



# **OAKLAND UNIVERSITY – BEAUMONT GRADUATE PROGRAM OF NURSE ANESTHESIA**

## **OAKLAND UNIVERSITY**

School of Nursing  
Human Health Building  
Rochester, MI 48309-4401

## **BEAUMONT HOSPITAL**

3601 W. Thirteen Mile Road  
Royal Oak, Michigan 48073-6769

## **STUDENT HANDBOOK Class of 2015**

**Material contained in this handbook is supplemental to material found in the Oakland University School of Nursing Graduate Student Handbook and in the Graduate Catalog for Oakland University**

**[www.oakland.edu/nursing](http://www.oakland.edu/nursing)**

**September 2013**

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School of Nursing

Rochester, Michigan 48309-4401  
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September 2013

Dear Student,

Welcome to the Oakland University - Beaumont Graduate Program of Nurse Anesthesia. The program of study over the next 28 months will include intense classroom and clinical experiences that will prepare you as an advanced practice nurse in the speciality of anesthesia.

Program administration has developed this student handbook to provide you with a guide to program policies and procedures. The program incorporates both Oakland University (OU) and Beaumont Hospital policies and procedures. In addition to this anesthesia student handbook, it is essential that you read and understand all of the information relating to the graduate school of nursing and nurse anesthesia in the current Oakland University Graduate Catalog, the current School of Nursing (SON) Graduate Student Handbook, and relevant Beaumont manuals, policies and procedures found online on the Beaumont website. Each student is responsible for reviewing and adhering to the academic and clinical requirements for the program.

Because of the dynamic nature of anesthesia education, it is likely that program changes will occur throughout the 28 months. The program reserves the right to revise all information in this handbook at its discretion and to make reasonable changes in requirements to enhance the program or improve the quality of education. Administration will communicate changes verbally, in writing, or electronically.

If you have any questions regarding the information in the program handbooks, please contact program administration.

Sincerely,

*Anne Marie Hanchook, CRNA, MSN*

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Assistant Program Director  
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Clinical Coordinator  
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## **History and General Overview**

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia began in 1991 as a collaborative initiative to address the nurse anesthesia shortage and provide an exceptional educational environment for training Certified Registered Nurse Anesthetists. Authority for the program is shared between Oakland University and Beaumont Hospital. It is one of several advanced practice nursing programs offered by the Graduate School of Nursing at Oakland University. The first twelve students were admitted to the twenty-eight month program in April 1991. Since that time, over 2000 interested nurses from around the country have applied and over 300 students have graduated. Class size has ranged from 7 to 31 students. Graduates from the program practice anesthesia across the country. For the most recent graduating class of 2012, the attrition rate was 0%. The first time test taker pass rate on the national certification exam is 96% and the employment rate is 100%.

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia is 56-credits encompassing 28 months of full time study, culminating in a Master of Science in Nursing degree. The graduates are qualified to take the National Certification Examination administered by the NBCRNA; when they pass this examination they are certified and can utilize the title: Certified Registered Nurse Anesthetist (CRNA). The nurse anesthesia program includes core courses in nursing, support courses in the sciences and specialty courses in nurse anesthesia. An intensive clinical internship parallels the didactic courses, providing ongoing opportunity to apply theory to practice. The 28 month program exceeds minimum accreditation standards set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) in both clinical and classroom instruction. For example, students graduate with approximately 800 cases while the COA requires a minimum of 550 cases. The program offers extensive pharmacology course work, gross anatomic dissection and research opportunities beyond what is required by national standards. The program offers additional learning opportunities in the areas of patient safety, ethics, nursing theory, healthcare policy, the business of anesthesia, practice management and diversity. The program also offers opportunities for students to explore leadership roles in the areas of research, education, professional advocacy and management.

In 2003 the program was cited in the Federal Register as the only nurse anesthesia program in the United States to receive an HHS grant for program development in distance education. Distance education students attend classes via video conferencing and complete the majority of their clinical requirements at their primary hospital. Thirty-five distance students have graduated from the three distance education sites which are, Marquette, Kalamazoo and Northern Michigan.

The program offers the most advanced technology available including a Human Patient Simulation Laboratory. The 5,500 square foot, \$4.5 million Surgical Learning Center at Beaumont Hospital Royal Oak- is designed to educate surgical teams and others in advanced techniques through a combination of computer simulation and laboratory skills. The Learning Center has two mock operating rooms where anesthesia students can approximate the complexities of anesthesia in a simulated environment to develop critical thinking and decision-making skills. Here, students can rehearse everything from basic skills to management of difficult case scenarios. The anesthesia classroom and student study areas were recently renovated in 2011 demonstrating the enduring commitment of Oakland University and Beaumont Hospital to the education of nurse anesthetists. The high-tech classroom offers worldwide distance learning capabilities through two-way high definition communication systems.

Program faculty, CRNA staff, and graduate students have published extensively in peer-reviewed journals, authored chapters in books, as well as conducted numerous professional lectures and poster presentations across the nation. Over the years, the faculty have served in a variety of leadership positions for the American Association of Nurse Anesthetists (AANA) and the Michigan Association of Nurse Anesthetists (MiANA). In 2006, Oakland University School of Nursing became the first university in the state of Michigan to offer a post-Master's Doctor of Nursing Practice (DNP) degree program. The DNP is the highest degree for clinical nursing practice.

## **Accreditation**

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia has been fully accredited by the Council on Accreditation of Nurse Anesthesia Education Programs (COA) since its inception and currently holds a 10-year accreditation status through 2022. The Oakland University School of Nursing is accredited by the Commission on Collegiate Nursing Education (CCNE) and is a member of the American Association of Colleges of Nursing and the Michigan Association of Colleges of Nursing. The University is accredited by the Council of Graduate Schools in the US, Midwestern Association of Graduate Schools, and the North Central Association of Colleges and Schools. All hospitals affiliated with the graduate program are accredited by the Joint Commission.

## **Mission**

The mission of the Oakland University-Beaumont Nurse Anesthesia Program is to provide the highest quality graduate educational program that prepares nurses to function as Certified Registered Nurse Anesthetists (CRNAs). The program advances nurse anesthesia knowledge through research and scholarship and strives to exemplify and promote excellence in education, leadership and professional involvement.

## **Educational Philosophy**

The philosophy of the Oakland University-Beaumont Nurse Anesthesia Program is derived from the mission and goals of Oakland University and the School of Nursing as well as the mission, values and guiding principles of Beaumont Hospital. In addition, the program faculty believe that as advanced practice nurses, CRNAs provide high quality anesthesia care to a variety of client populations spanning the continuum of human health states and life spans, practicing in diverse locations and health care systems.

The Oakland University SON Mission and Philosophy and a reference to the American Nurses Association Standards of Advanced Practice Nurses (APN) are found in the SON Graduate Handbook. The AANA Standards are found in the AANA Professional Practice Manual.

## **OAKLAND UNIVERISTY**

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### **History and General Overview**

Oakland University is a diverse, state-assisted institution with an enrollment of 19,740 students in 2012. The institution is committed to high quality education for undergraduate, graduate, and continuing education students. Of equal importance are cultural enrichment through the arts, a vigorous program of research, and public service to assist business, industry, schools and other institutions in the university's service area.

The University was founded in 1957 when the late Matilda R. and Alfred G. Wilson donated their Meadow Brook Farms Estate of approximately 1,400 acres and \$2 million to Michigan State University (MSU) to create a new university in Oakland County. Oakland began operation in 1959 and was governed by MSU until 1970 when the university received its independence and appointed its own Board of Trustees. Since 1959 Oakland University has added to the Wilson's original gift and the current campus property totals 1,509 acres. Meadow Brook Hall, the 100-room, Tudor-style mansion that was the Wilson home, has been converted into a conference and cultural center. The mansion was designated a national historic landmark in March, 2012. Thousands have visited the hall for tours, exhibits, or conference programs.

The major academic units are the College of Arts and Sciences, and the schools of Business Administration, Engineering and Computer Science, Education and Human Services, Health Sciences, Medicine and Nursing. The university offers more than 133 undergraduate programs and more than 128 doctoral, master's degree and certificate programs. The university has over 500 full-time faculty with 94 percent holding doctoral degrees. Faculty have been chosen as members of advisory committees for units of the National Institutes of Health and are consulted in the dispensing of millions of dollars in grant funds each year. Recent Oakland University records report \$35 million in total research expenditures and \$18 million in federal awards for fiscal year 2010.

Enrichment of cultural life has been a goal of Oakland University since its founding. During the winter, Meadow Brook Theater offers a full season of professional entertainment. Meadow Brook Music Festival is located on the Oakland University campus and is the site of popular music concerts throughout the summer. In addition, the Meadow Brook Art Gallery in Wilson Hall offers a full schedule of art exhibits. Student productions are presented in Varner Hall under the auspices of the Center for the Arts and feature theater, music, and dance productions.

## **OAKLAND UNIVERISTY- SCHOOL OF NURSING**

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### **History**

On May 14, 1973, the President of Oakland University officially informed the State Board of Nursing of the intent of Oakland University to institute a four-year Bachelor of Science in Nursing (BSN) program. The program was approved by the Faculty Senate on April 17, 1974 and the Board of Trustees on May 22, 1974. The School of Nursing became a bona fide academic unit within the university in the fall of 1974. Dr. Geraldine Felton was appointed as the first dean of the School of Nursing.

In September 1975, the first class of students began their sophomore year of the baccalaureate nursing program and graduated during the 1977-1978 academic year. After the required graduation of two classes, the nursing program applied for and received full approval by the Michigan State Board of Nursing. In December 1980, the BSN program was granted initial accreditation by the National League for Nursing; and received continuing accreditation in 1987 and 1995. In 2002 accreditation of the school was obtained from the Commission on Collegiate Nursing Education (CCNE) until 2012. Currently, the undergraduate nursing program serves both traditional and non-traditional students and offers registered nurses a course completion sequence to earn the BSN degree.

The graduate program leading to the Master of Science in Nursing (MSN) degree has evolved in the following manner:

- 1984 MSN Nursing Administration track began.
- 1986 The first student graduated from the master's program.
- 1987 MSN Adult Health Nursing track added.
- 1988 MSN program received initial accreditation by the National League for Nursing, continuing accreditation received in 1995 and 2002.
- 1991 MSN Nurse Anesthesia track developed in collaboration with Beaumont Hospital, Royal Oak.
- 1992 Nurse Anesthesia track received initial accreditation by the Council in Accreditation of Nurse Anesthesia Educational Programs, continuing accreditation received in 1996 and 2002.
- 1996 Post-master's Family Nurse Practitioner Certificate track added.
- 1997 Family Nurse Practitioner track added.  
Nursing Administration and Adult Health tracks phased out.
- 2000 MSN Clinical Nurse Specialist Adult Health track added.
- 2002 MSN programs accredited by the CCNE.
- 2003 MSN Adult/Gerontological Nurse Practitioner and Nursing Education tracks added, along with a Graduate Certificate in Nursing Education.  
Clinical Nurse Specialist track revised to become Acute Care Clinical Nurse Specialist.
- 2005 Accelerated Second Degree B.S.N. program added.
- 2005 RN-MSN program added.
- 2006 Doctorate of Nursing Practice added.
- 2012 School of Nursing moves to Human Health Building
- 2013 Developing the plan for the BSN to DNP curriculum

The School of Nursing is a leader in distance education via Moodle, providing all nursing courses for BSN degree completion students online since 2001 and offering five foundation courses for MSN students online since 2002.

The School of Nursing is committed to offering excellent undergraduate and graduate nursing programs designed to accommodate the specific career needs of nursing students, and to prepare them to meet the healthcare needs of individuals, groups, and communities in Michigan, around the U.S. and internationally.

### **Philosophy of Nursing Education**

The Philosophy of Nursing Education at Oakland University is informed by insights into the empirical, aesthetic, ethical, and personal knowledge that informs nursing as a practice discipline, the position that nursing holds in society, and the relationship that exists between the School of Nursing and Oakland University.

Nursing's disciplinary domain has both a scientific and professional practice component. Nursing science discovers, develops, synthesizes, validates, and brings order to the theoretical and practical knowledge that informs the professional practice of nursing. Professional nursing care of individuals, families, and communities is a social mandate that carries with it the responsibility to educate nurses qualified to fulfill the professional role and uphold standards of the profession.

The faculty of the SON believes that nursing education:

- Requires innovative approaches in order to meet the societal demand, now and in the future, for professional nurses prepared to meet the nursing care requirements of individuals, families, and communities.
- Has a foundation in the arts and sciences of liberal education that is needed to ground nursing in the complexity of the human experience.
- Prepares students to recognize, understand, and work with nursing phenomena and to understand the results of these efforts in relation to human values including life, justice, personal freedom, health, and well-being.
- Prepares students to use empirical knowledge as a guide for judgment and decision-making in professional practice.
- Prepares student nurses to learn, work, and live productively in an ever-changing global society.
- Students learn best when challenged by educational experiences that relate to real-life situations and problems.
- Diversity among faculty, students, and members of society enriches the educational experience.
- A commitment to life-long learning is essential to the professional development of nurses, the health of society, and the growth of the discipline.
- Faculty members are responsible for determining what is to be learned and how that learning can be assessed, evaluated, and enhanced.

## **BEAUMONT**

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### **Overview**

- The second in the country for number of surgeries – Royal Oak campus alone performed 26,974 annual inpatient and 31,787 outpatient surgeries last year.

- ❑ Inpatient admissions 55,689.
- ❑ The only Level 1 trauma designation, by the American College of Surgeons, in Oakland and Macomb counties
- ❑ Comprehensive specialty areas and the most advanced procedures and technological advances
- ❑ 133 full-and part-time CRNAs
- ❑ In January 2012, Beaumont was listed as Oakland County's largest employer. with more than 14,000 full-time equivalent employees.

**Rankings and Awards**

Beaumont Hospitals is a three-hospital regional health care provider with 1,696 licensed beds, with more than 14,000 full-time equivalent employees and 3,700 physicians in Oakland, Macomb and Wayne counties. All three Beaumont Hospitals are represented in the 2012 *U.S. News & World Report* "Best Hospitals" lists.

Beaumont Hospital, Royal Oak remains top rated in the state on the heart/heart surgery list. The hospital was also named among the nation's best for the following medical specialties: cancer; gastroenterology; geriatrics; hormonal/endocrinology; neurology/neurosurgery; orthopedics; respiratory disorders and urology. American Nurses Credentialing Association "Magnet Status" – In 2004, Beaumont, Royal Oak was the first Michigan hospital granted the coveted "Magnet" designation. Magnet status is the highest recognition a nursing organization can achieve. Beaumont Hospital – Troy was granted Magnet Status in 2009.

**The Beaumont Standards**

The Beaumont Standards will be known, owned and energized by all who wear the Beaumont badge.

**SERVICE                      •                      OWNERSHIP                      •                      ATTITUDE                      •                      RESPECT**

**We live the Beaumont Standards to achieve:**

**Our Mission**

We will provide the highest quality healthcare services to all of our patients safely, effectively and compassionately, regardless of where they live or their financial circumstances.

**Our Vision**

We will rank among the nation's leading institutions in the provision of health care services, patient safety, medical education, research and financial performance.

**Expected behaviors:**

- Response – Provide prompt and appropriate attention to our patients and visitors. If a patient's call light goes on, anyone is responsible to respond regardless of job classification.
- Information – Provide clear explanations and accurate information every 20 minutes or as appropriate.
- Assistance – Proactively take any concern or complaint seriously and seek resolution with empathy and understanding. Ask for help if needed.
- Introductions – In person, or by phone, smile and introduce yourself by name, function and service you are offering. Address patients/families by their name and proper title (i.e. Mr., Mrs., Ms.). Answer phone calls within three rings, ask for permission to put a caller on hold (if needed) and always ask, "How may I help you?"

**Ownership – We are positive ambassadors who take responsibility for creating the "Beaumont Experience"**

Expected behaviors:

- Directions – Offer to escort others who appear lost and in need of assistance. Use full hand gestures when directing.
- Safety – Support a safe environment through pro-active attention to, and reporting of, potential hazards. Wash your hands.
- Environment – Promote a clean, quiet and healing atmosphere. Refrain from loud talk and excessive noises.
- Eco-friendly – Pick up litter and recycle or reuse materials when possible.
- Innovation – Create a culture of excellence through suggestions, performance improvement and continued personal growth and development.

**Attitude – We demonstrate and encourage positive behaviors with the highest degree of integrity.**

Expected behaviors:

- Courtesy – Use professional behaviors and language in all interactions. Greet everyone with an empathetic smile and eye contact. Offer to exit elevators if needed for patients/visitors to use first.

- Image – Observe the highest standards of professional behavior and appearance. Wear the Beaumont ID badge with name and picture displayed at all times.

**Respect – We treat everyone with dignity and respect.**

Expected behaviors:

- Teamwork – Work together respectfully to create a team atmosphere. Avoid the use of hand held devices and cell phones in meetings.
- Dignity – Respect diversity including cultural and spiritual differences. Affirm patients’ rights to make choices regarding their care. Support emotional needs.
- Confidentiality – Hold all patients and employee information in the highest confidence. Discuss patient information and use patient names in private areas.
- Privacy – Knock or ask permission before entering. Close doors and curtains during exams and procedures and interviews with an explanation that this is done for privacy. Provide second gowns to cover patients as needed.

**Beaumont Hospital - Surgical Services Department**

**Mission**

Surgical Services, a diverse multi-disciplinary team, provides the highest quality care for all patients in a personal, efficient and economic manner. Provides a safe environment that promotes patient's confidence in our understanding of their individual needs and in their ability to retain or recover their health. Value and maintain continuity of care, communication and confidentiality.

Provide staff dedicated to maintaining and increasing competence, to developing relationships based on mutual respect, and to understanding the rights and the wishes of our patients and their families. Foster excellence in educational and research endeavors, which prepare new professionals and provide advances in scientific knowledge and patient care.

**Outcome Criteria – Graduate Program of Nurse Anesthesia**

In accordance with the COA Standard III: Program of Study, Criteria C- 21 the program demonstrates that graduates have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication and the competencies needed to fulfill their professional responsibility.

1. Patient safety is demonstrated by the ability of the student to:
  - a. Be vigilant in the delivery of patient care.
  - b. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care ( e.g. texting, reading, e-mailing, etc.)
  - c. Protect patients from iatrogenic complications.
  - d. Participate in the positioning of patients to prevent injury.
  - e. Conduct a comprehensive and appropriate equipment check.
  - f. Utilize standard precautions and appropriate infection control measures.
2. Individualized perianesthetic management is demonstrated by the ability of the student to:
  - a. Provide care throughout the perianesthetic continuum.
  - b. Use a variety of current anesthetic techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
  - c. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
  - d. Provide anesthesia services to all patients, including trauma and emergency cases.
  - e. Administer and manage a variety of regional anesthetics.
  - f. Function as a resource person for airway and ventilatory management of patients.
  - g. Possess current Advanced Cardiac Life Support (ACLS) certification
  - h. Possess current Pediatric Advanced Life Support (PALS) certification
  - i. Deliver culturally competent perianesthetic care throughout the anesthesia experience.
  - j. Perform a comprehensive history and a physical assessment.
3. Critical thinking is demonstrated by the student's ability to:
  - a. Apply knowledge to practice in decision-making and problem solving.
  - b. Provide nurse anesthesia care based on sound principles and research evidence.
  - c. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
  - d. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
  - e. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
  - f. Calculate, initiate, and manage fluid and blood component therapy.

- g. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.
  - h. Pass the Council on Certification of Nurse Anesthetists' (CCNA) certification examination in accordance with CCNA policies and procedures.
4. Communication skills are demonstrated by the student's ability to:
    - a. Effectively communicate with all individuals influencing patient care.
    - b. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.
  5. Professional role is demonstrated by the graduate's ability to:
    - a. Participate in activities that improve anesthesia care.
    - b. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
    - c. Interact on a professional level with integrity.
    - d. Teach others.
    - e. Participate in continuing education activities to acquire new knowledge and improve his or her practice.
    - f. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.

## **Ethics**

The Oakland University-Beaumont Graduate Program of Nurse Anesthesia shall be conducted within the ethical and moral standards defined by those professional groups (organizations, institutions, agencies, government boards, or other entities) having an impact on the individual program and on nurse anesthesia in general.

### **I. Interpretation and Guidelines**

- A. Those professional groups (organizations, institutions, agencies, or governmental entities) that have an impact on this program and on nurse anesthesia in general are defined to include as a minimum, the American Association of Nurse Anesthetists, the American Society of Anesthesiologists, the American Hospital Association, the American Medical Association and American Nurses Association as pertains to medicine and nursing in general state and federal governmental agencies having to do with licensure and other regulation of hospitals, health personnel, and consumer interest groups. Consumer interests are further defined to include patients, employers and students (as a consumer of the educational program). These third parties shall have access by oral and/or written presentations to the Council on Accreditation.
- B. The maintenance of high ethical and moral standards is the joint responsibility of the conducting institutions, the faculty, affiliating institutions, the students, and the accrediting agency. Many of these responsibilities are reciprocal. However, each bears responsibility for assuring that those services provided to patients are in conformance with defined ethical and moral standards.
- C. The promotion of attitudes, conducive to the development of high ethical and moral standards among practitioners, relative to the practice of nurse anesthesia, is a responsibility of the program of nurse anesthesia. Attitudes and standards of conduct can seldom be learned from lectures or preachments. The most effective means of teaching these is through acting as role models. Thus, the conduct of the program, as well as the environment within which it exists, will be conducive to promoting appropriate attitudes and standards of conduct, and criteria for graduation will be reasonable assurance that the graduate has accepted these as a part of his or her own personal value system.
- D. Loyalty, as a part of an ethical or moral code, flows up and down the organizational channels. It should not be misconstrued to mean absence of valid critique, complaint, or discussion, nor total agreement with consensus or other managerial decisions. It does imply support of management policies or decisions and working within the system to effect change in those policies or decisions in which there is disagreement or difficulty.
- E. It is expected that students will demonstrate commitment/loyalty to institutions to which they have accepted financial support and/or made employment agreements.
- F. Third party presentations to the Council on Accreditation shall not be made without exhausting first all avenues of due process within the conducting institution.

### **II. Guidelines for Ethical Conduct of a Nurse Anesthesia Educational Program**

These guidelines shall serve as the basis for assessing the ethical conduct of a nurse anesthesia educational program. They are defined in relation to the rights and responsibilities of the major participants in this joint endeavor - the profession, the patients, the students, the faculty, the conducting and affiliating institutions, and the accrediting agency.

- A. **Relative to the Profession:** Honesty and integrity will be the basis for representation of the program to patient, students, and the public.
- B. **Relative to Patients:**
  1. Patients have a right to know who is administering their anesthesia, who will be supervising the administration of the anesthetic and the relationship between the two. No practice shall be engaged

in which is intended to deceive the patient in this regard. Student anesthetists are not to represent themselves by title or function as a CRNA.

2. Patients have a right to expect that those anesthesia services provided by students will be under the supervision of a CRNA or an anesthesiologist, consistent with the anesthesia risk of the procedure, the magnitude of the anesthesia and surgery, and the educational level of the student. At all times a CRNA or anesthesiologist shall be immediately available in all anesthetizing areas where students are performing anesthesia.
3. Patients have a right to expect that the student and supervisory personnel providing their services are mentally alert and not impaired by fatigue, drugs, or other incapacitating conditions. The program has the right to require drug screening, physical and psychological assessment by the Occupational Health Services or Emergency Center when impairment or fatigue is suspected.
4. The patient's surgeon, or responsible physician, shall be kept informed pertaining to the anesthetic management and any complications arising from that management.
5. Patients have the right to expect that students will avoid conflicts between his or her personal integrity and the patient's rights. In situations where the student's personal convictions prohibit participation in a particular procedure, the student refuses to participate or withdraws from the case provided that such refusal or withdrawal does not harm the patient.
6. Patients have the right to confidentiality as outlined in the HIPPA regulations.

**C. Relative to Students:**

1. Students have a right to expect that:
  - a. upon acceptance into an accredited program of nurse anesthesia that they will be provided that quality of education necessary to fulfill the objectives of the program.
  - b. the program will prepare graduate nurse anesthetists who have the knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication and the professional role.
  - c. the program provides the opportunity for:
    - i. integrating theory underlying the practice of anesthesia with the actual practice.
    - ii. providing anesthetic management to all categories of patients for most or all varieties of diagnostic or therapeutic interventions utilizing consultation as required.
    - iii. functioning with minimal supervision in all sizes and/or locations of hospitals or agencies.
    - iv. assuring patient comfort and safety within the confines of those aspects of care over which a nurse anesthetist has control or can influence through consultation, advice or other actions.
    - v. incorporating sound ethical and moral practices into his/her own personal value system relative to nurse anesthesia practice.
  - d. they will not be exploited relative to time commitment or pay for the profit of the conducting institution or corporation.
  - e. enrollment in a program of nurse anesthesia is equivalent to an agreement between the student and the program, and that the rights and responsibilities of each party of the agreement are fully understood and complied with. Students failure to achieve the goal within the time frame expected for which he/she enrolled is based on valid, reliable data and information from evaluations, viewed objectively and fairly, and reviewed as may be required by due process mechanisms when contested.
  - f. fair and accurate evaluations of their progress in the educational program and to be kept informed of the status of that progress.
  - g. that the normal lines of student communication begin with the clinical and/or didactic faculty. Subsequent steps include the Clinical Coordinator, Assistant Director, Program Director, Associate Dean, and ultimately the Dean of the School of Nursing.
2. Students and graduates have the right to have access to transcripts of their academic and clinical achievements and upon their request have verified copies furnished to institutions, agencies, other programs of nurse anesthesia, or others specified by the student or graduate. A fee for copying may be charged and payment would be the responsibility of the student.
3. Graduates have the right to expect that an official Transcript of Student Record will be forwarded to the National Board of Certification & Recertification for Nurse Anesthetist in sufficient time for eligibility determination so that graduates may schedule the Certification Exam at their earliest convenience following program completion. Students will be held accountable for:
  - a. the quality of preparation, completion and performance of graduate work.
  - b. complying with the policies, procedures, and regulations pertaining to the program of nurse anesthesia.

- c. fulfilling all responsibilities and requirements connected with the program defined at the time of enrollment in the program, or made a part of the educational agreement during the period of enrollment.
4. In addition to the information in this handbook, students are referred to the Oakland University Graduate Catalog and the Oakland University School of Nursing Graduate Handbook. Students are expected to read and be aware of the code of student conduct and rights, student responsibilities and policies and procedures outlined in these publications.

### III. Ethical Responsibilities

#### A. Relative to Research:

1. Students who elect to conduct research must do so according to acceptable ethical research and reporting standards established by public law, institutional procedures, and the health professions.
2. The student protects the rights and well-being of people and animals that serve as subjects in research.
3. Students are expected to follow the policies and procedures of Oakland University, the School of Nursing and the institutional review boards in the facilities in which they are conducting research.

#### B. Relative to Endorsement of Products and Services

1. Students will adhere to Beaumont Hospital's Code of Business and Ethical Conduct # 350

#### C. Relative to Financial Aid, Student Loans:

1. Students have responsibilities regarding Financial Assistance received from public and private sources. These Responsibilities include but are not limited to:
  - a. attending exit counseling if required through the Office of Financial Aid at Oakland University.
  - b. repayment, as required, of student loans or employment as required by Work / Forgiveness clauses in employer loan agreement.
  - c. notifications of appropriate offices of changes in address or name.
  - d. notifications of appropriate offices of changes in graduation dates or withdrawal / dismissal from the program.
  - e. fulfilling requirements, such as participation in surveys, as previously agreed to as a condition of receiving financial aid, student loans or traineeships.
2. Prior to accepting any financial aid, student loan, traineeship or other form of financial assistance – each student must seriously consider the obligations or conditions they are agreeing to as party of the contract. If the student does not fulfill the conditions such as repayment, employment or other participation it will be considered a breach of ethical behavior. Unfortunately, there may be serious ramifications in the future as a result. Please read all contracts carefully and seek additional information as needed to fully understand the obligations being assumed.

#### D. Relative to Protection of Patient Privacy:

1. Students will refrain from sharing or discussing protected patient information in public places or through electronic media.
2. Students will uphold the standards, policies and procedures set forth by each institution they are assigned in relations to HIPPA regulations and maintaining patient privacy.  
Students will refrain from taking photos or sharing any information that may be used to identify patients or violate privacy.

#### E. Social Media Policy – see attachments

### IV. Professionalism

Students are responsible for reviewing all content in the Oakland University Graduate Catalog, Oakland University School of Nursing Graduate Handbook and Nurse Anesthesia Student Handbook.

Students who qualify are strongly encouraged to join Sigma Theta Tau, the International Honor Society for Nurses. Students are encouraged to become active in Sigma Theta Tau, AANA, MiANA, MiANAS (Michigan Association of Nurse Anesthesia Students), and other professional organizations. Students must be in good academic and clinical standing in order to attend these activities.

As a Student Registered Nurse Anesthesia Student (SRNA), you are a representative of our profession, Oakland University, and our affiliate clinical agencies. Students will conduct themselves in a professional and respectable manner during class time, in the clinical area and during professional meetings and conferences.

All students should be dressed neatly and appropriately when on hospital property (no jeans, shorts, sweat suits, low cut blouse/shirt, tight-fitting clothing, short skirts, flip-flops etc.). Professional dress/business attire is

required at all times in all academic and clinical settings. Clean lab coats and your hospital identification badge MUST be worn while on hospital property and at affiliate sites. Students must read and adhere to the Beaumont dress code policy, # 280. Maintenance of a professional appearance and demeanor facilitates the acceptance of the profession and yourself by our clients and other professionals in the clinical setting.

SRNAs must always identify themselves as nurse anesthesia students and never misrepresent their professional status.

**Oakland University Beaumont Graduate Program of Nurse Anesthesia  
Curriculum Design  
Class of 2015**

**Fall Semester 2013 – Year I**

NRS 500	Theoretical Foundations in Nursing	3 CR	
NRS 605	Advanced Pharmacology for Nurse Anesthesia Practice I		3 CR
BIO 501	Physiology and Pathophysiology		3 CR
NRS 607	Introduction to NA Practice & Clinical Internship I & Advanced Health Assessment I		<u>3 CR</u>
			12 CR

**Winter Semester 2014 – Year I**

BIO 502	Physiology and Pathophysiology	3 CR	
NRS 615	Nurse Anesthesia Practice II		4 CR
NRS 651	Advanced Pharmacology for Nurse Anesthesia Practice II		3 CR
NRS 617	NA Clinical Internship II	<u>1 CR</u>	11 CR

**Spring/Summer Semester 2014 – Year I**

NRS 625	Nurse Anesthesia Practice III & Advanced Health Assessment II		4 CR
NRS 627	NA Clinical Internship III		1 CR
BIO 503	Gross Anatomical Dissection		<u>3 CR</u>
			8 CR

**Fall Semester 2014 – Year II**

NRS 531	Research in Advanced Nursing Practice	4 CR	
NRS 635	Regional Anesthesia & Pain Management	3 CR	
NRS 637	NA Clinical Internship IV		1 CR
NRS 618	Biophysics for Nurse Anesthesia	<u>2 CR</u>	10 CR

**Winter Semester 2015 – Year II**

NRS 687	Graduate Research: Project		1 CR
NRS 652	Advanced Pharmacology for Nurse Anesthesia Practice III		3 CR
NRS 643	Professional Role Development	3 CR	
NRS 647	NA Clinical Internship V		<u>1 CR</u>
			8 CR

**Spring/Summer Semester 2015 – Year II**

NRS 657	NA Clinical Internship VI		1 CR
NRS 610	Health Policy and Finance		<u>3 CR</u>
			4 CR

**Fall Semester 2015 – Year III**

NRS 521	Diversity and Social Issues		2 CR
NRS 667	NA Clinical Internship VII		<u>1 CR</u>
			3 CR

**TOTAL 56 CR**

**Oakland University Beaumont Graduate Program of Nurse Anesthesia  
Curriculum Design – Post Masters' Degree  
Class of 2015**

**Fall Semester 2013 – Year I**

NRS 605	Advanced Pharmacology for Nurse Anesthesia Practice I & Advanced Health Assessment I	3 CR
BIO 501	Physiology and Pathophysiology	3 CR
NRS 607	Introduction to NA Practice & Clinical Internship I	<u>3 CR</u>
		9 CR

**Winter Semester 2014 – Year I**

BIO 502	Physiology and Pathophysiology	3 CR
NRS 615	Nurse Anesthesia Practice II	4 CR
NRS 651	Advanced Pharmacology for Nurse Anesthesia Practice II	3 CR
NRS 617	NA Clinical Internship II	<u>1 CR</u>
		11 CR

**Spring/Summer Semester 2014 – Year I**

NRS 625	Nurse Anesthesia Practice III & Advanced Health Assessment II	4 CR
NRS 627	NA Clinical Internship III	1 CR
BIO 503	Gross Anatomical Dissection	<u>3 CR</u>
		8 CR

**Fall Semester 2014 – Year II**

NRS 635	Regional Anesthesia & Pain Management	3 CR
NRS 637	NA Clinical Internship IV	1 CR
NRS 618	Biophysics for Nurse Anesthesia	<u>2 CR</u>
		6 CR

**Winter Semester 2015 – Year II**

NRS 652	Advanced Pharmacology for Nurse Anesthesia Practice III	3 CR
NRS 647	NA Clinical Internship V	<u>1 CR</u>
		4 CR

**Spring/Summer Semester 2015 – Year II**

NRS 657	NA Clinical Internship VI	<u>1 CR</u>
		1 CR

**Fall Semester 2015– Year III**

NRS 667	NA Clinical Internship VII	<u>1 CR</u>
		1 CR

**TOTAL 40 CR**

Oakland University – School of Nursing

GRADUATE GRADE CONVERSION

PERCENTAGE	GPA		PERCENTAGE	GPA
99.00 - 100	4.0		80.00 - 80.99	3.0
97.00 - 98.99	3.9		78.00 – 79.99	2.9
95.00 - 96.99	3.8		76.00 – 77.99	2.8
93.00 - 94.99	3.7		74.00 – 75.99	2.7
91.00 - 92.99	3.6		72.00 – 73.99	2.6
89.00 - 90.99	3.5		70.00 - 71.99	2.5
87.00 - 88.99	3.4		68.00 – 69.99	2.4
85.00 - 86.99	3.3		66.00 – 67.99	2.3
83.00 - 84.99	3.2		64.00 – 65.99	2.2
81.00 - 82.99	3.1		62.00 – 63.99	2.1
			60.00 – 61.99	2.0

**2013-2014 ACADEMIC CALENDAR**

**Fall 2013**

New Student Convocation		Tuesday	Sept. 3
Classes begin	5 p.m.	Tuesday	Sept. 3
Mid-term evaluation submission deadline		Friday	Oct. 18
Thanksgiving recess begins	10 p.m.	Wednesday	Nov. 27
Classes resume	7:30 a.m.	Monday	Dec. 2
Classes end	10 p.m.	Saturday	Dec. 7
Study day		Sunday	Dec. 8
Exams begin	7:30 a.m.	Monday	Dec. 9
Exams end	10 p.m.	Saturday	Dec. 14
Fall Commencement		Saturday	Dec. 14
Grades submission deadline	5 p.m.	Monday	Dec. 16

**Winter 2014**

Classes begin	7:30 a.m.	Monday	Jan. 6
Martin Luther King Jr. Day <i>(classes suspended)</i>		Monday	Jan. 20
Mid-term evaluation submission deadline		Friday	Feb. 21
Winter recess begins	10 p.m.	Saturday	Feb. 22
Classes resume	7:30 a.m.	Monday	March 3
Classes end	10 p.m.	Saturday	April 19
Study period		Sunday	April 20
Exams begin	7:30 a.m.	Monday	April 21
Exams end	10 p.m.	Saturday	April 26
Spring Commencement		Saturday	April 26
Grades submission deadline	5 p.m.	Monday	April 28

**Summer Full Session 2014**

Classes begin	7:30 a.m.	Monday	May 5
Memorial Day holiday		Monday	May 26
Classes resume	7:30 a.m.	Tuesday	May 27
Summer recess begins	10 p.m.	Saturday	June 21
Classes resume	7:30 a.m.	Monday	June 30
Independence Day holiday		Friday - Saturday	July 4-5
Classes resume	7:30 a.m.	Monday	July 7
Classes end	10 p.m.	Saturday	Aug. 16
Final exams begin	7:30 a.m.	Monday	Aug. 18
Final exams end	10 p.m.	Saturday	Aug. 23
Grades submission deadline	5 p.m.	Monday	Aug. 25

## Lines of Communication

The purpose of this policy is to delineate various modes of communication that a student may use for conflict resolution or questions.

Students have the right to expect that the normal lines of student communication begin with the clinical and/or didactic faculty. Subsequent steps include contacting the clinical coordinator(s), followed by the assistant director, and then program director. The Associate Dean, and ultimately the Dean of the School of Nursing at Oakland University may be contacted after the program faculty. In general, any of the program administrative faculty can answer questions as they arise.

### Program Faculty

Anne Hranchook, CRNA, MSN	Director	Beaumont Office: (248) 898-1270 Oakland Office: (248) 364-8708 Cell: (586) 480-0001
Mary Golinski, PhD, CRNA	Assistant Director	Beaumont Office (248) 898-8043 Oakland Office (248) 364-8776 Page: (248) 992-1960
Andrea Bittinger, CRNA, MSN	Admission & Clinical Coordinator	Office: (248) 898-7683 Page: (248) 992-4752
John Roebuck, CRNA, MSN	Simulation & Clinical Coordinator	Office: (248) 898-7247 Page: (248) 992-4541
Linda McDonald, CRNA, MSN	Clinical Coordinator	Office (248) 898-1812 Page: (248) 992-4682
Laura Rodgers, CRNA, MSN	Clinical Coordinator	Office (248) 898-6234 Page (248) 992-8285

### Oakland University – School of Nursing

Phone numbers and e-mails are available on Oakland University's website, [www.oakland.edu](http://www.oakland.edu).

### Pagers

All students will be issued an alpha pager. Pagers are used as a means of communication between program faculty and the student. Guidelines for pager use include:

- Pagers are to be left on between **0600-2200 on all clinical and classroom days**, including rotations to affiliate sites. Pagers are to be left on outside of the hospital as well as within.
- Pages from program faculty are to be answered **within 15 minutes**, unless involved in a case where this is not possible.
- If your pager is lost or was left at home, contact the program secretary immediately.
- When in class or in OR, your pager must be on silent/vibrate.
- Students are responsible for replacing lost pagers through the Beaumont Hospital Communications department and are responsible for any applicable charges.
- Pagers are to be used for hospital/program communication only.

### E-mail

OU e-mail addresses must be checked daily for updates. Program faculty will use your OU e-mail address to communicate important information. Oakland University will e-mail students each semester regarding registration deadlines and many other important topics. Use professional language, appropriate grammar and spell check for all emails, letters, phone messages, and pages.

**Note:** It is the responsibility of the student to provide current address, phone, and e-mail addresses to the program secretary, Oakland University, and the AANA.

### Moodle

Moodle is the e-learning site used by course instructors and students to look up course schedules, syllabi, outlines, assigned readings, receive lecture handouts, communicate with instructors, and more. We encourage you to bring your laptop to class and go green. Exam results and final grades are posted on Moodle. On-line courses are Moodle based. Help and tutorials for Moodle are available on line. Students are required to check each course, including Clinical Internships, on Moodle **daily**. The site is: [www.oakland.edu](http://www.oakland.edu) and then log into SAIL using your username and password.

### Program/Hospital Property and Equipment

## **Computers**

Students have unlimited access to the computers designated for student use within the office and suites of the school of anesthesia. Computers are located in the quiet study, faculty offices commons area and the student lounge. Computer use is for graduate program education only. Personal use of computers or Internet service for non academic purposes is not permitted. Students are not permitted to download software onto Beaumont or program computers.

Students are expected to maintain proper care of all computers, distance education equipment, telephones, and patient care equipment. If a computer is not working properly, call the help line at x72727 for service.

## **Hospital Property and Security**

Equipment (hospital/program) cannot be removed from the hospital without proper authorization. Students who want to take any property of the program from the premises must first obtain permission by the program director. An official Beaumont permission form signed by the director must accompany this property. Beaumont security personnel reserve the right to search all hospital areas, including lockers, and inspect all packages (purses, backpacks, etc) entering and leaving the premises. Failure to comply with this procedure constitutes theft of hospital property and will be subject to penalties.

## **Student Lounge**

Books scribed as program property in the student lounge are to remain in the lounge at all times. Books are also available for loan in the administrative office area at Beaumont and should be checked out with the help of the program secretary. Students are responsible for maintaining a clean work area. Maintenance issues should be reported to the program secretary or service department, x16300.

## **HIPAA**

In accordance with HIPAA (Health Insurance Portability and Accountability Act), patient information is not to leave the hospital or be left in open view of those not caring for the patient. Students should never copy, carry or share any secured patient information (name, hospital number etc) outside hospital premises. Computers programs that display patient information must be closed and not left unattended. This includes, but is not limited to the surgery schedule used to obtain assignments and specific patient information obtained in preparation for your clinical day. Failure to comply with HIPAA requirements could result in immediate dismissal from the program. All students should review Beaumont Hospital's HIPAA and Confidentiality policies found on the "Inside Beaumont" website.

## **Family Educational Rights and Privacy Act**

The federal Family Educational Rights and Privacy Act of 1974 pertains to confidential student educational records. This legislation allows students the right to view upon request their own confidential educational records and defines the use of these records by others.

The Dean of Students is the university compliance officer for the Family Educational Rights and Privacy Act. A full statement of students' rights is available in the Office of the Dean of Students, 144 Oakland Center, 2200 North Squirrel Road, Oakland University, Rochester, Michigan 48309-4401, and (248) 370-3352. Any grievances, complaints or other related problems may be addressed to this office and/or filed with the U.S. Department of Education.

## **Telephone**

Telephones in the student lounge are reserved for hospital related calls only. Students must use personal or pay phones for personal/family communication.

## **Attendance Policies**

### **Class Attendance**

1. Attendance for all lectures and exams is an expectation of the program.
2. Students rotating to a distance site will be expected to attend class at the nearest location.
3. Instructors are requested to notify program administration if a student is absent or consistently tardy to class.
4. Students who are unable to attend a class day must notify the faculty of record for the course and email program secretary at [davis@oakland.edu](mailto:davis@oakland.edu) within 2 hours of the scheduled class start time. Failure to do so may result in an unexcused absence.
5. Students are responsible for any material covered, assignments or testing missed due to absence.
6. The academic calendar detailing specific class start dates, final exam dates and school breaks is available via the Oakland University website and in the current Oakland University Graduate Student Catalog.
7. Students are expected to be attentive and respectful of all lecturers. Casual conversation, inattentiveness, behaviors that others will find distracting, and leaving the classroom during lecture is inappropriate and disrespectful to classmates.

8. Laptops and electronic devices are to be used in class only for work related to the program.
9. Due to the nature of the anesthesia profession and because patient care is a priority, instructors may not be available as scheduled. Therefore, class will occasionally be cancelled, moved to an earlier or later time, or moved to a different day. The program makes every attempt to see that instructors arrive in a timely manner and class is held as scheduled. Program faculty reserves the right to reschedule class/clinical days to meet learning objectives.

### **Clinical Attendance**

1. The following steps must be followed in order to notify the clinical site and program of an unexpected absence on a scheduled clinical day:
  - Follow the individual clinical site's guidelines for call in.
  - Leave a message at Oakland SON Program Office 248-364-8774 or email [davis@oakland.edu](mailto:davis@oakland.edu)
2. This procedure must be followed for **each day** of absence from class or clinical, unless discussed with program faculty.
3. Students must not leave clinical early without faculty permission. Doing so may result in being charged an unexcused absence.
4. Students are required to attend morning report and all departmental educational offerings on scheduled clinical days at Beaumont Hospital (and affiliate sites if appropriate) unless excused by clinical coordinators.

### **Call In Procedure for Beaumont Royal Oak**

At Beaumont Hospital, Royal Oak:

1. Call 248-898-7814 before 0630. Leave your name, shift and OR to which you are assigned on the "call-in" audix.
2. To call-in for an evening or midnight shift, dial 248-898-4400 and wait for the charge CRNA to pick up.
3. **In Addition to the above:**
  - a. **Leave message at the Oakland program office 248-364-8774 or email at [davis@oakland.edu](mailto:davis@oakland.edu)**
  - b. **Text message the CRNA that you are working with on their pager. Pager numbers may be found on the Inside Beaumont website or by calling the operator at 248-898-5000**

### **Scheduling Policies**

#### **Student's Monthly Schedule**

1. Schedule requests must be entered by the 15<sup>th</sup> of each month, on Typhon approximately 6 weeks prior to the start of the new schedule. (Example: November schedule requests would be due by September 15<sup>th</sup>)
2. Students may request a maximum of 1 weekend off per month.
3. Requests will not be honored if submitted past the schedule request date.
4. Schedule requests via e-mail will only be accepted for distance students and students on rotations at distance sites.
5. The program clinical coordinator prepares the schedule for students rotating to distance sites.
6. The availability of enrichment clinical sites provides valuable experiences for independent practice and the attainment of skills and techniques necessary. The number and types of rotations is determined by program faculty.
7. Vacation time will not be granted during the last six weeks of the program. Any sick days taken during the last 6 weeks must be made up. Students are responsible for scheduling their make-up days with their clinical coordinator.
8. Students may not change their clinical schedule at any clinical site. If an emergency arises, the student must contact program faculty who will determine if clinical schedules will change. Program faculty reserve the right to make changes as deemed necessary.
9. Master Clinical Rotation Schedule-This schedule is usually published 1-2 months in advance of the start of specialty rotations. If changes to the clinical rotation schedule are made, students will be informed of changes as far in advance as possible. Revisions to rotation schedule will be made based on individual clinical site or program need. If an emergency arises, please contact your clinical coordinator; responses will be within 24 hours.

#### **Time Commitment**

The AANA COA is committed to the wellness of its members and student members. In order to comply with the Standards set forth by The Council on Accreditation, Oakland University-Beaumont Graduate Program of Nurse Anesthesia has implemented the following duty hour limits for student anesthetists:

1. Clinical time will be scheduled for students based on the operating room schedule at the clinical sites. Shift times vary as directed by clinical schedules and specific learning needs.
2. Time commitment to the program will not exceed 64 hours a week and includes the sum of the hours spent in class and all clinical hours. The weekly total may vary from week-to-week and is an average over 4 weeks.

Students must have a minimum 10 hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.

3. Call experience will be provided through scheduled off shifts throughout the program. The scheduling of clinical experiences on the off shift and weekends will begin with Clinical Internship II.
4. Students will be scheduled for one eight-hour shift at a time. Because of the nature of a clinical assignment, the student may need to extend their time beyond eight hours to achieve the optimum clinical learning experience. Should your assignment extend beyond 14 hours, you are to contact the clinical coordinator.

### **Distance Education Student Schedules**

1. The distance site coordinator at the distance site reserves the right to amend student's daily schedules (assignments, rotations) to facilitate optimal learning experiences.
2. Clinical issues should first be discussed with the distance site coordinator, followed by the program faculty.

### **Vacation Time**

1. A total of 25 vacation and 5 sick days are allotted to each student for the duration of the 28-month program. A maximum of one week of vacation may be taken during a monthly schedule period. Any unused sick time may be transferred to vacation time during last two semesters.
2. Students are required to use at least half (12) of their vacation time by the end of the first 12 months of the program unless otherwise agreed upon by program faculty.
3. During the program, students are scheduled for clinical rotations during university-recognized breaks. Students have the option to take vacation days during this time. Students are required to use all of their vacation time by October 31 of their graduation year. Any unused vacation or sick time will be forfeited. Any vacation time or sick days taken after this time must be made up before graduation.
4. Students are expected to use vacation time between Christmas and New Years holidays. Exact number of vacation days used at this time will vary from year to year.
5. Vacation is not permitted during rotations at Children's Hospital of Michigan and Detroit John Dingell VA Medical Center
6. A maximum of two vacations days may be used during the following rotations :Cardiovascular, Vascular/Thoracic, Pediatrics, evening/midnight, St John evening/midnights, NENT, Mott ,Bell, OSF, Portage, Dickenson, Allegan, Pennock, Oaklawn, Northern Michigan and Pennock.
7. Vacation requests for Clinical Internships IV-VII must be submitted to clinical coordinator by the end of the second semester.

### **Unplanned Absences**

1. Attendance in class is mandatory, vacation days are not permitted on class day.
2. Unplanned absences include illness, unforeseen problems that prevent a student from attending clinical or class, medical/dental appointments, or other necessary personal business.
3. Students have a maximum of 5 unplanned absences to use during the program. If a student exceeds these 5 days, he/she may be required to make up days at the end of the program.
4. Students who are habitually tardy or indiscriminately use sick call may be charged an unplanned absence or recommended for dismissal.
5. Unplanned absences on weekends and off-shifts must be made up on similar shifts.
6. Patterns of unplanned absences, such as calling in prior to exams, immediately before or after vacations, etc. is discouraged and will require a physician's note.
7. Absence due to illness on the day of an exam will require documentation from a physician.
8. If a clinical instructor dismisses a student from clinical due to lack of patient and/or care plan preparation or performance, the student must report immediately to program administration. The program faculty will investigate and decide on the best course of action.

### **Leave of Absence**

Nurse anesthesia students who are considering a Leave of Absence must seek immediate guidance from the nurse anesthesia program director. Whenever possible, the request should be made in advance of the anticipated leave or as soon as possible after commencement of an emergency leave. A letter of explanation detailing the circumstances surrounding the request must be submitted to the program director along with notification. The curriculum builds upon didactic and clinical experiences in a sequential manner. Students who are absent beyond the end of an approved Leave of Absence are not guaranteed re-entry into the program.

It is the student's responsibility to ensure that the proposed leave is compatible with the regulations of any granting agency from which funding would normally be received during the leave period and that such agencies are informed of the proposed leave. Student on student loan or financial aid programs should determine the consequences that such a leave may have on their repayment status.

Students with an assistantship granted a Leave of Absence will have his or her stipend suspended during the period of the leave. Whenever possible, reappointment will be offered to the student upon his or her return. Reappointments are not guaranteed.

### **Conference Time**

1. Students are required to attend departmental conferences at Beaumont-RO and other clinical sites where offered including morning report and educational offerings. These include monthly Morbidity and Mortality conferences, monthly guest speakers, and yearly offsite conferences. Currently at Royal Oak, guest speakers are the first Tuesday of every month in the ABW auditorium and M & M conferences are the third Tuesday of every month in the ABW auditorium. Both begin promptly at 7:00 a.m. Attendance is mandatory if you are scheduled to be at Beaumont-Royal Oak at any time during that day.
2. Students are encouraged to attend the AANA Annual Meeting and will receive 5 conference days. This time will not be subtracted from the vacation bank. The five days include travel time. Students will be given an outline each year regarding required scheduled sessions. Students must attend scheduled sessions each day or the conference days may be rescinded and vacation time assigned.
3. All students must attend at least one meeting of the Michigan Association of Nurse Anesthetists (MANA) each year. MANA meetings are held in the spring and fall of each year. Seniors may attend CRNA Impact Day in Lansing. No conference days are granted for attendance at MANA meetings unless student is traveling more than 2 hours from their assigned clinical site to the conference.
4. One conference day will be given for the purposes of taking a board review class. This includes travel time.
5. Requests for additional conference time will be reviewed on an individual basis.
6. Students must bring a copy of the Certificate of Attendance to the program secretary office within 5 days of attending a conference or the student will be charged vacation time for the conference.
7. A student must be in good academic and clinical standing to attend conferences/meetings. Conference registration does not guarantee that a student will be permitted to attend. If academic, clinical or professional performance is in question; permission to attend may be denied.

### **Certifications**

1. Required certifications for graduation from the program are BLS, ACLS & PALS. Required certifications may not expire within the 3 months following graduation. One certification/recertification day will be granted during the program. This must be used on the day of the certification/recertification course. All other certifications/recertifications are to be completed on the students' own time.
2. The student is required to maintain current BLS and ACLS certification throughout the program. The certification must be obtained from a program recognized by the American Heart Association. Students who allow their certification to lapse must schedule full-course certification on their own time using unplanned absence days. Students must provide proof of attendance to the program secretary and coordinators before they can return to clinical.
3. Students cannot attend clinical without current certification on file.
4. Students will be responsible for costs of these courses.

### **Holidays**

Six holidays per year are recognized: New Year's Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving, and Christmas Day. Students are not scheduled for class or clinical on these days.

### **Bereavement** (per Beaumont policy):

1. Up to 24 hours (three 8 hour days) of bereavement may be granted if needed for the death of an immediate family member.
2. Immediate family members are defined as wife/husband, grandparents, parents, brothers/sisters, children, and grandchildren. All of the above designations include "step" and "in-law" derivations.
3. If asked, students should be prepared to provide an obituary notice or other documentation.

### **Jury Duty, Military Commitment**

Students must notify their clinical coordinator immediately upon notification of possible selection for jury duty. A copy of the order to appear for jury duty must be submitted to program faculty. Military commitments will be handled on an individual basis.

### **Flexible Scheduling**

1. Flexible scheduling includes twelve-hour shifts, scheduled at program faculty's discretion in collaboration with the distant site coordinator.
2. Students eligible for participation will be chosen based on their clinical and didactic performance.
3. All students may not be eligible.
4. The weekly time will be equal to the amount of clinical time normally required during that semester.
5. Scheduled clinical days will not exceed 12 hours.

6. Students will be scheduled to assure 10 hour rest periods between times in the clinical area.
7. Students should never leave hospital premises before their scheduled clinical time even if there are no cases. If cases are not available to participate in, students should call the shift supervisor and notify them of their location, contact information and availability.
8. Students at Beaumont, Royal Oak, should page the board runner, #25532, or call 84400, prior to leaving at shifts end.
9. Senior students scheduled for “free” rotations at Beaumont-RO may be considered for flexible scheduling during the last 6 months of the program.
10. Clinical expectations remain the same as other shifts (i.e. – finishing cases, etc).

### **Miscellaneous**

Students must attend all scheduled orientations for OU and Beaumont. Graduating seniors are required to attend program and university graduation events. Lower classmen are encouraged to show support for graduates and attend the completion ceremony.

### **Testing Procedure**

The purpose of this procedure is to identify the minimum guidelines required for the administration of examinations in the nurse anesthesia didactic courses. Due to the nature of the field of practice, it is essential that evaluative measures, such as written or oral examinations, be given in such a manner as to allow the student the opportunity to demonstrate their knowledge to the greatest extent possible. At the same time, test security must be preserved, and the opportunity for academic misconduct minimized. The following elements will be present when an examination is administered as part of a nurse anesthesia didactic course.

1. The instructor responsible for the class will provide an examination schedule. This schedule will include major examinations, but may not include other evaluative measures such as quizzes, demonstration evaluations, or oral examination.
2. During exam administration, the following measures may be employed:
  - Seating of students via instructor prepared seating chart
  - Spacing of students as the room permits, two rooms may be required
  - Scrambled exams with each question out of order from another exam
  - Seating that permits instructor clear view of laptop or computer
4. Students may not use a PDA, cell phone, or other unapproved electronic devices during examinations. If calculations requiring a calculator are required, the instructor will provide one.
5. The instructor, or a proctor appointed by the instructor will administer exams. The table must be cleared of all personal items except a pencil. Students will not be able to leave the classroom until their completed exam is submitted. The instructor may allow students to leave as they finish the exam. However, once a student has left the classroom, they will not be able to return until everyone has completed their exam.
6. Once a quiz or examination has been turned in to the instructor or proctor it is considered complete and the student may not request to review the exam or change answers.
7. Examinations and quizzes are the property of the program and students may not possess or make copies of any exams. Failure to observe this is a serious violation of academic conduct and will be handled according to the policy on academic conduct.
8. Review of a completed exam must be done in the presence of program faculty or the program secretary. The review period will be limited to three days immediately following the posting of grades except for students at distance sites who will be allowed to review their exam by appointment on their next rotation to Beaumont, Royal Oak.
9. Students are not permitted to make written notes regarding exams or place marks on the exam while reviewing it.
10. Reviewing the exam immediately following administration is at the discretion of the faculty.

### **Testing Procedure for Students Located at Distance Sites**

1. At distant sites, students will be proctored via Tandberg distance technology.
2. Identity of each student taking the exam will be done visually.
3. Each distance site will assign a person designated to assist with exam distribution and exam return to the program. This person will do the following:
  - a. if a paper and pencil test is employed, copy the exam that has been e-mailed to them from the faculty of record or program secretary prior to the start of the exam.
  - b. provide the student the exam once proctor or faculty of record is present (either at the site or via distance technology to observe the student)
  - c. if distance technology is not available or the student is making up an exam, proctor the exam. A time will be arranged that is mutually agreeable with the proctor and program faculty for this to occur.

- d. receive completed exam from student once they have completed the exam
- e. scan exam and send to program secretary's private fax
- f. mail original student copy of exam to program secretary at Beaumont
- g. destroy electronic version of exam on computer.

## **Program Evaluation Process**

### **Program Evaluation**

Continuous evaluation of the nurse anesthesia program occurs at regular intervals. The nurse anesthesia program administration, faculty, curriculum, students and resources will be continuously evaluated to assure attainment of educational excellence and compliance with the Standards set forth by the Council on Accreditation. The evaluation plan for both the undergraduate and graduate programs of the School of Nursing are described in the Oakland University School of Nursing Evaluation Process document. Components that relate directly to the Graduate Program of Nurse Anesthesia are described below.

### **Clinical Evaluation of Students**

1. Beginning with Clinical Internship I, clinical CRNA/MD instructors will complete a Clinical Performance Evaluation tool each clinical day or monthly (site dependent) Students are required to submit and collect daily clinical evaluations through the last clinical day of the program.
  - a. The Clinical Internship objectives are based on the Standards of Nursing Practice for Advanced Practice Nurses (ANA), the AANA Standards for Nurse Anesthesia Practice, and program outcome criteria.
  - b. It is the responsibility of the student to submit the clinical performance evaluation to the clinical CRNA/MD instructor at the beginning of each clinical day.
2. It is the student's responsibility to completely fill out the top of the evaluation. The procedure, date, ASA status ect must be filled out. Incomplete evaluation forms will be returned to the student. The instructor places the program clinical coordinators read all submitted evaluations.
4. Students review their written evaluations and, if necessary, request clarification from the CRNA/MD instructor if they have questions.
5. If students have questions about their evaluation they should speak with their instructor as a first step. Following this, the student may proceed in the following order to discuss their evaluation: the site coordinator, program clinical coordinator, assistant director and director.
6. Students may provide a written response if necessary.
7. Students who receive a "1", indicating they performed an action that may be harmful, unsafe or that does not meet the objective must discuss the circumstances with a program clinical coordinator (assistant or program director if clinical coordinator is not available) within 48 hours of receiving the evaluation.
8. Each student must be certain that they have received a completed written evaluation for each clinical day or monthly (site dependent). Total semester evaluations will be tallied by the student and this information will be documented on the student self-evaluation form.
9. If an instructor fails to return an evaluation, the student should request the completed evaluation from the CRNA/MD instructor.
  - a. If a student has difficulty obtaining completed evaluations, the student should notify a clinical coordinator or affiliate site coordinator for assistance within one week.
  - b. Students are ultimately responsible for tracking evaluations and notifying a clinical coordinator when assistance is required.
10. Simulation Evaluation: Students will be evaluated daily when assigned to the simulation lab using the student simulation evaluation tool and skill competency checklists as appropriate.

### **Student Self-Evaluation of Clinical Experience**

1. Students will complete a self-evaluation at the end of each semester, beginning with Clinical Internship I and ending with VI.
2. The self-evaluation form, collected daily evaluations, and care plans are submitted by the student and turned into the program clinical coordinator who will give them to the student's assigned preceptor. The preceptor formulates a summary evaluation and submits it to the clinical coordinator by the date designated.

### **Student End Semester Evaluation of Clinical Experience**

Students are assigned a preceptor beginning with Clinical Internship I. The preceptor's role is to instruct, preceptor, and guide the student's clinical performance. The student/preceptor relationship allows the clinical coordinator to better communicate specific learning needs to the preceptor to improve the student's clinical performance. Students may use their preceptor as a resource person even when the student is assigned to work with other instructors. The clinical coordinator attempts to schedule the student with their assigned preceptor as often as possible. At the end of the semester the preceptor completes a semester summary of the student's clinical performance and suggests a plan for continued improvement.

1. Evaluation materials will be distributed to each student's CRNA preceptor at the end of each semester by the clinical or site coordinator.
2. The preceptor will review the self-evaluation, care plans, and the clinical performance evaluations.
3. The preceptor will develop a summary statement that details the student's progress and, based on strengths and weaknesses, will offer recommendations for continued improvement and development in the clinical area.
4. At the end of the semester, students will have the opportunity to meet with the clinical coordinator to review and discuss the Clinical Summary statement summarizing clinical performance. It will be signed by the student and coordinator and placed in the student's file. Students will be given a copy of this summary.
5. For each clinical internship, a Satisfactory/Unsatisfactory (S/U) grade is assigned at the end of each semester. Students are expected to earn a course grade of satisfactory in order to progress to the next clinical internship. Students who fail to meet the objectives for the clinical internship will receive an unsatisfactory grade and be recommended for dismissal from the program.

### **Didactic Evaluation**

Evaluation of students' didactic performance is by academic achievement in the classroom. Progression in the program requires maintenance of a 3.0 GPA for each course. Faculty of Record will counsel and issue a midterm academic advisement if a student's course grade is less than 3.0. At the end of the semester, if the student's course grade is less than 3.0, program faculty will recommend that the student be dismissed from the program (Some foundation courses may be repeated at the discretion of the Program Director and Dean).

### **Grading**

As stated in the Oakland University Graduate Catalog, many programs have more stringent grade requirements for credit and retention. Students enrolled in the Oakland University-Beaumont Graduate Program of Nurse Anesthesia will follow the policies in this handbook in regards to grading and progression for both didactic and clinical courses. Students must successfully pass both the didactic and clinical component each semester in order to progress to the next semester (Some foundation courses may be repeated at the discretion of the Program Director and Dean).

### **Self-Evaluation Examination (SEE)**

1. The SEE exam is a computerized adaptive test that is intended to help both students and programs identify their respective strengths and weaknesses before students take the certification exam. Scores are scaled to adjust proficiency according to a student's level in the program. Individual SEE exam scores should meet or exceed the national mean score for students at their level.
2. Students are required to take the self-evaluation exam (SEE) each year while enrolled in the program. Students will be given a day out of clinical to take a scheduled SEE exam.
3. The faculty will determine a designated time period in which students are to take the exam.
4. Students are responsible for contacting the testing center to schedule their exam during unscheduled class and clinical hours.
5. Students are responsible for the costs associated with taking the SEE exam.

### **Evaluation of Courses**

1. Course Evaluation — Students have the opportunity to evaluate each course at the end of each semester in accordance with the Oakland University School of Nursing evaluation plan. Faculty effectiveness evaluations are completed on line via Moodle.
2. Guest Lecturers — Students will evaluate guest lecturers for topics presented throughout the semester.

### **Evaluation of Clinical Agencies and Clinical Instructors**

1. Students will evaluate clinical affiliate agencies and site coordinators at the end of each assigned rotation using Typhon and the OU Clinical Agency Evaluation. This should be done within one week of completion of each site.
2. Typhon results will be summarized and distributed to the affiliate sites during annual site visits. OU Clinical Agency Evaluations are returned to OU and stored.
3. Faculty will evaluate clinical agencies at least annually during site visits.
4. Students have a professional responsibility to evaluate clinical sites.
5. Evaluation of Clinical Instructors — Students evaluate clinical instructors and clinical sites using Typhon.

## Evaluation of the Program

Evaluation of the Oakland University-Beaumont Graduate Program of Nurse Anesthesia will occur as depicted in the following tables:

### Program Evaluation Summary

#### Student Evaluation:

Area	By Whom	Form	Frequency	Reported To	Summary To
Clinical Performance	CRNA/MDA Clinical Instructors	Clinical Internship: Evaluation of Clinical Performance I; II; III-IV; V-VII	Each Clinical Day or Monthly (Site Dependent)	Student	Program Faculty
Informal Daily Self Evaluation	Student	No Form	Each Clinical Day	Clinical Preceptor	N/A
Formal Self Evaluation	Student	Student Self Evaluation	Submitted at end of the semester beginning with Clinical Internship I-VI	Clinical Preceptor/ Program Faculty	OU SON Assistant Dean/ Director Graduate Study
Course Grades	Faculty of Record	Posted on OU Website	Ongoing throughout course	Student	Director
End of Semester Clinical Summary	Clinical Preceptor	Clinical Evaluation Semester Summary	At end of each semester for Clin Int I-VI	Student/Program Faculty	OU SON Assistant Dean/ Director Graduate Study
Self-Evaluation Examination	Program Faculty	Review of NBCRNA Annual Report: Summary NCE/SEE Performance: Review of NBCRNA Self Evaluation Examination Examinee Score Reports	Annually	Program Evaluation Committee (October)	OU SON Evaluation Committee/Students/ Faculty/ Community of Interest

#### Faculty Evaluation:

Area	By Whom	Form	Frequency	Reported To	Summary To
Faculty of Record	Student	OU Classroom Faculty Effectiveness Tool	End of each semester	Faculty of Record/Director	OU SON Evaluation Committee
Didactic Instructor	Student	Guest Lecture Evaluation	After each lecture	Didactic Instructor/Program Faculty (End of Semester)	OU SON Evaluation Committee
Clinical Instructor	Student	Typhon Clinical Instructor Eval	Each Clinical Day	Clinical Instructor/ Program Faculty (Annually)	OU SON Evaluation Committee
Program Faculty	Program Director	OU or Beaumont Hospital Performance Appraisal	Annually	Individual Faculty	Dean SON
Program Director	OU Dean and Beaumont VP of Surgical Services	OU Performance Appraisal	Annually	Program Director	Provost

#### Clinical Sites:

Area	By Whom	Form	Frequency	Reported To	Summary To
Clinical Site	Student	Typhon Clinical Site Evaluation	End of rotation	Program Faculty	OU SON Evaluation Committee
Clinical Site	Faculty	Written summary of annual site visit	Annually	Program Faculty	OU SON Evaluation Committee

## Program Evaluation:

Area	By Whom	Form	Frequency	Reported To:	Summary To:
Exit Evaluation	Students	Senior Exit Evaluation	End of Program	Program Evaluation Committee (May)	OU SON Evaluation Committee/Students/Faculty/Community of Interest
Program Summary Discussion	Students	Informal discussion with Director and Assistant Director reflected in notes	End of Program	Program Evaluation Committee (May)	OU SON Evaluation Committee/Students/Faculty/Community of Interest
Post Graduate Evaluation	Graduates	OUBGPNA Graduate Self Evaluation	One year after Program completion	Program Evaluation Committee (May)	OU SON Evaluation Committee/Students/Faculty/Community of Interest
Post Graduate Evaluation	Employers	OUGPNA Employer Evaluation of Graduate	One year after Program completion	Program Evaluation Committee (May)	OU SON Evaluation Committee/Students/Faculty/Community of Interest
National Certification Exam	Graduates	Review of NBCRNA Annual Report Summary of NCE/SEE Performance: Review of NBCRNA National Certification Exam Program Director's Summary	Annually	Program Evaluation Committee (October)	OU SON Evaluation Committee/Students/Faculty/Community of Interest
Annual Report	Program	COA Annual Report	Annually	COA/ Program Evaluation Committee (October)	OU SON Evaluation Committee/Students/Faculty/Community of Interest
Accreditation Review	Council on Accreditation	Program Self-Study and COA Site Visit	Accrediting Cycle	COA/ Program Evaluation Committee (October of accreditation review year)	OU SON Evaluation Committee/Students/Faculty/Community of Interest
Annual Faculty Evaluation of Program	Clinical Faculty: CRNAs, MDAs Non-clinical OU faculty	Annual Faculty Evaluation Form	Annually	Program Evaluation Committee (May)	Students/Faculty/Community of Interest
Quarterly Clinical Faculty Evaluation of Program	Clinical Faculty: CRNAs, MDAs	Quarterly Clinical Faculty Evaluation	Quarterly	Program Evaluation Committee (May/October)	Students/Faculty/Community of Interest
Annual Clinical Site Evaluation of Program	Clinical Site Coordinators	Clinical Site Evaluation	Annually in conjunction with site visit	Program Evaluation Committee (May)	Students/Faculty/Community of Interest
Quarterly Program Staff Meeting	Clinical Faculty: CRNAs	Focused question and discussion related to program evaluation reflected in minutes	Quarterly	Program Evaluation Committee (May/October)	Students/Faculty/Community of Interest

## STUDENT SELF EVALUATION

NAME:

DATE:

PRECEPTOR:

EVALUATION PERIOD :

NUMBER OF SIGNED CARE PLANS SUBMITTED:

NUMBER OF CLINICAL DAYS PROVIDING ANESTHESIA:

NUMBER OF RETURNED EVALUATIONS:

EVALUATIONS NOT RETURNED:

PLEASE RATE YOUR PERFORMANCE SINCE YOUR LAST EVALUATION IN THE FOLLOWING AREAS:

5- ALWAYS      4-MOST OF THE TIME      3-USUALLY 2-SOMETIMES      1-NEVER

**Assessment, diagnosis, and planning**

Conducts appropriate health history, physical, ‘ And psychosocial assessment.	1	2	3	4	5
Utilizes gathered data and information in guiding plan of care.	1	2	3	4	5
Formulates appropriate written and verbal care plans.	1	2	3	4	5
Demonstrates perioperative preparation (patient, equipment, tabletop).	1	2	3	4	5
Integrates physiologic/pharmacologic/procedural principles.	1	2	3	4	5

**Implementation and Evaluation**

Meets criteria for safe induction.	1	2	3	4	5
Skillfully manages airway.	1	2	3	4	5
Monitors patients physiologic condition as appropriate for procedure and specific patient’s needs.	1	2	3	4	5
Adjusts anesthetic care plan based on patient’s physiologic response.	1	2	3	4	5
Maintains organization throughout the day.	1	2	3	4	5
Skillfully places regional/lines.	1	2	3	4	5
Timely charts completely, accurately and legibly.	1	2	3	4	5
Meets criteria for safe emergence.	1	2	3	4	5
Transfers responsibility of care to qualified practitioner in manner which ensures continuity of care and patient safety.	1	2	3	4	5
Completes post operative evaluation.	1	2	3	4	5

**Standards of Professional Performance**

Exhibits a professional and ethical demeanor.	1	2	3	4	5
Respects and maintains the basic rights of patients.	1	2	3	4	5
Communicates and collaborates with members of the health care team.	1	2	3	4	5
Evaluates safety, effectiveness, and cost when choosing practice options.	1	2	3	4	5
Participates in required and optional educational activities.	1	2	3	4	5

Identify and describe two areas above in which you have shown the greatest improvement this semester.

Identify two areas above as goals for improvement during the next semester. Define a plan of growth in these areas.

Describe two challenging days this semester and state:

- a) why they were challenging.
- b) how you performed.
- c) what you learned from this experience.

**OAKLAND UNIVERSITY – BEAUMONT GRADUATE PROGRAM OF NURSE ANESTHESIA  
CLINICAL EVALUATION – SEMESTER SUMMARY**

Please return to the Clinical Coordinators by:

STUDENT:

SEMESTER:

EVALUATION SUMMARY COMPLETED BY:

Number of written evaluations reviewed (**Please arrange evaluations in order by date from first to last**): \_\_\_\_\_

Number of times you have worked with this student during this evaluation period: \_\_\_\_\_

Describe specifics about the student's performance in the following areas:

- A. Assessment and Diagnosis (Health history, physical assessment, chart review, etc)**
- B. Outcome (Preparation & education of client, agent/medication selection & administration), knowledge of anesthesia & procedure, integration of pharmacologic & physiologic principles, etc)**
- C. Planning (Verbal and written care plans)**
- D. Implementation (Induction of anesthesia, airway management, maintenance of sound anesthetic state, documentation, fluid replacement, emergence, transfer of care, protection from iatrogenic complications, etc)**
- E. Evaluation (Completes POR on all clients assigned & reports findings, provides post op pain control, etc)**
- F. Standards of Professional Performance (Interaction with clients, members of HCT, utilization of learning environment, self evaluation, leadership, ethics, etc)**
- G. Technical skills (Intubation, airway management, arterial lines, equipment use, regional administration, etc)**
- H. List the student's strengths.**
- I. List two specific suggestions the student can use to improve clinical performance:**

**Student comments:**

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

Clinical Coordinator(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

# Clinical Internship: \* \_\_\_\_\_ Evaluation of Clinical Performance

Oakland University Beaumont Graduate Program of Nurse Anesthesia

Student \_\_\_\_\_ Year \_\_\_\_\_ Date \_\_\_\_\_ Shift/Location \_\_\_\_\_

Clinical Site \_\_\_\_\_ CRNA \_\_\_\_\_ Anesthesiologist \_\_\_\_\_

Case \_\_\_\_\_ ASA \_\_\_\_\_ Technique \_\_\_\_\_

Case \_\_\_\_\_ ASA \_\_\_\_\_ Technique \_\_\_\_\_

Case \_\_\_\_\_ ASA \_\_\_\_\_ Technique \_\_\_\_\_

Evaluation Scale: N = not applicable; 1=does not meet objective; unsafe or harmful, 2=meets objective with assistance, 3=meets objective

## Faculty Comments

I. Assessment and Diagnosis				
A. Performs health history, physical, and psychosocial assessment	1	2	3	N
B. Initiates and interprets diagnostic testing	1	2	3	N
C. Prioritizes data collection based on patient's current needs	1	2	3	N
D. Derives appropriate diagnosis from assessment data	1	2	3	N
II. Outcome				
A. Educates patient	1	2	3	N
B. Obtains informed consent	1	2	3	N
C. Incorporates evidence based practice to identify outcome	1	2	3	N
III. Planning				
A. Formulates patient specific verbal & written anesthetic plan of care	1	2	3	N
B. Selects appropriate equipment, medication, & monitoring modalities	1	2	3	N
C. Performs and documents appropriate safety checks	1	2	3	N
IV. Implementation				
A. Performs appropriate induction sequence	1	2	3	N
B. Performs appropriate airway management	1	2	3	N
C. Positions patient for optimal safety, comfort and surgical exposure	1	2	3	N
D. Adjusts anesthetic plan according to patient's physiological response	1	2	3	N
E. Manages invasive procedures with skill	1	2	3	N
F. Tailors patient monitoring in accordance with patient needs	1	2	3	N
G. Completes accurate and timely documentation	1	2	3	N
H. Manages emergence	1	2	3	N
I. Assures patient safety while transferring responsibility of care	1	2	3	N
J. Collaborates with other health care professionals to provide optimal care	1	2	3	N
K. Utilizes universal precautions	1	2	3	N
L. Protects patient from iatrogenic complications and nosocomial infections	1	2	3	N
M. Adheres to safety precautions established by the institution	1	2	3	N
N. Practices standards that promote environmental health	1	2	3	N
V. Evaluation				
A. Evaluates effectiveness of interventions	1	2	3	N
B. Completes post operative evaluation on patients	1	2	3	N
C. Participates in the continuous quality improvement process	1	2	3	N
VI. Standards of Professional Performance				
A. Respects and maintains basic rights of patients	1	2	3	N
B. Collaborates with members of the interprofessional team	1	2	3	N
C. Seeks learning experiences to develop clinical knowledge	1	2	3	N
D. Seeks feedback regarding practice from health care team	1	2	3	N
E. Mentors peers in acquisition of clinical knowledge and skills	1	2	3	N
F. Models expert practice to interprofessional team	1	2	3	N
G. Utilizes appropriate resources with regard to safety and cost effectiveness	1	2	3	N

Student Comments

CRNA Signature: \_\_\_\_\_

\* Front of tool for Internships I-VII is the same-objectives on the back of the tool change for each Internship

## **CLINICAL INTERNSHIP OBJECTIVES**

It is expected that nurse anesthesia students possess the knowledge, skills and abilities of basic nursing practice as they enter the clinical internship sequence for the nurse anesthesia program. It is also expected that the student will correlate didactic knowledge with clinical practice throughout the perioperative period during the course of graduate study. This correlation is an integral part of the objectives for each clinical internship. There are seven clinical internships throughout the program with specific leveled objectives.

### **NRS 607, NRS 617: Clinical Internship I & II Objectives**

**During Clinical internships I & II, the APN will attain the following:**

**I. Assessment & Diagnosis: Collects comprehensive data pertinent to the patient's health &/or situation & analyzes this data to determine the diagnosis. (ANA Standards 1 & 2, AANA Standard I)**

- A. Performs health history, physical, & psychosocial assessment
  - 1) Generates thorough health history utilizing proper interview techniques & chart review.
  - 2) Utilizes principles of physical assessment when examining major organ systems.
  - 3) Assesses the effect of interactions among individuals, family, community, & social systems on health & illness.
- B. Initiates & interprets diagnostic testing
  - 1) With guidance, utilizes assessment data & is able to initiate relevant lab work & specialty consultations.
  - 2) Identifies normal & abnormal variations in regard to diagnostic testing.
- C. Prioritizes data collection based on patient's current needs
  - 1) Identifies relevance of assessment data & diagnostic testing.
  - 2) With guidance, prioritizes relevance of assessment data & diagnostic testing.
- D. Derives appropriate diagnosis from assessment data
  - 1) Identifies appropriate physical status using the American Society of Anesthesiologists Physical Status Classification System (ASA Status).
  - 2) With guidance, incorporates assessment & diagnostic data along with hemodynamic parameters into diagnosis.

**II. Outcomes Identification: Obtains informed consent for the planned anesthetic intervention & identifies expected outcomes individualized to the patient. (ANA Standard 3, AANA Standard II)**

- A. Educates patient & obtains informed consent
  - 1) With guidance, discusses anesthetic plan and risks in language the patient &/or legal guardian can understand.
- B. Obtains informed consent
  - 1) Verifies that informed consent has been obtained from qualified provider.
  - 2) Identifies medical-legal issues involved in obtaining informed consent.
  - 3) Documents that informed consent has been obtained.
- C. Identifies expected outcomes incorporating evidenced based practice
  - 1) Verbalizes expected outcomes based on current recommendations for practice found in literature.

**III. Planning: Formulates a patient-specific plan & alternatives to that plan to attain expected outcomes. (ANA Standards 4 & 9, AANA Standard for Nurse Anesthesia Practice III & VIII)**

- A. Formulates patient specific verbal & written anesthetic plan of care
  - 1) Utilizing assessment data & planned procedure, writes patient specific care plan including assessment & diagnostic strategies, & therapeutic interventions reflecting current evidence.
  - 2) Communicates plan of care with instructors & with guidance, other members of the health care team.
- B. Selects appropriate equipment, medication, & monitoring modalities
  - 1) Identifies location & function of specific equipment/supplies.
  - 2) Describes advantages/disadvantages of different anesthetic techniques.
  - 3) Describes mechanism of action of different anesthetic therapies.
  - 4) With guidance, utilizes assessment data to determine the type of monitoring devices, equipment, & anesthetic interventions planned.
- C. Performs and documents appropriate safety checks
  - 1) Inspects anesthesia machine & monitors according to established guidelines, including readiness, availability, cleanliness, & working condition of all equipment.
  - 2) Inspects integrity of breathing system & ensures device capable of detecting disconnection with audible alarm is intact.
  - 3) Ensures functionality of oxygen analyzer & confirms audible alarm is intact.
  - 4) Ensures safety measures taken to minimize risk of fire, explosion, electrical shock, & equipment malfunction.
  - 5) With assistance, identifies & troubleshoots problems with anesthesia equipment.
  - 6) Documents safety checks on anesthetic record.

7) Labels medications properly and secures in appropriate location.

**IV. Implementation: Implements the identified plan (ANA Standard 5 & 16, AANA Standard IV, V, VI, VII, & IX)**

- A. Performs appropriate induction sequence
  - 1) Applies monitoring prior to the start of anesthesia.
  - 2) Pre-oxygenates appropriately.
  - 3) Selects & administers appropriate medication & dosage.
- B. Performs appropriate airway management
  - 1) Demonstrates proper ventilation techniques.
  - 2) Secures airway with LMA or tracheal intubation utilizing basic techniques.
  - 3) Verifies intubation
- C. Positions patient for optimal patient safety, comfort, & surgical exposure
  - 1) Identifies correct patient position for procedure.
  - 2) Recognizes potential complications of various patient positioning.
  - 3) Assesses patient positioning throughout procedure & with assistance makes appropriate interventions.
  - 4) Verifies correct endotracheal tube placement after position changes.
- D. Adjusts anesthetic plan based on patient's physiologic response
  - 1) Continuously assesses the patient's response to the anesthetic/surgical intervention & with assistance, intervenes as required to maintain patient in satisfactory physiologic condition.
  - 2) Determines intraoperative fluid replacement based on patient factors & surgical procedure.
  - 3) Monitors and calculates blood loss & with assistance, implements appropriate therapies.
- E. Manages invasive procedures with skill
  - 1) Successfully insert IV catheters.
  - 2) With guidance, incorporates anatomy & theory to insert arterial lines.
- F. Tailors patient monitoring in accordance with patient needs
  - 1) Monitors continuously: ventilation, oxygenation, cardiovascular status, and when indicated temperature & neuromuscular function.
  - 2) Remains in constant attendance of the patient.
- G. Completes accurate & timely documentation
  - 1) Documents all anesthetic interventions & patient responses.
- H. Manages emergence
  - 1) Verbalizes extubation criteria based on patient history, surgical procedure, & anesthetic interventions.
  - 2) With guidance, determines patient's readiness for extubation.
- I. Assures patient safety while transferring responsibility of care
  - 1) With guidance, determines safe timing for transfer of responsibility of care to other qualified provider.
  - 2) With guidance, accurately reports patient's condition & all relevant information to the provider who is assuming responsibility for patient.
- J. Collaborates with other health care professionals to provide optimal care
  - 1) With guidance, communicates change in patient's status to appropriate person(s) in timely manner & collaborates with surgeons regarding anesthesia care.
- K. Utilizes universal precautions
  - 1) Demonstrates the application of universal precautions in the perioperative setting.
- L. Protects patient from iatrogenic complications & nosocomial infections.
  - 1) Protects patient from identifiable risks.
  - 2) Identifies and implements appropriate nausea/vomiting prophylaxis.
  - 3) Minimizes risk of infection to the patient.
- M. Adheres to safety precautions as established by the institution
  - 1) Adheres to policies for safety precautions as written by institution.
- N. Practices standards that promote environmental health
  - 1) Implements precautions to secure anesthetic drugs when not in supervision of agents.
  - 2) Implements necessary measures to ensure scavenging system functioning correctly.
  - 3) Protects patients from radiation/laser exposure.

**V. Evaluation: Evaluates progress toward attainment of expected outcomes & assesses their anesthesia care to assure quality & contribution to positive patient outcomes. (ANA Standard 6 & 14, AANA Standard X)**

- A. Evaluates effectiveness of interventions
  - 1) With guidance, reviews & evaluates quality and appropriateness of anesthesia care.
- B. Completes post-operative evaluations on patients
  - 1) Using assessment techniques performs postoperative evaluation on all patients cared for.
  - 2) Documentation is timely & accurate.
  - 3) Relays outcomes to appropriate providers.

- C. Participates in the continuous quality improvement process
  - 1) Verbalizes an understanding of the continuous quality improvement process.
  - 2) Recognizes post-anesthetic complications & notifies appropriate personnel for follow up.
  - 3) Participates in continual process of self-evaluation & strives to incorporate new techniques into practice.
- VI. Standards of Professional Performance: Practices ethically, attains knowledge & competence that reflects current practice, contributes to quality practice, communicates effectively, demonstrates leadership in the professional practice setting and the profession, collaborates with the patient and family, & utilizes appropriate resources to provide care. (ANA Standard 7 & 8, AANA Standard X)**
  - A. Respects & maintains basic rights of patients
    - 1) Preserves the patient's rights to privacy, confidentiality, & autonomy.
    - 2) Demonstrates integrity, compassion, & competence.
    - 3) Delivers culturally competent care throughout the anesthesia course.
  - B. Collaborates with members of the interprofessional team.
    - 1) Participates in pre & post procedure briefing.
    - 2) Treats health care team with respect & dignity, seeking continuous improvement in communication & conflict resolution skills.
    - 3) With guidance, provides direction to enhance effectiveness of health care team.
  - C. Seeks learning experiences to develop clinical knowledge
    - 1) Identifies individual strengths & areas for improvement.
    - 2) Utilizes feedback from clinical instructors & devises a plan for improving performance.
    - 3) Attends and participates in morbidity & mortality conferences, departmental educational meetings, & morning report.
    - 4) Seeks opportunities to develop clinical skills
  - D. Seeks feedback regarding practice from HCT members
    - 1) Maintains communication with other providers to minimize risks & improve outcomes in care delivery.
    - 2) Engages in formal process seeking feedback regarding his/her own practice.
  - E. Mentors peers in acquisition of clinical knowledge & skills
  - F. Models expert practice to interprofessional team
  - G. Utilizes appropriate resources with regard to safety & cost effectiveness
    - 1) Selects interventions that are appropriate & financially responsible.

#### **NRS 627-637: Clinical Internship III - IV Objectives**

In addition to the objectives achieved in Clinical Internships I-II, during **Clinical Internships III-IV**, the APN will attain the following:

- I. Assessment & Diagnosis: Collects comprehensive data pertinent to the healthcare consumer's health &/or situation & analyzes this data to determine the diagnosis or issues. (ANA Standards I & II, AANA Standard I)**
  - A. Performs health history, physical, & psychosocial assessment
    - 1) Obtains rapid & thorough health history
    - 2) Identifies abnormal pathology from assessment data
  - B. Initiates & interprets diagnostic testing
    - 1) Utilizes assessment data & is able to initiate relevant lab work & specialty consultations
  - C. Prioritizes data collection based on patient's current needs
    - 1) Orders and prioritizes data based on the history and surgical procedure
  - D. Derives appropriate diagnosis from assessment data
    - 1) Utilizes complex data & diagnostics in identifying diagnosis.
    - 2) Synthesizes information obtained & is able to independently arrive at appropriate diagnosis
    - 3) Identifies potential for difficult intubation using assessment data
- II. Outcomes Identification: Obtains informed consent for the planned anesthetic intervention & identifies expected outcomes individualized to the health care consumer. (ANA Standard 3, AANA Standard II)**
  - A. Educates patient
    - 1) Independently discusses anesthetic options & risks in language the patient &/or legal guardian can understand.
  - B. Obtains informed consent
    - 1) Obtains & documents informed consent for anesthetic
  - C. Incorporates evidenced based practice to identify expected outcomes
    - 1) Identifies expected outcomes that incorporate cost & clinical effectiveness, patient & family satisfaction, & that incorporate research & literature.
    - 2) Modifies expected outcomes according to changes in the status of the patient
- III. Planning: Formulates a patient-specific plan & alternatives to that plan to attain expected outcomes. (ANA Standards 4 & 9, AANA Standards III & VIII)**

- A. Formulates patient specific verbal & written anesthetic plan of care
  - 1) Utilizing patient assessment data, problem analysis, anticipated surgical or therapeutic procedure, patient &/or surgeon preference writes a minimum of one patient specific care plan for general rotation & each assigned care plan for specialty rotations. Care plan should include interventions that reflect current evidence, including data, research, & literature
  - 2) Communicates plan of care with entire health care team.
- B. Selects appropriate equipment, medication, & monitoring modalities
  - 1) Utilizes assessment data to determine the type of monitoring devices, including invasive monitors, equipment, & anesthetic interventions planned
  - 2) Independently calculates pharmacologic agents based on patient's current condition
- C. Performs & documents appropriate safety checks
  - 1) Identifies & troubleshoots problems with anesthesia equipment
- IV. Implementation: Implements the identified plan (ANA Standards 5 & 16, AANA Standards IV, V, VI, VII, & IX)**
  - A. Performs appropriate induction sequence
    - 1) Independently performs steps of induction
  - B. Performs appropriate airway management
    - 1) Skilled at various modalities of basic airway management
    - 2) Demonstrate understanding of advanced airway management
  - C. Positions patient for optimal patient safety, comfort, & surgical exposure
    - 1) Independently directs health care team in patient positioning
    - 2) Assesses patient position throughout the procedure & makes appropriate interventions
  - D. Adjusts anesthetic plan based on patient's physiologic response
    - 1) Continuously assesses the patient's response to the anesthetic/surgical intervention & independently intervenes as required to maintain patient in satisfactory physiologic condition
    - 2) Independently determines, calculates, and adjusts perioperative fluid requirements.
    - 3) Initiates blood replacement therapy when necessary
    - 4) Identifies the need for intraoperative blood work
  - E. Manages invasive procedures with skill
    - 1) Independently inserts arterial lines
    - 2) Identifies proper anatomy associated with regional anesthesia
    - 3) Inserts SAB independently, epidurals with assistance
  - F. Tailors patient monitoring in accordance with patient needs
    - 1) Utilize all monitors correctly & shows ability to recognize, correlate, & integrate information obtained.
    - 2) Demonstrates competency in monitoring of regional anesthesia
    - 3) Determines need for transferring patients on monitors/with oxygen therapy
    - 4) Identifies & implements appropriate pain management therapies
  - G. Completes accurate & timely documentation
    - 1) Timely documents information
  - H. Manages emergence
    - 1) Independently emerges & extubates patients.
  - I. Assures patient safety while transferring responsibility of care
    - 1) Independently assesses patient's status & determines when it is safe to transfer responsibility of care to other qualified provider
    - 2) Timely & accurately reports patient's condition & all relevant information to the provider who is assuming responsibility for patient
  - J. Collaborates with other health care professionals to provide optimal care
    - 1) Independently communicates change in patient's status to appropriate person(s) in timely manner & collaborates with surgeons regarding anesthesia care
    - 2) Assumes responsibility for anesthesia related functions when consulted by other practitioners
  - K. Utilizes universal precautions
  - L. Protects patient from iatrogenic complications & nosocomial infections
    - 1) Independently protects patient from identifiable risks.
    - 2) Actively evaluates & implements infection control procedures.
    - 3) Independently identifies and implements appropriate nausea/vomiting prophylaxis
  - M. Adheres to safety precautions as established by the institution
  - N. Practices standards that promote environmental health
- V. Evaluation: Evaluates progress toward attainment of expected outcomes & assesses their anesthesia care to assure quality & contribution to positive patient outcomes. (ANA Standards 6 & 14, AANA Standard X)**

- A. Evaluates effectiveness of interventions
    - 1) Incorporates critical thinking to enhance ongoing assessment of clinical practice.
  - B. Completes post-operative evaluations on patients
    - 1) Actively participates in CQI process
  - C. Participates in the continuous quality improvement process
    - 1) Prepares for & actively participates in human patient simulator experiences
- VI. Standards of Professional Performance: Practices ethically, attains knowledge & competence that reflects current practice, contributes to quality practice, communicates effectively, demonstrates leadership in the professional practice setting & the profession, collaborates with the patient and family, & utilizes appropriate resources to provide care. (ANA Standards 7 & 8, AANA Standard X)**
- A. Respects & maintains basic rights of patients
    - 1) Supports & preserves patient's rights to personal dignity & ethical norms of practice.
  - B. Collaborates with members of the interprofessional team
    - 1) Leads pre & post procedural briefing & identifies areas for improvement with post-procedural briefing
    - 2) Provides direction to enhance effectiveness of health care team
    - 3) Respects expertise & responsibilities of all health care providers involved in patient care
    - 4) Functions as a team member during cardiopulmonary resuscitation
  - C. Seeks learning experiences to develop clinical knowledge
    - 1) Presents cases in morning report
    - 2) Presents original, evidence based research in journal club, leading a discussion on the topic
    - 3) Incorporates new techniques into practice
  - D. Seeks feedback regarding practice from HCT members
  - E. Mentors peers in acquisition of clinical knowledge and skills
    - 1) Assists other learners in securing airway skills & with theory content
    - 2) Shares research reading with clinical instructors and other learners
    - 3) Participates in & presents at M & M presentations
  - F. Models expert practice to interprofessional team
  - G. Utilizes appropriate resources with regard to safety & cost effectiveness
    - 1) Assumes accountability for the worksite

**NRS 647, 657, 667: Clinical Internship V - VII Objectives**

In addition to the objectives achieved in Clinical Internships I-IV, during **Clinical Internships V-VII**, the APN will attain the following:

**I. Assessment & Diagnosis: Collects comprehensive data pertinent to the patient's health &/or situation & analyzes this data to determine the diagnosis or issues. (ANA Standards I & II, AANA Standard I)**

- A. Performs health history, physical, & psychosocial assessment
  - 1) Demonstrates proficiency in obtaining comprehensive health history
  - 2) Demonstrates the ability to rapidly assess all patients including chart review, health history & physical assessment
- B. Initiates & interprets diagnostic testing
  - 1) Rapidly assesses data & identifies results that impact care
- C. Prioritizes data collection based on patient's current needs
  - 1) Demonstrates sound judgment in prioritizing assessment data
- D. Derives appropriate diagnosis from assessment data
  - 1) Utilizes complex data & diagnostics in identifying diagnosis
  - 2) Quickly incorporates information to identify diagnosis

**II. Outcomes Identification: Obtains informed consent for the planned anesthetic intervention & identifies expected outcomes individualized to the patient. (ANA Standard 3, AANA Standard II)**

- A. Educates patient
  - 1) Demonstrates skill in educating clients & families regarding anesthesia care
- B. Obtains informed consent
- C. Incorporates evidenced based practice to identify expected outcomes
  - 1) Identifies expected outcomes that incorporate cost & clinical effectiveness, patient & family satisfaction, & that incorporate research, literature, & past clinical experience

**III. Planning: Formulates a patient-specific plan & alternatives to that plan to attain expected outcomes. (ANA Standards 4 & 9, AANA Standards III & VIII)**

- A. Formulates patient specific verbal & written anesthetic plan of care
  - 1) Applies evidence & research into practice in decision-making & problem solving
  - 2) Develops safe verbal care plan for basic cases with minimal preparation
- B. Selects appropriate equipment, medication, & monitoring modalities

1)Independently plans for care of patient

C. Performs & documents appropriate safety checks

**IV.Implementation: Implements the identified plan (ANA Standards 5 & 16, AANA Standards IV, V, VI, VII, & IX)**

A. Performs appropriate induction sequence

B. Performs appropriate airway management

1)Demonstrates skill in advanced airway techniques

C. Positions patient for optimal patient safety, comfort, & surgical exposure

1)Advocate for patients to prevent positioning injuries

D. Adjusts anesthetic plan based on patient's physiologic response

1)Recognizes & appropriately responds to anesthetic complications that occur

2)Independently manages the administration of pharmacologic agents during all types of anesthesia care

3) Demonstrates sound clinical judgment in prioritizing anesthetic interventions

4) Coordinates all aspects of blood transfusion independently

E. Manages invasive procedures with skill

1)Administers and manages a variety of regional anesthetics, including SABs, epidurals, & peripheral nerve blocks

2)With guidance, places central lines

F. Tailors patient monitoring in accordance with patient needs

1)Functions as a resource person for airway & ventilatory management of patient

2)Interprets hemodynamic changes & intervenes using advanced clinical judgment

G. Completes accurate & in a timely documentation

H. Manages-emergence

1) Independently determines the need for post-operative ventilation

I. Assures patient safety while transferring responsibility of care

J. Collaborates with other health care professionals to provide optimal care

K. Utilizes universal precautions

L. Protects patient from iatrogenic complications & nosocomial infections

M. Adheres to safety precautions as established by the institution

N. Practices standards that promote environmental health

**V. Evaluation: Evaluates progress toward attainment of expected outcomes & assesses their anesthesia care to assure quality & contribution to positive patient outcomes. (ANA Standards 6 & 14, AANA Standard X)**

A. Evaluates effectiveness of interventions

B. Completes post-operative evaluations on patients

C. Participates in the continuous quality improvement process

1) Independently oversees most aspects of the CQI process

2) Prepares for, actively participates in, & leads human patient simulator experiences

**VI. Standards of Professional Performance: Practices ethically, attains knowledge & competence that reflects current practice, contributes to quality practice, communicates effectively, demonstrates leadership in the professional practice setting & the profession, collaborates with the patient and family, & utilizes appropriate resources to provide care. (ANA Standards 7 & 8, AANA Standard X)**

A. Respects & maintains basic rights of clients

B. Collaborates with members of the interprofessional team

1)Exemplifies collegiality

2)Functions as a team member in cardiopulmonary resuscitation

C. Seeks learning experiences to develop clinical knowledge

1) Utilizes a variety of current anesthetic techniques, agents, adjunctive drugs, & equipment while providing anesthesia

2) Presents & integrates journal articles into case presentations.

D. Seeks feedback regarding practice from HCT members

1) Critiques self relative to accepted anesthesia practice

E. Mentors peers in acquisition of clinical knowledge and skills

1) Leads group discussion in morning report

2) Leads M & M presentation

F. Models expert practice to interprofessional team

G. Utilizes appropriate resources with regard to safety and cost effectiveness

## **CLINICAL INTERSHIP GUIDELINES**

The purpose of these guidelines is to delineate the student's responsibilities relative to the clinical internship. Although didactic courses are offered within the university calendar, the clinical internship spans the entire calendar year to provide an optimal variety of case experiences.

The clinical internship provides an invaluable and essential educational opportunity for the student to apply didactic learning in the clinical setting. The clinical internship requires the integration of information learned in the nursing foundation, clinical core and specialty courses. In order to optimize the time spent in the clinical area, the student must actively seek learning experiences and function in a self-directed manner to achieve the knowledge, skills and abilities necessary to practice as a CRNA.

1. The clinical time commitment will be scheduled for students based on the operating room schedule at the clinical sites. Shift times vary as directed by clinical schedules and specific learning needs. The average weekly time commitment to the program including study time, class time, and clinical time is **64 hours per week or less**.
2. Call experience will be provided through scheduled off shifts throughout the program. The scheduling of clinical experiences on the off shift and weekends will begin with Clinical Internship II.
3. Students will be scheduled for one eight-hour shift at a time. Because of the nature of a clinical assignment, the student may need to extend their time beyond eight hours to achieve the optimum clinical learning experience. Should your assignment extend beyond 14 hours, you are to contact the clinical coordinator.
4. Students will have a minimum of 10 hours of rest between clinical experiences.
5. Near the end of the program, a limited number of students may have the opportunity to work 12-hour shifts.
6. **Typhon Case Tracking:**  
The Typhon Nurse Anesthesia Student Tracking System (NAST) is a real time on-line tracking system of all cases. The NAST system fulfills the case and time tracking requirement by the Council on Certification of Nurse Anesthetists (CCNA), who is responsible for the certification of registered nurse anesthetists. The Typhon NAST System is also used for daily instructor evaluations, clinical affiliate site evaluations, simulation evaluations, time logs, and schedules.
7. Students are expected to enter case data daily, accurately, and honestly. Entering case data begins during the first semester as instructed. Clinical instructor evaluations must also be completed each day the student is in the OR. Clinical affiliate site evaluations are to be completed at the end of each monthly rotation at clinical affiliate sites. Time log entry will begin in the first semester once system training is complete.
8. Case entry is tracked by the program clinical coordinator. Students failing to enter case data daily will be contacted by the coordinator. If the situation is not quickly rectified or is a persistent problem, program faculty will suspend the student from clinical. The time missed from clinical will be considered an unexcused absence.
9. **Counting Clinical Experiences**  
Nurse anesthesia students must have the opportunity to develop as competent, safe, nurse anesthetists, capable of engaging in full scope of practice as defined by the AANA's "Scope and Standards for Nurse Anesthesia Practice" by the time they complete their program of study.  
To ensure nurse anesthesia students develop the knowledge, skills and abilities for entry into practice, students must participate in all phases of their clinical cases including preoperative, intraoperative and postoperative anesthesia care. While it may not be possible to participate in all phases of care on every case, students must at a minimum personally provide anesthesia for the majority of any case for which they claim personal participation. In addition, personal participation must include the management of the patient during the beginning or induction of the anesthetic experience and/or the ending or emergence of the anesthetic experience. Students cannot take credit for an anesthetic case if they provide care on a limited basis (e.g., only lunch/or break relief), are not personally involved with the implementation and management of the anesthetic plan of care, or only observe another anesthesia provider manage a patient or their anesthetic care.
10. **Students Responsibilities in the Clinical Area:**
  - a. Review clinical internship objectives
  - b. Be prepared to administer anesthesia for every patient assigned at the start of each assigned shift.
  - c. Submit an evaluation form and written care plan at the beginning of each day to the clinical instructor, in accordance to care plan guidelines for each clinical internship.
  - d. Check the operating room schedule for any changes on arrival and throughout the day.
  - e. Arrive promptly and be prepared to participate in scheduled department meetings and morning conference. All students assigned to the clinical area must attend morning conference unless assigned to a heart room, OB, ECT's, or to a case in progress.
  - f. Check with a clinical coordinator regarding reassignment whenever cases are cancelled.

- g. Comply with departmental policy regarding time spent out of the department for breaks and lunches. (2 - 15 minute breaks and a 30 minute meal period per 8 hour shift when at Beaumont)
  - h. Use unassigned clinical time for educational endeavors. Clinical days are always at least an 8-hour commitment. Students are expected to remain on site for the entire clinical day. Pagers must be activated and carried on all clinical and simulation lab days as students may be assigned to do emergency cases.
  - i. Observe the dress code policy of the program and the clinical site. Business wear and/or lab coats are mandatory in the classroom setting. Lab coats are required over scrubs when seeing patients in the hospital.
  - j. Identify informed consent, verify correct patient, procedure, site and sidedness, and participate in final preoperative verification for the surgical procedure according to institutional policy.
  - k. Verbalize drug name, dose, route, rationale for administration, and concentration of infusion of all drugs administered.
  - l. Falsifying information about a patient or anesthetic care, or in any way failing to share information regarding a patient or their anesthetic care is considered unethical behavior and grounds for dismissal from the program.
  - m. Complete pre- and post- anesthetic assessments on all inpatients assigned and follow-up with appropriate clinical instructors.
  - n. Participate in continuous quality improvement activities relative to post anesthesia assessments and review of perioperative anesthetic complications.
  - o. Any major complication involving a student should be reported to a clinical coordinator immediately. A copy of the anesthesia record and a detailed description of the incident should follow as expeditiously as possible for review.
11. It is expected that the student will continually review didactic material and work toward meeting the terminal objectives of the program.
  12. Students may be required to present a brief case report during scheduled CRNA staff meetings at Beaumont and also at affiliate sites.
  13. The student must adhere to all program policies and the policies of each clinical site where they rotate. Any student who does not abide by a clinical site's policies or who exhibits unprofessional behavior or conduct endangering patient safety may be recommended for dismissal from the program. A student may be placed on probation or recommended for dismissed for demonstrating willful or negligent actions reflecting professional misconduct.
  14. Students are not permitted to bring backpacks or textbooks into the operating room.
  15. Time designated for clinical internship may be assigned for other educational activities such as simulator lab, demonstrations, continuous quality improvement activities, journal clubs, seminars, learning laboratory, interviews, IV starts, career fairs, and other professional activities. Program faculty will determine which students will be assigned to these activities based on availability, current academic standing, and rotation schedules.
  16. Students must maintain and provide proof of the Annual Clinical Requirements (found under clinical agency and OU Health Requirements section of this handbook). If not on file, the student will not be permitted in the clinical area and an unexcused absence will be deducted each day until proof is provided. In addition students must maintain the following:
    - Michigan RN License
    - Annual completion of Mandatory Education Modules (including distance students)

### **Human Patient Simulation Laboratory (SIM Lab)**

Beginning with Clinical Internship I, students are assigned to the SIM Lab to further enhance their understanding of didactic material presented in lecture and are provided a wide variety of simulated clinical experiences. The SIM Lab provides instructor-student interactions using scenarios for patient assessment utilizing standardized patients, introduction to basic airway skills, difficult airway management, central invasive line insertion, administration of regional anesthesia including ultrasound guided techniques, critical thinking and decision-making in anesthesia, crisis management, crew resource management, team training and specialty anesthesia management skills (obstetrics, cardiovascular, vascular, thoracic, trauma, and pediatrics). Students are expected to schedule additional simulation sessions and utilize task trainers on their own as needed to improve individual areas of weakness. Students may also get approval to use the lab independently.

Simulation hours, simulated case experiences or task training is never counted as real patient experiences. Simulation time cannot be counted as hours of clinical case time.

1. Assignment to the SIM lab is for an 8-hour day. The student is expected to be available in the hospital for this entire time. Time outside of the Sim Lab can be used for assignments that will vary and may include

opportunities such as: clinical cases, perform regional anesthesia, IV starts, emergency add-on cases or assist in hospital general nursing orientation.

2. Students assigned to the SIM Lab will be responsible for:
  - a. Assisting with ECT and POR
  - b. Starting IVs in preop hold areas and patient care areas
  - c. Responding to CPR codes in patient care areas.
  - d. Providing the simulation lab coordinator with a student simulation evaluation form and/or skills validation sheet
  - e. Performing skills and discussing anesthesia management for specialty anesthesia topics
  - f. Using critical thinking skills to independently manage simulated scenarios
  - g. Maintaining confidentiality regarding simulation scenarios

Simulation lab sessions and their content are proprietary. Purposeful dissemination of this information to other users is cause for academic censure and possible dismissal.

### **Care Plan Requirements**

The purpose of this policy is to define the requirements for completion of verbal and written care plans within the context of the clinical internship. A well-researched plan of care is essential to the safe management of a patient. It is one of eleven standards in the *AANA Scope and Standards for Nurse Anesthesia Practice*.

#### **Standard III**

##### **Formulate a patient-specific plan for anesthesia care.**

*Interpretation* The plan of care developed by the CRNA is based upon comprehensive patient assessment, problem analysis, anticipated surgical or therapeutic procedure, patient and surgeon preferences, and current anesthesia principles.

The following guidelines must be followed in order to meet the requirements of the program in preparation of care plans:

1. The student must complete a thorough assessment of the patient and chart review whenever possible.
2. The care plan must include a review of the surgical procedure, anesthetic implications of the surgical procedure and patient's health history, management of induction, maintenance, emergence, and potential post-operative complications as well as a discussion of pertinent pharmacology in relation to the patient's medications and anticipated anesthetic agents.
3. The program-derived care plan template is to be used.
4. Careplans must demonstrate in depth preparation and planning. Students are not to copy and paste care plans.
5. All care plans must be **patient specific** whenever patient information is available.
6. All students are required to submit to their clinical instructor a minimum of **one** care plan per day. Frequently more than one care plan will be required.
7. A care plan for the most complex surgical procedure or patient diagnosis (co-existing disease) is to be completed and submitted daily.
8. Any surgical procedure or patient with a co-existing disease not previously cared for by the student will require a care plan.
9. Specialty rotation care plans must be completed prior to each rotation. Daily patient specific care plans must be completed.
10. Year III (September of graduation year) students are relieved of the one care plan per day minimum with the following exception: a care plan must be completed on any cases not previously done or patient disease states not previously encountered during the previous 24 months in the program.
11. 70% of care plans for the semester must be returned to the Oakland University-Beaumont Graduate Program of Nurse Anesthesia clinical coordinator. Deficiency in numbers may result in an incomplete for the clinical internship.
12. Care plans must be submitted to the clinical instructor at the beginning of the day along with the appropriate daily clinical evaluation.
13. Care plans must be signed and dated by the instructor.
14. Although collaboration and sharing of ideas is encouraged, individual work is required on care plans. Copying information from other's care plans or texts is not permitted and is considered academic misconduct. (See section in handbook regarding this).
15. Students will discuss their plan of care verbally with their clinical instructor and anesthesiologist prior to proceeding with an anesthetic.

16. Students having difficulty writing care plans are encouraged to seek assistance from their preceptor followed by program faculty.
17. Students continuing to have difficulty developing care plans will meet with the program clinical coordinator for remediation.

### **Clinical Advisement**

Clinical Internships are graded satisfactory/unsatisfactory (S/U), students are expected to earn a course grade of satisfactory. Students who are not making satisfactory progress in the program may be placed on probation with conditions imposed for retention in the program or may be recommended for dismissal from the program.

1. Students must pass the clinical component each semester in order to progress through the program.
2. **Clinical Advisement** - Clinical internships are graded as Satisfactory (S) or Unsatisfactory (U). A student who is not making satisfactory progress during a clinical internship will receive a Clinical Advisement from program faculty.
  - a. A written copy of the advisement will be given to the student.
  - b. The Dean of the SON at OU will be notified of the clinical advisement.
  - c. During the advisement period, program faculty will meet with the student weekly to discuss the student's clinical performance.
  - d. A student who continues to make progress and meets the clinical objectives will receive a Satisfactory grade.
  - e. A student who fails to progress in meeting the Clinical Internship Objectives or demonstrates unsafe or egregious practice will receive an Unsatisfactory grade for that Clinical Internship and be recommended for dismissal from the program.
  - f. A student can be placed on a maximum of one clinical advisement period during the program. Any subsequent pattern of performance that falls below acceptable standards will result in recommendation for dismissal.
3. While the procedure for dismissal of a student for clinical performance is generally preceded by an advisement period, grave misconduct may warrant immediate dismissal. Grounds for dismissal from the program may include, but are not limited to, the following:
  - a. Gross professional misconduct or insubordination
  - b. Theft
  - c. Cheating
  - d. Any egregious practice
  - e. Conviction of a felony
  - f. Inappropriate credentials/willful misrepresentation with respect to any information provided to the program or clinical affiliates
  - g. Confirmed drug abuse
  - h. Breach of ethical conduct
  - i. Willful or negligent action that may lead to deleterious effects on the patient
  - j. Violation of any rules governing license to practice nursing
  - k. Failure to abide by the policies and procedures of the program and/or any clinical affiliate
4. Any student who feels that he/she has received unfair disciplinary action or unsatisfactory management of allegations relating to his/her failure to meet clinical objectives or professional misconduct may initiate grievance proceedings. Students are directed to comply with the guidelines and procedures outlined in the Oakland University School of Nursing Graduate Student Handbook.

### **Academic Conduct**

Students are expected to practice and uphold standards of academic integrity and honesty as outlined in the Oakland University graduate catalog under the section titled "Academic Conduct." Academic dishonesty may result in a numerical grade of 0.0 for a course.

In addition to the Oakland University Academic Conduct policy in the School of Nursing, completion of all course related assignments must be the result of the student's individual effort, except in the circumstance where the assignment requires group effort.

1. Students are required to follow instructions contained in policies and procedures provided by the instructor, program and university. The student is charged with the responsibility of assuring that rules and procedures are understood in order to avoid inadvertent misrepresentation of their work.

2. Individual work on in-class, take-home or on-line examinations, reports, care plans, and on line course work is expected unless the instructor specifically makes an exception to this policy. Documentation of references must be honest and accurate.
3. Students must assume that an instructor intends for work to be completed for that course only. Any work that a student completed for a course taken in the past, or is completing for a concurrent course, must not be submitted in that instructor's course unless the student receives the instructor's specific permission.
4. Misrepresentation by words or conduct regarding the source of a student's work is characterized as academic misconduct, meaning a student is claiming credit for ideas or work that is not actually his or hers, and the student is thereby attempting to obtain a grade that is not earned. The following are examples of misrepresentation:
  - a. Looking at another student's test during the exam
  - b. Using materials such as books, notes, or electronic devices when not authorized by the instructor during exams
  - c. Taking advantage of prior information not authorized by the instructor regarding questions to be asked on the exam or in the simulation lab
  - d. Copying from another student's work, paper or care plans
  - e. Sharing answers or working together on take home or on-line exams
  - f. Helping someone copy work
  - g. Substituting another person or that person's work during an examination or on any coursework
5. Plagiarizing from the work of others is prohibited. When utilizing written sources, a clear distinction should be made between quotations, which reproduce information from the source word for word within quotation marks and paraphrases, which are a restatement of the source information produced in the student's own words. Both direct quotations and paraphrases must be referenced. Sources are crosschecked by computer verification.
6. Falsifying information about a patient or anesthetic care, or in any way failing to share information regarding a patient or their anesthetic care.

The practice of anesthesia requires a commitment to honesty and integrity at all times. Because of the potential for patient harm in the clinical area, any examples of ethical or academic misconduct are extremely serious and will not be tolerated.

Students are required to report any evidence of academic or clinical misconduct or dishonesty to their instructor and program director. This information will be kept in confidence and an investigation conducted.

### **Withdrawal or Resignation**

Any student who wishes to withdraw or resign from the program must submit a letter stating such to the director of the program and or the Dean of the School of Nursing.

### **Beaumont Hospital Manuals, Policies and Procedures**

Manuals, policies, and procedures for Beaumont are found after logging into Inside Beaumont. From the drop down menu select Documents > Manuals/Policies/Procedures > Choose: Patient Care, Infection Control, Medication Management, Organizational Functions and more.

To perform a word search, select a manual from the drop-down menu and click on "Go."

Below is a sample list of some of the important policies:

- # 216-CRNA's Working during Pregnancy
- # 252-Chemical Dependency/Theft/Possession
- # 255-Identification Badge
- # 256-Smoke-Free Environment
- # 257-Violence in the Workplace Policy
- # 280-Dress Code, Grooming and Image Policy
- # 286-Sexual Harassment
- #297-Social Networking and Other Web Based Communications
- #840-Nursing Research Policy
- HIPPA and Confidentiality
- Keystone Initiatives- Patient Identification/Surgical Site/Surgical Procedure Verification
- Medical Abbreviations
- Universal Precautions

### **Nondiscrimination Policy**

Oakland University-Beaumont Graduate Program of Nurse Anesthesia complies with the requirements of the American with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

Candidates for admission will not be discriminated against on the basis of race, color, sex, religion, national origin, age, marital status, physical or mental handicap, disability, sexual orientation or any factor protected by law. In order to successfully meet the objectives of the nurse anesthesia program, students must be able to perform the skills and functions of a nurse anesthetist. The student nurse anesthetist must be able to perform the following motor, sensory, cognitive, and behavioral skills.

**Motor Skills** - The student nurse anesthetist must be able to:

- Recognize and respond to various alarms and changes in the patient's condition that require the anesthetist to perform physical interventions.
- Exhibit the physical ability to stand or sit for extended periods of time.
- Exhibit the physical ability to move about the constraints of the operating room and non operating room anesthetizing locations.
- Exhibit the physical ability to move and position patients and equipment.
- Exhibit the physical ability to perform and utilize various airway adjuncts.
- Exhibit the physical ability to coordinate gross and fine motor movements required of the nurse anesthetist to provide all types of anesthesia. These tasks include, but are not limited to: insertion of intravascular monitoring lines, performance of various airway management skills administration of regional anesthesia, and response to hospital emergencies.

**Sensory Skills** - The student nurse anesthetist must be able to:

- Communicate effectively via oral and written modalities interacting with all members of the health care team.
- Detect and interpret changes in monitoring alarms and equipment.
- Interpret alterations in patient responses using various sensory stimuli (ex. auditory, tactile, visual, etc).

**Cognitive Skills** - The student nurse anesthetist must be able to:

- Synthesize and interpret data from auditory and visual sources and develop an appropriate anesthesia plan.
- Correlate nurse anesthesia theory with clinical practice congruent to leveled didactic and clinical objectives.
- Demonstrate the ability to analyze, perform mathematical calculations, apply reason, problem solve, and critique one's performance.

**Behavioral Skills** - The student nurse anesthetist must be able to:

- Consistently uphold the moral and ethical expectations of Oakland University graduate students and Beaumont Hospital.
- Maintain flexibility with change.
- Contribute to a positive learning environment and facilitate the learning efforts of others.

### **Impairment/Chemical Dependency/Substance Abuse**

As noted in the Ethics section in this Student Handbook, patients have the right to expect that the student and supervisory personnel providing services are mentally alert and not impaired by fatigue, drugs or other incapacitating conditions. Therefore students must not be impaired by drug or alcohol use, fatigue, physical or mental illness or any condition that causes impairment at any time during the program. This includes clinical and classroom education at all locations. Students are expected to report any student suspected of drug, alcohol or cognitive impairment to the program director at any time during the program.

Students in the program are subject to the Oakland University Conduct Code, the judicial system and the policy and procedures of the institutions that they rotate to. When rotating within the Beaumont Health System refer to Beaumont Hospital Chemical Dependency/Theft/Possession Policy # 252. All students are directed to review this policies and procedures for the individual institutions they are assigned to as primary sites (Beaumont Health System, Kalamazoo, Northern Michigan, and Marquette).

### **Pregnancy During the Program**

1. Pregnancy during the program presents certain challenges to both the student and the program. All students are encouraged to read current literature and educate themselves regarding the risks of anesthesia and pregnancy.

2. All clinical days, rotations and assignments missed are to be made up at the end of the program. It is possible that a “maternity leave” or “medical leave” for complications for an extended period of time could compromise the student’s ability to meet the clinical and didactic expectations of the program. Circumstances may not permit the student to continue in the program.
3. Case assignments can be adjusted for the pregnant student to minimize exposure to anesthetic gases, methyl methacrylate, and radiation.
4. Adjustment of case assignments to minimize exposure during pregnancy may preclude the pregnant student from being involved in certain types of cases until after delivery.
5. These cases, including specialty areas such as pediatrics must be completed prior to graduation.

### **Library Resources**

The purpose of this policy is to delineate various library resources available to students in the program. Students may use the Beaumont Medical Library, Oakland University’s Kresge Library and the Program Department Library. Students have access to thousands of books, journals, periodicals and e-books through on line services of both libraries. Students are expected to comply with all the rules and regulations of the various libraries.

### **Department Library**

- Students may select a book from the library outside of the faculty’s office by signing the book out and submitting the card from the inside cover to the program secretary.
- Books signed out from the department collection must be returned within 7 days.
- Books that are missing for two weeks will be replaced or paid for by the student.
- Students may use the program office copying machine. Please use paper conservatively for important educational materials only.

### **Medical Library**

- Students may use the medical library at Beaumont Hospital during its operating hours.
- The student must bring their library card and ID badge whenever using library services.
- Students may request a med-line search by the library staff or perform their own.

### **Oakland University Kresge Library**

- A student may obtain an Oakland University library card by applying at the Kresge Library. The student must bring their Student Registration Card when they apply.
- The library’s automated catalog allows a student to identify titles held, not only in Kresge Library but also in collections at various universities and a number of other libraries in the area.
- Reference librarians will help students find materials and use the library. Inter-library lending is available.

### **Liability Insurance**

Students must apply for student liability insurance through the AANA. Proof of liability insurance and or renewal of liability insurance must be maintained for the remainder of the program. Students will not be able to rotate to affiliate sites without student liability insurance coverage from the AANA. Any clinical missed due to failure to obtain coverage or lapse in coverage will be deducted from a student’s vacation bank.

### **Oakland University Emergency Closing**

An emergency closing is an unanticipated official closing of the university in which scheduled classes (on campus) are cancelled and all university offices are closed. An emergency closing will generally occur when the university is unable to function because of utility failure, inability to clear campus roadways and parking lots because of excessive snowfall and when a snow emergency is declared by the State Police. Off-campus clinical and classroom sites are considered extension centers. Clinical and classes held in extension center may be cancelled if the same conditions occur as on campus. According to the university policy, students should be sent home only if the clinical agency’s roads and sidewalks are equally impassable.

If the situation occurs that the clinical agency is located where there is weather or other emergency, the **agency** rules must be followed. The safety of students, faculty and nature of clinical commitments are key factors in determining closing a clinical period.

Oakland University encourages you to explore the information on their website. To sign up to receive text message alerts in the event of a major campus emergency, university closure or campus wide cancellation of classes, visit the Emergency Notification website. To register, you must have a Grizz ID and valid OU e-mail address. Voice alerts are available for OU community members without text message capability.

### **Terminal Project**

Program faculty recognizes the importance of nursing research and support students as they complete a scholarly literature review or research project. Refer to the School of Nursing Graduate Student Handbook for guidelines on completing the Graduate Research Sequence. Students must make every effort to schedule appointments with their faculty advisors outside of clinical and class hours. Time for conducting research will be granted on an individual basis. The program director and/or assistant director will determine the amount of time granted off for any student or research group.

Faculty that contributes significantly to the development of publishable materials such as student research, articles and chapters will be recognized as co-authors when these works are submitted. At minimum, the content expert and project chair will be included.

### **Student Employment**

The purpose of this policy is to define the position of the school as it relates to student employment while enrolled in the program. The time commitment involved in graduate study may prohibit a student from working during the program. In the event that a student chooses to work, the following guidelines are given:

- The student's performance in the program will dictate how much the student may work. If a student is experiencing difficulty in either the didactic or clinical areas, the student may be advised to stop working as part of the corrective plan for didactic/clinical deficits.
- **Under no circumstances may a student be employed or represent themselves as a Certified Registered Nurse Anesthetist (CRNA) by title or function while matriculating in the program.** Violation of this policy is grounds for immediate dismissal from the program.

### **Student Health Care**

#### **Health Insurance**

Students must obtain and maintain health insurance coverage for the duration of the 28 month program.

1. Students may choose to a) obtain health insurance coverage on their own b) enroll in the Beaumont Hospital Student Health Program or 3) enroll in the student health insurance available through Graham Health Center.
2. The Beaumont insurance program provides hospitalization coverage for the student only at Beaumont Hospital facilities. There is a monthly minimal cost for coverage. This plan excludes maternity, dental and vision coverage.
3. Student and family health insurance is available through the Graham Health Center.
4. Clinical agencies are not required to provide free treatment for students and will bill individuals for use of their emergency or employee health services.
5. OU does not cover any costs associated with student accidents at clinical.

### **Clinical Agency and Oakland University Health Requirements**

1. **Admission Requirements:** Students starting classes in the Oakland University School of Nursing Anesthesia program must submit proof of **all** the below requirements by July 1, 2013. Complete packets must be submitted via US mail. Faxes, walk-ins, and incomplete packets will not be accepted. **Packets must contain an updated clinical requirements Clearance Form as the first page. Section I *must be completed by the student.***
  - a. Submission of a completed health assessment, including inoculation for tetanus (T-dap); skin testing for tuberculosis (possible chest x-ray); proof of immunity to Rubella, Rubeola, Mumps (MMR), Varicella and Hepatitis B.
  - b. Documented completion of an approved CPR course (***BLS + ACLS through American Heart Association required***)
  - c. Documented completion of Flu immunization (**required after October 1<sup>st</sup> of each year**). Proof must be submitted to School of Nursing)
2. The following are required by clinical agencies where students are placed for clinical courses:
  - a. State of Michigan Criminal background check
  - b. Urine drug screen (testing for illicit drugs – not urinalysis)-(breakdown of drugs tested required in result) **NOTE: Background checks and drug screens must be done within 45 days of the deadline.**
3. **Annual Requirements for Continuing Students:**
  - a. All students are required to complete or maintain the following clinical requirements yearly according to the published deadlines (see below), students in the nursing program must

supply proof of the following:

- 1) Skin testing for tuberculosis and/or chest x-ray result, if positive (*along with completed questionnaire*).
  - 2) Documented certifications for ACLS, BLS and PALS through the American Heart Association
  - 3) Documented completion of Flu immunization (required after October 1<sup>st</sup> of each year). Proof must be submitted to School of Nursing)
- b. Students are responsible for any costs associated with these requirements.
  - c. Packets must contain **new clinical requirements Clearance Form** each year as the first page.
  - d. Section I must be completed by the student.
  - e. Section II can be signed by the Health Care Provider handling the TB or can be left blank.
  - f. Please complete the TB portion with the newest date.
  - g. **Note: If you have already had your health assessment/physical in your first year it is not required again.**

## Clinical Requirements Submission Checklist – Nurse Anesthesia students

@oakland.edu

Student Name

Student (Oakland) email address

*Note: This form does not need to be included in your packet. It is only for completion process assistance.*

REQUIREMENT	ACCEPTABLE PROOF REQUIREMENT MET	COMPLETED
CPR Course	Copy of CPR course completion card listing expiration date. Course must be American Heart Association ( <b>BLS, ACLS, &amp; PALS</b> )	
Health Assessment	Health Assessment completed by primary care provider within 4 months of admission year. Signature of Health Care Provider is required.	
Hepatitis B* + *refusal info	Hepatitis B titer indicating immunity <b>OR</b> documented dates of 3 Hepatitis B vaccinations <b>OR</b> formal refusal and signed <u><b>Hepatitis B Vaccine Refusal and Acknowledgement of Risk and Release if Hepatitis B series not complete by Health Requirements due date</b></u> (This form can be downloaded from website).	
Mumps*	IGG titer indicating immunity ( <i>include lab work from Titer if not done at Graham Health Center</i> ) <b>OR</b> documented dates of 2 Mumps vaccinations.	
Rubella*	IGG titer indicating immunity ( <i>include lab work from Titer if not done at Graham Health Center</i> ) <b>OR</b> documented dates of 2 Rubella vaccinations.	
Rubeola*	IGG titer indicating immunity ( <i>include lab work from Titer if not done at Graham Health Center</i> ) <b>OR</b> documented dates of 2 Rubeola vaccinations.	
Tetanus*	Documentation of T-dap injection. (Expires after 10 years.)	
TB (PPD)	Date <b>and</b> Results of PPD ( <i>If PPD expires during school year, you are responsible for sending updated test prior to expiration</i> ) <b>OR</b> negative chest x-ray <b>and</b> completed <b>Health Screening Questionnaire</b> for History of Positive TB test. ( <i>This form can be downloaded from nursing website</i> )	
Varicella* <i>Titer or vaccination needed – disease history is not proof</i>	IGG titer indicating immunity ( <i>include lab work from Titer if not done at Graham Health Center</i> ) <b>OR</b> documented dates of 1 (one) Varicella vaccination. ( <i>Note: Having had disease is not proof enough</i> )	
Urine Drug Screen/Criminal Background Check <i>(not urinalysis)</i>	<b>Both processes must be completed through American Data. Contact them at <a href="http://www.oaklandunivcompliance.com">www.oaklandunivcompliance.com</a></b>	
Clearance Form	*Section I completed by student (including signature & healthcare provider)	

### **Work Related Accident, Illness or Exposure:**

1. When a student has a work-related illness, exposure or injury, they should immediately report it to program faculty and the anesthesia/operating room supervisor at the clinical site. All students experiencing an injury must complete an incident report form found on Oakland University's web site. The **Exposure Incident Report form** can be found under environmental health and safety or Google "incident report" on the OU home page. Scroll down to the link labeled Bloodborne Pathogens and look for the environmental home page. The incident report must be filled out and turned in to the Clinical Coordinator.
2. For injuries occurring at Beaumont, students should call Occupational Health Services immediately after a work related injury or illness to schedule an appointment. If Occupational Health Services is closed and urgent medical care is needed report to the Emergency Center (EC). The Beaumont **Employee Illness/Injury Form ("553")** is to be completed by the supervisor. Supervisors must make sure the form is completed prior to signing, as OSHA mandates that this information be recorded.  
When a student seeks care for work related injury in Beaumont's Emergency Department, follow up with Occupational Health Services must be completed as soon as possible. Contact Occupational Health Services at 248-733-7300 to schedule an appointment. Occupational Health Services is located at 550 Stephenson Highway Suite 200 Troy, Michigan 48083. Business hours are 6:00 AM – 5:15 PM. If you have questions, contact Occupational Health Services at 248-733-7300.
3. The Graham Health Center at Oakland University, 248-370-2341, provides nurse practitioner health care services to students, faculty and staff. The Health Center serves as a primary care facility to enrolled students and services include treatment of acute illness, dispensing of prescription drugs, allergy injections, and laboratory services as well as annual physicals. The Counseling Center, located in the health center, offers a broad range of mental health services, including personal counseling, psychological and psychoeducational testing, career testing and counseling, and substance abuse evaluation, treatment and prevention. Additional information regarding these services can be found in the Oakland University Graduate Catalog.

### **Exposure to Communicable Diseases**

Any student who has been exposed to a communicable disease, i.e. chicken pox, and are known to be susceptible, may not be allowed to provide patient care during the potential period of communicability. Students unsure of their immune status should not provide care until proof of immunity is provided. Any student who believes they have a transmissible infectious disease, including disease of the respiratory system, GI system or integumentary system must report this to program administration.

### **Exposure to Environment and Chemical Hazards**

Certain environmental and chemical hazards exist in the operating room, which the student entering the profession of nurse anesthesia should be aware of.

1. Selected inhalation anesthetic agents are known to be hepatotoxic and on occasion an individual may develop sensitivity to agents, which are reflected in abnormal liver function studies. In addition, studies performed in the past have demonstrated an association between sustained exposure to an anesthetic environment and an increased incidence of spontaneous abortions, birth defects and certain types of malignancies for both male and female personnel. While no cause and effect relationship has been established, consideration should be given to these findings in choosing anesthesia.
2. Students must always adhere to Universal Precautions. Students may be exposed to blood products, body secretions, used syringes and needles. If a student is stuck by a needle or exposed to blood or body fluids via the mouth or eyes, a variance report will be generated and the student will be referred to Occupational Health Service. It is mandatory that students report all exposures to both affiliate site and program faculty
3. A student who has a suspected allergy or intolerance to latex and/or powder should be evaluated by their health care provider
4. Students will be exposed to radiation during certain operative procedures. Lead aprons, thyroid shields, and lead glass eye protection are available at each anesthetizing location and must be worn during radiology procedures
5. Responsibility for accepting the risks associated with this specialty rests with the individual who chooses to work within this environment, rather than with the institution, which takes required precautions to minimize potential hazards.

### **Special Awards and Scholarships**

The program encourages excellence in practice, enthusiasm for learning, dedication and commitment to the profession, and volunteerism.

### **Petrovich Award**

The Petrovich Scholarship was established in 1990 to recognize a graduate nurse anesthesia student that best exemplifies the characteristics demonstrated by the late Dr. Edward Petrovich. Dr. Petrovich was a Beaumont anesthesiologist known for excellence in clinical practice. This award is presented to a student who exhibits excellent clinical judgement, compassion toward patients, and dedication to high standards in the practice of anesthesia.

### **Agatha Hodgins Award**

Anesthesia programs across the nation recognize an outstanding student by presenting the Agatha Hodgins Award. This award was established in 1975 to recognize individuals whose foremost dedication to excellence has furthered the art and science of nurse anesthesia. This award is presented at the Clinical Completion Ceremony at Beaumont Hospital.

### **AANA/MANA Scholarships**

Various scholarships are awarded each year by both the AANA and MANA. Students are encouraged to visit both web sites often to inquire about and apply for any scholarships in which they may be interested.

### **Criteria for Graduation**

A student will be eligible to take the National Certification Examination, administered by the NBCRNA only after they have met all graduation criteria. Refer also to the Oakland University Graduate Student Handbook.

Program graduation criteria:

1. Completion of all program and university requirements
2. Achievement of all program outcome criteria as described in the student handbook
3. Current ACLS, BLS and PALS
4. Current RN license
5. Return of program property, including keys, ID badge, pager and library materials
6. Forwarding address and e-mail with program secretary
7. Completion of Senior Exit Evaluation
8. Submission of final case records. (See page 51 for minimum and preferred case totals required)
9. Payment of all tuition and fees
10. Students must submit their completed research project or study to their faculty research adviser for signed approval. A copy of the manuscript with the signature page, HIC approval letter and OU IRB approval letter placed in a binder is to be given to the Assistant Program Director.

Students who are following the 40 hour Post-Master's Certificate curriculum will not be eligible to participate in Oakland University's commencement

Students will fill out the application for the National Certification Examination at a time determined by faculty prior to graduation. Proof of a current nursing license as well as ACLS, BLS and PALS certification will be required and must not expire prior to taking the exam. RN licensure must not expire within 90 days of the end date of the program.

## Record of Clinical Experience

**Codes: ( ) = Minimum Required Cases [ ] = Preferred Number of Cases**

Review the academic and clinical experience records to make sure that all information and numbers are accurate. The minimum didactic and clinical requirements must be met or the candidate will *not* be eligible to write the Certification Examination.

<b>I. Total Number of Anesthesia Cases (550)</b>	VIII. Methods of Anesthesia	XX	
II. Total Hours of Anesthesia Time	<b>A. General anesthesia</b>		<b>(350)</b>
III. Patient Physical Status	B. Induction, maintenance, emergence	XX	
A. Class I	<b>1. Intravenous induction (200)</b>		
B. Class II	<b>2. Inhalation induction [25]</b>		<b>(10)</b>
<b>C. Class III &amp; IV</b>	<b>3. Mask management [40]</b>		<b>(25)</b>
D. Class V	<b>4. Laryngeal mask airways [40]</b>		<b>(25)</b>
IV. Special Cases	<b>(or similar devices)</b>	XX	
<b>A. Geriatric 65+ years</b>	<b>5. Tracheal intubation</b>	XX	
B. Pediatric	<b>a. Oral</b>		<b>(200)</b>
<b>a. 2-12 years</b>	b. Nasal	[10]	
<b>b. under 2 years</b>	<b>6. Total intravenous anesthesia</b>	[25]	<b>(10)</b>
c. Neonate (under 4 weeks)	<b>7. Emergence from anesthesia</b>		<b>(200)</b>
<b>C. Trauma/Emergency</b>	<b>C. Monitored anesthesia care</b>	[50]	<b>(25)</b>
<b>D. Ambulatory/Outpatient</b>	<b>D. Regional techniques</b>	XX	
<b>E. Obstetrical Management</b>	<b>1. Management</b>		<b>(30)</b>
<b>1. Caesarean delivery</b>	<b>2. Administration (Total of a, b, c)</b>		<b>(25)</b>
<b>2. Analgesia for labor</b>	<b>a. Spinal</b>	[50]	
V. Position Categories	<b>b. Epidural</b>	[50]	
<b>A. Prone</b>	<b>c. Peripheral</b>	[40]	
<b>B. Lithotomy</b>	IX. Arterial Technique	XX	
<b>C. Lateral</b>	<b>A. Arterial puncture/catheter insertion</b>		<b>(25)</b>
<b>D. Sitting</b>	<b>B. Intra-arterial blood pressure monitoring</b>		<b>(25)</b>
VI. Anatomical Categories	X. Central Venous Pressure Catheter	XX	
<b>A. Intra-abdominal</b>	<b>A. Placement (Total of a, b)</b>	[10]	<b>(5)</b>
<b>B. Extrathoracic</b>	a. Actual		
<b>C. Extremities</b>	b. Simulated		
<b>D. Perineal</b>	<b>B. Monitoring</b>		<b>(15)</b>
E. Head	XI. Pulmonary Artery Catheter	XX	
<b>1. Extracranial</b>	A. Placement	[5]	
<b>2. Intracranial</b>	B. Monitoring	[10]	
<b>3. Oropharyngeal</b>	XII. Other	XX	
<b>F. Intrathoracic</b>	<b>A. Intravenous catheter placement</b>		<b>(100)</b>
<b>1. Heart</b>	<b>B. Mechanical ventilation</b>		<b>(200)</b>
<b>2. Lung</b>	<b>C. ACLS – Provide expiration date: month _____ year _____</b>		
3. Other	<b>D. PALS – Provide expiration date: month _____ year _____</b>		
<b>G. Neck</b>	E. Pain management (acute/chronic)	[10 cases]	
<b>H. Neuroskeletal</b>	<b>F. Alternative airway management techniques</b>	XX	
<b>I. Vascular</b>	<b>(Total of 1, 2)</b>	[40]	<b>(10)</b>
J. Other	<b>1. Fiberoptic techniques</b>	XX	
VII. Pharmacological Agents	<b>(Total of a, b, c)</b>	[15]	<b>(5)</b>
<b>A. Inhalation agents</b>	a. Actual placement		
<b>B. Intravenous induction agents</b>	b. Simulated placement		
<b>C. Intravenous agents –</b>	c. Airway assessment		
<b>muscle relaxants</b>	<b>2. Other techniques</b>	[25]	<b>(5)</b>
<b>D. Intravenous agents – opioids</b>			

## OAKLAND UNIVERSITY – BEAUMONT GRADUATE PROGRAM OF NURSE ANESTHESIA

Site	Manager/Director	Clinical Contact	Comments
<b>Allegan General Hospital</b> 555 Linn Street Allegan, MI 49010-1524		Tim Fuller, CRNA, MS 269-686-4144 269-673-3900 Email: <a href="mailto:timfuller@aghosp.com">timfuller@aghosp.com</a>	
<b>Beaumont Health System</b> 468 Cadieux Rd Grosse Pointe, MI 48230-1507		Glenn O'Connor, CRNA, MS Email: <a href="mailto:glenn.oconnoer@beaumont.edu">glenn.oconnoer@beaumont.edu</a> <a href="mailto:dabrain@att.net">dabrain@att.net</a> Phone: 313-815-0440 Fax: 313- 343-1282 Pager:	
<b>Beaumont Health System</b> 3601 W. 13 Mile Rd <b>Royal Oak, MI 48073-6712</b>	<b>Program Director:</b> Anne Hranchook, CRNA, MSN Beaumont phone: 248-898-1270 Cell: 586-480-0001 Human Health Building #3024 Rochester, Michigan 48309-4401 Email: <a href="mailto:Anne.Hranchook@beaumont.edu">Anne.Hranchook@beaumont.edu</a>  <b>Assistant Program Director:</b> Mary Golinski, PhD, CRNA Beaumont phone: 248-898-8043 Pager: 248-992-1690 Human Health Building #3020 Rochester, Michigan 48309-4401 Email: <a href="mailto:Golinski@oakland.edu">Golinski@oakland.edu</a>	<b>Clinical Coordinators:</b> Andrea Bittinger, CRNA, MSN Phone: 248-898-7683 Pager: 248-992-4752 Cell: 248-930-8780 Email: <a href="mailto:abittinger@beaumont.edu">abittinger@beaumont.edu</a> John Roebuck, CRNA, MSN Phone: 248-898-1471 Pager: 248-898-4541 email: <a href="mailto:Jroebuck@beaumont.edu">Jroebuck@beaumont.edu</a> Linda McDonald, CRNA, MSN Phone: 248-898-1812 Pager: 248-992-4682 Cell: 248-408-2016 Email: <a href="mailto:Linda.McDonald@beaumont.edu">Linda.McDonald@beaumont.edu</a> Laura Rodgers. CRNA, MSN Phone: 248-898-6234 Pager: 248-992-4544 Cell: 248-867-2941 Email: <a href="mailto:LRodgers@beaumont.edu">LRodgers@beaumont.edu</a>	<b>Program Secretary:</b> Linda Garbacz Phone: 248-898-8075 Fax: 248-898-8285 Email: <a href="mailto:lgarbacz@beaumont.hospitals.com">lgarbacz@beaumont.hospitals.com</a>  Susan Davis Phone: 248-364-8774 Email: <a href="mailto:davis@oakland.edu">davis@oakland.edu</a>  <b>CRNA Board Runner</b> North Tower Pager: 25532 NT Spectralink: 84400 South Tower Pager 25533 ST Spectralink 82991  <b>CRNA Lounge:</b> North Tower 248-898-1896 South Tower 248-898-9508  <b>Surgical Learning Center</b> Phone: 248-898-5566 Mock OR #1 248-898-2584 Mock OR #2 248-898-2596 Classroom #1248-898-2591/2592 Classroom #2248-898-2594/2595 Conference A 248-898-2571 Conference B 248-898-2570 Fax 248-898-7343  <b>Classroom:</b> 248-898-3271 <b>Fax</b> 248-898-8285
<b>Beaumont Health System</b> 44201 Dequindre Rd <b>Troy, MI 48085-1117</b>	MaryAnn Garofalo, CRNA, MSN Chief CRNA Phone: 248-964-3030 Pager: 248-992-4537 Secretary: Connie 248-964-3000	Carol Pywell, CRNA, MS Phone: 248-964-3024 Email: <a href="mailto:cpywell@beaumont.hospitals.com">cpywell@beaumont.hospitals.com</a>	Boardrunner Spectralink: 43012 Workroom: 248-964-8460
<b>Bell Hospital</b> 901 Lakeshore Dr Isheming, MI 49849-1367		Bud Hart, CRNA 906-486-4431 ext 2708 Email: <a href="mailto:hugh.hart@bellmi.org">hugh.hart@bellmi.org</a> Home: 906-486-4854	Wendy Coombs – Secretary <a href="mailto:Wendy.coombs@bellmi.org">Wendy.coombs@bellmi.org</a>

<p><b>Borgess Memorial</b> 1521 Gull Rd Kalamazoo, MI 49048-1640 269-226-7000</p>			<p><b>Borgess Health/SWMI Telehealth Network/Ascension Health/Information Services</b> SD Senior Analyst: Jim Wurtz 1521 Gull Road, Kalamazoo, MI 49048/LEC115 Office Phone: 269-226-8443 Cell phone: 269-744-6524 Fax: 269-226-7204 Email: <a href="mailto:jameswurtz@Borgess.com">jameswurtz@Borgess.com</a></p> <p><b>Navigation Center</b> Contact: Penny Conway Phone: 269-226-8320 Fax: 269-226-5168 Classroom Phone 269-226-7382 Classroom Fax: 269-226-7062 Email: <a href="mailto:pennyconway@borgess.com">pennyconway@borgess.com</a></p>
<p><b>Bronson Methodist Hospital</b> 601 John St Kalamazoo, MI 4907 269-341-7654</p>			
<p><b>Botsford</b> 28050 Grand River Ave Farmington Hills, MI 48336-5919</p>		<p>Pat Siegel, CRNA, MS Email: <a href="mailto:psiegel@botsford.org">psiegel@botsford.org</a> Phone: 248-471-8889 Fax: 248-471-8966</p>	<p>Secretary: Jessica Ford Phone: 248-471-8720 Email: <a href="mailto:jford@botsford.org">jford@botsford.org</a></p>
<p><b>Childrens' Hospital of Michigan</b> 3901 Beaubien St Detroit, MI 48201-2119</p>	<p>Karen M. Cesarz-Biagiolo, CRNA, MSN Interim Clinical Manager of Anesthesia Phone:313-745-5466 Phone: 586-201-7276</p>	<p>Lucia Scarpac-Meehan, CRNA, MS Email: <a href="mailto:lscarpac@dmc.org">lscarpac@dmc.org</a> Michelle Thurman, CRNA, MS Email: <a href="mailto:ddi87100@yahoo.com">ddi87100@yahoo.com</a></p>	<p>Workroom: 313-745-5466 Secretary: Amy Pendleton Email: <a href="mailto:apendlet@med.wayne.edu">apendlet@med.wayne.edu</a> Phone: 313-745-5535 Fax: 313-745-5448</p>
<p><b>Covenant Medical Center</b> 700 Cooper Ave Saginaw Michigan 48602-5383</p>	<p>Manager: John Rzyhak, CRNA, MS Office: 989-583-6237 Cell: 989-751-8027 Fax: 989-583-6032 Email: <a href="mailto:jrzyhak@chs-mi.com">jrzyhak@chs-mi.com</a></p>	<p>Coordinators: Dan Flanders, CRNA, MSN Email: <a href="mailto:dtflanders20@yahoo.com">dtflanders20@yahoo.com</a> Jamine Penprase Email: <a href="mailto:jamiepenprase@yahoo.com">jamiepenprase@yahoo.com</a> Becky Koepf Phone: 248-431-8898 Email: <a href="mailto:rkoepf@hotmail.com">rkoepf@hotmail.com</a></p>	
<p><b>Dickinson County Healthcare System</b> 1721 S. Stephenson Avenue Iron Mountain Michigan 49801-3637</p>	<p>Director: Donald G. Kube Jr. D.O. Phone: 906-776-5457 OR: 906-776-5456 Cell Phone: 906-396-5711 Fax: 906-776-5488 Email: <a href="mailto:Donald.Kube@dchs.org">Donald.Kube@dchs.org</a></p>	<p>Coordinator:Peggy Pontti, CRNA Email: <a href="mailto:ppontti@chartermi.net">ppontti@chartermi.net</a> Human Resources: Pam Foster 906-776-5567</p>	
<p><b>Kalamazoo Anesthesiology, PC</b> 900 Peeler St Kalamazoo Michigan 49008 <b>or</b> P.O Box 4095 Kalamazoo Michigan 49003</p>	<p>Interim Director: John Sikora, MD Cell: 269-615-1553 Pager: 269-413-0360 Email: <a href="mailto:jsikora27@yahoo.com">jsikora27@yahoo.com</a></p>	<p>Coordinator:Chris Quertermus, CRNA, MS Pager: 269-212-0541 Fax: 269-345-1508 Text pager: 269-413-2697 Email: <a href="mailto:cquertermus@aol.com">cquertermus@aol.com</a> Office Phone: 269-345-8618 Cell phone: 269-720-6896 Home Address: 10466 N 17<sup>th</sup> St. Plainwell, MI 49080 Assistant Coordinator: Sara Barnett, CRNA Pager: 269-413-0867 Email: <a href="mailto:thebarnett5@yahoo.com">thebarnett5@yahoo.com</a></p>	<p>Business Manager: Rob Keller Phone: 269-342-7830 Email:<a href="mailto:rkeller@kalamazooanesthesiology.com">rkeller@kalamazooanesthesiology.com</a></p>

<p><b>Marquette General Health System</b> 580 W College Ave Marquette Michigan 49855-2705</p>		<p>Coordinator: Terri Durley, CRNA, MSN Phone: 906-225-3035 Pager: 906-228-9440 e-mail: <a href="mailto:Theresa.Durley@mghs.org">Theresa.Durley@mghs.org</a> beeper # 464</p>	<p>Secretary: Lisa Ward Phone: 906-225-3595 Fax: 906-225-3697 Email: <a href="mailto:Lisa.Ward@mghs.org">Lisa.Ward@mghs.org</a> Ed. Student Coord: Cathy Thorrington Phone: 906-225-6922 Fax: 906-225-3037 Classroom phone: 906-225-4508 Classroom fax 906-225-3203 IT Support: 906-225-3018 Videoconference: Deborah Reed-Fowler Email: <a href="mailto:Deborah.Reedfowler@mghs.org">Deborah.Reedfowler@mghs.org</a></p>
<p><b>McLaren Macomb</b> 1000 Harrington St Mt Clemens Michigan 48043-2920</p>		<p>Coordinator: Bill Dallas, CRNA, MS Pager: 586-856-1116 (use) Email: <a href="mailto:wdallas@mcrmc.org">wdallas@mcrmc.org</a> (use) <a href="mailto:billdcrna@gmail.com">billdcrna@gmail.com</a> Phone: 586-493-1116 Vicki Struebing, CRNA, MSN Phone: 586-856-1141 Wally, CRNA, MSN 586-856-1127</p>	<p>Workroom: 586-493-2825 Fax: 586-493-8741</p>
<p><b>McLaren Northern Michigan</b> 416 Connable Ave. Petoskey, MI 49770-2212</p>		<p>Coordinator: Heather Smith, CRNA, MSN Cell: 231-881-2376 Pager: 231-317-0014 email: <a href="mailto:smithh@chartermi.net">smithh@chartermi.net</a></p>	<p>Medical Library Manager: Anne Foster <a href="mailto:afoster@northernhealth.org">afoster@northernhealth.org</a> phone: 231-487-4503 Cell: 231-330-6094 Distance learning: Polycom (analog jack): 231-487-7263 Classroom phone: 231-487-3525 IP address for connecting: 96.36.61.213 Medical Library and Learning Center: Phone: 231-487-4500 Library Fax Number: 231-487-4516 Use for sending tests, etc. Support for the Distance Learning and classroom for students</p>
<p><b>OSF</b> St. Francis Hospital 3401 Ludington Street Escanaba, Michigan 49829</p>		<p>Coordinator: Tom Kolinsky, CRNA, MS Phone: 906-786-1424 E-mail <a href="mailto:tom.kolinsky@osfhealthcare.org">tom.kolinsky@osfhealthcare.org</a></p>	
<p><b>Oaklawn Hospital</b> 200 N Madison St Marshall Michigan 49068-1143</p>		<p>Coordinator: Pam Price, CRNA Phone: 517-206-8667 Pager: Email: <a href="mailto:pyp1959@yahoo.com">pyp1959@yahoo.com</a></p>	
<p><b>Pennock Hospital</b> 1009 W Green St Hastings Michigan 49058-1710</p>		<p>Coordinator: Howard Plattner, CRNA Email: <a href="mailto:bplat@aol.com">bplat@aol.com</a> Cell: 616-304-1741 Anesthesia offices 269 948-3114 Alt Coordinator: Chris Quertermus, CRNA, MS Cell: 269-720-6896</p>	<p>Peggy Merrill - Education Development Coordinator 269-945-1212 ext 1337 Email: <a href="mailto:pmerrill@pennockhealth.com">pmerrill@pennockhealth.com</a></p>
<p><b>Port Huron Hospital</b> 1221 Pine Grove Ave Port Huron Michigan 48060-3511</p>	<p>Chief CRNA: Leighann Wood Email: <a href="mailto:Lwood@porthuronhospital.org">Lwood@porthuronhospital.org</a> Charge CRNA: 810-987-5000 x2205</p>	<p>Coordinator: Craig Huard, CRNA, MSN, MBA Phone: 810-989-3238 Email:</p>	<p>Secretary: Becky Bass Phone: 810-989-3360</p>
<p><b>Portage Health</b> 500 Campus Dr Hancock Michigan 49930-1569</p>	<p>Mike Salmi, CRNA Director of Anesthesia</p>	<p>Clinical Coordinator: Mike Salmi, CRNA Director of Anesthesia Email: <a href="mailto:MSalmi@portagehealth.org">MSalmi@portagehealth.org</a> Phone: 906-483-1000 Cell: 906-231-4049 preferred text msg during wk hours</p>	<p>Education Coord: Catherine Manderfield Phone: 906-483-1567 Fax: 906-483-1511 Email:</p>

		Alt Contact: Kirk Klemme, MD Email: <a href="mailto:kklemme@portagehealth.org">kklemme@portagehealth.org</a>	<a href="mailto:cmanderfield@portagehealth.org">cmanderfield@portagehealth.org</a>
<b>Providence Hospital</b> 16001 W 9 Mile Rd Southfield, MI 48075-4818		Coordinator: Kelly Trethewey, CRNA, MS Phone: 248-849-5426 Pager: 248-367-5791 Email: <a href="mailto:Kelly.Trethewey@providence-stjohn.org">Kelly.Trethewey@providence-stjohn.org</a> Phone (Sue Breece): 248-849-3185 Fax: 248-849-5489 <a href="mailto:Susan.breece@providence-stjohnhealth.org">Susan.breece@providence-stjohnhealth.org</a>	
<b>Promedica ~ Flower Hospital</b> 5200 Harroun Rd Sylvania, OH 43560 Phone: 419-824-1444		Site Coordinator: Beth Gajdostik Phone: 419-824-1444 Email: <a href="mailto:beth.gajdostik@promedica.org">beth.gajdostik@promedica.org</a>	
<b>Promedica ~ Wilwood Orthopaedic and Spine Hospital</b> 2901 N. Reynolds Rd. Toledo, OH 43615	Director of Anesthesia: William Gallup, MD Email: <a href="mailto:William.gallupMD@promedica.org">William.gallupMD@promedica.org</a> Cell: 419-704-6111		
<b>Promedica ~ Toledo Hospital</b> 2142 N Cove Blvd Toledo Ohio 43606-3895		Clinical Director of Nurse Anesthesia Education: Howard Brown CRNA, MSN Pager: Email: <a href="mailto:Howie53@bex.net">Howie53@bex.net</a>	Secretary: Cheryl (urgent message to Howard) Phone: 419-291-4491 fax: 419-479-6905 email: <a href="mailto:cheryl.miller@promedica.org">cheryl.miller@promedica.org</a>
<b>St Johns Hospital and Medical Center</b> 22101 Moross Rd Detroit, MI 48236-2148	Director: Marquita Crawford, CRNA, MS Phone: 313-343-7075	Education Coordinator: Ruth Watts, CRNA, MS (contact Ruth re student rotation questions) Emails: <a href="mailto:ruth.watts@stjohn.org">ruth.watts@stjohn.org</a> <a href="mailto:rwatts5537@gmail.com">rwatts5537@gmail.com</a> Office Phone: 313-343-3750 Fax: 313-343-6862 Workroom: 313-343-4766 Cell: 313-570-7790	
<b>University of Michigan Health Systems: C.S. Mott Children's Hospital</b> Department of Anesthesiology F3900 Mott, SPC 5211 1500 E Medical Center Dr Ann Arbor Michigan 48109- 5211	Director: Phone: 734-936-6992 Mott Anes. Office: 734-763-2435 Pager: Fax: 734-763-6651 Adm Asst Meghan Young Phone: 734-647-6923	Coordinator: Emily MacNeil, CRNA, MSN Pager: 734-936-6266 #15452 Email: <a href="mailto:emacneil@umich.edu">emacneil@umich.edu</a>  Alternate/Student Coordinator: Kristen Thulin, CRNA Pager: 734-936-6266 Email: <a href="mailto:kthulin@med.umich.edu">kthulin@med.umich.edu</a>  Mott Anes. Office: 734-763-2435 OR Front Desk 734-763-2430 Call in Line 734-615-0462	Adm Asst: Meghan Young Phone: 734-647-6923 Email: <a href="mailto:meghany@med.umich.edu">meghany@med.umich.edu</a>
<b>University of Michigan Health Systems Kellogg Eye Center</b> 1000 Wall Street Ann Arbor, MI 48105	Site Coordinator: Deb Ball, CRNA	Coordinator: Kathy Samoray, CRNA Email: <a href="mailto:ksamoray@med.umich.edu">ksamoray@med.umich.edu</a>	
<b>University of Michigan Health Systems East Ann Arbor Ambulatory Surgery &amp; Mdicl Procedures Center</b> 4270 Plymouth Rd Ann Arbor, MI 48109	Site Coordinator: Mary Neff, CRNA		
<b>University of Michigan Health Systems:</b>	Site Coordinator: Teri Haney, CRNA		

<p><b>Livonia Center for Specialty Care</b>  19900 Haggerty Rd, Suite 100  Livonia, MI 48152</p>			
<p><b>John D Dingell VA Medical Center</b>  4646 John R St  Detroit Michigan 48201-1916</p>		<p>Holly Franson, CRNA, MSN  Pager: 313-250-3057  Email: <a href="mailto:holly.franson@gmail.com">holly.franson@gmail.com</a>  <a href="mailto:holly.franson@va.gov">holly.franson@va.gov</a></p>	<p>Administrative Office, Surgical Service  Name: Susan Tyler Davis  Phone: 313-576-3972  Email: <a href="mailto:susan.tyler-davis@va.gov">susan.tyler-davis@va.gov</a>  Surgical Resident &amp; Medical Student Coordinator  Name: Mignon Footman – computer support  Phone: 313-576-1000 ext 61339  Fax: 313-576-1002  Email: <a href="mailto:mignon.footman@va.gov">mignon.footman@va.gov</a>  Name: Lorriane Woods - secretary  Phone: 313-576-3924  Name: Leana Saylor - receptionist  Phone: 313-576-3251  Email: <a href="mailto:Leana.saylor@va.gov">Leana.saylor@va.gov</a></p>

## **Distance Student Guidelines**

Distance students have unique needs and concerns that program faculty recognize. Faculty and distance site coordinators are committed to providing students the support and resources needed to succeed in the program.

The increasing use of technology in classroom instruction has grown exponentially over the years. Most universities and colleges have adopted some form of online learning. Distance learning is a rapidly expanding educational advance in nurse anesthesia. The Oakland University – Beaumont Graduate Program of Nurse Anesthesia has made great strides in the use of distance technology. In 2001, the Program was the first in the nation to receive a \$300,000 grant to begin a distance education program.

As of 2012, over 35 distance students have graduated from the program. The Council on Accreditation requires that distance education programs and courses meet the same standards and achieve the same outcomes as traditional educational offerings. The OUBGPNA distance education program evidences high quality through the achievement of its graduates. Many have been recipients of awards for academic and clinical excellence such as the prestigious Agatha Hodgins Award, the Edward Petrovich Scholarship, and many academic honors from Oakland University. Graduates have also moved into high-level anesthesia department managerial and administration roles.

One of the goals of OUBGPNA's distance education program is to overcome barriers of place and time. Distance learning allows education to reach those who are located at distance primary sites. The program endeavors to connect students at Beaumont, Royal Oak and off campus in an atmosphere that promotes a feeling of belonging and camaraderie by the use of video, audio, and active learning.

Some helpful tips for staying connected to your classmates include:

- Develop a time management strategy
- Make asking questions useful in learning
- Make connection with fellow students
- Establish a buddy relationship with a Beaumont classmate so that in the event you miss a concept presented or have interruptions in transmission, you have an established contact person to provide you with missed information.
- Do not hesitate to notify the instructor to adjust the camera or volume or pause to clarify a point. Take initiative!
- Make sure your microphones are not muted. The back of the OU-Beaumont Graduate Program of Nurse Anesthesia Student Handbook provides contact information for Beaumont, including the program secretary, classroom phone number, etc. (see attached).
- The program will have a list of your classroom phone and classroom fax in our classroom. Please provide your cell phone numbers so we can contact you if needed.
- We make every attempt to have our lecture material e-mailed (or posted to Moodle) prior to the scheduled lecture, but that is not always possible. On occasion, lecture material will be faxed to your site. Take the responsibility to contact the faculty of record if you do not have lecture materials prior to the scheduled lecture time.
- It is each student's personal responsibility for checking his or her OU email every day. As a distance student, you may want to check it each morning before you come to class.

### **Communication**

Microphones are in place at each table in the classroom at Beaumont, Royal Oak. Fellow classmates are instructed to use the microphones for all discussions in order to assure that distance students are included in the discussions.

Distance students are encouraged to communicate frequently via e-mail or phone with the Oakland University-Beaumont clinical coordinator and faculty of record for courses in order to maintain consistent, open dialogue about any matter of concern to you.

### **Evaluations at Distance Sites**

#### **Daily Clinical Evaluations:**

Site coordinators collect and review the white copy of student evaluations. He/she will make a copy then forward the original to the program clinical coordinator on a regular basis throughout the program.

The site coordinator may assign students to a clinical instructor. Each semester your site coordinator (clinical instructor) will complete a summary of your clinical progress (see form in Student Handbook-End Semester Evaluation Summary), which will be forwarded to the Beaumont clinical coordinator and placed in your files.

Your first line of communication about clinical-related issues should be with the individual instructor, and then distance site coordinator. If the issue cannot be resolved, you are directed to contact the OU-Beaumont clinical coordinator. Your next line of communication would be the assistant director, then the program director. You are expected to contact the OU-Beaumont clinical coordinator any time a sentinel event or major error on your part occurs (drug error).

You are asked to communicate with the OU-Beaumont clinical coordinator on a regular basis via phone or email to keep them apprised of your clinical progress. This also provides students with an opportunity to communicate any questions or concerns regarding didactic and clinical issues.

#### **Instructor Evaluations:**

All students are expected to complete instructor evaluations daily using the Typhon Case Tracking Instructor Evaluation form.

#### **Distance Clinical Sites**

Program faculty will visit distance sites at least annually and complete a site evaluation.

The program director will conduct an Exit Evaluation with all distance students.

Students evaluate their individual distance site using the typhoon tracking system.

#### **Distance Student Rotation to Beaumont Hospital-Royal Oak**

1. Distance student will be required to spend 2 weeks at Royal Oak Beaumont in clinicals during the second and third semesters of the program. Additional weeks may be required depending on the individual student's performance. The weeks you select must be full weeks (i.e. if there is a day off due to a conference that week, do not select).
2. You may select the weeks separately or together. For sites that have more than 1 distance student, you may decide to travel together. The program will make every effort to facilitate this but it is not guaranteed especially during specialty rotations in the second year.
3. Students select two weeks at the beginning of every semester in order to coordinate the weeks for all distance students. A maximum of two distance students can be at Beaumont during the same week. Dates are confirmed on a "first come first served" basis.
4. Vacation time is not allowed during scheduled time at Beaumont.
5. Once scheduled, students are to contact the OU clinical coordinator one week prior to their scheduled rotation to communicate specific learning experiences needed. Students are responsible for making travel plans so that they are able to get assignments, visit patients and collect all necessary information regarding cases preoperatively.
6. The faculty will facilitate clinical experiences with distance students by working with them if possible during their rotations to Beaumont. When not feasible, coordinators will facilitate assigning clinical instructors to work with students.
7. Students will be required to complete a clinical agency evaluation of the Beaumont site as well as daily instructor evaluation each time they rotate via Typhon.
8. Students are encouraged to communicate with the clinical coordinator frequently during their rotation at Beaumont.
9. Students may be required to attend Simulation learning sessions after class or clinical hours while on your rotation to Royal Oak Beaumont. \*\*
10. You will be required to come back to Beaumont more than 2 weeks/semester if it is determined that your primary site cannot provide the mandated clinical experiences paralleling that of traditional classmates so that you attain the objectives of your clinical internships and obtain needed experiences to graduate.

**\*\*One important consideration:** Your position as a distance student is unique. You have the advantage of being assigned to your "home site" for nearly all of your clinical training. Your 2-week/semester rotations to Beaumont provide the program faculty with an opportunity to evaluate you over a very short period of time. An important goal of having students travel to Beaumont for clinical experiences is to expose them to surgical procedures and anesthetic techniques that may not otherwise be gained at your distance primary site.

#### **Beaumont-Royal Oak**

Anesthesia Classroom: (248) 898-3271  
FAX (248) 898-8285

Oakland University-Beaumont  
Linda McDonald, CRNA  
Phone: (248) 898-1812  
Email: [Linda.McDonald@beaumont.edu](mailto:Linda.McDonald@beaumont.edu)  
Laura Rodgers, CRNA  
Phone: (248) 898-6234  
Email: [LRodgers@beaumont.edu](mailto:LRodgers@beaumont.edu)

### **Marquette Distance Students:**

Clinical site coordinator: Terry Durley, CRNA, MSN  
Phone: (906)225-3035

Test proctor/Anesthesia Department Secretary: Lisa Ward  
Phone: (906)225-3595  
Fax: (906)225-3697

Classroom Phone: (906) 225-4505  
Classroom Fax: (906) 225-3203  
IT Support: (906) 225-3018  
Video conference: Debra Reed-Fowler  
Deborah.Reedfowler@mghs.org

### **Kalamazoo Distance Students:**

Clinical site coordinator:

#### ***Primary***

Chris Quertermus, CRNA  
Pager (269) 212-0541  
Text Pager (269) 413-2697  
Email: [cquertermus@aol.com](mailto:cquertermus@aol.com)

#### ***Secondary***

Sarah Barnett, CRNA  
Pager (269) 413-0867  
Email: [Thebarnett5@yahoo.com](mailto:Thebarnett5@yahoo.com)

- Clinical rotations for this site currently include Bronson and Borgess Hospitals. The OU-Beaumont clinical coordinator must be notified of any schedule and clinical site changes.
- Classroom learning will primarily be held in the Navigation Center.
  - Classroom Phone: (269) 226-7382
  - Classroom Fax: (269) 226-7062

Test proctor: Penny Conway, Education Assistant  
(@ Front Desk of Navigation Center)  
Phone: (269) 226-8320 or (269) 226-5170  
Fax: (269) 226-5168  
Email: [PennyConway@borgess.com](mailto:PennyConway@borgess.com)

Jim Wertz (Video Tech for Navigation Center)

Phone: (269) 226-8443  
Cell: 269-744-6524  
Fax: (269) 226-7204  
Email: [jameswurtz@borgess.com](mailto:jameswurtz@borgess.com)

Kalamazoo Anesthesiology

Administrative Office: Lisa Fisher (for paper & additional toner cartridges)  
Phone: (269) 345-8618 x 1223  
Fax: (269) 345-1508  
Email: [lfisher@kalamazooanesthesiology.com](mailto:lfisher@kalamazooanesthesiology.com)

### **Northern Michigan Hospital Distance Students:**

Site Coordinator: Heather Smith, CRNA  
[smith@chartermi.net](mailto:smith@chartermi.net)

Test Proctor: Anne Foster, Medical Library Manager  
[afoster@northernhealth.org](mailto:afoster@northernhealth.org)  
1-231-487-4503

Distance learning:  
Polycom (analog jack): 231-487-7263  
Classroom phone: 231-487-3525  
IP address for connecting: 96.36.61.213  
Medical Library and Learning Center:  
Phone: 231-487-4500  
Physician liaison: Paul Dowsett, MD  
Phone: (231)487-4090

## **Toledo Hospital Students**

Clinical site coordinator: Howard Brown, CRNA, MSN  
Pager: (419) 291-4491  
Email: [Howie53@bex.net](mailto:Howie53@bex.net)

- Clinical rotations for this site will include Toledo Hospital.
- Toledo students will attend all Oakland University/Beaumont Nurse Anesthesia courses/exams at the scheduled campus with their "Traditional" classmates.

Secretary: Cheryl  
Phone: (419) 291-4491  
Fax: (419) 479-6905

## **Student Housing**

Convenient housing arrangements are available to students interning at Beaumont Hospital. The Royal Manor Apartments are conveniently located near the Royal Oak campus. They provide a comfortable atmosphere at reasonable rates. These large two-bedroom apartments can accommodate four or more persons. Many distance students often opt to travel to Beaumont together and divide the costs. Amenities include:

- Fully equipped kitchens (full-size appliances, cooking utensils, microwave, coffee makers and dinnerware)
- Linens and towels
- Soap and tissues
- Cable TV, telephone, alarm clock
- Internet access-dial up through your local internet connection
- Central air
- Coin operated Laundromat
- One day stays to extended stays
- 24-hour registration
- No pets allowed

The contact person is Millie Crutcher.

- ❑ Phone: (248) 288-0715
- ❑ Pager: (248) 992-1951

We recommend that you make your reservations as soon as you confirm the weeks you will spend in Royal Oak (especially during the first semester of the program) to ensure getting a room. Some distance students have been able to work out temporary lodging arrangements with one of their classmates.

NOTE: Distance students are responsible for reviewing and acknowledging receipt of the Student Handbook as well as this addendum.

## Oakland University-Beaumont Graduate Program of Nurse Anesthesia

### Standards of Conduct for the Clinical Instructor-Student Anesthetist Relationship

The Oakland University- Beaumont Graduate Program of Nurse Anesthesia (OUBGPNA) recognizes the importance of clinical instructors serving as role models for student anesthetists and that this role is fundamental to the educational mission of the program. The clinical instructor-student anesthetist relationship confers rights and responsibilities on both parties. Behaving in ways that represent the ideal instructor-student relationship fosters respectful behavior, minimizes the likelihood of student mistreatment or abuse, and optimizes the educational experience for students.

#### **Responsibilities of clinical instructors include:**

- Be prepared and on time
- Provided learners with the most current materials
- Treat students fairly, respectfully, and without bias based upon a legally protected characteristic
- Give students timely, constructive and accurate feedback
- Avoid the embarrassment or humiliation of students

#### **Responsibilities of student anesthetists include:**

- Be prepared and on time
- Be courteous and respectful of instructors and fellow students and without bias based upon a legally protected characteristic
- Treat fellow students as colleagues and respect mutual the learning environment
- Take responsibility for maximizing educational experiences
- Address conflicts and discomforts which may impede learning while protecting the patient
- Be an enthusiastic learner
- Be trustworthy and honest
- Know limitations and ask for help when needed

#### **In the clinical setting:**

- Seek knowledge about patient illnesses. Put patient welfare ahead of educational needs
- Treat all patients and members of the health care team respectfully, and without bias based upon a legally protected characteristic
- Be compassionate
- Respect patients' privacy

The responsibilities of teachers and learners constitute the School's standards for respectful and professional behavior. Behaviors, which fall outside of these standards, are clearly abusive or represent poor judgment, unprofessional behavior or mistreatment. The behaviors listed below are clearly abusive.

- Unwanted physical contact
- Sexual harassment
- Discrimination based upon a legally protected characteristic.
- Requiring students to perform personal chores (i.e. running errands, babysitting, etc.)

Disrespectful or unprofessional behaviors, that may also disrupt the student's educational experience, include:

- Repeated questioning of a student with the primary intent to humiliate or embarrass
- Clinical evaluation based on factors other than performance or merit
- Coercing students to do something they find morally objectionable
- Public humiliation

## Appendix A

Requiring excessive menial, non-educational chores

Sharing information about student performance in a way that damages student's chances to progress

### **Reporting Incidents of Mistreatment**

Students who believe that they have been mistreated by another student as defined in the Oakland University Standards of Conduct Policy should notify the Associate Dean of Student Affairs Immediately and must file a written report within 30 calendar days of the alleged action in order for the allegation to be investigated in a timely manner.

Students who believe that they have been mistreated by a faculty member, clinical instructor (CRNA/MDA), or employee of either Oakland University or Beaumont Health System should notify the OUBGPNA Program Faculty. Students are referred to the School of Nursing Graduate Student Handbook for information on the process for communicating concerns related to bullying.

*Regarding an allegation against a faculty member or clinical instructor: A student may request to delay the forwarding of the complaint and resulting action or remedy until after the student is evaluated academically.*

## **SOCIAL MEDIA GUIDELINES**

Social networking sites have become an integral part of everyday life for millions of people around the world. How a students and programs of nurse anesthesia are represented and viewed through this social media has become increasingly important.

The following are the main points Oakland University-Beaumont Graduate Program of Nurse Anesthesia students should consider when using blogs, social networking sites (Facebook, Twitter, etc.) and other social media.

**Nothing is private:** Anything you say online could be misunderstood or misinterpreted. Anyone with access to the web can get access to your activity on social media sites. Regardless of how careful you are in trying to keep them separate, in your online activity, your professional life and your personal life overlap.

**Do no harm.** Respect your audience. Don't use ethnic slurs, personal insults, obscenity, or engage in any conduct that would not be acceptable at Oakland University or any of our many clinical sites. You should also show proper consideration for others' privacy and for topics that may be considered objectionable or controversial—such as politics and religion.

**Be polite.** Realize that social media communities have their own culture, etiquette and norms, and be respectful of them.

**Uphold patient confidentiality.** Do not provide confidential patient information in any manner. Don't publish or report on conversations that are meant to be private.

**Respect copyright, fair use and financial disclosure laws.** It is critical that you show respect for the laws governing copyright and fair use of copyrighted material owned by others, including copyrights and brands such as Oakland University and Beaumont logos.

**Don't pick fights.** Be the first to correct your own mistakes, and don't alter previous posts without indicating that you have done so.

**Try to add value and create interest.** Provide worthwhile information and perspective. Use your own voice and bring your own personality to the forefront.

**Be vigilant.** Be aware of your association with Oakland University and Beaumont in online social networks. If you identify yourself as an Oakland University-Beaumont Graduate Program of Nurse Anesthesia student, ensure your profile and related content is consistent with how you wish to present yourself with colleagues and patients.

**Use your personal email address** (not your Oakland.edu address) as your primary means of identification. Just as you would not use Oakland or Beaumont letterhead when writing a personal correspondence, do not use your Oakland email address to express your personal views.

**Use your best judgment.** If you're about to publish something that makes you even the slightest bit uncomfortable, review the suggestions above and think about why that is. Ultimately, however, you have sole responsibility for what you post to your blog or publish in any form of online social media.

## Appendix B

**Students must know and abide by** the following Social Networking and Other Web-Based Communications Policies: Beaumont Policy (#297), Oakland University Policy #890 and the boundary violations policy stated in the OU School of Nursing Graduate Handbook.

Appendix C



School of Nursing

Rochester, Michigan 48309-4401  
(248) 370-3497 Fax: (248) 370-4279

September, 2013

I have received a copy of the Oakland University – Beaumont Graduate Program of Nurse Anesthesia Student Handbook for students entering in September of 2012. I have had an opportunity to review and discuss its contents and I agree, as a student enrolled in this program, to adhere to the policies and guidelines set forth.

I am aware that simulation learning is a required component of the program and all instructional direction, discussion, practice and testing are confidential.

I agree to not share any information used during the simulation session with anyone. I understand that I may be videotaped during these sessions and that it may be used for educational purposes.

I agree to comply with student responsibilities as stated in the Standards of Conduct for the Clinical Instructor-Student Relationship.

I agree to comply with Social Media Policy Guidelines as stated with the Beaumont Health System and Oakland University Guideline policy #

I am aware that program faculty reserves the right to revise all information in this handbook at its discretion and to make reasonable changes in requirements to improve the quality of education or upgrade the program.

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(Name)

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(Date)