Policies and Procedures
# TABLE OF CONTENTS

Mission Statement .......................................................... 3  
Philosophy ................................................................. 3  
Program Objectives ......................................................... 3  
Program of Education ...................................................... 4  
Doctor of Nurse Anesthesia Practice (DNAP) Objectives and Outcomes ........................................... 4  
Curricular Plan of Study ................................................... 5  
Academic Integrity Statement ........................................... 6  
General Information ........................................................ 6  
Standards for Nurse Anesthesia Practice ................................ 7  
Code of Ethics for the Certified Registered Nurse Anesthetist (CRNA) ......................................................... 10  
Scope of Nurse Anesthesia Practice .................................... 12  
CRNA Protocol/Scope of Practice: Yale University ............... 14  
Anesthesia Department .................................................... 15  
Scope of Services .......................................................... 16  
General Departmental Policies .......................................... 17  
Yale Medicine Professionalism Charter ............................... 18  
Organizational Chart ...................................................... 20  
YNHH-SRC Faculty Anesthesiologists and CRNAs ............... 21  
OR Policy and Procedures Related to Anesthesia .................. 22  
Ethical Guidelines of the Program ...................................... 22  
Student Rights and Responsibilities: Clinical ....................... 23  
Clinical Evaluation Process .............................................. 25  
Student Rights and Responsibilities: Classroom ................... 25  
Late Policy ...................................................................... 26  
Military Leave .................................................................. 26  
Jury Duty ........................................................................ 27  
Confidentiality and HIPAA Regulations ............................... 27  
Reporting Clinical Events ................................................ 28  
Clinical Event Reporting Form ......................................... 29  
Yale Department of Anesthesiology Quality Management Form .......................................................... 30  
Chemical Dependency Policy ............................................ 31  
Sexual Harassment Policy ................................................ 36  
Time Commitment ........................................................... 37  
Call Experience ................................................................ 37  
Memberships ................................................................... 38  
Attendance Requirements ................................................ 38  
CT Association of Nurse Anesthetists (CANA) Meeting Attendance ...................................................... 39  
Objective Structured Clinical Examination (OSCE) Purpose/Procedure/Rubric .......................................... 39  
Students with Learning Disabilities .................................... 41  
Medical Insurance ............................................................ 41
Malpractice Insurance 41
Requirements for Graduation 42
BLS/ACLS/PALS 43
Self Evaluation Exam (SEE) 44
National Certification Exam (NCE) 44
Review Courses 44
Anesthesia Care Plan Procedure 45
Typhon Electronic Case Tracking/Evaluations 45
Hospital IDs 46
Computers 46
Cell Phones/PDAs/Electronic Device Use 46
Personal Appearance/Dress Code 46
Holiday Policy 47
Comp Time/Vacation Policy 48
Research Days 48
Medical Leave 51
Bereavement 51
Snow Policy 52
Leave of Absence (LOA) Policy 52
Clinical Probation 55
Discharge and Grievance Procedure 55
Programmatic Timeline 60
Advanced Anesthesia Principles Objectives 61
Regional Anesthesia Administration Objectives 65
Objectives for Weekly M&M 67
Clinical Correlation Conference (Grand Rounds) 68
Journal Club 68
Clinical Affiliation Rotations 69
Clinical Rotation Objectives: OB, Pedi, Pain Clinic, PACU 69
Clinical Behavioral Objectives/Clinical Evaluation Tool 73
Policy and Procedure for Evaluations 78
YNHHSNA Programmatic Annual Review Timeline 80
Evaluation Tools 81
Clinical Correlation Conference (Grand Rounds) Grading Rubric 91
Evaluation Tools cont’d 92
YNHHSNA Office/Library/Classroom 100
Care Plan Requirements/Templates/Checklist 101
Weekly Case Report 110
Signature Sheets: Academic Integrity; P/P Manual; Consent for Photo/Interviews 113

Please refer to the following supporting documents for further information regarding policies and procedures:
Mission Statement

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

Philosophy

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

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

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

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

Program Objective

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

The Program of Education
Students entering the Yale New Haven Hospital School of Nurse Anesthesia are given the opportunity to receive a Doctor of Nurse Anesthesia Practice degree from Central Connecticut State University, our academic affiliate. The program is 36 months in length with program inception annually in May to coincide with the summer session at CCSU. The first 12 months are largely spent at the CCSU campus with students engaged in didactic coursework. While continuing coursework, the remaining 24 months are spent in the clinical area at Yale New Haven Hospital – Saint Raphael Campus (YNHH-SRC) and its clinical affiliates. The course sequence at CCSU is located on page 4 of this handbook.

DNAP Objectives and Outcomes

Graduates of the DNAP will be able to:

- Apply physiological, safety, and organizational theories to promote patient safety, enhance quality care, and improve nurse anesthesia practice
- Analyze and synthesize relevant scientific literature and apply results to improve nurse anesthesia practice and patient care outcomes in a culturally sensitive manner
- Communicate effectively with patients, families, the public, and other health professionals
- Demonstrate leadership skills to meet the challenges of increasingly complex health care and educational environments impacting nurse anesthetists
- Develop effective strategies for managing ethical dilemmas inherent in anesthesia patient care and the workplace
- Employ teaching and learning principles for the nurse anesthetist in educating and counseling individuals, families, students in training, and groups
- Demonstrate nurse anesthesia scholarship through presentations, publications, leadership activities, and collaboration with other disciplines
- Utilize technology and information systems to analyze, manage, and present data

Curricular Plan of Study
Doctor of Nurse Anesthesia Practice: Entry-level Specialization — Total Credit Hours 81-87

I- Biological Systems Core — Total Credit Hours: 27

- **CHEM550** Basic Organic and Biological Chemistry 3
- **BIO500** Seminar in Biology 2
- **BIO517** Advanced Human Anatomy, Physiology, and Pathophysiology 6
- **BIO518** Advanced Pathophysiology and Applied Physiology 3
- **BIO519** Advanced Neuroscience 3
- **BIO528** Advanced Pharmacology 4
- **BIO530** Immunology 3
- **BIO598** Research in Biology 3

II- Professional Core — Total Credit Hours: 21

- **BIO525** Advanced Physical Health Assessment for Nurse Anesthetists 3
- **BIO725** Bioethics in Nurse Anesthesia 3
- **BIO730** Human Factors and Patient Safety for Nurse Anesthetists 3
- **BIO736** Evidence-based Practice and Biostatistics 3
- **BIO739** Advanced Topics in Pharmacology 3
- **BIO740** Leadership in Nurse Anesthesia Education 3
- **BIO742** Advanced Topics in Nurse Anesthesia 3

III- Anesthesia Clinical Core — Total Credit Hours: 27

- **ANES500** Principles of Nurse Anesthesia Practice I 3
- **ANES501** Principles of Nurse Anesthesia Practice II 3
- **ANES502** Principles of Nurse Anesthesia Practice III 2
- **ANES515** Professional Aspects of Nurse Anesthesia Practice 3
- **ANES528** Advanced Anesthesia Pharmacology 2
- **ANES590** Clinical Correlation Conferences 2
- **ACP730** Anesthesia Clinical Practicum I 1
- **ACP731** Anesthesia Clinical Practicum II 1
- **ACP732** Anesthesia Clinical Practicum III 1
- **ANES733** Advanced Anesthesia Clinical Practicum I 3
- **ACP734** Advanced Anesthesia Clinical Practicum II 3
- **ACP735** Advanced Anesthesia Clinical Practicum III 3
IV- Doctoral Scholarly Project (Capstone) Total Credit Hours: 6

Comprehensive Exam

BIO745 Doctoral Scholarly Project I 3
BIO746 Doctoral Scholarly Project II 3
BIO747 Doctoral Scholarly Project III* 1
*only if needed to complete capstone

Academic Integrity

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

General Information

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

Requirements for the profession include an aptitude for the sciences, manual dexterity, and meticulous attention to detail, good physical health, stamina, and a sensitive concern for patient well-being. Registered nurses who choose to follow this career carry a significant responsibility to ensure patient safety, and therefore a capacity for unusual devotion and personal effort is essential. This work provides exceptional satisfaction for those qualified to do it.
The training of the nurse anesthetist is focused on building and reinforcing a sense of self-confidence, skill and independence. The learner must be highly motivated to assume tremendous responsibility and initiative. SRNAs are taught to take an appropriate history, perform an initial examination of the patient, formulate a plan of care, administer various types of anesthesia and continually monitor basic and advanced physiologic parameters during the administration of a safe anesthetic. The essentials of pain management for acute and chronic conditions and post-anesthetic care are also covered in the curriculum.

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

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

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

**Standards for Nurse Anesthesia Practice (2013)**

The AANA Standards for Nurse Anesthesia Practice offer guidance for Certified Registered Nurse Anesthetists (CRNAs) and healthcare institutions regarding nurse anesthesia practice. CRNAs are responsible for the quality of services they render.

These standards are intended to:
1. Assist the profession in evaluating the quality of care provided by its practitioners.
2. Provide a common base for practitioners to use in their development of a quality practice.
3. Assist the public in understanding what to expect from the practitioner.
4. Support and preserve the basic rights of the patient.

These standards apply to all anesthetizing locations and may be exceeded at any time at the discretion of the CRNA. Although the standards are intended to promote high-quality patient care, they cannot assure specific outcomes. The CRNA should consider the integration of new technologies into current anesthesia practice.

There may be exceptional patient-specific circumstances that require deviation from a standard. The CRNA shall document any deviations from these standards (e.g., emergency cases for which informed consent cannot be obtained, surgical interventions or procedures that
invalidate application of a monitoring standard) and state the reason for the deviation on the patient’s anesthesia record.

Standard I
Perform and document a thorough preanesthesia assessment and evaluation.

Standard II
Obtain and document informed consent for the planned anesthetic intervention from the patient or legal guardian, or verify that informed consent has been obtained and documented by a qualified professional.

Standard III
Formulate a patient-specific plan for anesthesia care.

Standard IV
Implement and adjust the anesthesia care plan based on the patient’s physiologic status. Continuously assess the patient’s response to the anesthetic, surgical intervention, or procedure. Intervene as required to maintain the patient in optimal physiologic condition.

Standard V
Monitor, evaluate, and document the patient’s physiologic condition as appropriate for the type of anesthesia and specific patient needs. When any physiological monitoring device is used, variable pitch and threshold alarms shall be turned on and audible. The CRNA should attend to the patient continuously until the responsibility of care has been accepted by another anesthesia professional.

a. Oxygenation
Continuously monitor oxygenation by clinical observation and pulse oximetry. If indicated, continually monitor oxygenation by arterial blood gas analysis.

b. Ventilation
Continuously monitor ventilation. Verify intubation of the trachea or placement of other artificial airway devices by auscultation, chest excursion, and confirmation of expired carbon dioxide. Use ventilatory pressure monitors as indicated. Continuously monitor end-tidal carbon dioxide during controlled or assisted ventilation and any anesthesia or sedation technique requiring artificial airway support. During moderate or deep sedation, continuously monitor for the presence of expired carbon dioxide.

c. Cardiovascular
Continuously monitor cardiovascular status via electrocardiogram. Perform auscultation of heart sounds as needed. Evaluate and document blood pressure and heart rate at least every five minutes.
d. Thermoregulation
When clinically significant changes in body temperature are intended, anticipated, or suspected, monitor body temperature in order to facilitate the maintenance of normothermia.

e. Neuromuscular
When neuromuscular blocking agents are administered, monitor neuromuscular response to assess depth of blockade and degree of recovery.

f. Positioning
Monitor and assess patient positioning and protective measures, except for those aspects that are performed exclusively by one or more other providers.

Interpretation
Continuous clinical observation and vigilance are the basis of safe anesthesia care. Consistent with the CRNA’s professional judgment, additional means of monitoring the patient’s status may be used depending on the needs of the patient, the anesthesia being administered, or the surgical technique or procedure being performed.

Standard VI
Document pertinent anesthesia-related information on the patient’s medical record in an accurate, complete, legible, and timely manner.

Standard VII
Evaluate the patient’s status and determine when it is safe to transfer the responsibility of care. Accurately report the patient’s condition, including all essential information, and transfer the responsibility of care to another qualified healthcare provider in a manner that assures continuity of care and patient safety.

Standard VIII
Adhere to appropriate safety precautions as established within the practice setting to minimize the risks of fire, explosion, electrical shock and equipment malfunction. Based on the patient, surgical intervention or procedure, ensure that the equipment reasonably expected to be necessary for the administration of anesthesia has been checked for proper functionality and document compliance. When the patient is ventilated by an automatic mechanical ventilator, monitor the integrity of the breathing system with a device capable of detecting a disconnection by emitting an audible alarm. When the breathing system of an anesthesia machine is being used to deliver oxygen, the CRNA should monitor inspired oxygen concentration continuously with an oxygen analyzer with a low concentration audible alarm turned on and in use.

Standard IX
Verify that infection control policies and procedures for personnel and equipment exist within the practice setting. Adhere to infection control policies and procedures as established within
the practice setting to minimize the risk of infection to the patient, the CRNA, and other healthcare providers.

**Standard X**
Participate in the ongoing review and evaluation of anesthesia care to assess quality and appropriateness.

**Standard XI**
Respect and maintain the basic rights of patients.


**Code of Ethics for the Certified Registered Nurse Anesthetist**

**Preamble**
Certified Registered Nurse Anesthetists (CRNAs) practice nursing by providing anesthesia and anesthesia-related services. They accept the responsibility conferred upon them by the state, the profession, and society. The American Association of Nurse Anesthetists (AANA) has adopted this Code of Ethics to guide its members in fulfilling their obligations as professionals. Each member of the AANA has a personal responsibility to uphold and adhere to these ethical standards.

**1. Responsibility to Patients**
CRNAs preserve human dignity, respect the moral and legal rights of health consumers, and support the safety and wellbeing of the patients under their care.
1.1 The CRNA renders quality anesthesia care regardless of the patient's race, religion, age, sex, nationality, disability, social, or economic status.
1.2 The CRNA protects the patient from harm and is an advocate for the patient’s welfare.
1.3 The CRNA verifies that a valid anesthesia informed consent has been obtained from the patient or legal guardian as required by federal or state laws or institutional policy prior to rendering a service.
1.4 The CRNA avoids conflicts between his or her personal integrity and the patient’s rights. In situations where the CRNA’s personal convictions prohibit participation in a particular procedure, the CRNA refuses to participate or withdraws from the case provided that such refusal or withdrawal does not harm the patient or constitute a breach of duty.
1.5 The CRNA takes appropriate action to protect patients from healthcare providers who are incompetent, impaired, or engage in unsafe, illegal, or unethical practice.
1.6 The CRNA maintains confidentiality of patient information except in those rare events where accepted nursing practice demands otherwise.
1.7 The CRNA does not knowingly engage in deception in any form.
1.8 The CRNA does not exploit nor abuse his or her relationship of trust and confidence with the patient or the patient’s dependence on the CRNA.
2. Competence
The scope of practice engaged in by the CRNA is within the individual competence of the CRNA. Each CRNA has the responsibility to maintain competency in practice.
2.1 The CRNA engages in lifelong, professional educational activities.
2.2 The CRNA participates in continuous quality improvement activities.
2.3 The practicing CRNA maintains his or her state license as a registered nurse, meets state advanced practice statutory or regulatory requirements, if any, and maintains recertification as a CRNA.

3. Responsibilities as a Professional
CRNAs are responsible and accountable for the services they render and the actions they take.
3.1 The CRNA, as an independently licensed professional, is responsible and accountable for judgments made and actions taken in his or her professional practice. Neither physician orders nor institutional policies relieve the CRNA of responsibility for his or her judgments made or actions taken.
3.2 The CRNA practices in accordance with the professional practice standards established by the profession.
3.3 The CRNA participates in activities that contribute to the ongoing development of the profession and its body of knowledge.
3.4 The CRNA is responsible and accountable for his or her conduct in maintaining the dignity and integrity of the profession.
3.5 The CRNA collaborates and cooperates with other healthcare providers involved in a patient’s care.
3.6 The CRNA respects the expertise and responsibility of all healthcare providers involved in providing services to patients.
3.7 The CRNA is responsible and accountable for his or her actions, including self-awareness and assessment of fitness for duty.

4. Responsibility to Society
CRNAs collaborate with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.
4.1 The CRNA works in collaboration with the healthcare community of interest to promote highly competent, safe, quality patient care.

5. Endorsement of Products and Services
CRNAs endorse products and services only when personally satisfied with the product’s or service’s safety, effectiveness, and quality. CRNAs do not state that the AANA has endorsed any product or service unless the Board of Directors of the AANA has done so.
5.1 Any endorsement is truthful and based on factual evidence of efficacy.
5.2 The CRNA does not exploit his or her professional title and credentials for products or services which are unrelated to his or her professional practice or expertise.
6. **Research**
CRNAs protect the integrity of the research process and the reporting and publication of findings.

6.1 The CRNA evaluates research findings and incorporates them into practice as appropriate.

6.2 The CRNA conducts research projects according to accepted ethical research and reporting standards established by law, institutional procedures, and the health professions.

6.3 The CRNA protects the rights and well being of people and animals that serve as subjects in research.

6.4 The CRNA participates in research activities to improve practice, education, and public policy relative to the health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery.

7. **Business Practices**
CRNAs, regardless of practice arrangements or practice settings, maintain ethical business practices in dealing with patients, colleagues, institutions, and corporations.

7.1 The contractual obligations of the CRNA are consistent with the professional standards of practice and the laws and regulations pertaining to nurse anesthesia practice.

7.2 The CRNA will not participate in deceptive or fraudulent business practices.

**Scope of Nurse Anesthesia Practice**

**Professional Role**
Certified Registered Nurse Anesthetists (CRNAs) are advanced practice registered nurses (APRNs) licensed as independent practitioners. CRNAs practice both autonomously and in collaboration with a variety of health providers on the interprofessional team to deliver high-quality, holistic, evidence-based anesthesia and pain care services. Nurse anesthetists care for patients at all acuity levels across the lifespan in a variety of settings for procedures including, but not limited to, surgical, obstetrical, diagnostic, therapeutic, and pain management. CRNAs serve as clinicians, researchers, educators, mentors, advocates, and administrators.

**Education, Accountability and Leadership**
CRNAs enter the profession following successful completion of graduate or post-graduate education from an accredited nurse anesthesia program and after passing the National Certification Examination. CRNAs embrace lifelong learning and practice professional excellence through ongoing recertification and continuous engagement in quality improvement and professional development. The scope of nurse anesthesia practice is determined by education, experience, state and federal law, and facility policy. CRNAs are accountable and responsible for their services and actions, and for maintaining their individual clinical competence. Nurse anesthetists are innovative leaders in anesthesia care delivery, integrating progressive critical thinking and ethical judgment.
Anesthesia Practice
The practice of anesthesia is a recognized nursing and medical specialty unified by the same standard of care. Nurse anesthesia practice may include, but is not limited to, these elements: performing a comprehensive history and physical; conducting a preanesthesia evaluation; obtaining informed consent for anesthesia; developing and initiating a patient-specific plan of care; selecting, ordering, prescribing and administering drugs and controlled substances; and selecting and inserting invasive and noninvasive monitoring modalities. CRNAs provide acute, chronic and interventional pain management services, as well as critical care and resuscitation services; order and evaluate diagnostic tests; request consultations; and perform point-of-care testing. CRNAs plan and initiate anesthetic techniques, including general, regional, local, and sedation. Anesthetic techniques may include the use of ultrasound, fluoroscopy and other technologies for diagnosis and care delivery, and to improve patient safety and comfort. Nurse anesthetists respond to emergency situations using airway management and other techniques; facilitate emergence and recovery from anesthesia; and provide post-anesthesia care, including medication management, conducting a post-anesthesia evaluation, and discharge from the post-anesthesia care area or facility.

The Value and Future of Nurse Anesthesia Practice
CRNAs practice in urban and suburban locations, and are the primary anesthesia professionals providing care to the U.S. Military, rural, and medically underserved populations. The CRNA scope of practice evolves to meet the healthcare needs of patients and their families as new research and technologies emerge. As APRNs, CRNAs advocate for the removal of scope of practice barriers to increase patient access to high-quality, comprehensive care.
In 1980, the “Scope of Practice” statement was first published as part of the American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist. In 1983, the "Standards for Nurse Anesthesia Practice" and the "Scope of Practice" statement were included together in the American Association of Nurse Anesthetists Guidelines for the Practice of the Certified Registered Nurse Anesthetist. That document subsequently had the following name changes: Guidelines for Nurse Anesthesia Practice (1989); Guidelines and Standards for Nurse Anesthesia Practice (1992); and Scope and Standards for Nurse Anesthesia Practice (1996). The Scope and Standards for Nurse Anesthesia Practice was most recently revised in January 2013. In February 2013, the AANA Board of Directors approved separating the Scope and Standards for Nurse Anesthesia Practice into two documents: the Scope of Nurse Anesthesia Practice and the Standards for Nurse Anesthesia Practice. In June 2013, the AANA Board of Directors approved revisions to the Scope of Nurse Anesthesia Practice.

CRNA Protocol/Scope of Practice (Yale University/YNHH) (3/31/11)
The practice of anesthesia is a recognized specialty in both nursing and medicine. Anesthesiology is the art and science of rendering a patient insensible to pain by the administration of anesthetic agents and related drugs and procedures. Anesthesia and anesthesia-related care represents those services which anesthesia professionals provide upon
request, assignment, and referral by the patient’s physician or other healthcare provider authorized by law, most often to facilitate diagnostic, therapeutic and surgical procedures. In other instances, the referral or request for consultation or assistance may be for management of pain associated with obstetrical labor and delivery or the management of acute pain. CRNAs practice according to their expertise, state statutes and regulations, and institutional policy. In the State of Connecticut, all CRNAs practice in collaboration with and under the direction of a physician.

CRNA scope of practice includes, but is not limited to the following; in consultation with and under the direction of an attending anesthesiologist:

1) Performing and documenting a pre-anesthetic assessment and evaluation of the patient, selecting, obtaining, ordering, and administering pre-anesthetic medications and fluids, and obtaining informed consent for anesthesia.
2) Developing and implementing an anesthetic plan.
3) Initiating the anesthetic technique which may include: general, regional, local and sedation.
4) Selecting, applying and inserting appropriate non-invasive and invasive monitoring modalities for continuous evaluation of the patient’s physical status.
5) Selecting, obtaining, and administering the anesthetics, adjuvant and accessory drugs and fluids necessary to manage the anesthetic.
6) Managing a patient’s airway and pulmonary status using current practice modalities.
7) Facilitating emergency and recovery from anesthesia by selecting, obtaining, ordering and administering medications, fluids, and ventilator support.
8) Discharging the patient from a post-anesthesia care area and providing post-anesthesia follow-up, evaluation and care.
9) Implementing acute pain management modalities.
10) Responding to emergency situations by providing airway management, administration of emergency fluids and drugs and using basic and advanced cardiac life-support techniques.

Additional nurse anesthesia responsibilities which are within the expertise of the individual CRNA include:

1) Quality assessment: data collection, report mechanism, trending, compliance committee meetings, departmental review, problem-focused studies, problem solving.
2) Research: conducting and participating in departmental, hospital-wide and university-sponsored research projects.
3) Committee appointments: assignment to committees.
4) At the discretion of the department and interdepartmental liaison: interface with other departments such as nursing, surgery, obstetrics, post-anesthesia care units, outpatient surgery, admissions, administration, laboratory, and pharmacy, etc.

Refer to Standards of Nurse Anesthesia Practice here.

A CRNA at YNHH is an advanced practice registered nurse, licensed pursuant to section 20-94a of the Connecticut statutes for advanced practice nurses.
and maintains current certification from the American Association of Nurse Anesthetists (AANA).

Credentialed through the medical staff process, a CRNA at YNHH prescribes and administers medical therapeutics only if an anesthesiologist is medically directing the prescriptive activity and is physically present in the hospital.

The CRNA privileges request includes: regional anesthesia, general anesthesia, local anesthesia, invasive hemodynamic monitoring and conscious sedation.

The privileges and practice agreement is reviewed and renewed yearly by the CRNA and supervising physician. As employees of YNHH and Yale University, the CRNAs’ malpractice insurance is provided via MCIC carrier.

Anesthesia Department

Purpose

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

Responsibility:

The practice of anesthesiology deals with:

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

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

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

An attending physician who is a member of the medical staff and is board-certified in anesthesiology shall direct the Department of Anesthesia of YNHH-SRC.

The Chairman of the Department of Anesthesia is appointed by the Yale University School of Medicine.

**Scope of Services**

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

1. Anesthesiologists and qualified certified registered nurse anesthetists (CRNAs) shall provide comprehensive anesthetic care.

2. An anesthesia provider, MD and/or CRNA, will be available twenty-four hours a day to provide anesthesia care at Yale New Haven Hospital’s Saint Raphael Campus.

3. The administration of anesthesia shall be limited to areas of the operating room, obstetrical department, delivery room, cystoscopy room, emergency room, radiology department, special procedure rooms, and in remote areas of the hospital.

4. Competent anesthesia personnel shall be available for all procedures requiring anesthesia services, whether elective or emergency.

5. Anesthesiologists and CRNAs must be able to perform all of the independent services required in the practice of anesthesiology.

**General Departmental Policies**

The Department of Anesthesia is directly responsible for daily twenty-four-hour anesthesia coverage for elective, emergency, general surgical, all other surgical departments, obstetrical-gynecological cases and special procedures requiring anesthesia.
The primary function of the Department is to provide safe, modern and optimum anesthetic care for all patients in the Hospital.

The physician anesthesiologist is available for consultation purposes.

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

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

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

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

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

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

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

The Department of Anesthesia at YNHH-SRC is overseen by the Yale University School of Medicine/Yale Medical Group.

**Yale Medicine Professional Charter**

Yale Medicine’s (YM) vision, mission values and guiding principles ([http://www.yalemedicine.org/](http://www.yalemedicine.org/)) serve as our road map to the delivery of exceptional patient care in a safe, cooperative, collaborative and respectful environment. Core elements from these standards form the basis for this YM Professional Charter.
Commitment to Patient Care

- The needs of our patients are our highest priority.
- We provide all patients with the best health care available.
- We offer comfort and healing to all of our patients and their families.

Commitment to Improving Safety and Quality of Care

- We protect the safety and well-being of those entrusted to our care.
- We provide a supportive and safe environment where patients can speak openly on issues that concern them.
- We provide prompt and professional care, demonstrated when we return patient phone calls, refill prescriptions, complete medical notes, review test results, and share information with our patients.
- We provide thorough, safe and effective “handoffs” of care.
- We provide continuous and complete coverage for patients under all circumstances
- We comply with the requirements of the on-call scheduling system by ensuring that our contact information is accurate and up to date.
- We strive to make improving quality and safety a continuous endeavor.
- Our goal is habitual excellence.

Commitment to Honesty and Respect

- We treat our patients, their families and our colleagues with kindness and respect.
- We communicate with sensitivity, compassion, honesty and respect, mindful of person and place.
- We treat our patients, their families, and our staff, trainees and colleagues with the utmost honesty and integrity.
- YM does not tolerate discrimination on the basis of age, ancestry, gender, ethnicity, national origin, physical handicap, race, religion, sexual orientation, or socioeconomic status.
- We comply with all Yale University and Yale School of Medicine policies.

Commitment to Professional Conduct

- We are respectful and responsive when contacted to assist in the care of a patient.
- We do not tolerate unprofessional communication, inducing offensive or derogatory comments about colleagues, trainees, staff, or patients.
- We use the internet, social networking sites, and electronic communication in an appropriate manner to protect our professional image and reputation.
- We strive to recognize any impairment in our professional performance and seek appropriate assistance.
• We share concerns regarding the potential impairment of colleagues with the appropriate person in authority.

Commitment to Teaching and Mentorship
• Although aspects of patient care may be assigned to trainees and other professional staff, we understand that oversight of patient care is ultimately our responsibility. We are responsible for, and personally involved in the care provided to individual patients in all settings.
• We are accountable for our words and actions and recognize our role as teacher, role model and leader.
• We serve as a role model to our colleagues, trainees and staff.

Commitment to Confidentiality
• We respect and protect the privacy of our patients.
• We abide by and uphold all tenets of the Health Insurance Portability and Accountability Act (HIPAA).

Commitment to Avoid Conflict of Interest and Conflict of Commitment
• We avoid any conflicts of interest that may impact the quality of care we provide. The welfare of our patients is paramount at all times when a conflict of interest arises.
• We comply with All Yale University and Yale School of Medicine policies regarding conflict of interest and conflict of commitment.
YNHH-SRC Faculty Anesthesiologists

Michael Ancuta, MD
Trevor Banack, MD
Marcelle Blessing, MD
Arsenio Bustos, MD
Milaurise Cortes, MD
Nicholas Haralabakis, MD
Lars Helgeson, MD
Jin Lei Li, MD
Daniel Lombardo, MD
Naheed Lone, MD
Rocco Marando, MD
Philip Meeks, MD
Jeffrey Pan, MD
Philip Rubin, MD
Alan Ruskis, MD
Christopher Schulten, MD
Jill Zafar, MD

CRNAs

Caitlin Almeida, CRNA, MS
Kaitlin Balestriere, CRNA, MS
Carmen Brown, CRNA, DNAP
Christopher Bartels, CRNA, MS
Ronald Brunetti, CRNA, MS
Beth Cardone, CRNA, MS
Elizabeth Chacko, CRNA, MS
Thomas Cooke, CRNA, MS
Marianne Cosgrove, CRNA, DNAP
Shelli DeMaio, CRNA, MS
Mary Ellen Dwyer, CRNA, MS
Casandra Garceau, CRNA, MS
Odeed Geismar, CRNA, MS
Christie Gibbs, CRNA, MS
Nancy Guay, CRNA
Janet Heath, CRNA, MS
Amanda Lee, CRNA, MS
Carmen Ippolito, CRNA

Kristen Jockel, CRNA, MS
Amy LaMacchia, CRNA, MS
Hollie Manzolillo, CRNA, MS
Kyle McClintock, CRNA, MS
Maria Michaud, CRNA
Mary Ellen Montefusco, CRNA
Claudelle Natividad Le, CRNA, MS
Deneen O'Mara, CRNA, MS
Dennis Pannella, CRNA
Ashley Phillips, CRNA, DNAP
Drew Reilly, CRNA, MS
Jaclyn Roman, CRNA, MS
Jillian Sacco, CRNA, MS
Jeenu Zacharias, CRNA, MS

Rev. 3/19
Operating Room Policies and Procedures Related to Anesthesia

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

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

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

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

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

All cases performed in an anesthetizing area should have continuous monitoring of:
   • ECG
   • Temperature
   • Blood pressure
   • Respiration
   • O₂ saturation
   • End-expiratory CO₂ concentration
   • Anesthetic gases (if applicable)

Ethical Guidelines of the Program

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

Policy and Procedures:
   A. Ethical conduct by the Yale New Haven Hospital School of Nurse Anesthesia and students is expected at all times. Honoring commitments, keeping confidences, and demonstrating high principles and professional behavior demonstrate ethical conduct. This conduct is monitored by tracking student loan default rates, clinical performance evaluation tools, annual faculty evaluations, student conduct in the classroom, and clinical site assessments.
B. Students and faculty have an ethical responsibility regarding financial assistance they receive from public or private sources.

C. Harassment of any kind is not acceptable. (See Harassment Policy)

D. Improper Computer Use: Unauthorized access, modification, use, creation or destruction of computer-stored data and programs, selling or giving away all or part of the information on a computer disk or hard drive which will be used as graded material, or any copying of online testing material will result in immediate dismissal from the program.

E. The Yale New Haven Hospital School of Nurse Anesthesia Program and its affiliations will not knowingly distort and/or misrepresent faculty accomplishments, program travel requirements, program length, tuition fees, the academic calendar, or the program’s accreditation status.

F. Recruitment literature and recruitment activities for the Nurse Anesthesia Program will accurately reflect the clinical and didactic program.

G. Admission requirements will be clearly and accurately stated in program literature found on the program’s website at http://www.ynhh.org/health-professionals/sna.aspx and COA’s CRNA search at http://home.coa.us.com/accredited-programs/Pages/CRNA-School-Search.aspx.

H. The grading policy will be clearly outlined in the CCSU Graduate Catalog and DNAP Handbook and on individual course syllabi.

I. The program will provide accurate information about student achievement (including annual National Certification Exam (NCE) first-time pass rates), retention, and attrition to the public.

J. Students who do not adhere to the ethical guidelines of the program are subject to dismissal from the program. The NBCRNA will not allow any student dismissed from an anesthesia program for ethical reasons to take the National Certification Exam.

**Student Rights and Responsibilities**

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

**Policy and Procedures**

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

**Maintenance of Current Licensure and Certification**

It is the SRNA’s responsibility to maintain continuous state licensure as an RN in the state of Connecticut while enrolled in the school. A temporary license from the state of
Texas will be required for those who rotate to the Sherman TX clinical site. Students will also maintain health insurance as required by the program. Any student with an expired license or health insurance will not be allowed into the clinical area. Days lost due to failure to maintain licensure and insurances will be deducted from the student’s vacation/sick time as sick days (unscheduled absence). A maximum of 8 sick (unscheduled) absences is allotted for the duration of the clinical practicum. Unscheduled absences which exceed this number will result in a prolongation of the clinical practicum for each day missed at a rate of $25/day.

**Students’ Rights and Responsibilities in the Clinical Area**

A. Plan activities with the clinical faculty to attain identified goals.
B. Confer with the clinical preceptor, faculty and program administrators when experiences are not conducive to meeting objectives.
C. Complete all requisite evaluations in a timely manner.
D. Arrive in the clinical area at a time established by each clinical site preceptor, in good physical and mental condition, allowing enough time for preoperative equipment check, case preparation and pre-anesthetic patient assessment.
E. Clinical supervision of students in anesthetic and non-anesthetic situations is restricted only to CRNAs and/or anesthesiologists with staff privileges who are immediately available and assume responsibility for the student. Instruction by graduate registered nurse anesthetists or anesthesiology assistants is prohibited if they act as sole agents responsible for the students.
F. Students are to document all perianesthesia complications and critical incidents and report them immediately to the supervising anesthesiologist or CRNA and to the Program and/or Assistant Program Director. Refer to the Clinical Event Forms and Yale University Quality Management Report (pp 29-30).
G. **Case selection**: The school’s directors, anesthesiologists, the CRNA and/or MD on call and/or clinical coordinator will be responsible for the case selection each clinical day considering each student’s individual ability, needs, knowledge, and case availability.
H. **Universal Precautions**: Each facility has developed specific guidelines and polices regarding blood borne pathogens and universal precautions. All facilities provide and maintain personal protective equipment needed for the practice of universal precautions. The student will review and adhere to each facility’s policies while on rotation. [https://ynhh.ellucid.com/manuals/binder/1058/2](https://ynhh.ellucid.com/manuals/binder/1058/2)
I. **Pre- and Post-anesthesia Visits**: Students are required to perform a pre- and post-anesthetic assessment on all patients they anesthetize. Post-anesthetic rounds are to be made the day of surgery and/or on the first post-operative day for inpatients. If the patient has returned to home, review of the PACU vital signs and post-anesthetic call on EPIC is acceptable. Failure to do post-anesthetic rounds will jeopardize the students passing grade for the clinical practicum. Perioperative complications should be reported immediately to the clinical preceptor and/or
anesthesiologist involved with the case, and within 24 hours to the Program Director.

J. **Clinical Experience Record**: Each student is responsible for the accurate completion of the clinical case record required by the Council on Certification of Nurse Anesthetists. Students are expected to enter their experiences **on a daily basis** and to keep accurate and timely records. Student electronic case tracking is achieved through the Typhon system. Entries are checked by the school continuously and correlated with information received on the weekly case report record (pg 110).

**Clinical Evaluations**

Written evaluations should be completed on a daily basis summarizing the student’s performance. **It is an expectation that the SRNA be proactive in obtaining evaluations from their preceptors either during or at the termination of each clinical day.** Preceptors are sent an electronic link to student evaluation forms and are encouraged to formulate evaluations on a case-by-case basis, particularly for the more complicated cases or if the student’s performance on a given case is unsatisfactory or exemplary. Students may provide preceptors with paper hardcopy of the evaluation form upon request.

- A student with one “failure” or two “below expectation” overall clinical competency ratings on daily clinical evaluations will be notified and counseled on the first occurrence. Individual care plans or clinical evaluations that have been scored “unsatisfactory” will warrant a written warning, particularly if the failure involves a critical element of patient safety. Students will receive a warning after the first substandard clinical evaluation. A letter of concern will be placed in the student’s permanent record after the second substandard clinical evaluation and the student will be placed on clinical probation at this time. Clinical probation will extend for a period of 30 days and will be terminated at that time if clinical performance meets prescribed metrics. If deficient clinical performance persists during the 30-day probationary period, this may be grounds for dismissal from the program. If the student successfully completes the initial probationary period but is placed on clinical probation at any point thereafter in the program, clinical probation will be reinstated and will extend for the remainder of the program, until the student graduates. If substandard clinical performance persists during this secondary probationary period, this will be grounds for dismissal from the program. **Once dismissed, students will not be given the opportunity to be reinstated at a later point in the program.**

**Students Rights and Responsibilities in the Classroom**

A. Attend all classes and enrichment labs at scheduled times either live (on CCSU or YNHH-SRC campuses) or via GoToMeeting and all Friday AM conferences if present at YNHH-SRC for clinical on that specific day.
B. Personal business (non-emergent physician appointments, job interviews, etc.) must be handled during students’ own time and are not to be scheduled during class or clinical time except in emergency situations.

C. Students may be exempt from attendance at all didactic and clinical units of instruction during an approved leave. However, during those absences, students will be held accountable academically for all instructional materials presented in both the clinical and didactic modules.

Students who are absent from a didactic unit of instruction without notice and/or without valid authorization from the Program Directors are subject to disciplinary action and the time will be taken from their personal comp days. **Greater than one unexpected or unexcused absence from lectures, journal clubs or other enrichment activities, either live or via GoToMeeting, will result in the loss of one personal day per absence. Greater than 2 unexcused absences from class will also result in the initiation of academic probation which will remain in effect for the remainder of the program.**

D. Maintain a respectful and professional decorum while in the classroom and clinical area, including proper attire and personal hygiene.

E. Read all assigned course materials prior to classes.

F. Discuss course issues and academic difficulties with the instructor or directors in a timely and professional manner.

G. Complete all requisite evaluations in a timely manner. Evaluations of lecture/lecturer are sent electronically to the students. Students are responsible to complete these evaluations and will not be permitted to graduate until these are completed.

H. Students have the right to appeal course grades to CCSU faculty and clinical evaluations to the Yale New Haven Hospital School of Nurse Anesthesia. End of semester summative clinical evaluations may be appended by the SRNA if the student feels that the evaluation is unfair and/or inaccurate.

I. Students are required to be computer literate and own a PC or MAC laptop computer with high-speed WiFi capabilities.

**Late Policy**

Students who are tardy must follow policies and procedures as established by program administrators and faculty. Continued/excessive tardiness will result in disciplinary action. Tardiness includes reporting late for class or taking extended lunch periods and coffee breaks in the clinical area. A pattern of excessive tardiness will result in counseling by the clinical coordinator at the clinical site and/or by the program directors. All counseling sessions related to tardiness will be documented and become a permanent part of the student’s record. If a student has knowledge that he/she will be delayed in reporting to class or clinical, he/she should make every effort to notify the appropriate faculty member at the location where the class is to be held.
Military Leave

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

Jury Duty

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

Confidentiality and HIPAA Regulations

(Also refer to YNHH Policy: https://ynhh.ellucid.com/documents/view/3407)

Patients are entitled to confidentiality with regard to their medical and personal information. The right to confidentiality of medical information is protected by state law and by federal privacy regulations known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Those regulations specify substantial penalties for breach of patient confidentiality. All nurse anesthesia students will complete HIPAA training and Medicare compliance training. The training encompasses patient rights and provider responsibilities under the HIPAA Privacy Rule.

1. All patient medical and personal information is confidential information regardless of the educational or clinical setting(s) and must be held in strict confidence. This confidential information must not become casual conversation anywhere in or out of a hospital, clinic or any other venue. Information may only be shared with health care providers, supervising faculty, hospital or clinic employees, and students involved in the care or services to the patient or involved in approved research projects who have a valid need to know the information. Patient information garnered through EPIC should only be for the purposes of preparation or follow-up of direct care for that specific patient.
2. Hospital Information System and Pyxis user codes/passwords are confidential. Only the individual to whom the code/password is issued should know the code. No one may attempt to obtain access through the computer system to information to which he/she is not authorized to view or receive. If you are aware that another individual knows your code/password, it is your responsibility to request a new user code/password.

3. If a violation of this policy occurs or is suspected, immediately report this information to your supervising faculty/director.

4. Violations of this policy will result in disciplinary action up to and including termination from the program. Intentional misuse of protected health information could also subject an individual to civil and criminal penalties.

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

**Reporting Clinical Events**

Any clinical event that results in either a potential or an actual adverse patient outcome or threatens patient safety must be documented. Students are required to report any witnessed injury, breach in patient safety or poor patient outcome in which they are involved. Students must complete the Clinical Event Report form and may also be asked to complete an RL Solutions:

%2f

Nurse anesthesia faculty will review the report. A conference including faculty and the student will be held as needed to address the clinical event. A serious infraction of patient safety is grounds for possible probation and/or dismissal from the program. Failure of the student to report an unusual clinical event within 48 hours of the event or the discovery of the event to the nurse anesthesia program director(s) may result in possible probation and/or dismissal from the program.
Yale New Haven Hospital School of Nurse Anesthesia
Report of Clinical Event Form

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

Student Name: ____________________________________________________________

Date of Clinical Event: _____________________________________________________

Date of Discovery of Clinical Event (if different): ____________________________

Location of Clinical Event: _______________________________________________

List staff and students directly involved: _________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Brief description of the event (include specifics of how you were involved: _____
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Date reported to Nurse Anesthesia Faculty/Program Director ________________

Submitted by: ___________________________________________________________________________
Yale University Department of Anesthesiology
Quality Management Report
Confidential for Peer Review Only

Place Patient ID Sticker Within This Block

Facility
- YNHH  Shoreline
- Temple  VAMC

Surgical Procedure:

Date of Procedure:

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

Date and Time of Incident:

Location of Incident:

Attending Anesthesiologist:
- Resident Anes/
  CRNA/PA:

Source (Circle One):
- Self Reported  Intradepartmental  Extradepartmental  Concurrent Review

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

ASA
- I
- II
- III  Emergency
- IV
- V

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

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

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

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

To what extent did the anesthesiologist or anesthetics contribute to the occurrence?
- A - Not at all
- B - Minor
- C - Moderate
- D - Major

Was corrective action timely and appropriate?
- Yes
- No

Does documentation support the analysis?
- Yes
- No

Recommended referral(s):
- Describe below

****** REQUIRED INFORMATION******

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

50824

30
**Chemical Dependency Policy**

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

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

**Procedures:**

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

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

A. A minimum of eight educational hours specific to chemical dependency shall be provided each student.

B. Offerings will be provided by experts in the community, multimedia resources, and or practitioners in recovery.

C. The program will maintain a resource file of:

   i. The names, address and telephone numbers of community drug and alcohol counseling and rehabilitation programs.

   ii. Relevant educational materials from the state licensing bodies, and professional associations to include:

      1. Medical and Nurse Practice Acts relevant to impairment.
      2. State Peer Assistance Committees.
      3. Pertinent AANA and ASA resource publications/material on peer assistance.
      4. Information on the AANA Peer Assistance Hotline and the ASA Committee of Occupational Health and Safety will be prominently posted within the department.

D. Mental Health providers and entities designed to assist employees with personal or behavioral problems.

http://web.ccsu.edu/counselingandwellnesscenter/services.asp
II. **Drug Testing** – Students may be required to submit to drug testing as a condition of enrollment and will be required to submit to drug testing prior to entry into the clinical phase of the program. Failure or refusal to cooperate with any aspect of this policy including, but not limited to, refusal to sign forms consenting to drug testing or the refusal to submit to urine, hair, or blood sampling for testing to determine use of, or impairment by a controlled substance or intoxicant will result in immediate discharge from the program. *Reentry to the program is not offered after discharge.*

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

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

B. After the occurrence of a reported work-related injury/illness, or an accident while on the facility property or during work hours.

C. On a random basis.

D. During any physical examination provided by the facility.

E. When students have been on leave of absence and/or have not worked within the twelve weeks preceding their return date.

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

A. Students will be required to sign the facility’s consent forms.

B. Students will be required to sign the chain of custody forms provided by the testing laboratory.

C. Students should disclose any medication, whether prescribed or over-the-counter, as well as any dietary intake which could alter a drug screen.

D. The facility will use a laboratory for testing which meets the current scientific and technical guidelines for drug testing programs.

E. A second test will be used on any positive and/or inconclusive screen.

F. A medical review officer will verify all positive drug tests. If it is determined that there is a legitimate medical explanation for the positive results, the medical review officer shall report the test as positive with a valid explanation.

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

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

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

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

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

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

V. **Documentation** – Appropriate documentation will commence upon suspicion of
misuse of departmental pharmaceuticals, or signs of drug/alcohol abuse.

Upon suspicion of substance misuse, documentation shall be as follows:
A. Note changes in behavior such as appearance, demeanor, attendance, and
presence in the department when off duty.
B. Documentation will be kept by the department head or supervisor in non-
discoverable files, but may be made a part of the students record should
disciplinary action be warranted.
C. Documentation shall include names of those that can substantiate the
observations, and should include specific dates and circumstances of all
notations.
VI. **Confrontation** – When there is sufficient documented evidence of an individual impairment, or when evidence exists that the student is diverting controlled substances from the department, a confrontation will be planned. Student shall be offered the option to self-report to an impaired professional program. A meeting or intervention shall be planned to confront the individual with documented questionable behavior.

A. The planning and conduct of this confrontation shall be as follows:
   
   i. Sufficient documented evidence,
   
   ii. The presence of the principle observers of the questionable behavior,
   
   iii. A trained individual capable of conducting intervention, and
   
   iv. Recognition of the potential for immediate placement of the student in a facility for assessment and possible treatment.

B. If the student refuses to comply with the request that they be evaluated for chemical dependency, the information collected to date will be submitted to the appropriate regulatory agency for further investigation and probable discipline.

VII. **Procedure Following Positive Test Results** – In the event the test for drugs or alcohol reveals that the student is under the influence of a drug or alcohol as defined above, the student shall be subject to immediate dismissal. Reentry into the program is not an option after discharge. However, if a student voluntarily presents with evidence in the form of a physician’s diagnosis substantiating that the student is addicted to drugs and/or alcohol, the student shall be granted a maximum of a 365 day leave to permit the student to successfully complete a drug or alcohol rehabilitation program. The student’s participation in a drug or alcohol rehabilitation program shall be voluntary on the part of the student and shall be at the student’s expense. If the student successfully completes the rehabilitation program by the end of the authorized leave period, the student may be eligible to return to the School of Nurse Anesthesia. The student must provide evidence of successful completion of a rehabilitation program, which shall consist of a statement by a physician that the student has successfully completed a rehabilitation program and is able to perform the job in a productive and safe manner. The student shall be subject to random testing for the duration of the program after returning to the School of Nurse Anesthesia. As a condition of returning to the school program, the student shall give written consent to random testing until programmatic completion. **Reentry into the program may be granted on a case by case basis only in the event that the student seeks aid and has not been found guilty of diverting.**
Yale New Haven Hospital School of Nurse Anesthesia
Chemical Dependency Policy

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

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

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

I understand and accept this policy.

________________________________________
Student Name (print):

________________________________________  _________________________________________
Student Signature                     Director

_______________________________________  ___________________________
Date                                     Date

Revised 3/16
Sexual Harassment Policy

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

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

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

Examples of prohibited conduct include:

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

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

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

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

4. Responsibility of Supervisors and Managers
   A. Any supervisor or manager who is made aware of a complaint of possible sexual harassment must immediately report the complaint to the Chair of the Department.
   B. Managers and supervisors to whom complaints of sexual harassment are addressed are responsible for thoroughly investigating and impartially resolving those complaints.
5. **Sanctions for Engaging In Sexual Harassment**
Confirmed cases of sexual harassment will be corrected and eliminated immediately and appropriate discipline and corrective action will be directed at offending parties.

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

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

**Time Commitment**

Class time and clinical experience (including pre- and post-anesthesia rounds) will comprise approximately fifty to sixty hours a week. Students will take call approximately every 3rd to 4th Saturday after approximately 4 months of clinical experience unless on OB, pediatric, or Sherman, TX rotations. Call on Saturdays is from 7:00 AM until 9:00 PM during which the student is supervised by a CRNA and an anesthesiologist. Other call experience will be obtained at the St. Francis, St. Vincent’s or St. Mary’s rotation sites where each SRNA will participate in 4 separate weeks of 3 -11 PM.

**Call Experience**

Approximately four months into the clinical rotation, the student will be expected to take call on Saturdays from 7:00am - 9:00pm. Each SRNA will spend 4 separate 4-day weeks from 3-11 PM at the aforementioned clinical sites. During call, the student will report directly to the anesthesiologist and on-call CRNA on site that day/ evening. The Saturday call rotation will occur approximately every 5-7th Saturday depending on class size and rotation/vacation schedules. Calls may be traded equally between SRNAs as needed and with the approval of the program directors but must not be switched when one of the recipients is engaged at the OB rotation or Yale Pedi. **Calls must be traded and may not be given away.**
Memberships

Upon entering the Yale New Haven Hospital School of Nurse Anesthesia/Central Connecticut State University, the program will register the cohort with the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA). Each student will be sent a link to make an application to join the American Association of Nurse Anesthetists (AANA) as an associate member. It is mandatory that the SRNA acquires AANA membership and remains a member throughout the entire program. Upon completion of the program, the SRNA will be required to take the national certification exam for nurse anesthetists (NCE) from the NBCRNA. We also recommend that the SRNA become active in the Connecticut Association of Nurse Anesthetists.

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

Attendance Requirements

1. **All lectures.** If the student is away on pre-approved holiday time, attendance is not required. Students are responsible for obtaining all missed lecture-related material. Refer to course-specific individual policies on class attendance.
2. **All hybrid course on-campus meetings.** Since hybrid courses are conducted on-line, on-campus meetings at the beginning and end of thee courses are critical. Attendance at these sessions, usually held over the course of a long weekend (F-Fri-Sun) is mandatory.
3. All CCSU and YNHHSNA Orientation activities.
4. Early AM meeting, 7:00-8:00 AM every Friday: Excused if a non-clinical day, on rotation, vacation, holiday time or with permission from the director.
5. CCSU and YNHHSNA workshops and NCE review sessions as assigned.
6. CANA meetings (Saturday) unless on vacation or given prior permission by the director.
7. Speaker programs and enrichment activities as scheduled (including all Grand Rounds) unless on holiday time, vacation, or by prior permission of the director.

**Annual Congress attendance** – If you plan to attend the AANA Annual Congress (during late summer, 4th semester), it will be counted as conference time and will not be taken from personal time.* However, **attendance at the events scheduled is mandatory:**

1) Student day – all events  
2) Business Meeting  
3) Clinical Sessions  

Policies regarding the annual meeting will be at the discretion of the director(s) and will be reviewed each year. Seniors wishing to attend the Annual Congress will be required to use their comp/vacation time unless they did not have the opportunity to attend in the 4th semester.
*The Midyear Assembly (MYA) or Assembly of School Faculty (ASF) meetings may be attended in lieu of attendance at the Annual Congress. If the SRNA was not in attendance at the Annual Congress in their junior year, the comp days may be used for one of these meetings. Unless the student is the Class Representative for NEASRNA or CANA, attendance at the MYA or ASF will require use of the student’s personal comp/vacation time.

CT Association of Nurse Anesthetists (CANA) Meeting Attendance

CANA meeting attendance, considered a component of the professional aspects curriculum, is a requirement of the program. There may be 2-3 CANA meetings per clinical practicum period. CANA meetings are usually held on a Saturday from 7:30am – 3:30 PM but may occasionally occur on a weeknight. Students are expected to attend both the educational session and the business portion of the meeting. Unexcused absences from any CANA meeting without a valid excuse or prior approval from the director(s) will result in the delivery of a professional aspects topic by the SRNA to the class in the form of a lecture and the loss of a personal comp day. Each meeting contributes 4-6 lecture hours toward the professional aspects unit. The registration fee for these meetings will be paid by the school. Unexcused absence(s) from the CANA meeting will result in a fee (~$165) remunerated by the SRNA which will reimburse the program for the registration payment made on the student’s behalf. There are absolutely no exceptions to this rule.

Objective Structured Clinical Examinations (OSCE)

OSCE Testing Procedure during the Clinical Phase
Purpose, Objectives, Plan and Evaluation of Performance

Purpose: The end of semester Objective Structured Clinical Examination (OSCE) is designed to evaluate the student’s ability to demonstrate synthesis of theory and application of theoretical knowledge to clinical practice. Each semester, topics are chosen to align with didactic coursework and the student’s clinical progression through the program. Objectives: Course objectives should be utilized as a guide for study with an emphasis on synthesis of theoretical knowledge with clinical practice. The expectation is that student preparation for this experience will be similar to that for a written examination.

Plan: At the conclusion of semesters 3 through 7, the topic areas for testing will be disclosed to the student prior to the OSCE. At the end of semester 8, students will be provided with a case study just prior to examination and will be asked to discuss anesthetic care of the patients/procedures described within.

Evaluation of Performance: Performance on OSCE will be evaluated in 4 content areas as either “satisfactory” or “unsatisfactory”.
In the event of unsatisfactory performance, the student may remediate up to 2 of the 4 content areas of the OSCE. Unsatisfactory performance in 2 or more content areas will result in remediation and a continuation of the full examination within 14 days of the initial OSCE. The 2nd unsatisfactory performance on 2 or more content areas on any subsequent OSCE or continuation will result in the institution of academic probation for the remainder of the program. Subsequent failures on any OSCE delivered during the remainder of the program (i.e. a 3rd OSCE failure, either primary or continuation) will be grounds for course failure and result in dismissal from the program.

<table>
<thead>
<tr>
<th>Objective Structured Clinical Exam (OSCE) Rubric</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment: Understanding of core competencies in:</td>
</tr>
<tr>
<td>Subject Area (circle one): Anatomy, Physics, Pharm I, Pharm II, OB, Pedi, Cardiac, Respiratory, Neuro, Renal/Endo, Special Topics, Regional</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Knowledge of subject¹</th>
<th>Development of significant concepts²</th>
<th>Quality of communication³</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceeds Dept</td>
<td>Meets Dept</td>
<td>Does not</td>
<td>Exceeds Dept</td>
</tr>
<tr>
<td>Name</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹ Rubric for scoring knowledge
- **Exceeds expectations:** Displays impressive familiarity with full range of and grounding in subject; engages with it substantively and productively.
- **Meets expectations:** Displays familiarity with reasonably full range of subject; demonstrates an appropriate grounding and engagement with the subject.
- **Does not meet expectations:** Does not indicate familiarity with subject; has large gaps and shows little grounding in the subject. No substantive engagement.

² Rubric for scoring development of significant concepts
- **Exceeds expectations:** Conveys a mastery of significant concepts and connections with related material; structure is coherent, organized, and accurate.
- **Meets expectations:** Reasonably addresses significant concepts and makes connections with related material; structure reflects organization, detail, understanding and/or accuracy.
- **Does not meet expectations:** Minimally addresses significant concepts and/or fails to make connections with related material; structure reflects lack of organization, detail, understanding and/or accuracy.

³ Rubric for scoring quality of communication
- **Exceeds expectations:** Explanation is clear, consistent, sophisticated, and required no prompting from examiner.
- **Meets expectations:** Explanation is appropriate, clearly presented, consistently applied, and required little prompting from examiner.
- **Does not meet expectations:** Explanation is unclear, inconsistent, inappropriate, or required much prompting from examiner.
**Students with Learning Disabilities**

Students entering the program with documented learning disabilities will be tested according to recommended procedures. Documentation by a professional psychologist/educational consultant with recommendations as to testing procedures necessary for the student’s specific learning disability must be presented to the program director prior to matriculation. In the event of unanticipated academic difficulties, students may contact CCSU’s Student Disability Services: [http://www.ccsu.edu/sds/gettingStarted.html](http://www.ccsu.edu/sds/gettingStarted.html)

*Please be aware that the NBCRNA will accommodate prior documented learning disabilities by administering the NCE with no time limit; however, due to the computer-adaptive testing environment necessary for the exam, the NCE can and will not be delivered on paper.*

**Medical Insurance**

All students in the clinical practicum, whether at the YNHH-SRC or at any of our rotation sites must have health insurance. Before the SRNA is assigned to any clinical area or rotation site, they must provide proof of health insurance, which will be kept on file for the duration of the program. **The student must provide proof of medical insurance no less than one month before the clinical practicum begins.** Medical insurance may be obtained through a spouse, a parent (if under age 26), via a COBRA policy from a former employer, or may be purchased through the State of CT:

- [https://www.accesshealthct.com/AHCT/LandingPageCTHIX](https://www.accesshealthct.com/AHCT/LandingPageCTHIX)

Health insurance will be the responsibility of the student and must be in effect during the **entire** clinical practicum, up to and including the day of graduation. Proof of valid and active insurance must be provided by the SRNA each semester/renewal period. Inability to produce this will result in removal of the student from the clinical area until documentation is provided and may result in a prolonged clinical duration/postponement of graduation.

**Malpractice Insurance**

YNHHSNA will purchase medical malpractice insurance for each student. This policy will cover the SRNA for the time the student is at the YNHH-SRC and all approved clinical rotation sites.
**Requirements for Graduation**

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

1. Complete the plan of study at CCSU in good academic standing (GPA ≥ 3.0) including a satisfactory doctoral scholarly project (capstone) requirement.
2. Fulfill all clinical time and case requirements as required by the COA for completion of the program.
3. Obtain satisfactory evaluations on all interim and terminal clinical objectives.
4. Remit all assignments and paperwork, including care plan portfolio; complete application for NCE with fee, provide proof of RN licensure and keep electronic case records up to date.
5. Maintain up to date ACLS and PALS certifications for the entirety of the program.
6. Return all department and hospital property, including ID badges, books, equipment etc. Attend to all financial obligations at CCSU.
7. Sign a waiver for the release of student records. Letters of reference may be requested near or at successful programmatic completion and are not guaranteed until all prerequisites are met and debts are fully paid.
8. Complete an Exit Evaluation and all required clinical faculty evaluations before leaving the program.
9. Attend a review course to prepare for the NCE (see pg 44).
10. Review and final NBCRNA transcripts with the Director(s).
11. Register and pay for the National Certification Exam (NCE) upon receipt of notification of eligibility from the NBCRNA.

The Program Director will:

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

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

Please refer to the COA Standards of Accreditation for Nurse Anesthesia Programs: Practice Doctorate for information regarding compulsory case types and quantities for graduation:
BLS

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

ACLS

The NBCRNA requires evidence of Advanced Cardiac Life Support certification throughout the program, including the period of eligibility leading up to sitting for the NCE. This information is provided to the NBCRNA with the final academic transcripts. Our program provides ACLS certification and recertification. This is offered at the beginning of the 4th semester. **All students are required to take ACLS recertification on the assigned day**, even if they are currently ACLS certified. This assures that every student has active certification for the duration of the program. ACLS cards will be issued and a copy will be placed in the student’s file. If the SRNA is unable to take this scheduled class, they will be required to reschedule and obtain certification on their own time **within one month of the actual course date**. Payment for this alternative course will be the responsibility of the student. **ACLS certification is required at all clinical rotation sites and it must not expire within 30 days of taking the NCE.**

PALS

Students graduating from anesthesia programs are required to have Pediatric Advanced Life Support (PALS) certification. Our program provides PALS certification to all of our students. The course will be arranged through the Yale New Haven Hospital School of Nurse Anesthesia at the beginning of the 4th semester. The certification will be valid for two years. **The student is required to take this course as scheduled**; even if they are currently PALS certified. This assures that every student has active certification for the duration of the program. If the student is absent from this course it will be his/her responsibility to reschedule certification on their own time. Cards will be issued to each student at completion of the course and a copy will be placed in the student’s file. Payment for an alternative course will be the responsibility of the student. **PALS certification is required at all clinical rotation sites and it must not expire within 30 days of taking the NCE.**
**Self Evaluation Exam (SEE)**

All students will be required to prepare for and take the NBCRNA’s Self Evaluation Examination (SEE). This exam will be taken in January of the 9th and final semester. The exam will be used as a tool for student evaluation and consultation. The school will register each student and will remit the required fee for the first attempt. A goal score will be set based on the mean national SEE score from the previous year as reported by the NBCRNA. If the student does not meet or exceed the goal score, they will be required to take the SEE a second time at their own expense ($165 – 2017). Each student will be responsible to schedule the exam date independently. If the SEE exam is taken on a weekend day, the student will receive one day back to their personal time. If the exam is taken on a regularly scheduled clinical day. No day will be returned to the student if the SEE is taken on a clinical day. No further personal time will be returned to the student for the 2nd exam attempt.

**National Certification Exam (NCE)**

Prior to graduation, the SRNA’s final transcript and application to sit for the NCE will be prepared. Information will be sent to the NBCRNA on behalf of all students who are scheduled to graduate. The student will be required to assure that their final clinical experience record (Typhon) is completed by graduation and all compulsory case numbers are met. Failure to do so will delay the process necessary for the student to sit for the certification exam in the 90-day eligibility period following graduation. All debts to both CCSU and YNHHSNA, if any, must be resolved before any transcripts will be sent to the NBCRNA. A valid RN license, ACLS and PALS certification must be included. The fee for this exam is set by the NBCRNA and is approximately $725.00 (2017). The SRNA will be asked to review all transcripts and paperwork for accuracy and validity prior to submission for the certification exam.

**Review Courses**

Near or upon completion of the clinical practicum, each student will be required to attend a board review course of their choosing. Promotional material will be made available through YNHHSNA from the various review courses available. Attendance at a review course is best done approximately 4-6 months prior to graduation. At no time should any student rely totally on a review course to guarantee success on the certification exam. Review courses are designed to assist with and direct preparation efforts for the NCE and support the academic process. Any review course that the student wishes to take will initially be paid for by the student and time requested to attend the course will be granted. The student will be granted one “free” day of time to attend the review of their choosing; additional days needed for travel will be deducted from the student’s allotted days off. Upon successful completion of a review course, the SRNA will be reimbursed $500 by the program. *Proof of course payment as well as certificate of attendance will be necessary to obtain this reimbursement.*
**Anesthesia Care Plans**

All students are required to prepare written anesthesia care plans on each patient for no less than the first 6 months of the program or at the discretion of the directors. Written care plans will then taper but will be required at specialty rotation sites (3-4) as well as for unusual or specific cases for the duration of the program. In lieu of a written care plan, it is the expectation of YNHHSNA that students be prepared for every planned case with a verbal care plan. Care plans are to be given to the CRNA assigned to the student, reviewed with them and initialed by that CRNA each day, and then handed in to the director(s) at the end of each week. Care plan format will change as the student progresses in the program. Care plans are a vital component of the clinical learning experience and a requirement of our accrediting body, the COA.

The care plan template will be reviewed with each student at the inception of the program; care plan templates may be downloaded from the student reference page: www.ynhhsna.com/student or refer to pages 100-108.

**Typhon Electronic Student Clinical Case Records**

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

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

Evaluations of coursework, workshops, the program and its administrators and clinical faculty will be delivered to the student electronically via Typhon.
Hospital Identification

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

Computers

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

Cell Phones/iPads/Other Electronic Devices

Under no circumstances are students to compromise patient safety by texting, Facebooking, Tweeting, gaming, surfing the internet, or by making personal phone calls while caring for patients in the OR or in other anesthetizing areas. Photography via cell phone or PDA is strictly prohibited in the OR suite or in other anesthetizing areas. Distractions of this nature will not be tolerated, and may lead to confiscation of the device as well as immediate dismissal from the program. In lieu of the use of beepers, texting via cell phones will be utilized to contact the SRNA during the course of the clinical day. Students will agree to supply their current mobile phone number to program administrators, OR staff, attending anesthesiologists and preceptors upon request and as needed.

Personal Appearance and Dress Code

As a healthcare professional, your appearance greatly influences the impression that you make on patients and others. All students are expected to follow the simple rules of good grooming and personal hygiene. Students not meeting acceptable criteria may be sent home and rescheduled to make up the time missed. Business attire is required for all professional events (i.e. national and state meetings, rotation site visits) unless otherwise indicated. Business casual attire is expected while attending classes, both at CCSU and at the hospital(s).

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

**Holiday Policy**

The YNHHSNA observes the following holidays in accordance with YNHH:

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

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

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

**Holidays On Call:**
If you are scheduled to be on call on a holiday, you may take another day off with the approval of the director. This can be saved as holiday time.

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

**Holiday Time While on Rotation:**
Students are asked to limit holiday time to one day while on OB, pediatric or regional rotation. Students are to follow the calendar at their rotation site. If the rotation site celebrates a holiday not celebrated at YNHH (i.e. Presidents’ Day) the SRNA will report to YNHH on that day. If the rotation site does not celebrate a holiday that is celebrated at YNHH (i.e. MLK day) the SRNA will report to that site and will be given a floating holiday that can be used at another time at HSR.
Comp Time/Vacation Policy

In addition to hospital holidays, students are allowed 20 days of comp time/24 months during the clinical phase of the program. Unanticipated (i.e. “sick/callout”) days will be limited to a total of 8 days of the allotted comp time. Greater than 8 unanticipated sick days will result in the need for the student to make up missed clinical days post-graduation at a cost of $25/day EVEN IF ALL VACATION DAYS HAVE NOT BEEN USED. Illnesses which are extended will require a medical leave of absence (MLOA); this will be arranged with the director(s). Time spent post-graduation after a sanctioned MLOA will not result in the aforementioned cost associated with excessive unanticipated sick time. (See “Sick Leave”). When requesting time off, please remember the following:

1) CCSU Academic Calendar will be followed for Semesters 1 through 3. Vacations may be taken on the break between summer courses (Semester 1) and Fall (2nd) semester (~ 1 month) or the break between Fall and Spring (3rd) semester (~ 1 month). Students will also receive a brief break at the end of the 3rd semester. Inter-semester breaks occurring for the first academic year will not be removed from the student’s time. NOTE THAT ONCE CLINICAL IS UNDERWAY, YNHHSNA WILL NO LONGER ADHERE TO THE CCSU ACADEMIC CALENDAR IN TERMS OF SCHOOL BREAKS. Time off during the 2nd and 3rd academic years will be taken from the student’s allotted vacation time. Requests for days off must be made > 24 hours before the requested day. Requests made within 24 hours of the day will be logged as a sick day.

2) No student will be permitted to take vacation at any time during the 9th semester (Jan-May) due to SEE exam preparation and completion, Doctoral Comprehensive Exam and mandatory NCE preparation sessions to be scheduled on non-clinical days.

3) Students will be permitted to take only 2 days vacation time while on a 9-week clinical (OR) rotation to a non-YNHH affiliation site. Students assigned to OB, Pedi, regional or 3-11 call are discouraged from taking any personal time during those 3-4 week rotations. In extenuating circumstances and with the express permission of the Director(s), students may take no more than one day of vacation or holiday time during any of these specialty rotations. Students will be permitted to take vacation time during the week of graduation but must agree to report for completion procedures (i.e. class photo, transcript review and exit evaluations) before time off is granted.

4) Days off must be submitted via email to ynhhsna@ynhh.org.

Research Days

Two additional days are considered research days and may be given for the purpose of preparing for Clinical Correlation Conference (Grand Rounds) oral boards, thesis work or other academic endeavors. These days are not to be used as holiday or vacation time. They will be assigned as requested by the director(s). During clinical rotations outside of YNHH-HSR, research days may only be requested while on OR rotations but not while on regional, OB, pediatric or 3-11 rotations.
Procedure for SRNA Request for Special Cases on Non-clinical Days

Requests may be made for cases occurring on a non-clinical day while the student is rotating through the YNHH SRC only. Requests may be presented to the program administrators with a minimum 24 hour notice prior to the case requested.

1) If a student requests to do a specific case on a non-clinical day, this day will be in addition to their regularly scheduled clinical days for that week. Days may not be swapped for prior scheduled clinical days.

2) Extra days spent engaged in specifically requested cases will not offset any other days taken off for illness, research days or personal time.

3) The day of the requested case should be treated as a regular clinical day with arrival before 0700, regardless of case scheduling due to the possibility of case time change. The SRNA is expected to stay until case completion, unless the case is still in progress after 1700. At this point, the SRNA may choose to stay to case completion at their discretion.

4) The SRNA should communicate the special case request with the CRNA and the MD assigned to that case relative to expectations for the clinical day.

5) The case, procedures done and clinical hours spent may be recorded as experience in Typhon.

6) In the event that the case is cancelled or rescheduled for an alternate day, the student may leave for home or find an alternative experience.

7) In the event that > 1 SRNA has interest in a non-clinical day case, the request will be granted on a first come-first served basis. A record of cases done on non-clinical days will be kept. Exceptions to granting cases to the first requester will occur in the event that the 2nd requester has a greater need for that specific case based on clinical experience numbers and/or the discretion of the administrators.

Procedure for Special Cases Assigned to Fulfill Case Number Requirements

1) SRNAs may be requested to participate in cases to fulfill specific case number or procedural requirements while at the YNHH SRC and/or clinical rotation sites. This will occur at the discretion of the program administrators and/or clinical coordinators.

2) In the event that a needed clinical experience is available on a non-clinical day, the SRNA will be expected to report to the clinical site to participate in that case. This will be counted as a clinical day and the SRNA will receive a day off in exchange to use at their discretion.
Part Time Employment

It is the strict policy of the Yale New Haven Hospital School of Nurse Anesthesia and COA of Nurse Anesthesia Educational Programs that students not commit themselves to work in the field of anesthesia at any time during their training. It is also highly suggested by the program that students not commit themselves to any type of outside employment during their 24-month commitment to the clinical practicum. Students are not permitted at any time to work more than 10 hours prior to scheduled clinical time.

It is the feeling of the directors that the academic load is such that the student has little time to fragment their commitment between the program of anesthesia and outside work. During the didactic phase of his/her education at Central Connecticut State University (Semesters 1 and 2), the student may work, but the student must not allow work commitments to interfere with their academic responsibilities.

Medical Leave

Medical leave is granted to eligible students for absence due to unanticipated illness or injury. It is not intended to cover routine medical, dental or eye examinations or treatment normally scheduled in advance. When absolutely necessary, and with prior approval, doctors appointments may be scheduled later in the clinical day. During the clinical phase, students are entitled to eight sick days for the 24-month period.

When an absence extends beyond available authorized sick time, the directors may utilize vacation time as a replacement if the time is available. This does not include unanticipated call outs. If the absence extends beyond vacation time, the student will be required to make up the time following graduation. Students abusing the time off policy will receive a letter of concern from the program, will be counseled regarding the unapproved absenteeism and may be subject to probation and dismissal from the program. Students that have unexcused absences in excess of allotted time and that are required to remain in the program following graduation will be assessed a daily fee of $25.00 to cover expenses of medical malpractice insurance. Transcript submission to the NBCRNA for NCE eligibility will not be carried out until the time is made up.

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

Bereavement

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

2. If the death occurs while the student is on leave of absence or sick leave, time off will not be granted in addition. The student must notify the director(s) immediately after the death of a family member to be eligible to receive time off.

**Snow Policy**

YNHHSNA does not have an allowance for snow days. As essential providers, nurse anesthetists are expected to report to duty on “snow days”. If you cannot travel to clinical because of bad weather, the time will be taken from your allotted days off unless the roads have been closed by ordinance of the Governor. If you are on rotation and cannot make it to the site, and/or are told by your preceptors not to come in on a day, you may come to clinical at YNHH-SRC or take the day as a personal day. Please notify the school via e-mail or phone in the event that you choose to take a personal day. Clinical days will still occur, even in the event of CCSU snow closure. If the student chooses to forego the clinical day due to the snow event during Semester 3, they will be required to make up the clinical day at a mutually agreeable date within 2 weeks of the snow day. Alternatively, after Semester 3, the SRNA may choose to take a personal day as previously noted. If class time/enrichment is missed due to the decision to remain home on a snow day, the onus will be on the student to make up the material on their own.

**Leave of Absence (LOA) Policy**

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

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

Application for leave of absence must:

1. Be requested in writing with a full explanation of circumstances at least three weeks in advance except in the case of emergency or illness.

2. Be accompanied by a physician’s statement indicating inability to perform clinical functions and attend class if the leave of absence is for medical reasons.

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

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

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

To: __________________________ (Director)  Date: ________________
From: _________________________ (Student)  Soc. Sec. # ______________

_______________________________________________________________

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

__________ Disability (for non-school connected illness or injury)
__________ Compensation (for school connected illness or injury)
__________ Pregnancy
__________ Other (please specify) _________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________
_______________________________________________________________

Date leave is to commence: ________________________________
Expected return date: ________________________________

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

A student will be placed on clinical probation if:

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

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

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

Letter of Concern

A letter of concern serves as a warning, whether it is for inadequate academic or clinical performance. A letter of concern does not necessarily precede a period of probation. Letters of concern are utilized in counseling a student whose grades or clinical evaluations are below expectations. Students receiving more than one letter of concern will be placed on probation if no improvement is noted within 30 days of the initial letter of concern.
______________________________, is placed on Academic  □

Clinical  □

Probation for the following reason(s):

__________________________________________________________

Program Director  ____________________________

Assistant Program Director  ____________________________

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

__________________________________________  __________________________

Student  Date
Discharge and Grievance Procedures

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

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

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

1. The first warning will be given by the Program Director or Department Chairman with recommendation to correct the action of behavior.
2. For a second offense, the same as the first, or for a different offense committed within six weeks after the first warning has been given, a written warning will be issued placing the student on probation for a period of up to three months. This form will state the reason for the warning and will be signed by the Directors and Chairman. A copy of this form will become part of the students file.
3. If during the probationary period it again becomes necessary to issue another warning, the student may be discharged or suspended for a period not to exceed two weeks (10 school days). A warning form must be completed giving the exact reason for the suspension or discharge. All time lost for a suspension period will be accounted for by the addition of an equal number of days to the student’s training time allotted.
4. If within six months from the date of suspension a student is again guilty of misconduct or infraction of Departmental/Schools policies, said student will be dismissed.
The student may, at any time, make use of the Grievance Procedure if he/she feels the warning or discharge is unwarranted, provided the grievance is presented within three days from the date of the warning or discharge.

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

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

Procedure: Grievance and Appeal

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

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

3. If the problem is still not settled to the satisfaction of the student, he/she may take the matter to a Grievance Committee delegated by the Directors of the School and the Chairman of the Department, two members of which will be student nurse anesthetist representatives. The Departmental Chairman will arrange for the Grievance Committee giving full information about the complaint and prior action to it. A copy of this report shall be given to the student who may present any statement of evidence, oral or written to the Grievance Committee. The Committee will discuss the matter with the student and will give the student the final answer in writing within 5 days. The student may at any time before or during any step in this procedure request from the CRNA Director advice and help in processing his/her complaint. The decision of the Grievance Committee shall be final and binding.
4. While students have a right to full disclosure, all deliberations and actions of the Grievance Committee and Directors are considered confidential. The Department Chairman or Directors will maintain all the program documents and minutes, including the results of the votes, in a secure place as appropriate. Since this policy is an internal one, no outside legal counsel is permitted to attend said deliberations.
<table>
<thead>
<tr>
<th>YEAR</th>
<th>MONTH</th>
<th>EVENTS</th>
</tr>
</thead>
</table>
| 2017-20 | JAN-MAY 2018 | Basics of Anesthesia (ANES 500)  
Clinical X 1 day/week; Sim Lab #1 (Mock)  
*EPIC training |
| | MAY | Orientation to clinical @ YNHH  
Welcome to Class of 2021!  
Advanced Principles of NAP I (ANES 501) |
| | JUNE | Clinical x 3 DAYS/week; ACLS/PALS certification |
| | JULY | Care Plans begin |
| | AUG | Sim lab #2 (CVC Workshop)  
Begin rotation to YNHH-YSC (Ambi)  
End of semester clinical evaluations; **OSCE 2** |
| | SEPT | Advanced Principles of NAP II (ANES 502)  
AANA Annual Congress (9/21-25) |
| | OCT | Class of 2018 graduation (10/6/18)  
Saturday call & Main OR rotations begin @ YNHH YSC |
| | DEC | Sim Lab #3 (CRM 1)  
End of semester clinical evaluations; **OSCE 3** |
| | 2019 | JAN | Clinical x 4 days/week  
Journal club/case conferences begin 1st Friday of the month  
Specialty rotations begin  
(St. Francis, St. Mary’s, St. Vincent’s, OB, YNHH Pedi, 3-11, WNJ) |
| | FEB | ? Difficult Airway Workshop  
AANA Assembly of School Faculty |
| | MAR | CANA Meeting  
Clinical Correlation Conference (Grand Rounds) (3/23/19) |
| | APR | Mid-Year Assembly; ? Mission trip |
| | MAY | Welcome to Class of 2022!  
End of semester clinical evaluations; **OSCE 4** |
| | JUNE | Sim Lab #4 (CRM 2) |
| | AUG | End of semester clinical evaluations; **OSCE 5**  
AANA Annual Congress (8/9-13) |
| | DEC | Sim Lab #5 (CRM 3)  
End of semester clinical evaluations; **OSCE 6**  
**Doctoral Scholarly Project (Capstone) completion** |
| | 2020 | JAN | SEE exam |
| | MAR | Doctoral Comprehensive Exam  
CANA Meeting  
Clinical Correlation Conference (Grand Rounds – Class of 2021) |
| | APR | Doctoral Comprehensive Exam (Retake if needed) |
| | MAY | Welcome Class of 2023!  
Terminal clinical evaluations  
Graduation! |
Objectives and Evaluation Forms
I. **Basic Principles**
   a. Preoperative evaluation and assessment, charting and legal implications.
   b. Preoperative medication and its application.
   c. The basics of the anesthesia machine.
   d. Airway management
   e. The basics of monitoring used in anesthesia.
   f. Positioning of the surgical patient, relevant anatomy, the indications for and injury prevention
   g. Acid/base and blood gas analysis.
   h. The basics of spinal and epidurals, the anatomy, techniques, medications, indications and hazards.
   i. Peripheral nerve blocks, the anatomy, techniques, medication, indications and hazards.
   j. Care of the obstetric, pediatric, geriatric and obese patient.
   k. Care of the patient with cardiac, pulmonary, renal and hepatic disease.
   l. Basics fluid and blood administration.
   m. Anesthesia’s role in PACU and common issues encountered.
   n. Pertinent anatomy in relation to anesthesia, i.e. airway, positioning, and block placement.
   o. Participation in hands-on workshops, i.e. airway management, I.V., equipment.

II. **Physics**
   b. Medical gases.
   c. In-depth knowledge of the anesthesia machine.
   d. Vaporizers.
   e. Anesthesia-breathing systems.
   f. Scavenging and O.R. pollution.
   g. Ventilators in anesthesia.
   h. Capnography, oximetry and mass spectrometry.
   i. Various modes of blood pressure monitoring.
   j. Hazards of the anesthesia delivery system.
   k. Lasers and electrical safety in the O.R.
   l. Function of Bispectral analysis and its use in anesthesia.
   m. The anesthesia implications for laser surgery.
   n. Mathematical formulas used in medicine review and application.
   o. Principles of radiation, MRI and ultrasound technologies.
j. Cardiac drugs, i.e. inotropic agents, calcium channel blockers and anti-arrhythmic drugs.
k. Alpha and beta antagonists.
l. Peripheral vasodilators.
m. Histamine and histamine receptor antagonists.
n. The anticoagulants.
o. Hormones as drugs, oral hypoglycemics and insulin.
p. The diuretics.
q. The physiology of nerve conduction.
r. Local anesthetics.
s. IV, axillary and nerve blocks.
t. Patient controlled analgesia.
u. Spinal and epidural anesthesia.
v. Participation in a hands-on workshop on the techniques of conduction anesthesia.
w. Pain management.
x. Herbal medications and anesthesia implications.
y. Chemotherapeutic agents and how they interact with anesthetic agents.
z. Antibiotics
aa. Pharmacokinetics and dynamics of anesthesia drugs.
Advanced Principles

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

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

III. OB
   a. Pulmonary aspiration.
   b. The physiological changes of pregnancy.
   c. Anesthesia/analgesia in obstetrics.
   d. Complications of pregnancy I-III (hemmorhage, malpresentations, PIH)
   e. Anesthesia for the high-risk patient.
   f. Non-obstetrical anesthesia for pregnancy.
h. Monitoring of the neonate, neonatal resuscitation.
i. Workshop - Spinal and Epidural Anesthesia for the Parturient.

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

V. Renal
b. Fluid replacement and renal function monitoring.
c. Normal fluid and electrolyte balance.
d. Transplantation of the kidney and the anesthesia implications.

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

VII. Respiratory
a. Lung volumes and capacities.
b. Interpret pulmonary function studies and review flow/volume loops, lung mechanics, dynamic pressures and shunts.
c. ABG utilization and interpretation.
d. O2 and CO2 transport and the oxy-hgb dissociation curve.
e. The diagnosis and treatment of acute respiratory failure.
f. Asthma and the anesthetic implications.
g. COPD and restrictive lung disease.
h. Anesthesia for patients undergoing pulmonary resection/one-lung anesthesia
i. Modes of ventilation.
j. Advances in pulmonary medicine.
k. Respiratory Journal Club

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

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

- Discuss general principles of local anesthetic pharmacology.
- Compare and contrast pharmacodynamics and pharmacokinetics of various local anesthetics, including: onset, duration, motor/sensory differentiation toxicity and its treatment.
- Delineate nerve fiber differentiation & neuropharmacological principles of analgesia & anesthesia.
- Be knowledgeable about maximum recommended doses of local anesthetics.
- Describe principles and indications for various local anesthetic adjuvants, including: epinephrine, phenylephrine, narcotics, sodium bicarbonate, carbonation, hyaluronidase, alpha2 agonists, and anticholinesterases.
- Discuss principles of and option for sedation for regional anesthetic procedures.
- Be familiar with relevant gross and ultrasound anatomy for regional techniques, including: spinal canal and its contents, neural plexuses of the limbs, major autonomic ganglia.
- List indications for and contraindications to regional anesthetic techniques, including: central neuraxis blocks, peripheral nerve blocks, and sympathetic nerve block.
- Discuss the management of complications and side effects of regional anesthetic techniques, including:
  - Local anesthetic complications: toxicity and allergy;
  - Total spine/epidural anesthesia, sub-dural blocks;
  - Spinal and epidural hematoma, abscess;
  - Anterior spinal artery syndrome;
  - Postdural puncture headache;
  - Pneumothorax;
  - Physiologic side effects;
  - Cardiovascular & respiratory;
  - Perioperative nerve injury, including assessment of neurological deficits.
- Be knowledgeable regarding differentiation for acute pain, cancer pain, sympathetically mediated pain and chronic pain syndromes.
- Outline principles of regional anesthesia as they apply to pain management.
- Delineate and critically evaluate outcome studies related to the influence of regional anesthesia on perioperative outcome.
- Develop familiarity with major scientific studies related to regional anesthesia and intraoperative and postoperative management of the following regional anesthetic techniques as they become available:
  - Neuraxial blocks:
    - Subarachnoid blocks
  - Epidural blocks to include lumbar & thoracic epidurals
  - Extremity anesthesia:
Axillary blocks, interscalene blocks, intravenous regional techniques, and individual peripheral nerve blocks of the upper and lower extremities.

Miscellaneous:
- TAP block, penile block, airway anesthetization for awake fiberoptic intubation

Pain procedures:
- Epidural steroid injections
- Sympathetic blocks for pain management, including stellate ganglion, lumbar sympathetic, celiac plexus
- Trigger point injections
- Epidural blood patch

- Demonstrate rational selection of regional anesthesia for specific patient encounters.
- Demonstrate ability to assess adequacy of regional anesthesia before start of surgery, and appropriate plans for supplementation of inadequate blocks.
- Demonstrate effective anxiolysis and sedation of patients by both pharmacological and interpersonal techniques.
- Demonstrate cost-effective management decisions.
- Demonstrate ability to rescue failed regional anesthetic techniques.
- Demonstrate effective management of isolated peripheral nerve and central neuraxis blocks in awake patient and those under general anesthesia.
- Demonstrate effective management of regional anesthesia in critically ill patient.
**Objectives for Weekly M & M Conferences**

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

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

Purpose: The purpose of the Anesthesia Grand Rounds is to present a clinical case study or current evidence based topic in anesthesia.

Preparation: The student will submit a formal written Grand Rounds proposal covering a summary of the topic to be presented. This must be reviewed by the Director(s) before final acceptance is issued.

Each student at the completion of this requirement must submit an abstract, outline and bibliography. A grade will be assigned to each presentation. This grade will appear on the University transcript from CCSU as ACP 732. The criteria for grading is found on the evaluation and grade sheet for Grand Rounds.

Journal Club

Purpose The purpose of Journal Club is to enable the students the opportunity to research the most recent literature available on a relevant topic and to informally present this material before his/her peers. Critical thinking skills will be utilized in the discussion of the topic researched.

Presentation A topic in anesthesia will be selected by the director(s) and/or students. Evidence based research and PICO format will be utilized for presentation/discussion. The student will prepare a brief overview of the chosen article and will present findings to the group via a PowerPoint presentation (5-6 slides). The student will submit the article, overview and PPT slides after presentation. JC articles/presentations will be housed in the anesthesia library for reference.

Journal Club will be held during the 6th through 8th semesters on Fridays. Topics covered will include OB, Pedi, Cardiac, Respiratory and Special Topics.
Clinical Affiliation Rotations

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

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

Clinical Affiliation: OB Rotation

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

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

Objectives:

- The student will administer, assist and manage the anesthesia/analgesia assigned during labor and delivery with the preceptor.
- The student will correlate the physiological changes of pregnancy he/she learned in didactic with the clinical picture.
- The student will monitor the patient from the onset of labor to the delivery of the newborn.
- The student will correlate the physiological changes occurring in the neonate at delivery with actual clinical picture, i.e., cardiac changes, respiratory, temperature maintenance, airway management, etc.
- The student will participate in newborn assessment.
- The student will be available to assist with C-section suite setup for emergencies and be available if these or any emergencies occur.
- Evaluation of the student will be the responsibility of the affiliation coordinator and will be shared with the student during regularly scheduled evaluation periods.
While on obstetric rotation, expectations of the SRNA are as follows:

1) **Familiarize yourself with the Labor and Delivery suite:**
   a. staff members
   b. floor layout
   c. location of:
      i. ORs/labor rooms
      ii. epidural carts
      iii. emergency equipment
      iv. medications
         - emphasis on local anesthetics (lidocaine, bupivacaine, chloroprocaine), pressors (epinephrine, phenylephrine), uterotonic agents (pitocin, methergine, Hemabate), crystalloids and colloids, 20% intralipid, code meds
      v. supplies
         - emphasis on epidural and spinal kits, infusion pumps for continuous epidurals, airway equipment (stubby handles, blue bougies, Glidescope, intubating LMAs sz 3,4, LMA Proseal sizes 3,4), fluid resuscitation, fresh induction meds in carts and ORs

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

3) **Assist in readying the patient for epidural, OR**
   a. IV starts/hydration
   b. Set up of epidural cart/tray
   b. Positioning

4) **Follow laboring parturient from institution of epidural until vaginal birth, if possible**
   a. Q 1 hour vital signs (maternal and fetal), pain score, Bromage score, pt position; charting
   b. interpretation of fetal monitoring strips
   c. maintenance of continuous epidural with boluses as needed

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

6) **Assess newborn immediately after delivery**
   a. Apgar scores

7) **Remove epidural catheters post C/S or vaginal delivery**
   a. chart in EPIC (SRC):
i. open pt’s L&D record
ii. D/C epidural under LDAs – check off “tip intact”
iii. refer to delivery record – find placenta delivery time
iv. log placenta delivery time as anesthesia STOP

8) Assure that the ORs on L&D are ready for emergent C/S or surgical procedures (SRC)
   a. premade syringes (unlabeled/empty); propofol/Sch, ephedrine/phenylephrine available
   b. machines on/checked
   c. monitors on/ready for application
   d. working/available airway equipment

Clinical Affiliation Pediatric Rotation

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

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

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

Pain Clinic Rotation Objectives

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

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

1) Evaluate the patient during the post-surgical recovery phase by assessment of:
   a. Airway patency
   b. CV stability
   c. Pain score
   d. Temperature/presence of shivering
   e. Presence of post-operative nausea and vomiting (PONV)
   f. Readiness for discharge to the floor or to home
      i. Postanesthetic Aldrete recovery score

2) Assist the anesthesia team in the stabilization of the post-surgical patient via treatment of:
   a. Acute respiratory obstruction/distress
   b. Mild to severe hypoxia
   c. Narcotization/oversedation
   d. Residual neuromuscular blockade
   e. Hypotension/hypovolemia
   f. Intractable post-operative pain
   g. Intractable PONV

3) Shadow the anesthesiologist/CRNA in the preparation of post-op orders:
   a. Oxygen administration
   b. Patient Controlled Analgesia (PCA)
   c. PONV prophylaxis
   d. Post-regional pruritis

4) Shadow the anesthesiologist/CRNA during the pt sign out process

5) Assist the PACU RN during the initial admission/stabilization of the post-operative patient:
   a. Application of monitors
   b. Temperature monitoring/stabilization
   c. Acceptance of report from the anesthetist
   d. Positioning
   e. Comfort measures
Clinical Behavioral Objectives and Clinical Evaluation Tool

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

Clinical Evaluation Tool
Each student is given a copy of the objectives at the start of clinical (4th, 5th, 6th, 7th, 8th, and 9th semesters). The students are aware that many faculty members will evaluate them during each period. These evaluations will be compiled and a clinical score will be given. The student will be asked to do a self-evaluation using the same form. These evaluations will be reviewed by the Program Directors with the student at the end of each evaluation period.

The grading system is divided into four categories:

<table>
<thead>
<tr>
<th>RATINGS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOVICE (NOV)</td>
<td>Needs constant guidance, support or instruction</td>
</tr>
<tr>
<td>ADVANCED BEGINNER (AB)</td>
<td>Occasionally needs help with priorities, prompts, or assistance with tasks</td>
</tr>
<tr>
<td>COMPETENT (COMP)</td>
<td>Organized, efficient, requires minimal supervision from clinical faculty</td>
</tr>
<tr>
<td>PROFICIENT (PROF)</td>
<td>Consistently able to perform without input from clinical faculty</td>
</tr>
<tr>
<td>N/A</td>
<td>not applicable or not observed</td>
</tr>
</tbody>
</table>

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

Competency in each 12-week clinical period will be assessed according to timing in the program. By graduation, all areas must be rated as competent with the exception of specialty procedures. Ratings of AB will be acceptable for these (i.e. CVP placement, PNB insertion, etc.).

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

Semester 3
- Identifies and locates equipment, drugs, monitors, and related supplies within the physical plant.
- Demonstrates knowledge and application of the anesthesia set up.
- Demonstrates working knowledge of the basic monitoring equipment, proper application and possible complications related to contamination or malfunction of such. (BP, precordial or esophageal stethoscope, temperature probes, ECG, capnography, pulse oximeters and BIS)
- Utilizes aseptic techniques in the care and cleaning of anesthesia equipment and in the administration of care to the patient.
- Comprehends basic principles and physics of anesthesia gas machines including knowledge of chemical and physical principles involved in CO₂ removal from various breathing systems.
- Utilizes mechanical ventilators during the anesthetic process.
- Demonstrates basic skill in performing bag-mask ventilation, supraglottic airway insertion and oral & nasal intubations.
- Demonstrates basic preoperative patient assessment and interviewing techniques.
- Demonstrates basic knowledge of pharmacology and rationale for use of preoperative medications.
- Comprehends principles and rationale of observing and recording pertinent and accurate physiological data on the anesthetic and related records. (Lab and study results, progress notes, etc.)
- Performs venipuncture with different types of indwelling catheters and needles.
- Comprehends fundamental principles of I.V. therapy and associated physiology. (Maintenance fluids and rationale.)
- Demonstrates basic skill in the safe positioning of patients on the operating room table.
- Demonstrates knowledge of cardiopulmonary resuscitation techniques.
- Accepts constructive criticism from instructors, peers and other staff members of the operating room and anesthesia teams and benefits from this information.

Clinical Behavioral Objectives

Semester 4
- Demonstrates ability to make knowledgeable choices of anesthetic agents & techniques which are compatible with patient’s current status.
- Demonstrates ability to evaluate and integrate laboratory data and make appropriate judgment for anesthetic management.
- Identifies drug interactions which may occur between various anesthetic agents & drugs patients are taking therapeutically and/or drug abuse.
- Demonstrates knowledge of electricity laws and hazards as they affect anesthesia practice applies this toward patient safety in the operating room.
• Demonstrates knowledge of varied response & tolerance to pharmacologic agents based on patient age, weight and/or physical status.
• Identifies & corrects uncomplicated cardiac dysrhythmias.
• Identifies and institutes corrective measures when appropriate.
• Utilizes fundamental physiological principles involved in the management of fluid and electrolyte balance during the anesthetic process.
• Demonstrates ability to evaluate blood/fluid loss and make sound clinical judgments for the appropriate replacement of fluids/blood products.
• Demonstrates ability to assemble equipment and administer blood/blood products including warming & meticulous identification policies.
• Formulates and initiates a plan to terminate anesthesia and return the patient to unassisted vital functions.
• Functions as a responsible member of the “call” team.
• Demonstrates cultural competence in interacting with and caring for all patients.
• Accepts responsibility for his/her own professional behavior.
• Understands, accepts and makes positive effort to modify his/her strengths & limitations as indicated by staff review.
• Demonstrates ability to accept & utilize constructive criticism from staff, peers and members of the surgical team.

Clinical Behavioral Objectives

Semester 5
• Demonstrates progression of knowledge and skills involved in the anesthetic process (i.e. demonstrates refinement in psychomotor skills and integration of didactic knowledge with clinical practice).
• Utilizes critical thinking and assessment when administering an anesthetic.
• Demonstrates knowledge of advanced pre-operative patient assessment.
• Identifies and corrects problems during the anesthetic and surgical process (i.e. effective management of hypotension).
• Demonstrates skill in proper positioning of the patient on the OR table.
• Demonstrates basic knowledge in choosing anesthetic agents and adjunctive drugs that are compatible with the patient’s current pharmacologic and physiologic status.
• Demonstrates recognition and effective management of complication of regional anesthesia (mechanical and agent related).
• Understands dosage and toxicity of various classes of regional anesthetic drugs and the ways in which they affect the cell and organs of the body.
• Prepares all necessary equipment for pediatric procedures.
• Demonstrates self-reliance and confidence when working with moderate supervision.
• Differentiates the unique problems associated with anesthesia for emergency surgery.
• Practices cooperation with medical and nursing staff.
• Performs “rapid sequence” induction/intubations smoothly.
• Formulates and implements a plan for choice of anesthetic drugs and techniques during emergency surgery.
• Comprehends the preoperative, operative and post-operative complications associated with emergency surgery, and effectively manages these complications.

Clinical Behavioral Objectives

Semesters 6-7
• Utilizes advanced monitoring equipment when indicated.
• Understands principles in the usage of invasive monitoring systems.
• Performs arterial punctures within medically established guidelines.
• Interprets arterial blood gas analysis accurately.
• Demonstrates advanced skills in oral and nasal endotracheal intubation.
• Develops ability to manage a “mask case” with little supervision.
• Functions as an effective member of the cardio-pulmonary resuscitative team.
• Recognizes situations requiring consultation.
• Demonstrates knowledge of anatomy and physiology of pregnancy.
• Applies knowledge of the physiology of pregnancy when selecting anesthetic techniques for vaginal delivery and Caesarean section.
• Analyzes complication of labor and delivery in relationship to the anesthetic process.
• Understands the treatment of complications of pregnancy and their effect on the anesthetic process.
• Recognizes newborn infant distress and is able to implement effective resuscitation.
• Demonstrates an understanding & applies sound principles & techniques when anesthetizing infants and children.
• Exhibits skill in the preoperative, operative, and post-operative management of pediatric patients.
• Calculates pediatric intra-operative fluid requirements according to patient, weight, age and surgical procedure.
• Calculate pediatric blood volume and discusses replacement regimen.
• Demonstrates an awareness and appreciation of the anatomical, physiological and emotional differences between infants, children, adults and geriatric patients.
• Performs skillfully when managing the special anesthetic problems and considerations of emergency surgery.
• Synthesizes the anesthetic process in relation to all factors involved during the surgical procedure: patient comorbidities, medications, procedural concerns.
• Uses deductive reasoning when solving problems during the anesthetic process.
• Appraises the physiologic differences and problems of emergent patients and formulates an anesthetic plan accordingly.
• Integrates knowledge from other areas of medicine into a plan for analyzing and correcting anesthesia problems.
• Demonstrates sound clinical judgment based upon sound scientific principles when correcting problems during the anesthetic process.
• Identifies and maintains surgical planes of anesthesia as indicated for each type of surgical procedure.
• Exhibits creativity in his/her approach to the anesthetic process.
• Performs safely and appropriately when administering anesthetics outside the operating suite.
• Comprehends and accepts his/her own strengths and limitations.
• Accepts constructive criticism from instructors, peers and other staff members and benefits from it.
• Accepts responsibility for his/her own behavior.

Clinical Behavioral Objectives

Semesters 8-9
• Demonstrates ability to develop, integrate and carry out an anesthetic plan utilizing acceptable drugs and techniques.
• Demonstrates understanding of the principles in the usage of complex monitoring systems and appropriate use of data collected.
• Demonstrates self-reliance and confidence when working independently.
• Accepts responsibility for his/her own behavior.
• Comprehends and accepts his/her own strengths and limitations.
• Demonstrates ability to share learning experiences with other (including operating room and anesthesia colleagues) personnel.
• Respects the patients as an individual with particular needs.
• Demonstrates knowledge of anesthetist’s responsibilities during emergencies both inside and outside of the operating room.
• Performs skillfully during emergency and stressful encounters.
• Participates in non-clinical professional and advocacy activities and organizations.
• Demonstrates understanding of professional ethics, standards of care and medicolegal principles, applying knowledge to clinical practice.

Policies & Procedures for Evaluations

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

#### Student
- **Clinical Performance (Formative)**
  - Verbal/Written
  - Schedule: Daily/bi-weekly
- **Clinical Performance (Summative)**
  - Written/Verbal/self
  - Schedule: End of Semesters:
    - 4th Semester (ACP 730)
    - 5th Semester (ACP 731)
    - 6th Semester (ACP 732)
    - 7th Semester (ACP 733)
    - 8th Semester (ACP 734)
    - 9th Semester (ACP 735)

- **Clinical Performance by Rotation Coordinators**
  - Written
  - Schedule: End of each rotation

#### Faculty-Clinical
- **Student Evaluation of the Clinical Instructor**
  - Written
  - Schedule: Annually
- **Program Director Evaluation of Clinical Instructor**
  - Written
  - Schedule: Annually
- **Self-Evaluation by Clinical Instructor**
  - Written
  - Schedule: Annually

#### Program
- **Student Evaluation of Program**
  - Written
  - Schedule: One year after Graduation
- **Faculty Evaluation of Program**
  - Written
  - Schedule: Annually
- **Program Director Evaluation of the Program**
  - Written
  - Schedule: Annually
- **Graduate Evaluation of Program**
  - Written
  - Schedule: Annually
- **Employer Evaluation of Program**
  - Written
  - Schedule: Annually

#### Program Director
- **Evaluation by Students**
  - Written
  - Schedule: Annually
- **Evaluation by Faculty**
  - Written
  - Schedule: Annually
- **Evaluation by Self**
  - Written
  - Schedule: Annually
- **Evaluation by Administration**
  - Written
  - Schedule: Annually

#### Faculty – Didactic
- **Evaluation of Didactic Faculty**
  - Written
  - Schedule: Annually
<table>
<thead>
<tr>
<th>Curriculum – Courses</th>
<th>Tool</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Evaluation of each Lecture/Course</td>
<td>Written</td>
<td>End of each lecture/course</td>
</tr>
<tr>
<td>• Evaluation of Rotations/Workshops</td>
<td>Written</td>
<td>End of each rotation/workshop</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rotation Evaluations</th>
<th>Tool</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Regional Rotation by Students</td>
<td>Written</td>
<td>End of each rotation</td>
</tr>
<tr>
<td>• OB Rotation by Students</td>
<td>Written</td>
<td>End of each rotation</td>
</tr>
<tr>
<td>• Pedi Rotation by Students</td>
<td>Written</td>
<td>End of each rotation</td>
</tr>
<tr>
<td>• Pain Clinic</td>
<td>Written</td>
<td>End of each rotation</td>
</tr>
<tr>
<td>• OR Evaluations for sites other than HSR</td>
<td>Written</td>
<td>End of each rotation</td>
</tr>
<tr>
<td>Month</td>
<td>Task</td>
<td>Committee</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------------------------------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>June</td>
<td>Review of present cohort SEE scores</td>
<td>Advisory/Eval</td>
</tr>
<tr>
<td>July</td>
<td>Preparation and submission of Annual Report to the COA</td>
<td>PD/APD</td>
</tr>
<tr>
<td>Aug</td>
<td>Review of curriculum at CCSU</td>
<td>CCSU</td>
</tr>
<tr>
<td></td>
<td>Visits to rotation sites</td>
<td>PD/APD; SRNAs</td>
</tr>
<tr>
<td>Sept</td>
<td>Review of curriculum @ YNHHSNA</td>
<td>Curriculum</td>
</tr>
<tr>
<td>Oct</td>
<td>Review of graduate evaluation of program (exit)</td>
<td>Advisory/Eval</td>
</tr>
<tr>
<td></td>
<td>Review of alumni evaluation of program (1 year post-graduation)</td>
<td>PD</td>
</tr>
<tr>
<td></td>
<td>Review of employer evaluation of graduate (1 year post-graduation)</td>
<td>PD</td>
</tr>
<tr>
<td></td>
<td>Annual performance review, PD</td>
<td>PD</td>
</tr>
<tr>
<td>Nov</td>
<td>Review/distribution of clinical faculty evaluations</td>
<td>PD/APD</td>
</tr>
<tr>
<td>Dec</td>
<td>Administrative review of program</td>
<td>Faculty</td>
</tr>
<tr>
<td>Jan</td>
<td>Review of past cohort NCE scores, attrition and employment rates</td>
<td>Advisory/Eval</td>
</tr>
<tr>
<td></td>
<td>Review and update of YNHH and COA program webpages</td>
<td>PD/APD</td>
</tr>
<tr>
<td></td>
<td>Annual performance review, APD</td>
<td>PD/APD</td>
</tr>
<tr>
<td>Feb</td>
<td>Visit to Texas rotation site</td>
<td></td>
</tr>
<tr>
<td>March</td>
<td></td>
<td></td>
</tr>
<tr>
<td>April</td>
<td>Review and update of policy/procedure and freshman manuals</td>
<td>PD/APD</td>
</tr>
<tr>
<td></td>
<td>Inventory/update training resources, texts</td>
<td>Dept. Chief</td>
</tr>
<tr>
<td>May</td>
<td>Renewal of subscriptions (Current Reviews, Typhon)</td>
<td>PD/APD</td>
</tr>
<tr>
<td>RATINGS</td>
<td>DESCRIPTION</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>NOVICE (NOV)</td>
<td>Needs constant guidance, support or instruction</td>
<td></td>
</tr>
<tr>
<td>ADVANCED BEGINNER (AB)</td>
<td>Occasionally needs help with priorities, prompts, or assistance with tasks</td>
<td></td>
</tr>
<tr>
<td>COMPETENT (COMP)</td>
<td>Organized, efficient, requires minimal supervision from clinical faculty</td>
<td></td>
</tr>
<tr>
<td>PROFICIENT (PROF)</td>
<td>Consistently able to perform without input from clinical faculty</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>not applicable or not observed</td>
<td></td>
</tr>
</tbody>
</table>

1) Preoperative Evaluation and Preparation

a. Arrives to the clinical area in a timely fashion
b. Reviews the patient’s medical record; records pertinent data
c. Performs pre-anesthetic patient interview and physical assessment
d. Interprets and/or suggests preoperative diagnostic studies
e. Prepares a written or verbal care plan; able to discuss plan knowledgeably with clinical faculty
f. Performs a comprehensive anesthesia machine and monitor safety check
g. Assembles and prepares appropriate medications and equipment for each case

Additional comment:
2) Anesthetic Management

a. Implements appropriate infection control measures for patient and personal safety
b. Manages induction of anesthesia and maintenance of airway
c. Demonstrates knowledge of appropriate dosages of anesthetic and adjuvant medications
d. Positions patient with concern for safety and comfort
e. Manages maintenance and maintains appropriate depth of anesthesia
f. Demonstrates situation awareness; attentive and responsive to alarms and OR environment
g. Anticipates and manages emergence of anesthesia
h. Calculates, initiates and manages fluid and blood component therapy
i. Develops and implements a plan for post-operative care including pain management
j. Performs post-operative assessment; reports findings/concerns to clinical faculty
k. Quickly recognizes and appropriately responds to intraoperative complications

Additional comment:

3) Technical Skills

a. Airway evaluation; airway management with bag mask ventilation; use of oral/nasal airways
b. Airway management with LMA or alternate supraglottic devices
c. Laryngoscopy and intubation skills and technique
d. Insertion of IV catheters
e. Insertion of and/or monitoring with CVP/PA catheters
f. Insertion of and/or monitoring with arterial lines
g. Performance and/or management of regional
Implementation and management of MAC and/or varying levels of sedation
i. Maintains comprehensive, timely, accurate and legible (if applicable) healthcare record
j. Demonstrates critical thinking and problem solving skills
k. Demonstrates prioritization and organizational skills
l. Maintains organized and orderly workspace

Additional comment:

3) Is this a specialty rotation?
   a. Pediatric
   b. Obstetrics
   c. Regional Anesthesia
   d. Cardiac
   e. Not applicable – skip to next question

1. Demonstrates preparation for the specialty rotation
2. Performs technical skills specific to the specialty rotation (e.g. placement of regional or invasive monitoring)
3. Evaluates and integrates newly acquired, evidence-based interventions specific to the specialty rotation
4. Exhibits progression in knowledge base and skills specific to the specialty rotation

Additional comment:

For the following objectives, use this ratings scale

<table>
<thead>
<tr>
<th>RATINGS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfactory (S)</td>
<td></td>
</tr>
<tr>
<td>Unsatisfactory (U)</td>
<td></td>
</tr>
</tbody>
</table>

1) Professional Characteristics
   a. Exhibits appropriate intra- and inter-professional collaboration and communication with members of the
b. Interacts on a professional level with integrity
c. Adheres to the Code of Ethics for CRNAs; applies ethically sound decision-making processes
d. Accepts responsibility and accountability for practice
e. Takes initiative for personal learning opportunities
f. Exhibits a responsive attitude to teaching and learning
g. Recognizes limitations of knowledge and ability; strives to improve
h. Demonstrates flexibility if confronted with new and/or changing situations
i. Accepts and adjusts to constructive criticism
j. Written and verbal communication is effective and professional
k. Performs effectively in stressful situations
l. Attends to patient safety; protects patients from iatrogenic complications
m. Provides age-, educationally- and culturally-appropriate care to patients
n. Practices anesthesia using an evidence-based approach
o. Teaches others, including patients and their families

Additional comment:

Please add any additional comments below. Thank you for your participation in evaluating our SRNAs.
Yale New Haven Hospital  
School of Nurse Anesthesia  
Student Summative Evaluation

Name: _______________________      Date: _______________      AANA #:______________

Key:  O – Outstanding  E - Excellent  VG – Very Good  A – Average  BA – Below Average

<table>
<thead>
<tr>
<th>Score</th>
<th>Comments</th>
</tr>
</thead>
</table>

A. Didactic Criteria:
1. University GPA
2. Class room preparation clinical GPA
3. Motivation

B. Clinical Criteria:
1. Pre anesthesia evaluation
2. Anesthesia care plan
3. Preparation / organization of equipment
4. Conduct of anesthesia
5. Logical thinking, theory transference
6. Completion of charts / records
7. Coordination of anesthesia care plans w/instructors
8. Interpersonal relationships
9. Professional integrity
10. Judgment
11. Dexterity
12. Adaptability
13. Efficiency

C. Personal Criteria:
1. Acceptance of constructive criticism
2. Attendance / punctuality
3. Dependability
4. Effectiveness
5. Attitude
6. Flexibility
7. Initiative / motivation
8. Responsibility
9. Personal appearance
10. Self evaluation

Comments / overall evaluation:

Student’s comments:
Student signature: _______________________      Date: _______________
Faculty signature: _______________________

86
Yale New Haven Hospital
School of Nurse Anesthesia

Student Evaluation of Orientation

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

_________ Poor  _________ Fair  _____________ Average  _______ Good  ________ Excellent

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

____________________________________________________________________________________

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

____________________________________________________________________________________

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

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

Wellness/Chemical Dependency/Family Night: 1 2 3 4 5
Escape the Room: 1 2 3 4 5
Stress Management/Team Building: 1 2 3 4 5
CP/Notability/Senior Student SRNA Panel: 1 2 3 4 5
Study Skills/Test Taking: 1 2 3 4 5
Tour of YMS Library 1 2 3 4 5
Cultural Competency 1 2 3 4 5

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

Please rate as to presentation: (circle one)

YNHH Orientation: M. Cosgrove 1 2 3 4 5
Cultural Competency: A Phillips
Wellness/chemical dependency: M. Dinnan 1 2 3 4 5
Study/Test taking skills: M. Cosgrove 1 2 3 4 5
Team Bldg/Stress Management: M. Cosgrove 1 2 3 4 5
Cushing Medical Library tour: L. Brackett 1 2 3 4 5

What suggestions do you have for improving the orientation experience?

____________________________________________________________________________________

____________________________________________________________________________________
Chronic Pain Rotation
Observational rotation
Evaluation of student

Key:
1. Meets objectives
2. Fails to meet objectives

Student: ___________________________ Date: ________________

1. The student is knowledgeable of the anatomy and physiology associated with the regional blocks observed. ______

2. The student is knowledgeable of the medications utilized in the associated procedures. ______

3. The student asks appropriate questions at appropriate times ______

4. The student shows an interest and desire to learn ______

5. The student exhibits professional behavior at all times ______

Comments:
Yale New Haven Hospital School of Nurse Anesthesia

**OB Rotation Evaluation**

Student Name: ______________ Date: ____________

Institution Name: ______________

Number of cases done by student: _____ Number of Days Absent: _____

Please score the student’s performance using the following key

Key:  5 - outstanding
     4 - excellent
     3 – very good
     2 - average
     1 - below average
     0 - NA – not observed

**Anesthetic Assessment, Preparation and Performance**

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

**Professional Attributes**

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

Comments:
Yale New Haven Hospital School of Nurse Anesthesia

**Pediatric Rotation Evaluation**

Student Name: ______________  Rotation Dates: _____________

Institution Name: ______________

Number of cases done by student: ______  Number of Days Absent: ______

Please score the student’s performance using the following key

**Key:**
- 5 - outstanding
- 4 - excellent
- 3 – very good
- 2 - average
- 1 - below average
- 0 - NA – not observed

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

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

Comments:
Regional Rotation/OB Rotation/Pedi Rotation
Evaluation by Student

Student: _____________________ Date of rotation: ___________ Location of rotation: ___________________

1. Was the rotation worthwhile? _ Yes _____ No
   If no, please explain:

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

3. Was the supervision adequate? ______ Yes ______ No
   If no, please explain:

4. Please rate the overall quality of the instruction:
   _____ excellent _____ very good _____ good _____ fair _____ poor
   Comments:

5. What if anything should be changed / improved?

6. What did you like the most?

7. What did you like the least?

8. Do you feel that you were adequately prepared for the rotation?
   _______ yes _______ no
   If no, please explain:
Yale New Haven Hospital School of Nurse Anesthesia  
**Grading Rubric - Grand Rounds**

Date:  

**Student Name:**  
**Presentation:**

<table>
<thead>
<tr>
<th>Criteria for evaluation (possible points)</th>
<th>grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Knowledge of subject presented <strong>(30)</strong></td>
<td></td>
</tr>
<tr>
<td>2) Ability to develop significant concepts relating to topic <strong>(15)</strong></td>
<td></td>
</tr>
<tr>
<td>3) Method of delivery/quality of AV presentation <strong>(15)</strong></td>
<td></td>
</tr>
<tr>
<td>4) Ability to maintain interest <strong>(10)</strong></td>
<td></td>
</tr>
<tr>
<td>5) Quality of communication <strong>(10)</strong></td>
<td></td>
</tr>
<tr>
<td>6) Relevance of topic to anesthesia practice <strong>(15)</strong></td>
<td></td>
</tr>
<tr>
<td>7) Topic engenders discussion/generates questions; questions answered knowledgeably <strong>(5)</strong></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL: **(100)  

Comments/suggestions:________________________________________________________  
____________________________________________________________________________  
____________________________________________________________________________  
____________________________________________________________________________
1. Were the course objectives met and clear?
2. Was the sequence of the lecture appropriate in the unit?
3. Were the reading assignments/handouts pertinent and helpful?
4. Was the material presented pertinent?
5. Was the presentation understandable?

6. The quality of the instruction was:

7. The pace of the lecture was:
Journal Club/Clinical Case Correlation Evaluation

1. Did you find journal club/clinical case correlation to be a valuable addition to the program?
   
   ________Yes   _______No
   If not, why?

2. Were the presentations clear?
   
   ________Yes   _______No

3. Were the presentations interesting?
   
   ________Yes   _______No
   If not, why?

4. Did the presentations initiate valuable discussion?
   
   ________Yes   _______No

Please offer some future topics and/or suggestions as to how we might improve this enrichment:
Faculty Clinical CRNA Evaluation

Instructor’s Name: _____________________________ Date__________________

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

1. Does the instructor show an organized plan of action for the student assignment? 

2. Is accessibility of the supervising instructor adequate? 

3. Does the instructor knowledgably respond to questions? 

4. Does the instructor offer a sound basis for his/her actions? 

5. Are questions asked at appropriate times? 

6. Is the instructor usually flexible to student choice of agents and techniques? 

7. Does the instructor serve as a role model for the student? 

8. Is the instructor realistic in his/her expectations of student progress? 

9. Is the instructor acting in an impartial manner regarding individual students? 

10. Does the instructor stimulate personal and professional growth? 

11. Does the instructor have a good working relationship with the others in the clinical area? 

12. Does the instructor view the clinical area as a teaching area? 

13. Does the instructor attempt to produce a favorable teaching/learning atmosphere? 

14. Is the instructor’s quantity of assistance: ( ) too much ( ) too little ( ) just right
Student’s Comments:

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

Yale New Haven Hospital
School of Nurse Anesthesia

**Faculty Clinical Physician Evaluation**

Instructor’s Name: _____________________________ Date________________

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

1. Does the instructor show an organized plan of action for the student assignment? ________________

2. Is accessibility of the supervising instructor adequate? ________________

3. Does the instructor knowledgeably respond to questions? ________________

4. Does the instructor offer a sound basis for his/her actions? ________________

5. Are questions asked at appropriate times? ________________

6. Is the instructor usually flexible to student choice of agents and techniques? ________________

7. Does the instructor serve as a role model for the student? ________________

8. Is the instructor realistic in his/her expectations of student progress? ________________
9. Is the instructor acting in an impartial manner regarding individual students? 
_______________

10. Does the instructor stimulate personal and professional growth? _________________

11. Does the instructor have a good working relationship with the others in the clinical area? 
___________

12. Does the instructor view the clinical area as a teaching area? _________________

13. Does the instructor attempt to produce a favorable teaching/learning atmosphere? 
___________

14. Is the instructor’s quantity of assistance: ( ) too much ( ) too little ( ) just right

Student’s Comments:

Director Evaluation of Preceptor:
1. Participates in student evaluation process: 5 4 3 2 1
   ( ) ( ) ( ) ( ) ( )

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

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

4. Update of lectures:

5. Serves on committee(s): ( ) Yes ( ) No
Yale New Haven Hospital  
School of Nurse Anesthesia  

Evaluation of the Program  

Please evaluate the past 17 months of this program.

1. a. Overall, please evaluate the clinical and classroom work:  
   Excellent______ Very Good______ Good_______ Fair______ Poor_______

   b. Instructors and methods of instruction:  
   Excellent______ Very Good______ Good_______ Fair______ Poor_______

   c. Equipment used:  
   Excellent______ Very Good______ Good_______ Fair______ Poor_______

2. What do you consider to be the strongest points of this program?  
   __________________________________________________________________
   __________________________________________________________________

3. What do you consider to be the weakest points of this program?  
   __________________________________________________________________
   __________________________________________________________________

4. What suggestions do you have for improving this program?  
   __________________________________________________________________
   __________________________________________________________________

5. How would you rate the following? (High, Average, Low)  
   Your interest_____ Work load_____ Professional value for you_______

6. What prompted you to choose this specialty?  
   __________________________________________________________________

7. Would you make the same choice again? Yes_______ No_______  
   If no, why: __________________________________________________________________

8. What prompted you to select this school?  
   __________________________________________________________________
9. Is the amount of supervision you received adequate? Yes______ No_______

10. Do you feel you were adequately prepared for the role as a CRNA by this program?
    Yes____ No____ If no, why: ____________________________________________
Please evaluate the **program director, Marianne Cosgrove** in the following areas. Signatures are optional.

When completed please give it to Kathy in the school office, or you may e-mail it to ynhsna@ynhh.org

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

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstration of integrity and welfare of student</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Reflection of appropriate role model</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Adherence to and maintenance of school policies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Availability to students and faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Courtesy and respectfulness in regards to faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Courtesy and respectfulness in regards to staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Courtesy and respectfulness in regards to students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Initiation and maintenance of open channels of communication with faculty and students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Sensitivity and concern to others during communication process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Utilization of established protocol</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Consistency in communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Problem Solving</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Monitoring school progress to consistency in assessing and identifying possible problem areas</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Identifies problems where change is needed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Cohesiveness in planning with faculty problem solving process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Capability in implementing change to resolve a problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Objectivity in evaluation plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Instruction</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organization in direction and instruction of students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Availability to teach</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Accepting and supportive of students and faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Responsibility for preparing students to clinical assignments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

Student: _____________________________  Date: _____________________________
YNHHSNA Office/Library/Classroom

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

The school library contains many texts, Current Reviews, trainers and other informational material for the students to utilize. Textbooks other than the ones delineated in the NCE Bibliography text collection may be signed out at the discretion of the program director; however, students are encouraged to utilize library texts while on campus. Additionally, students have full access to all texts, journals and databases through the Yale Medical School library @ [https://web.library.yale.edu/building/medical-library](https://web.library.yale.edu/building/medical-library). The library is accessible via WiFi while on the YNHH-SRC or via VPN installed on the library computer.

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

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

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

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

**Beginning the first Monday after July 4, care plans will be required at the rate of 1 complete care plan per day. The front page of the care plan should be completed for every case done until the SRNA is notified otherwise.**

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

**Weekly case reports will be required to be submitted from the start of the 4th semester to the end of the 5th semester.**

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

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

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

For the YNHH pediatric rotation, a total of **4 CPs** will be required for the 4 week rotation.

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

Students will be asked to maintain a CP checklist throughout the clinical practicum with one completed CP for each item checked. The eventual goal is to form a portfolio of CPs using the requirement checklist as the template. **As a requirement for programmatic completion/graduation, each student will submit their completed portfolio containing all CPs on the checklist at the time of their exit evaluation. In an effort to “go green”, this will also be done electronically. Failure to submit this portfolio will result in prolongation of the program and an inability to graduate.**
**Pre-operative diagnosis:**

**Proposed surgery:**

**Description of surgery to be performed (BRIEF synopsis):**

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

1)  

2)  

3)  

4)  

5)  

6)  

7)  

8)  

9)  

10)

<table>
<thead>
<tr>
<th>ANESTHETIC PLAN A:</th>
<th>ANESTHETIC PLAN B:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**References (2):**

1)  

2)  

3)
### Patient Information

<table>
<thead>
<tr>
<th>Age:</th>
<th>M/F</th>
<th>Ht: (in/cm)</th>
<th>Wt (lbs/kg)</th>
<th>BMI</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Allergies

<table>
<thead>
<tr>
<th>Tobacco/ETOH?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Cultural needs

<table>
<thead>
<tr>
<th>endocrine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Medical history

<table>
<thead>
<tr>
<th>cardiac</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>respiratory</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>neurologic</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>musculoskeletal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Surgical history

<table>
<thead>
<tr>
<th>other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Anesthetic history

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Family history

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Medications

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Airway

<table>
<thead>
<tr>
<th>MP class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ULBT/TM distance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>cervical ROM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>oral aperture</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Urine pregnancy

<table>
<thead>
<tr>
<th>neg</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/a</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

### NPO?

<table>
<thead>
<tr>
<th>last intake of solid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>last intake of liquid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Labs

<table>
<thead>
<tr>
<th>H/H</th>
<th>PT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>platelets</th>
<th>PTT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K+</th>
<th>INR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>glu</th>
<th>other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BUN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>creatinine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### EKG

<table>
<thead>
<tr>
<th>CXR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Other pertinent labs/tests

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Post-op pain management planned for/discussed?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Blood transfusion risks/complications discussed/accepted?

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### ASA

<table>
<thead>
<tr>
<th>I</th>
<th>II</th>
<th>III</th>
<th>IV</th>
<th>V</th>
<th>VI</th>
<th>E</th>
</tr>
</thead>
</table>
CASE SUMMARY
Medications/dosages:
induction: pressors:

maintenance: antibiotics:

emergence: other meds:

Local/route (if applicable)
dose limit of local used: mg/kg ml total ml used in case

Fluid worksheet

<table>
<thead>
<tr>
<th></th>
<th>(EBV X HCT%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt wt (kg)</td>
<td></td>
</tr>
<tr>
<td>Preop HCT</td>
<td></td>
</tr>
</tbody>
</table>

EBV* minus RC loss X 2.5 → ABL to HCT 30 (ml)

*Est. blood vols:
preemie 95 ml/kg
neonate 85 ml/kg
infant 80 ml/kg
adult male 75 ml/kg
adult female 65 ml/kg

Fluid worksheet

surgical hours

<table>
<thead>
<tr>
<th>attributes</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maint</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deficit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd space</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EBL repl
crystalloid
colloid

Totals
hourly accum vol

Notes:
<table>
<thead>
<tr>
<th>Co-morbidities</th>
<th>Anesthetic implications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications</th>
<th>Anesthetic implications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>POST-OP VISIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>vital signs?</td>
</tr>
<tr>
<td>pain?</td>
</tr>
<tr>
<td>treatment</td>
</tr>
<tr>
<td>PONV?</td>
</tr>
<tr>
<td>treatment</td>
</tr>
<tr>
<td>untoward anesthetic effects?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
</table>

| Case Journal (include notes/incidents/untoward events/personal observations pertaining to case) |
Yale New Haven Hospital School of Nurse Anesthesia
SENIOR CARE PLAN

SRNA: ___________________ DATE: ___________ Preceptors initials: ___________

Pre-operative diagnosis: ____________________________ Age __________________________
Ht/Wt __________________________ BMI __________________________
ASA __________________________ Allergies __________________________ Airway __________________________

Proposed surgery:

Anesthetic implications: ____________________________ Anesthetic plan (primary)
1) ____________________________
2) ____________________________
3) ____________________________
4) ____________________________ Anesthetic plan (alternate)
5) ____________________________
6) ____________________________
7) ____________________________

Co-morbidities ____________________________ Anesthetic implications

Medications: ____________________________ Anesthetic implications

Cultural needs: ____________________________ Anesthetic implications

Labs
H/H; plts ____________________________ K+ ____________________________
________ glu ____________________________ BUN ____________________________
________ Cr ____________________________ PT ____________________________
________ PTT ____________________________ INR ____________________________
________ other ____________________________

Meds/total doses
Induction ____________________________ Maintenance ____________________________
Ancillary ____________________________ Antiemetics ____________________________
midazolam ____________________________ sevoflurane ____________________________
glycopyrrolate ____________________________ ondansetron ____________________________
fentanyl ____________________________ desflurane ____________________________
ephedrine ____________________________ metoclopramide ____________________________
etomidate ____________________________ fentanyl ____________________________
phenylephrine ____________________________ scopolamine ____________________________
ketamine ____________________________ hydromorphone ____________________________
ABX ____________________________ other (i.e.gtt) ____________________________

Local/route ____________________________ Max dose (mg & ml) ____________________________
propofol ____________________________ rocuronium ____________________________
N2O ____________________________ vecuronium ____________________________
epidural ____________________________ ketorolac ____________________________
ketamine hydrochoride ____________________________ propofol gtt ____________________________
acetaminophen ____________________________ sugammadex ____________________________

Propofol gtt ____________________________ acetaminophen ____________________________
lidocaine ____________________________ remifentanil gtt ____________________________
SCh ____________________________ other (i.e.gtt) ____________________________

Local/route ____________________________ Max dose (mg & ml) ____________________________
propofol ____________________________ rocuronium ____________________________
N2O ____________________________ vecuronium ____________________________
epidural ____________________________ ketorolac ____________________________
ketamine hydrochoride ____________________________ propofol gtt ____________________________
acetaminophen ____________________________ sugammadex ____________________________
Fluid worksheet

<table>
<thead>
<tr>
<th>Pt wt (kg)</th>
<th>Preop HCT</th>
</tr>
</thead>
</table>

\[ \text{EBV}^* \text{ minus RC loss} \times 2.5 \rightarrow \text{ABL to HCT 30 (ml)} \]

*Est. blood vols:
- Preemie 95 ml/kg
- Neonate 85 ml/kg
- Infant 80 ml/kg
- Adult male 75 ml/kg
- Adult female 65 ml/kg

Fluid worksheet

<table>
<thead>
<tr>
<th>attributes</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maint</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deficit</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd space</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EBL repl
- Crystalloid
- Colloid

Totals
- Hourly accum vol

POST-OP EVALUATION
- Vital signs?
- Pain?
- Treatment
- PONV?
- Treatment
- Untoward anesthetic effects?

Case Journal (include notes/incidents/untoward events/personal observations pertaining to case)
## Care Plan Requirement Checklist

<table>
<thead>
<tr>
<th>AAA</th>
<th>Endovascular open</th>
<th>Abdominal (open)</th>
<th>Ablation</th>
<th>AICD/Pacer</th>
<th>CABG/Valve</th>
<th>OTF procedures:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MRI</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IR</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ESWL</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ECT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>GI lab</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Carotid</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Craniotomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>intracranial</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>transsphenoidal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CRF/AVF</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>COPD</td>
</tr>
<tr>
<td></td>
<td>asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>smoking</td>
</tr>
<tr>
<td></td>
<td>smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Diabetes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>ENT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Geriatrics</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HTN</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Laparoscopic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lateral</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lithotomy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MAC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Neck</td>
</tr>
<tr>
<td></td>
<td>thyroid</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(?) dissection</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OB</td>
</tr>
<tr>
<td></td>
<td>vaginal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>C/S</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>co-morbidity</td>
</tr>
<tr>
<td></td>
<td>Obesity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>gastric bypass/banding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Oral/Maxillofacial</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>nasal intubation</td>
</tr>
<tr>
<td></td>
<td>Ophthalmic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Robotic</th>
<th>Spinal (cord monitoring)</th>
<th>Sitting</th>
<th>Thoracotomy (open/VATS)</th>
<th>Total joint</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>hip</td>
<td>knee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trauma</th>
<th>TURP</th>
<th>Other surgeries:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other comorbidities:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rotation sites:</th>
<th>SF</th>
<th>main OR</th>
<th>OB</th>
<th>X 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SV</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Obesity</th>
<th>gastric bypass/banding</th>
<th>Oral/Maxillofacial</th>
<th>nasal intubation</th>
<th>Ophthalmic</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>YNHH pedi</th>
<th>YNHH ambi</th>
<th>St. Mary’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>X 4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| 109 |</p>
<table>
<thead>
<tr>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PVD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>spinal/epidural</td>
<td></td>
<td></td>
</tr>
<tr>
<td>major nerve (intersca., fem, pop)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bier</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name: ________________________________
YNHHSNA  
Weekly Case Report

Name: __________________________

Clinical Site: ______________________

Week of: ____________________

<table>
<thead>
<tr>
<th>Day</th>
<th>Procedure(s)</th>
<th>Preceptor signature</th>
<th>Evaluation (y/n)</th>
<th>Time (in/out)</th>
<th>Care Plan(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I have read and understand the Academic Integrity Policy of the Yale New Haven Hospital School of Nurse Anesthesia. I understand that I may be dismissed from the program with no opportunity for readmission if I am found in violation of this policy at any time during the program.

__________________________________________________
Student Name (print)

__________________________________________________
Student Signature

__________________________________________________
Date
I have completely read and comprehend the contents of the Yale New Haven Hospital School of Nurse Anesthesia Policy and Procedure Manual and will abide by the policies and procedures set forth in the Manual. I understand that the YNHHSNA program administration reserves the right to modify or revise any policy and/or procedure and that I will be made aware of these changes should they occur.

__________________________________________________
Student Name (print)

__________________________________________________
Student Signature

__________________________________________________
Date
DATE: ____ / ____ / ____

I give my consent for:
Yale New Haven Health System (Bridgeport Hospital, Greenwich Hospital, Lawrence + Memorial Hospital, Westerly Hospital, Yale-New Haven Hospital, Northeast Medical Group) or Yale University, and/or their representatives or affiliates,
[I have crossed out any organization I do not wish included.]

to take and use photographs or films of me and/or interview me for publicity, educational, marketing, advertising and fundraising purposes through internal publication, external publication, radio, television, video or internet.
[I have crossed out any purposes or media format I do not wish included.]

Such photographs, films and/or interview content will disclose the fact that I have been a patient of Yale New Haven Health System or Yale University and may contain other information about me, including private health information, what I say in the interview, or facts that can be inferred from the photograph or film.

My name may / may not be used. (Cross out one.)

Name of Patient/Subject

Street Address

City, State, Zip

Telephone: ____________________________

Signature of patient/subject

Signature of parent/legal guardian/personal representative (if patient or subject is under the age of 18 or otherwise incapable of signing)

Fecha: ____ / ____ / ____

Doy mi permiso para que:
El Sistema de Salud Yale New Haven (Hospital de Bridgeport, Hospital de Greenwich, Hospital de Lawrence + Memorial, Hospital de Westerly, Hospital Yale-New Haven, Northeast Medical Group) o la Universidad de Yale y/o sus representantes o afiliados,
[He tachado cualquier organización que no deseo incluir] me tome fotografías, me filme y/o me entreviste para fines publicitarios, educativos, de mercadeo o para reunir fondos por medio de publicaciones internas, publicaciones externas, radio, televisión, video o Internet.
[He tachado cualquier uso o formato mediático que no deseo incluir]

Dichas fotografías, filmación y/o contenido de las entrevistas divulgaran que soy paciente del Sistema de Salud Yale New Haven o de la Universidad de Yale y pueden contener otra información sobre mí, incluyendo información privada de salud, lo que digo en la entrevista o datos que pueden ser inferidos de las fotografías o filmación.
Mi nombre puede / no puede ser usado. (*Tache uno)

Nombre del paciente / Sujeto

Dirección

Ciudad, Estado, Código Postal

Teléfono: ____________________________

Firma del paciente / sujeto

Firma del padre / tutor legal / representante legal
(Si el paciente o sujeto es menor de 18 años o si no puede firmar por otros motivos)

YNHH ofrece intérpretes gratuitamente