenner Comprehensive Neonatal Care 4th Ed  
Knowles The Adult Learner: A Neglected Species 3rd Ed.  
Lang How to Report Statistics in Medicine  
Lobato Complications in Anesthesiology  
Longnecker Introduction to Anesthesia 9th Ed  
Longnecker's Anesthesiology (2008 - 1st Ed.)  
Malamed Sedation: A Guide to Patient Management  
Miller Basics of Anesthesia (6th Ed)  
Morgan and Mikhail Clinical Anesthesiology 3rd and 4th eds.  
Mulroy Regional Anesthesia: An Illustrated Procedural Guide (3rd Ed.)  
Nagelhout and Plaus Nurse Anesthesia 4th Ed  
Nair and Peate Fundamentals of Applied Pathophysiology  
Otto The Practice of Clinical Echocardiography 3rd Ed.  
Pernkopf Anatomy Vols 1 and II 3rd Ed  
Rothrock Alexander's Care of the Patient in Surgery 12th Ed.  
Schell Critical Care Nursing Secrets  
Shnider and Levinson's Anesthesia for Obstetrics 4th Ed.  
Skandalakis Surgical Anatomy and Technique 2nd Ed.  
Smith Marks' Basic Medical Biochemistry: A Clinical Approach 2nd Ed.  
Sobotta Atlas of Human Anatomy 1 and 2  
Stoelting and Hillier Pharmacology and Physiology in Anesthetic Practice 4th Ed.  
Stoelting Basics of Anesthesia 4th Ed.  
Straus Evidence-Based Medicine: How to Practice and Teach EBM  
The Washington Manual of Medical Therapeutics 31st Ed  
Topol Textbook of Cardiovascular Medicine 3rd Ed  
Waugh Cardiac Arrhythmias: A Practical Guide for the Clinician  
Zollinger's Atlas of Surgical Operations  
Zollo Medical Secrets 4th Ed

## Care Plan requirements:

**Beginning the first Monday in July, care plans will be required at the rate of 1 complete care plan per day. The front page of the careplan (refer to pg 106) should be completed for every case done until the SRNA is notified otherwise.**

Each Monday (or Tuesday at the latest), students will submit their packet of front pages and completed CPs from the previous week electronically to hsrsona@gmail.com. ***Each packet should be submitted in PDF format with one weekly case coversheet*** (refer to pg 113).

**Weekly case reports will be required to be submitted at a rate of 1/week from the start to the end of the clinical practicum.**

If you spend the day off the floor in IV, PACU or pre-op rotations, if you are on vacation, or you are out for illness on any given day, please delineate that day on the coversheet so we know not to expect a CP or a preceptor signature for those days. PRECEPTOR SIGNATURES ARE REQUIRED FOR EVERY DAY SPENT IN CLINICAL. **Failure to obtain signatures will result in the inability to take credit for cases done on that day.** Please do not fill in the preceptor's initials yourself.

Care plan readers will be keeping track of numbers/case types for each student. Please remember to keep track of CPs done on Typhon as well. We will be cross-referencing numbers to make sure that we have approximately the same number of CPs recorded as have been submitted

**Care plans are still required if at rotation sites where you are in the main OR.** Submit them electronically via e-mail.

For the YNHH pediatric rotation, a total of **3 CPs** will be required for the 3 week rotation.

For the OB rotations, a total of **3 CPs** will be required as delineated on the spreadsheet (1 C/S, 1 labor epidural, 1 co-morbidity or unusual finding/outcome).

During the midpoint evaluation (9-12 months), students will be asked to bring their CP checklist and one completed CP for each item checked. The eventual goal is to form a portfolio of CPs using the requirement checklist as the template. ***As a requirement for programmatic completion/graduation, each student will submit their completed portfolio containing all CPs on the checklist at the time of their exit evaluation. In an effort to "go green", this will also be done electronically. Failure to submit this portfolio will result in prolongation of the program and an inability to graduate.***

Rev 5/15

## Yale-New Haven Hospital School of Nurse Anesthesia

### CARE PLAN

SRNA: \_\_\_\_\_ DATE: \_\_\_\_\_ Preceptors initials:

Pre-operative diagnosis:

Proposed surgery:

Description of surgery to be performed (BRIEF synopsis):

Anesthetic implications for planned procedure (BULLETED format - *prioritize* )

1)

2)

3)

4)

5)

6)

7)

8)

9)

10)

ANESTHETIC PLAN A:

ANESTHETIC PLAN B:

References (2):

1)

2)

Age:	M/F	Ht: (in/cm)	Wt (lbs/kg)	BMI
<b>Allergies:</b>			<b>Tobacco/ETOH?</b>	
<b>Cultural needs:</b>				
<b>Medical history</b>				
cardiac		endocrine		
respiratory		renal		
neurologic		hepatic		
musculoskeletal		other		
<b>Surgical history</b>				
<b>Anesthetic history</b>				
family history				
<b>Medications</b>				
<b>Airway</b>		<b>Urine pregnancy</b>		
MP class		neg	n/a	
ULBT/TM distance				
Teeth		<b>NPO?</b>		
cervical ROM		last intake of solid		
oral aperture		last intake of liquid		
<b>Labs</b>		<b>EKG</b>		
H/H	PT			
platelets	PTT			
K+	INR			
glu	other		<b>CXR</b>	
BUN				
creatinine				
Other pertinent labs/tests:				
Post-op pain management planned for/discussed?				
Risks/complications/alternatives discussed?				
Blood transfusion risks/complications discussed/accepted?				
<b>ASA</b>	I	II	III	IV
				V
				VI
				E

## CASE SUMMARY

Medications/dosages:

induction:

pressors:

maintenance:

antibiotics:

emergence:

other meds:

Local/route (if applicable)

dose limit of local used: mg/kg ml total ml used in case

## Fluid worksheet

Pt wt (kg)
Preop HCT

	(EBV X HCT%)				
	RBCV(pre)				
EBV*	minus	RC loss	X 2.5	→	ABL to HCT 30 (ml)
	RBCV(HCT 30)				
	(EBV X 0.3)				

## \*Est. blood vols:

preemie 95 ml/kg

neonate 85 ml/kg

infant 80 ml/kg

adult male 75 ml/kg

adult female 65 ml/kg

## Fluid worksheet

### surgical hours

attributes

Maint

Deficit

3rd space

EBL repl

crystalloid

colloid

Totals

hourly

accum vol

	1	2	3	4	5	6	7
Maint							
Deficit							
3rd space							
EBL repl							
crystalloid							
colloid							
Totals							
hourly							
accum vol							

Notes:

[illegible]

# Yale-New Haven Hospital School of Nurse Anesthesia

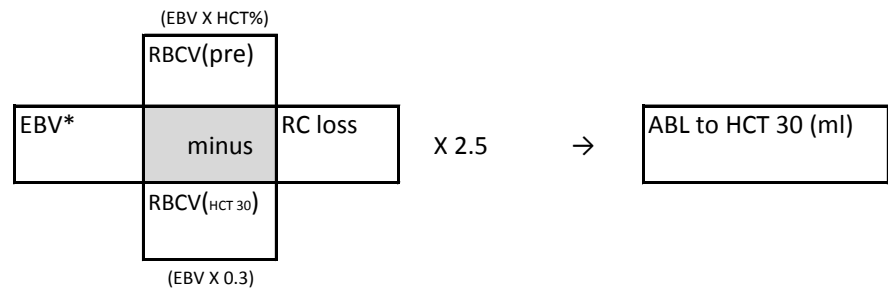
## SENIOR CARE PLAN

<b>SRNA:</b> _____		<b>DATE:</b> _____		<b>Preceptors initials:</b> <span style="border: 1px solid black; padding: 2px 10px;"> </span>				
<b>Pre-operative diagnosis:</b>		Age	Ht/Wt	BMI	ASA	Allergies	Airway	
		<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	
<b>Proposed surgery:</b>								
Anesthetic implications:				Anesthetic plan (primary)				
1)								
2)								
3)								
4)				Anesthetic plan (alternate)				
5)								
6)								
7)								
<b>Co-morbidities</b>				<b>Anesthetic implications</b>				
<b>Medications:</b>				<b>Anesthetic implications</b>				
<b>Cultural needs:</b>				<b>Anesthetic implications</b>				
<b>Labs</b>								
H/H; plts	K+	glu	BUN	Cr	PT	PTT	INR	other
<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	<span style="border: 1px solid black; padding: 2px 10px;"> </span>
EKG				CXR				
other								
<b>Meds/total doses</b>	<b>Induction</b>		<b>Maintenance</b>		<b>Ancillary</b>		<b>Antiemetics</b>	
	midazolam	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	sevoflurane	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	glycopyrrolate	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	ondansetron	<span style="border: 1px solid black; padding: 2px 10px;"> </span>
	fentanyl	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	desflurane	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	neostigmine	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	dexamethasone	<span style="border: 1px solid black; padding: 2px 10px;"> </span>
<b>Local/route</b>	propofol	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	N2O	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	ephedrine	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	metoclopramide	<span style="border: 1px solid black; padding: 2px 10px;"> </span>
	etomidate	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	fentanyl	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	phenylephrine	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	droperidol	<span style="border: 1px solid black; padding: 2px 10px;"> </span>
	ketamine	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	hydromorphone	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	ABX	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	other (i.e. gtt)	<span style="border: 1px solid black; padding: 2px 10px;"> </span>
<b>Max dose (mg &amp; ml)</b>	rocuronium	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	roc/vec	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	ketorolac	<span style="border: 1px solid black; padding: 2px 10px;"> </span>		<span style="border: 1px solid black; padding: 2px 10px;"> </span>
	SCh	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	propofol gtt	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	acetaminophen	<span style="border: 1px solid black; padding: 2px 10px;"> </span>		<span style="border: 1px solid black; padding: 2px 10px;"> </span>
	lidocaine	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	remifentanyl gtt	<span style="border: 1px solid black; padding: 2px 10px;"> </span>	famotidine	<span style="border: 1px solid black; padding: 2px 10px;"> </span>		<span style="border: 1px solid black; padding: 2px 10px;"> </span>



Pt wt (kg)
Preop HCT

preemie 95 ml/kg  
neonate 85 ml/kg  
infant 80 ml/kg  
adult male 75 ml/kg  
adult female 65 ml/kg



## Fluid worksheet

		surgical hours						
		1	2	3	4	5	6	7
attributes	Maint							
	Deficit							
	3rd space							
EBL repl								
	crystalloid							
	colloid							
Totals								
	hourly							
	accum vol							

## POST-OP EVALUATION

vital signs?	
pain?	
treatment	
PONV?	
treatment	
untoward anesthetic effects?	

**Case Journal** (include notes/incidents/untoward events/personal observations pertaining to case)

[illegible]

## Care Plan Requirement Checklist

AAA	<input type="checkbox"/>	Robotic	<input type="checkbox"/>
Endovascular	<input type="checkbox"/>	Spinal (cord monitoring)	<input type="checkbox"/>
(? )open	<input type="checkbox"/>	Sitting	<input type="checkbox"/>
Abdominal (open)	<input type="checkbox"/>	Thoracotomy	<input type="checkbox"/>
Ablation	<input type="checkbox"/>	Total joint	
AICD/Pacer	<input type="checkbox"/>		
CABG/Valve	<input type="checkbox"/>	hip	<input type="checkbox"/>
OTF procedures		knee	<input type="checkbox"/>
		Trauma	<input type="checkbox"/>
		TURP	<input type="checkbox"/>
MRI	<input type="checkbox"/>	Other surgeries:	
IR	<input type="checkbox"/>	_____	<input type="checkbox"/>
ESWL	<input type="checkbox"/>	_____	<input type="checkbox"/>
ECT	<input type="checkbox"/>	_____	<input type="checkbox"/>
GI lab	<input type="checkbox"/>	_____	<input type="checkbox"/>
Carotid	<input type="checkbox"/>		
Craniotomy	<input type="checkbox"/>	Other comorbidities:	
intracranial	<input type="checkbox"/>	_____	<input type="checkbox"/>
(?) transsphenoidal	<input type="checkbox"/>	_____	<input type="checkbox"/>
CRF/AVF	<input type="checkbox"/>	_____	<input type="checkbox"/>
COPD			
asthma	<input type="checkbox"/>		
smoking	<input type="checkbox"/>		
Diabetes	<input type="checkbox"/>		
ENT	<input type="checkbox"/>	_____	<input type="checkbox"/>
Geriatrics	<input type="checkbox"/>	_____	<input type="checkbox"/>
HTN	<input type="checkbox"/>	_____	<input type="checkbox"/>
Laparoscopic	<input type="checkbox"/>	_____	<input type="checkbox"/>
Lateral	<input type="checkbox"/>	_____	<input type="checkbox"/>
Lithotomy	<input type="checkbox"/>		
MAC			
Neck		Rotation sites:	
thyroid	<input type="checkbox"/>		
(?) dissection	<input type="checkbox"/>	SF	<input type="checkbox"/>
OB		main OR	<input type="checkbox"/>
vaginal	<input type="checkbox"/>	OB	<input type="checkbox"/> X 3
C/S	<input type="checkbox"/>		
co-morbidity	<input type="checkbox"/>	SV	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	YNHH pedi	<input type="checkbox"/> X 3
gastric bypass/banding	<input type="checkbox"/>		
Oral/Maxillofacial	<input type="checkbox"/>		
nasal intubation	<input type="checkbox"/>		
Ophthalmic	<input type="checkbox"/>		
Pediatric	<input type="checkbox"/>		
Prone	<input type="checkbox"/>		
PVD	<input type="checkbox"/>		
Regional		Name:	
spinal/epidural	<input type="checkbox"/>	_____	
major nerve (intersca., fem, pop)	<input type="checkbox"/>		
Bier	<input type="checkbox"/>		

Rev 5/15

# YNHHSNA

## Weekly Case Report

Name: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Week of: \_\_\_\_\_

Total cases  
for week:

\_\_\_\_\_

Day	Procedure(s)	Preceptor signature	Evaluation (y/n)	Time (in/out)	Care Plan(s)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					



Yale-New Haven Hospital School of Nurse Anesthesia  
Honor Policy

I have read and understand the Honor Policy of the Yale-New Haven Hospital School of Nurse Anesthesia. I understand that I may be dismissed from the program with no opportunity for readmission if I am found in violation of this policy at any time during the program.

---

Student Name (print)

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Student Signature

---

Date



## Signature Sheet

I have completely read and understand the contents of the Yale-New Haven Hospital School of Nurse Anesthesia Policy and Procedure Manual and will abide by the policies and procedures set forth in the Manual.

---

Student Name (print)

---

Student Signature

---

Date