University of New England

School of Nurse Anesthesia

DIDACTIC & CLINICAL HANDBOOK

CLASS OF 2027

6/2022 CLN
Rev. 8/8/22
Rev. 12/22
Rev. 9/23 ERC
Rev. 12/13/23 CLN
Rev. 5/22/24 CLN

Section 1: Program Information

PROGRAM ADMINISTRATION AND FACULTY

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Contents

SECTION 1: PROGRAM INFORMATION 2

PROGRAM ADMINISTRATION AND FACULTY 2
MISSION STATEMENTS 7
University of New England Mission Statement 7
Westbrook College of Health Professions Mission Statement 7
School of Nurse Anesthesia Mission Statement 7
HISTORY 7
EQUAL OPPORTUNITY STATEMENT 8
STUDENT LEARNING OUTCOMES 8
BEHAVIORAL OUTCOME CRITERIA 9
ESSENTIAL TECHNICAL STANDARDS 10
ABILITIES AND SKILLS: 11
PROFESSIONAL EXPECTATIONS FOR GRADUATE STUDY 13
GRADUATION CRITERIA 15

SECTION 2: POLICIES AND PROCEDURES 17

ADVISORS 17
ACADEMIC HONESTY AND INTEGRITY 17
ACADEMIC INTEGRITY POLICY OF THE UNIVERSITY OF NEW ENGLAND: 18
CLASS ATTENDANCE POLICY 21
CLASSROOM BEHAVIOR 21
CODE OF ETHICS 22
RESPECT FOR PATIENT RIGHTS 23
CODE OF PROFESSIONAL CONDUCT 23
STANDARDS FOR PROFESSIONAL BEHAVIOR AND CONDUCT 24
OFFENSES INCLUDE 26
CONDUCT VIOLATIONS 27
COMPREHENSIVE EXAMS 27
CONFIDENTIALITY 27
UNDERSTANDING HIPAA PRIVACY 27
CRIMINAL BACKGROUND CHECK 28
DRESS CODE 28
EMAIL POLICY 30
EMPLOYMENT 30
ENVIRONMENTAL HAZARDS 31
EVALUATION POLICY: COURSE AND INSTRUCTOR 31
ON-GOING DIDACTIC PROGRAM EVALUATION 31
EXAMINATION POLICY 31
SECURE EXAM POLICY 32
OATH OF CONDUCT STATEMENT: 33
EXAM REVIEW 33
EXIT INTERVIEWS 34
EXPECTATIONS FOR PROFESSIONAL BEHAVIOR: 34
PROFESSIONAL CONDUCT 35
VIOLATIONS OF PROFESSIONAL BEHAVIOR STANDARDS: 36

FEES 36
IMMUNIZATION POLICY 37
LEAVE OF ABSENCE 37
DELAY IN PROGRAM COMPLETION 37
LICENSURE, CERTIFICATIONS AND RECERTIFICATIONS 38
MEDICAL MISSION TRIP 39
MEETING ATTENDANCE POLICY 39
PROFESSIONAL LIABILITY 40
REVIEW COURSES 40
SELF EVALUATION EXAM (SEE) POLICY 40
SEXUAL HARASSMENT/MISCONDUCT 41
SIMULATION EXPECTATIONS AND POLICIES 41
SOCIAL MEDIA/NETWORKING 42
STUDENT ACCESS CENTER 45
STUDENT CONTACT INFORMATION 45
STUDENT/PROFESSOR CONFLICT 45
STUDENT DEVELOPMENT COMMITTEE AND PROGRESSION 45
SUBMISSION OF ASSIGNMENTS 46
SUBSTANCE MISUSE 46
SUBSTANCE MISUSE POLICY 46
TIME OFF: 47
APPROVED PERSONAL TIME OFF (PTO) 48
SICK TIME: 48
NON-CLINICAL DAYS: 49
POLICIES AND PROCEDURES CHANGE STATEMENT 49

SECTION 3: CLINICAL HANDBOOK 50

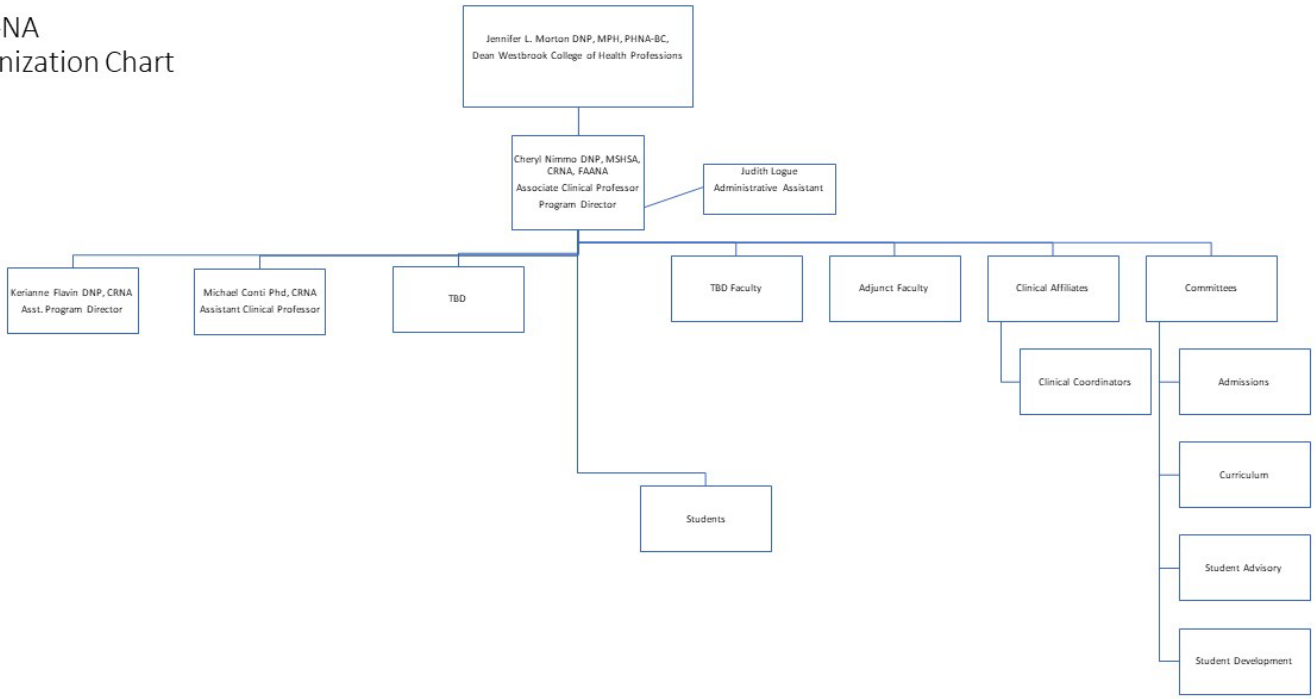
OVERVIEW OF CURRENT AFFILIATION SITES 50
ADVERSE ANESTHETIC EVENT 50
CLINICAL CASE REQUIREMENTS 50
CLINICAL CORRELATION CONFERENCES 51
CLINICAL DOCUMENTATION POLICY 51
CLINICAL EDUCATION PERSONNEL 52
AFFILIATE CLINICAL SITE COORDINATOR 52
AFFILIATE CLINICAL FACULTY 52
CRNA CLINICAL FACULTY 53
PHYSICIAN CLINICAL FACULTY 54
CLINICAL EVALUATION GRADING 54
EVALUATION CRITERIA AND GRADING SCALE 54
CLINICAL EVALUATION TOOLS 55
CLINICAL HOURS DEFINITIONS 56
CLINICAL ON-CALL POLICY 56
CLINICAL PRACTICUM PERFORMANCE EXPECTATIONS 57
CLINICAL DISCIPLINARY ACTION: 57
CLINICAL REMEDIATION 59
CLINICAL ROTATION CREDENTIALING 60
CLINICAL ROTATION EXPECTATIONS 60
CLINICAL ROTATION POLICIES 62
CLINICAL ROTATION ASSIGNMENT GUIDELINES 62

CLINICAL TIME AND SCHEDULING 63
CLINICAL TIME OFF 63
CRITERIA FOR CLINICAL PRACTICUM PROMOTION: 63

APPENDIX 64

CLINICAL SITE FACILITIES (AS OF JUNE 2022) 65
STANDARDS FOR ACCREDITATION OF NURSE ANESTHESIA PROGRAMS 66
CLINICAL SITE SELECTION PREFERENCE FORM 72
PROGRAM COMPLETION CHECKLIST 74
STUDENT CONTRACT 75
STUDENT CLINICAL CONTRACT 76

DNP-NA
Organization Chart



This handbook contains the University's and the Program's expectations, policies and procedures for students, faculty, administrators, and the university. The policies contained in the handbook will apply to all students who are to receive a degree from the University of New England via the Nurse Anesthesia program.

MISSION STATEMENTS

University of New England Mission Statement

The University of New England prepares students to thrive in a rapidly-changing world and, in so doing, to improve the health of people, communities, and our planet.

Westbrook College of Health Professions Mission Statement

The Westbrook College of Health Professions educates a dynamic, collaborative workforce responsive to the evolving needs of society, thus advancing the health and well-being of all people.

School of Nurse Anesthesia Mission Statement

Our mission is to provide an academic environment, which allows students to master the intellectual and technical skills necessary to become competent in the safe conduct of anesthesia. It does this by providing a select group of experienced, graduate level nurses with the highest level of didactic, simulation lab, and clinical site experiences. Our graduates develop the lifelong scholarship, critical thinking skills, and professionalism needed to become compassionate, patient-centered anesthesia providers in solo practice or within anesthesia care teams.

HISTORY

The University has been involved in Nurse Anesthesia education since 1984, serving initially as an academic affiliate for hospital-based certificate CRNA programs. In 1987, the present program leading to a Master of Science in Nurse Anesthesia (MSNA) was initiated and in 1993 UNE became the sole authority for the nurse anesthesia program and awarded the Master of Science Nurse Anesthesia degree to students who satisfactorily completed a 54-credit schedule of classes offered over a 27-month period. The last masters class graduated in August 2023.

The DNP in Nurse Anesthesia received accreditation in November 2021. The inaugural class matriculated in August 2023 and will graduate in August 2025.

The DNP program is a three-phase program. Phase I is hybrid and conducted online with some in-person classes. This phase occurs in the first two semesters, fall and spring with the core DNP courses taught by the program faculty

Phase II is an on-campus didactic portion consisting primarily of science and anesthesia courses taught by the program faculty, as well as basic science faculty and expert practitioners from the community. These courses occur during two full-time semesters (summer and fall), beginning in May of each year and ending in December.

Phase III extends over 5 semesters and includes the clinical course of study and didactic courses. Didactic instruction related to advanced anesthesia principles, professional development, and the scholarly project continues during the clinical phase with lectures, hybrid classes, seminars, and simulation experiences taught by program faculty. The clinical phase begins in January and is completed in August of the following year for a total of 19 months.

The University of New England Nurse Anesthesia program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA), a specialized accrediting body recognized by the Council on Post-secondary Accreditation, and the US Department of Education. The curriculum is based on the academic requirements and standards established by the COA.

EQUAL OPPORTUNITY STATEMENT

The DNP-NA Program abides by the UNE policy on discrimination. Discrimination, based on race, ethnicity, religion, age, gender, marital status, handicap, sexual orientation, or national origin will not be tolerated.

STUDENT LEARNING OUTCOMES

Upon completion of this educational program, the student shall demonstrate, to the satisfaction of the faculty, specific competencies expected of the graduate. These competencies identify knowledge and skills necessary for competent entry-level practice of nurse anesthesia. Upon completion of the program, the graduate will:

1. Demonstrate understanding of the peri-anesthetic management of patients based on theory and research evidence learned in the basic sciences, basic principles of anesthesia, and advanced principles of anesthesia during the didactic phase of the program.
2. Apply theoretical and evidence-based knowledge learned during the didactic phase of the program and demonstrate mastery in the peri-anesthetic management of the patient in the clinical setting to provide individualized, patient-centered, culturally competent, safe care across the lifespan.
3. Communicate effectively with all health care professionals, patients, and families in the delivery of culturally competent, ethical and peri-anesthetic care throughout the anesthetic experience while maintaining patient confidentiality and dignity.
4. Demonstrate vigilance and adherence to patient safety principles throughout the anesthetic experience.
5. Demonstrate professional responsibility, integrity, and accountability to peers, interprofessional colleagues, and other healthcare stakeholders throughout the program and peri-anesthetic clinical experiences.
6. Demonstrate the ability and understanding to administer anesthesia utilizing all techniques to all physical classes of patients across the lifespan.
7. Demonstrate the integration of critical and reflective thinking in the leadership approach while fostering interprofessional collaboration.

8. Apply analytical processes in the areas of advocacy, health policy, quality improvement of patient care outcomes, information systems, and business practices to support and improve healthcare delivery systems.

BEHAVIORAL OUTCOME CRITERIA

Upon completion of this educational program, the student shall demonstrate, to the satisfaction of the faculty, specific competencies expected of graduates. These competencies identify knowledge and skills necessary for competent entry-level practice of nurse anesthesia. Upon completion of the program, the graduate will:

1. Perform a thorough preanesthetic assessment and formulate a comprehensive anesthetic case plan for each assigned patient based on the preanesthetic assessment of that patient.
2. Use a variety of current anesthetic agents, techniques, adjunctive drugs and equipment as appropriate while providing anesthesia.
3. Demonstrate the use of appropriate agents/techniques to protect the patient from iatrogenic complications.
4. Apply appropriate safety principles and precautions in caring for patients to prevent or minimize any potential risk. This includes refraining from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, emailing, etc.)
5. Utilize universal safety precautions and appropriate infection control measures to ensure the safety of the patient, staff, and CRNA.
6. Conduct a comprehensive and appropriate check of all equipment before and during use.
7. Provide first echelon care and maintenance of all anesthesia equipment. Identify malfunctioning anesthesia equipment and take appropriate action when confronted with anesthetic equipment-related malfunctions.
8. Position and/or supervise the positioning of patients to assure physiological functioning, safety, and the prevention of injury.
9. Administer general anesthesia in a safe and conscientious manner to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
10. Perform and manage a variety of regional anesthesia techniques in a safe and conscientious manner to patients of all ages and physical conditions for a variety of surgical, medical, and pain related procedures.
11. Interpret and utilize appropriate invasive and noninvasive monitoring modalities, accurately interpreting the data obtained and adjusting the anesthetic management accordingly.
12. Calculate, initiate, and manage fluid therapy and blood component therapy.
13. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
14. Evaluate the postoperative course of a patient.
15. Recognize own limitations and seek consultation when indicated.

16. Provide anesthesia services for patients in trauma and emergency cases.
17. Function as a resource person for airway and ventilatory management of patients.
18. Serve as a leader or member of a cardiopulmonary resuscitation team and possess up to date advanced cardiac life support (ACLS) recognition and pediatric advanced life support (PALS) skills and certification.
19. Participate in quality improvement activities.
20. Critically analyze published data in the field of anesthesia and apply new evidence in technology, pharmacology, and techniques to patient care.
21. Function within the appropriate legal requirements as a registered professional nurse, accepting the responsibility and accountability for his/her practice.
22. Demonstrate competency as an integral member of the surgical team to include skilled communication, data processing, and theory transference as it pertains to the overall anesthetic care of the surgical patient.
23. Develop interpersonal behaviors consistent with that of a health care professional.
24. Demonstrate personal and professional integrity and the ability to interact on a professional level.
25. Maintain a professional demeanor at all times, both on and off the clinical site. Students, by virtue of enrollment in the university, always represent the University of New England.

ESSENTIAL TECHNICAL STANDARDS

Principles:

Nurse anesthesia education requires that the accumulation of scientific knowledge be accompanied by the simultaneous acquisition of specific skills and professional attitudes and behavior. Nurse Anesthesia school faculties have a responsibility to society to matriculate and graduate the best prepared nurse anesthetists, and thus admission to this program has been offered to those who present the highest qualifications.

The essential technical standards presented in this handbook are pre-requisite for matriculation, subsequent promotion from year to year, and ultimately graduation from the University of New England School of Nurse Anesthesia. These standards pertain to all matriculated students. All required courses in the curriculum are necessary in order to develop essential skills required to become a competent nurse anesthetist.

The faculty is committed to fostering relationships with its students that encourage human and professional growth. Its policies and procedures attempt to reflect this commitment to proactive and supportive communication.

It is imperative that all students recognize the primary responsibility for a successful nurse anesthetist education, both in and outside the classroom, rests with the individual. Students, including students with disabilities, must have the capacity to manage their lives and anticipate their own needs. The school has incomplete influence in helping students achieve these personal adaptations. Situations can arise in which a student's behavior and attitudes resulting from a disability or other personal circumstances represent a secondary problem, which impairs the student's ability to meet the school's standards, even after implementation of all reasonable accommodations by the school.

Recommendations:

1. No otherwise, qualified individual will be denied admission to the School of Nurse Anesthesia based solely upon a disabling condition.
2. Candidate with disabilities applying to the School of Nurse Anesthesia will be expected to have achieved the same requirements as their non-disabled peers.
3. Matriculation into the School of Nurse Anesthesia assumes certain levels of cognitive, emotional, and technical skills. Nurse anesthetist students with disabilities will be held to the same fundamental standards as their non-disabled peers. Reasonable accommodations will be provided to assist the student in learning, performing, and satisfying the fundamental standards, so long as the student provides timely, comprehensive documentation establishing the student's disability status and need for reasonable accommodation.
4. Reasonable accommodations that facilitate student progress will be provided, but only to the extent that such accommodation does not significantly interfere with the essential functions of the School of Nurse Anesthesia, fundamentally alter the program, or significantly affect the rights of other students.
5. The School, under the law, is obligated to provide all reasonable accommodations that will eliminate or minimize the barriers disabled students may face in the process of successfully completing the requirements for graduation from the University of New England School of Nurse Anesthesia.

ABILITIES AND SKILLS:

A student of this program must have abilities and skills of five varieties including observational skills; communication skills; fine and gross motor skills; conceptual, integrative and quantitative abilities; and behavioral and social/emotional attributes.

I. Observational Skills

The student must be able to acquire a defined level of required information as presented through demonstration and experiences in the basic sciences and anesthesia courses including, but not limited to, information conveyed through labs and simulated anesthesia patient exercises. Furthermore, a student must be able to observe a patient accurately, at

a distance, and close at hand, acquire information from written documents, and visualize information as presented in radiographic images and patient monitors. The student must have visual and hearing acuity, including use of depth perception and peripheral vision; hearing normal and faint body sounds (blood pressure and heart sounds) and hearing auditory alarms on monitors and anesthesia delivery systems. Such observation and information acquisition necessitate the functional use of visual, auditory, and somatic sensation while being enhanced by the functional use of other sensory modalities.

In any case where a student's ability to observe or acquire information through these sensory modalities is compromised, the student must demonstrate alternative means and/or abilities to acquire and demonstrate the essential information without reliance upon another person's interpretation of the information. The university will provide appropriate reasonable accommodations to foster the student's ability to meet these standards, so long as the student registers with UNE Disability Services.

II. Communication Skills

The student must be able to communicate effectively and efficiently using verbal, written, and reading skills, in a manner that demonstrates sensitivity to patients, their families, and all members of the health care team. A student must be able to accurately elicit information, describe a patient's change in mood, thought, activity and status. He or she must also demonstrate established communication skills using traditional or alternative reasonable means that do not substantially modify the standard.

III. Fine and Gross Motor Skills

The student must be able to, with or without the use of assistive devices, but without reliance on another person, to interpret x-ray and other graphic images and digital or analog representations of physiologic phenomenon (such as EKGs).

The ability to participate in basic diagnostic and therapeutic maneuvers and procedures (e.g. palpitation, auscultation) is required. It is also essential for a student to possess the gross motor skills sufficient to provide a full range of safe and effective care to patients. These include the ability to move within confined spaces, reach above shoulders, bend, stoop, squat, stretch and to reach below the waist. Fine motor skills are necessary to perform psychomotor skills such as picking up objects, grasping, pinching with fingers (intubations, manipulating a syringe, starting IVs), twisting and squeezing.

Physical stamina sufficient to complete the rigorous course of didactic and clinical study is required. In addition, physical endurance and strength is a requirement in order to tolerate working an entire shift (including overtime or call), standing for long periods of time, and sustaining repetitive movements (performing CPR, positive pressure ventilation, etc.). Students must be able to provide hands-on patient care such as lifting, pushing and pulling excessive weight to position patients, pick up and carry children,

ambulate patients and transfer anesthetized patients to patient recovery areas; the candidate is required to move not only the patient's weight but also the heavy bed.

The student is required to carry heavy equipment and supplies, sit for long periods of time on stools with and without any back support, twist and turn to visualize monitors and the surgical field, and possess the strength and flexibility to assist in the restraint of combative patients. In addition, the student must be able to move quickly to respond to emergencies. At all times, the ability to administer care to patients in a safe manner is paramount.

IV. Intellectual Skills- Conceptual, Integrative and Quantitative Abilities

The student must be able to measure, calculate, reason, analyze and synthesize information in a timely fashion. In addition, the student must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structure. Problem-solving, the critical skill demanded of nurse anesthetists, requires all of these intellectual abilities. These problem-solving skills must be able to be performed in a precisely limited time demanded by a given clinical setting. In addition, the student must be able to adapt readily to changing environments and deal with unexpected activities.

V. Behavioral and Social/Emotional Attributes

Students must possess the emotional health, intelligence, and stability required for full utilization of their intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients.

Students must be able to tolerate physically taxing workloads and to function effectively under stress. They must be able to adapt to changing environments, to display flexibility, and to learn to function in the face of uncertainties inherent in the clinical problems of patients. They must be able to measure, calculate, reason, analyze and synthesize information effectively in a precisely limited time demanded by a given clinical setting, while under stress, and in an environment in which other distractions may be present. Compassion, integrity, concern for others, interpersonal skills, interest, and motivation are all personal qualities that will be assessed during the educational processes.

PROFESSIONAL EXPECTATIONS FOR GRADUATE STUDY

1. Graduate education represents an opportunity for self-motivated learning in which the student assumes the principal responsibility for the learning process through the comprehensive engagement of the material outlined in the program curriculum.

2. The role of the program faculty is to facilitate the learning process by guiding the student to the resources necessary for him or her to meet the educational objectives of the program in a self-directed manner, and by promoting a supportive and collaborative environment conducive to the pursuit of academic excellence, clinical competence, and professional success.

3. Didactic instruction in the program is designed to synthesize the wide body of knowledge represented by the program curriculum in a manner that highlights foundational principles and that facilitates the student's mastery of the material through the development of learning strategies for which he or she is ultimately accountable.

4. Simulation-based training forms an important cornerstone of the program's curriculum and promotes not only the development of technical competence but likewise encourages self-awareness, interpersonal communication skills and critical decision-making.

5. Examinations will evaluate the extent to which the student is able to master the material in a comprehensive and self-directed manner. It is expected that all written assignments and/or projects should be the result of comprehensive research and reflection on a given topic in keeping with the principles of intellectual honesty and scientific inquiry and be presented in a professional manner on the due date.

6. Meeting deadlines for submission of administrative paperwork, clinical evaluations, conference, or self-examination testing applications is a professional expectation and failure to do so is considered a breach of conduct becoming of a professional graduate student such behaviors will be met with consequences ranging from probation to course failure.

7. Time-sensitive communication between faculty and students is an essential component of the student's success in the program and efficient department functioning. For this reason, the University has provided a communication platform based on individual email accounts for each student and a web-based platform which supports live chat and threaded online class discussions. It is considered a professional obligation that students respond to faculty calls and electronic correspondence within 24 hours or sooner if requested, of receiving messages. Failure to do so will be construed as unprofessional behavior. Students should remain updated on Web-based class related notifications and information. **It is recommended that students check their email and the Brightspace Announcement section for updates initially in the morning and throughout the day.**

8. On-going evaluation of the program's clinical and didactic programs by students is an essential component of meeting standards of quality as mandated by the Council on Accreditation of Nurse Anesthesia Programs and an important means of communication between students and faculty. Please note course evaluations are a required element of every course; to receive your grades at the end of the semester, you will need to complete the on-line course and instructor evaluation. Notices and time frames for completion are sent out via email and determined by the University. Participation in evaluation processes by students is a professional and departmental expectation and is required by the Westbrook College of Health Professions. Students must have appropriate resources necessary to fully participate in all phases of the program.

9. The DNP in Nurse Anesthesia program is a full-time course of study and cannot be delivered or completed in a part time format.

GRADUATION CRITERIA

The following criteria must be met:

1. Satisfactory completion of all didactic and clinical courses with a minimum GPA of 3.0 on a 4.0 scale.
2. Satisfactory completion of clinical experiences in case types, numbers, and clinical hours as required by the UNE School of Nurse Anesthesia and Council on Accreditation of Nurse Anesthesia Educational Programs.
3. Satisfactory completion and fulfillment of stated UNE School of Nurse Anesthesia Student Learning outcomes.
4. Completion of 36 actual months in the program, exclusive of probationary time. Clinical hours that require extended make up time for personal/disciplinary reasons may be added to the end of the program and extend the student's completion and/or graduation date. Program extension is at the discretion of the Program Director.
5. All evaluations must be completed and signed, including University and Program evaluations.
6. All clinical cases recorded and logged in Medatrax.
7. Successful completion of the Scholarly Project.
8. All missed clinical days made up according to the PTO policy.
9. Submitted proof of professional meeting attendance to include 1 national and 2 state or regional meetings during the time in the program.
10. All fees must be paid in full.
11. All library books returned.
12. Completed exit meeting with Financial Aid.
13. Participate in exit interviews.
14. Submission of all required program evaluations.
15. A **current** RN license and ACLS and PALS Certifications must be on file.

16. Successful completion of the Self-Evaluation Exam (SEE) from the NBCRNA. (Refer to the SEE in the handbook)

The program reserves the right to defer a student's graduation until all requirements have been met.

SECTION 2: POLICIES AND PROCEDURES

ADVISORS

All students will be assigned a UNE Nurse Anesthesia Program Faculty Advisor at the start of the program. A student receiving a grade less than 80% on an assignment or examination is encouraged to meet with their advisor. Advisor meetings are encouraged to determine if there are any concurrent issues with the student or with course work, with the end goal of promoting successful advancement through the program. It is the student's responsibility to schedule the meeting with their advisor. Students are encouraged to continue to contact their academic advisors during the clinical phase when they score below an 80% on an assignment, exam, or are having issues in clinical or their personal life . An advisor may initiate the meeting for any reason including didactic, clinical, or personal issues. Advisors will meet with their advisees a minimum of once per semester to determine academic status, clinical progress, and readiness to advance to the next semester.

ACADEMIC HONESTY AND INTEGRITY

Students are expected to adhere to all aspects of the University of New England Student Handbook that can be found on the UNE website. Students who believe that academic misconduct has taken place are obliged to bring their concerns to the attention of the course instructor or the Program Director of the School of Nurse Anesthesia as appropriate. Anonymous accusations of misconduct will not be considered.

The University of New England School of Nurse Anesthesia expects academic honesty from all its students. Cheating, plagiarism, or other kinds of academic dishonesty are considered violations of established University and College expectations. Ignorance and lack of intent are not valid excuses. Commission of an act of scholastic dishonesty by a student is not a victimless offense. If works by some students have been accomplished unfairly, then all other students in the class are victims because their honest efforts cannot be fairly evaluated, and the integrity of the program is compromised. Students are directly responsible for understanding the Code of Professional Conduct.

To facilitate academic honesty, students are expected to conduct themselves in a manner that will prevent or decrease opportunities for academic dishonesty, particularly during examinations. These include:

a. Remove yourself from a situation that is likely to lead to a violation of the Code of Professional Conduct.
b. Be on time for each examination.
c. Protect your exam from the view of others.
d. Keep your eyes focused on your own exam.
e. Do not begin your exam before the time designated by the instructor or proctor.

f. Do not continue to take the exam beyond the designated time for the exam.
g. Do not collaborate on an examination, assignment or project unless explicit permission to do so has been granted by the instructor or proctor. This includes repurposing a previous student's assignment.

See the section on Exam Security for additional information.

ACADEMIC INTEGRITY POLICY OF THE UNIVERSITY OF NEW ENGLAND:

"The University of New England values academic integrity in all aspects of the educational experience. Academic dishonesty in any form undermines this standard and devalues the original contributions of others. It is the responsibility of all members of the university community to actively uphold the integrity of the academy; failure to act, for any reason, is not acceptable. Charges of academic dishonesty will be reviewed by the dean of the appropriate College and, if upheld, will result at minimum in a failing grade on the assignment and a maximum of dismissal from the University of New England. Academic dishonesty includes, but is not limited to the following:

1. Cheating, copying, or the offering or receiving of unauthorized assistance or information.
2. Fabrication or falsification of data, results, or sources for papers or reports.
3. Actions that destroy or alter the work of another student.
4. Multiple submissions of the same paper or report for assignments in more than one course without permission of each instructor.
5. Plagiarism: the appropriation of records, research, materials, ideas, or the language of other persons or writers and the submission of them as one's own."

Academic misconduct includes, but is not limited to, the following actions:

A. Cheating

Cheating is intentionally using or attempting to use, or intentionally providing or attempting to provide, unauthorized materials, information or assistance in any academic exercise. Examples of cheating are as follows:

1. Using the work of another individual on an examination or assignment and submitting it as your own work.
2. Using another student's "clicker" device or other electronic devices, to answer questions or provide feedback.
3. Permitting another student to use your work on an examination or assignment without explicit approval of the instructor, both in clinical and in didactic.
4. Possessing or accessing unauthorized notes, crib sheets, additional sources of information or other material during an examination.
5. Providing or receiving unauthorized aid during an examination or prior to a make-up examination.

6. Taking an examination for another student or having an examination taken by a second party.
7. Altering or falsifying examination results after they have been evaluated by the instructor and returned to the student.
8. Unauthorized possession or use of examinations except examinations retuned by professors from previous semesters.
9. Collaborating on any assignment or examination without the explicit permission of the instructor.
10. Failing to comply with instructions given by the person administering the test.
11. Falsifying data, laboratory reports, and/or other academic work offered for credit.

B. Plagiarism

Plagiarism is the appropriation, through any means, of another's work and the subsequent submission of it as one's own academic work. In the absence of any other agreement between the student and the instructor, it is assumed that when a student turns in an assignment or takes an examination, every word of the assignment or answer is the student's own work. All work submitted to an instructor is considered a representation of the student's work. **This includes any work including drafts and final papers, whether graded or not.** Plagiarism can easily be avoided by clearly referencing the work of others when it appears in your own work.

Examples of plagiarism as it might occur in term papers, research papers, laboratory reports, and other written assignments are listed below.

1. Failure to provide a citation for a paraphrase or summary;
2. Failure to paraphrase or summarize properly, even when a note is provided.
3. Copying another source verbatim (word for word) without quotation marks or proper indentation;
4. Copying another source without acknowledgement;
5. Turning in another person's paper or other work as one's own.

Turnitin©

Turnitin© is a software program available to instructors to check a student's work for plagiarism. At the instructor's discretion, any and all submitted papers may be run through this software to determine if plagiarism exists.

C. Fabrication, Fraud or Forgery

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

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

3. Falsification or alteration of original source documents, such as misquoting or misrepresenting the document, to support a specific point of view or hypothesis.
4. Falsification or fabrication of laboratory or patient data.
5. Falsification of any school or university document including grade reports, transcripts or personnel files.
6. Forging signatures of school or university officials on any official document including patient records.
7. Providing a false excuse or reason for missing an examination, assignment, a required attendance class or clinical rotation.
8. Providing the name or signature of another student on an attendance form; signing an attendance form when you are present for only a brief period of time, e.g., signing in and leaving or signing when you arrive near the end of a class or session.
9. Providing false information to an instructor to increase one's grade or to attain special consideration.
10. Providing false information regarding contributions to group assignments or projects.
11. Misrepresenting the facts about oneself or another in regard to health, personal, financial or academic consideration to gain an unfair academic or financial benefit.

D. Altering or damaging reference material and equipment:

Examples may include but are not limited to the following:

1. Destroying or removing study materials from circulation, examination keys, posted grades or other materials made available made available to all students.
2. Any attempt to limit another student's access to educational resources.
3. Any attempt to alter equipment so as to lead to an incorrect answer for subsequent users.

E. Electronic Device Abuse- cell phone/pager/text or other communication device

Students are allowed to have cell phones, pagers and other similar devices on campus. However, students may not use these electronic devices during class unless specifically permitted by the faculty member. Faculty members have authority to confiscate these or related electronic devices, in the event of a violation of this policy, and/or require the student to leave for the remainder of class. In the event of an emergency, the University of New England will use an alert system that incorporates the use of electronic devices. The student may have the device "on" but the setting on the device should be placed on a silent, meeting or vibrate setting.

F. Computer Use Policy

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

G. Discipline

These offenses will not be tolerated under any circumstances as they compromise the academic and professional integrity of this program.

If a student is suspected of violating academic integrity, the accusation will be investigated further by faculty. The case will be brought before the Student Development Committee (SDC). The SDC may either:

1. Drop the case based on insufficient evidence.
2. Recommended immediate dismissal from the Program.

The Program Director will, in turn, consider the SDC's recommendation and then issue a final decision. Decisions made by the Program Director may be appealed to the Dean of the Westbrook College of Health Professions. To do so, the student should follow the review process set forth in the UNE Student Handbook

CLASS ATTENDANCE POLICY

All scheduled classes, skills labs, and simulated sessions are mandatory. It is expected that students arrive early or on time to all classes. Class attendance and tardiness are factored into the class participation grade in all courses. Students unable to attend a class session must notify the instructor and program administrative assistant prior to the class session. It is the individual course instructor's discretion if any more penalties are to be applied for missing class or a deadline.

Participation in the professional activities of the anesthesia department at clinical sites and attendance at all formal classes at the University of New England during the clinical portion of the program are mandatory. Illness, adverse weather, and family crisis will be taken into consideration. Failure to comply with this policy will reflect in final grades for the practicum course and may also lead to academic or clinical probation.

CLASSROOM BEHAVIOR

Students should respect their peers' right to learn. All interactions should be with courtesy and respect. Disruptive student behavior that interferes with fellow students' ability to concentrate and learn in the classroom, or that impedes an instructor in conducting class or a speaker in making a presentation, are considered violations of the DNP-NA Code of Professional Conduct. Demonstrations of a respectful learning environment include, but not limited to, the following types of behaviors:

1. Be on time for class; should you arrive late, enter the classroom quietly and do not disrupt anyone while finding a seat.

2. Do not leave the classroom during lecture unless a reasonable circumstance requires this action (e.g., illness); if you must leave, do so as quietly as possible with minimal disruption.
3. Refrain from conversations during the presentation of the class, seminar or other learning session.
4. Do not gather materials to leave the class until the instructor has completed his or her remarks.
5. Refrain from making disrespectful sounds during lecture.
6. Refrain from distracting activities during class.
7. Do not bring pets or other animals into class, seminars or other learning sessions (except for certified companion dogs).
8. Refrain from bringing family members or other guests into class, seminars or other learning sessions unless permission is obtained from the instructor or course director.

Faculty have the authority to identify disruptive students, instruct students to refrain from such behavior and require that students leave the classroom if, in the judgment of the instructor, their behavior is interfering with the learning environment. In addition, sanctions may be brought against any student as outlined in the University of New England Student Handbook.

RESPECTING THE PHYSICAL ENVIRONMENT

A considerable amount of human and fiscal resources are used to maintain the integrity and appearance of the physical facilities of the school. Students are expected to contribute to the maintenance of a neat and clean environment by properly disposing of trash and recyclables and by helping to keep classrooms, study areas, lounge areas, kitchens and appliances, hallways, rest rooms, walls, and bulletin boards free of trash and clutter. In addition, theft, vandalism, or inappropriate access to personal or proprietary information or personal property (offices, desks, computers and computer files or other College, university or student property) is not acceptable behavior.

CODE OF ETHICS

All UNE Nurse Anesthesia students will abide by the AANA Code of Ethics for the Certified Registered Nurse Anesthetist found at:

https://issuu.com/aanapublishing/docs/code_of_ethics_for_the_certified_registered_nurse_?fr=sZGY1YTU2NDAxMjU

Violations of the Code may be grounds for dismissal from the Program.

RESPECT FOR PATIENT RIGHTS

Students must respect patients and their rights while on rotation in the clinical setting. To that end, students will:

1. Act professionally as defined by the DNP Nurse Anesthesia Program and provide an appropriate level of care.
2. Clearly identify oneself to patients as a Student Registered Nurse Anesthetist (SRNA). Identifying or holding oneself out to be a Graduate or Certified Registered Nurse Anesthetist (CRNA) is a violation of the State Board of Nursing Regulations and is considered an unlawful act. Students must wear the nametag provided by the Program and Clinical Site.
3. Maintain strict patient confidence and adhere to Health Insurance Portability and Accountability Act (HIPAA) guidelines. Pictures or other documents related to patient care shall not be copied or removed from the clinical environment without the proper patient consent and approval from the Clinical Coordinator.
4. Obtain an informed consent from each patient to whom the student will provide anesthesia care.
5. Observe the "Golden Rule". That is, treat others, as you would like to be treated.

CODE OF PROFESSIONAL CONDUCT

In addition to the University of New England Student Handbook, students enrolled in the DNP in Nurse Anesthesia program will adhere to additional standards of conduct specific to the DNP Program. Students are required to be familiar with both the UNE Student Handbook and the DNP in Nurse Anesthesia student handbook.

The University of New England, School of Nurse Anesthesia is committed to promoting in all students a sense of professionalism and a desire to adhere to the highest professional standards that pertain to nurse anesthesia practice. Students are expected to exhibit the highest standards of professional conduct, avoiding impropriety and the appearance of impropriety. The School of Nurse Anesthesia Student Code of Professional Conduct exists to promote honorable conduct on the part of all students in the school. Its purpose is to create an environment where honesty, integrity and respect are rewarded and unethical, dishonest, or disrespectful behaviors are prevented, deterred, or do not exist. The credibility of any healthcare professional is based on the high degree of trust accorded by the individuals he or she serves. Students entering the healthcare professions have a unique, particular obligation to conduct themselves at all times in a manner that reflects honesty, integrity, and respect for others.

Success in the Nurse Anesthesia profession requires certain behavioral attributes including but not limited to personal commitment and hardiness, empathy, discipline, honesty, integrity, personal regard for others, the ability to work effectively with others in a team environment, and the ability to address a crisis or emergency situation in a composed manner. Adherence to these rules of conduct requires a high level of maturity and self-control, even in highly stressful

situations. Failure to adhere to these standards will result in a disciplinary action ranging from a written warning to immediate dismissal from the program (depending upon the violation and the circumstances surrounding the offense). During the clinical phase of the program, ethical and behavioral issues at individual sites will be managed by administration in the program.

STANDARDS FOR PROFESSIONAL BEHAVIOR AND CONDUCT

The Professional SRNA:

1. Behaves in a responsible, reliable, and dependable manner. (e.g., manages time well, is on time for assignments, meetings, and appointments; plans ahead; follows through with commitments; cooperates with person(s) in charge of programs; and takes responsibility for absences or missed assignments).
2. Demonstrates personal integrity, honesty, and self-discipline. (e.g., is consistent and truthful, shows appropriate personal control, takes on tasks that he/she can manage; honest in reports and self-evaluations).
3. Projects a professional image in manner, dress, grooming, speech, and interpersonal relationships that is consistent with the medical profession's accepted contemporary community standards. (e.g., maintains awareness of personal hygiene, wears proper operating room attire, white coat and name tag if expected, notifies clinical faculty or other leader in case of emergency absence or calls to apologize if unable to notify in advance; is respectful of other students and patients when providing patient care).
4. Recognizes his/her personal limitations and biases, whether they are intellectual, physical or emotional; strives to correct them (e.g., overcomes negative behaviors such as procrastination, learns to be a team member, and adapts to new situations; avoids discriminatory conduct or speech).
5. Demonstrates the professional and emotional maturity to manage tensions and conflicts that occur among professional, personal, and family responsibilities, seeking professional help if necessary (e.g., meets with supposed antagonists to resolve misunderstandings, gets needed help from faculty advisors, tutors, counselors, learning assistance professionals and other qualified persons, shows ability to appropriately prioritize personal, professional, and academic expectations and activities).
6. Demonstrates the ability to exercise sound judgment and to function under pressure (e.g. requests help when needed and does not endanger others, respects the difference between Student Registered Nurse Anesthetist (SRNA) and Certified Registered Nurse Anesthetist (CRNA), and remains focused on the task at hand; remembers that as a SRNA he/she represents the DNP-NA program to the community).
7. Demonstrates ability to learn from mistakes and failures, heeds admonitions and warnings from administrative faculty of the DNP-NA Program and of clinical faculty at affiliate clinical sites (e.g., is responsive to feedback and constructive criticism and evaluations regarding professional behavior and attitude, understands the seriousness of academic and disciplinary warnings).

8. Demonstrates compassion and respect toward others (e.g., works cooperatively with differences and diversity in personalities and in cultural backgrounds as well as with differences in social and in economic status, and respects the privacy and individual choice of others).
9. Consistently demonstrates respect for administrators, faculty, staff, and fellow students of the University.

In addition to the above Standards for Professional Behavior and Conduct, the SRNA must abide with other professional standards unique to Clinical Affiliate Sites. These are, but are not limited to the following:

1. Respects the privacy and confidentiality of patients and fellow students under the laws of HIPAA and FERPA. (e.g., does not divulge or discuss patients by name or other identifiers with persons not directly involved in that particular patient's care, does not discuss student status or other confidential student information with others without that particular student's permission, omits, in all academic presentations, all identifying data including names, initials, dates of birth, and facilities).
2. Maintains strict confidentiality of patient and hospital records (e.g., unless authorized, does not possess, use, copy, disclose or distribute information contained in official patient or other hospital records, except as required for the direct care of assigned patients, to any unauthorized person or persons).
3. Consistently projects a professional demeanor (e.g., does not use foul or abusive language, does not intimidate others, is not disrespectful to any employee, supervisor, patient, visitor, or fellow student, does not engage in unprofessional conduct on social media, does not conduct theft, fraud, or unauthorized use of hospital, patient, visitor, or student property).
4. Demonstrates a commitment to learning (e.g., does not take unauthorized absences, does not refuse or fail to follow the instructions of assigned Clinical Faculty, does not refuse to accept clinical assignments, meets all assigned deadlines, is prepared for assignments).

These standards are taken very seriously and evaluated regularly. Failure to abide by these standards may result in academic warning, probation, or dismissal. Under these circumstances, students will go before the Student Development Committee that will recommend appropriate disciplinary action to the Program Director.

The SDC may consider any other behaviors in reaching a decision to make a recommendation to the Program Director. This may include behaviors outside of the classroom or in the clinical rotation that do not reflect well on the Program, profession or individuals

Should disciplinary action be taken the student has a right to fair and just treatment through the Academic and Disciplinary Appeals Process discussed in the UNE Student Handbook.

OFFENSES INCLUDE (but are not limited to):

1. Creating of contributing to situations that jeopardize safety.
2. Failure to follow all policies in the Student Code of Conduct section of the University of New England Handbook. Unethical behavior such as academic dishonesty, falsifying logs, or medical records is considered a violation of the Program's standards of conduct.
3. Failure to respect the confidentiality of patients and fellow students. One is not permitted to discuss any patients by name outside the clinical encounter situation. Students should not discuss other students with preceptors. For academic presentations, all identifying data, including name, initials, date of birth, and facility where seen will be omitted.
4. Unauthorized possession, use, copying, or distribution of hospital records or disclosure of information contained in such records to unauthorized persons.
5. Use, distribution, or unauthorized possession of intoxicating beverages or drugs on hospital premises or reporting to work under the influence of intoxicants.
6. Unauthorized absence from the Anesthesia Department during regularly scheduled clinical hours.
7. Failure or refusal to follow instructions of a duly assigned clinical instructor including refusal to accept clinical assignment.
8. Use of vile, intemperate or abusive language, or acting in a disrespectful manner to any faculty, staff, employee, supervisor, patient, or visitor.
9. Any disorderly conduct on hospital premises.
10. Creating or contributing to unsanitary conditions.
11. Theft, fraud, or unauthorized use of property belonging to the hospital, patient, or visitor.
12. Disregard of one's appearance, dress, or personal hygiene.

No set of policies or procedures can anticipate every issue or situation, and circumstances at times require alterations or adaptations. What follows are the general policies that will govern these situations routinely. While maintaining the school's commitment to these policies and to applying them fairly, the School of Nurse Anesthesia does, however, reserve the right to modify policies and/or procedures at any time as may be necessary. The Student Code of Professional Conduct is for the School of Nurse Anesthesia. It augments information provided in the University Student Handbook as it pertains to academic programs in the College. The University of New England reserves the right in its sole judgment to make changes in any nature in its programs, calendar, or academic schedule whenever deemed necessary or desirable, including changes in course content, the scheduling of classes with or without extending the academic term, canceling of scheduled classes of other academic activities, in any such case giving notice thereof as is reasonably practicable under the circumstances.

CONDUCT VIOLATIONS

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

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

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

COMPREHENSIVE EXAMS

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

CONFIDENTIALITY

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

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

UNDERSTANDING HIPAA PRIVACY

The Health Insurance Portability and Accountability Act Privacy Rule provides federal protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes. Consumers have rights and protections that are provided by the Privacy Rule. Covered

entities must comply with the Privacy Rule and its requirements. Guidance is available to help covered entities implement and maintain compliance with the requirements. Nurse Anesthesia students will be required to complete HIPAA training before engaging in patient care and as required by the university. For more information on HIPAA:
http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html

CRIMINAL BACKGROUND CHECK

It is at the discretion of the DNP-NA Program and/or clinical affiliate sites to require the student to undergo a criminal background check at any time during the program (initial check and updates). Information will be provided when this is required and payment will be required from the student for the background check. Criminal background checks are required by some state boards of nursing and some clinical facilities. It is the student's responsibility to pay for the criminal background checks.

DRESS CODE

The School of Nurse Anesthesia recognizes that appropriate personal appearance creates a favorable impression on the nurse anesthesia profession in general. The dress code is based on the theory that learning to use socially acceptable manners and selecting attire appropriate to specific occasions and activities are critical factors in the total educational process. The continuous demonstration of appropriate manners and dress insures that the DNP-NA students meet the very minimum standards of quality achievement in the social, physical, moral and educational aspects of their lives - essential areas of development necessary for propelling students toward successful careers.

The dress code applies at all times when class is in session on campus, professional meetings both on and office campus and to any situation where patient care activities occur or the occurrence of direct patient or healthcare professional contact can be reasonably assumed. These instances would include but not be limited to all experiential experiences. In the absence of a stated policy for an individual course or setting, the following dress code will apply:

A. ***General Personal Care***

1. Maintain good personal hygiene, which includes regular bathing, use of deodorants and regular dental hygiene.
2. Hair should be neat and clean and a conservative color. Hair longer than shoulder length should be secured if close contact with patients is anticipated. Beards and mustaches must be clean and well groomed.
3. Perfume or cologne is not recommended in the clinical setting, as many people are allergic or sensitive to them.
4. Cosmetics should be used in moderation.

5. Fingernails must be clean, neatly trimmed, and short to medium length. Students must adhere to clinical affiliate policies. Artificial nails including acrylic, gel, or other material, may not be permitted in the clinical setting
6. Tattoos must be able to be covered with clothing. Students must adhere to clinical affiliate policies.
7. Jewelry in pierced noses, lips, tongues, and other exposed body areas, other than ears, is not permitted. Earrings must be conservative in appearance with no more than two holes with earrings in place. No "Plugs" in ears will be allowed.

B. ***Appropriate Attire***

1. Clean, business casual styled clothing.
2. Undergarments should not be visible through clothing.
3. Dress shoes, boots, sandals that are in good condition and clean.
4. All attire should be in appropriate condition (e.g., free from rips, tears, etc.)

C. Inappropriate Attire

1. **Jeans of any color are NOT acceptable attire**.
2. Hats, caps, bandanas, hoods, or head scarves (except if considered part of medical, religious or cultural dress).
3. Sweatpants/sweatshirts, pajamas, scrubs, spandex, or exercise attire, unless authorized for lab.
4. T-shirts, tank, mesh, halter or tube tops, spaghetti straps, showing of midriff or low-cut tops, or any other revealing clothing.
5. Bare feet.
6. Shorts of any type including athletic or jean shorts.
7. Shirts with inappropriate or vulgar lettering or messages.
8. Athletic shoes, athletic sandals, flip flops

D. Clinical Attire

1. Proper operating room attire will be worn in the appropriate areas according to clinical site policies.
2. The individual clinical sites will determine acceptable shoes, scrub suits, head cover, masks, and jewelry.
3. All tattoos should be covered completely.

E. Dress Code Requirement for the Skills Practice Laboratory

1. Skills Laboratory: clean scrubs are required attire for skills laboratory days.
2. Simulation Laboratory: scrubs, surgical scrub hat and mask, eye protection, and stethoscope are required attire for simulation lab practice.

3. If for religious, medical, or cultural reasons, there is a need to deviate from this policy, the student must make a request to the Program Director in writing and be willing to provide required documentation.

Dress attire that deviates from policy will be approved at the discretion of program faculty. The School of Nurse Anesthesia and its clinical faculty reserve the right to require students who are in violation of the dress code to remove the inappropriate item(s) or leave the learning or patient care environment.

EMAIL POLICY

A University assigned student email account shall be the University's official means of communication with all students. Students are responsible for all information sent to them via their university assigned email account. If a student chooses to forward their university email account, he or she is responsible for all information, including attachments, sent to any other email account.

Email response from faculty to students will occur within 48 hours during the faculty member's regularly scheduled work days. If there is an emergency that requires an immediate response, the program director or designee should be contacted directly by the student via text or phone call.

EMPLOYMENT

Students are strongly encouraged to enter school with adequate financial resources due to rigorous time commitments (up to seventy hours a week for didactic, didactic preparation, clinical practicum, and clinical preparation). It is highly recommended that no student work during the program except for phase I. Work commitments which impinge on academic or clinical requirements will not be tolerated. If a student chooses to work during phases II and III of the program, there must be an eight (8) hour lapse between work time and reporting for class and clinical time.

During clinical, students are **strongly discouraged** from full or part-time employment as a Registered Nurse (RN). If a student elects to engage in part-time employment, at least 8 hours must lapse between working part-time and reporting to the clinical site. Clinical assignments will not be adjusted to fit any student's employment schedule. If there are any clinical or academic concerns and it is discovered the student is working as an RN on their own time, they may immediately be required to stop working or face disciplinary action, up to and including termination from the program.

No student shall represent himself or herself as a licensed provider or receive compensation for anesthesia services. No student shall be permitted to render anesthesia services outside of the

University of New England Nurse Anesthesia program. Violations of this policy will be cause for immediate dismissal from the Program.

ENVIRONMENTAL HAZARDS

All students must recognize the hazards associated with continued exposure to trace anesthetic gases. Students should be aware of other possible hazards in the operating room environment including but not limited to x-rays, MRIs, and methylmethacrylate. Students with medical conditions should confer with their medical provider and the program director with any concerns.

EVALUATION POLICY: COURSE AND INSTRUCTOR

Course and instructor evaluations are one of the most important tools that we have for evaluating the quality of your education, and for providing meaningful feedback to course instructors on their teaching. In order to assure that the feedback is both comprehensive and precise, it should be submitted at the end of every didactic course.

ON-GOING DIDACTIC PROGRAM EVALUATION

Course evaluations are very important to the program and the University. Evaluations enable students to provide instructors and the University with feedback about the effectiveness, quality, and value of courses. Your feedback on course evaluations is essential for revising and improving the program curriculum. These improvements will be of direct benefit to future students. Improvements will also benefit you, by ensuring the overall quality of courses at UNE and increasing the reputation and value of a UNE degree. Your feedback is greatly appreciated by faculty, staff, and administration.

DNP-NA students are encouraged to provide timely feedback to the program about the quality of instruction in the didactic courses. In particular, we are interested in students' comments concerning how the overall curriculum addresses their educational needs and how well the instructors are meeting the stated objectives of the courses. This mechanism does not replace traditional student evaluations, routine student-faculty communication about an individual's progress in a particular course, nor does it replace the operational responsibilities of the course coordinator. This is merely another mechanism for communication that provides faculty feedback on the effectiveness of the program.

If students have concerns about any aspect of the didactic program, they are encouraged to contact Dr. Cheryl Nimmo, Program Director or Dr. Kerianne Flavin, Assistant Program Director.

EXAMINATION POLICY

Examinations may be provided in a paper or electronic format. The delivery method of exams is at the discretion of the course coordinator. All examinations will be administered while being proctored by a faculty member or a designee appointed by the course coordinator

All exams will adhere to the Secure Exam Policy:

SECURE EXAM POLICY

All exam items and related materials are considered confidential and are not to be released or shared in any forum outside of the testing/review setting.

1. No formulas, study materials, notes, papers, calculators, telephones, or any other electronic device will be allowed in exams/exam reviews. Course coordinators have the option to amend this requirement (for example an open book exam, or exam where calculators or other aids may be necessary).
2. Students cannot wear or have on or near their person, watches of any kind, fitbits, or any type of electronic device. Students shall not be in possession of cell phones during exams. Backpacks, bags, and other personal belongings will be stored away from the student during the exam.
3. No exams, answer sheets, or materials of any kind shall leave the testing area.
4. All exams, answer sheets, additional materials as supplied and answer keys if distributed following the exam, will require that the student put their name on each piece of paper.
5. Students must utilize Respondus LockDown Browser© or the secure exam program in use by the program for test taking.

All students are required to take scheduled examinations on the day the exam is scheduled. The student must request in advance, an excused absence* from an exam by the course instructor. It is at the discretion of the course instructor to excuse a student or not from an exam. If a student misses an examination, without the permission of the course instructor, this will result in an unexcused absence and may result in an F for the Exam**.

*EXCUSED ABSENCES from regularly scheduled examinations may be granted by the course instructor. A student who receives an excused absence from a regularly scheduled examination will be required to take a comparable examination (may be multiple choice or written) covering the same course material as soon as the schedule permits.

**An UNEXCUSED ABSENCE from any of the regularly scheduled examinations will result in a grade of zero (0) for that examination. Students with a grade of less than 80% at the end of the course because of one or more unexcused absences will not be eligible for re-evaluation and will receive a failing grade for the course and dismissal from the program.

Students are required to have a laptop computer. Electronic examinations administered through Brightspace require a laptop computer. Student laptops must have the capacity to access the Internet in order to access Brightspace (UNE Learning Management System). Students are also required to have webcam, microphone capability and speaker or other sound output capabilities. A tablet device, such as an iPad or Galaxy Tab, is not sufficient.

Students have the responsibility to ensure that they bring a power cord and a fully charged battery to the examination. Students must mute computer speakers during the examination period. Students may be required to visit with the IT department at the beginning of the academic year to ensure their laptop computer meets the requirement to take electronic examinations and to have LockDown Browser© installed.

If a student encounters any irregularity or extenuating circumstance during an examination that interferes with the examination process, the student must **immediately** report the circumstances to the proctor. Such circumstances include but are not limited to internet disruption or failure, an illness or a disruptive incident in the examination room. The circumstance will be dealt with on a case-by-case basis. If the circumstance is related to power failure or technical difficulties related to the computer, the student will be provided with a paper version of the exam if the situation cannot be remedied by the proctor in a timely manner. If a student fails to bring such circumstances **immediately** to the attention of the proctor, the student **cannot** later appeal the examination result based on the unreported circumstances.

In-course examinations are considered secure documents and as such, all exam items and related materials are considered confidential and are not to be released or shared in any forum outside of the testing/review setting and follow the Secure Exam Policy as outlined in the Examination policy.

Students are required to understand and abide by the Oath of Conduct Statement (see statement below) and by taking the exam, they agree to the Academic Dishonesty Policy.

***OATH OF CONDUCT STATEMENT*:**

"By sitting for and completing this exam I hereby affirm that I understand and accept the stipulations of the University of New England's Rules of Conduct for Secured Exams/Exam Reviews as previously agreed to in the Student Handbook."

EXAM REVIEW

Students may review his or her exam after the exams are graded and grades posted. Students who wish to review their own exams must make an appointment with the class professor or the program's administrative assistant for a time/date to review the exam. It is up to the faculty member to determine if an exam review will be done in class.

During the review, the student may not take any personal items, books, phones, computers, etc. into the review area, nor may he/she take any notes either in writing or verbally of the test/quiz. The test may only be reviewed in the presence of either the administrative assistant or a faculty member.

Exams that are taken online or in person will utilize Respondus Lockdown Browser© or the exam security program available. If in person review of exams is not possible, students will review exams with the subject's professor via an online format.

EXIT INTERVIEWS

All students are required to attend an exit interview with administrative faculty prior to graduation.

EXPECTATIONS FOR PROFESSIONAL BEHAVIOR:

Students enrolled in WCHP are expected to conduct themselves according to the following policies, procedures, guidelines, and expectations. Students are responsible for seeking clarification of any aspect of the conduct code about which they have questions, especially in the event of receiving written notice of conduct concerns and/or violations. It is expected that students will:

1) Read and agree to comply with the policies and procedures outlined in the UNE *Student Handbook*; access https://www.une.edu/sites/default/files/2020-08/2020-2021%20University%20of%20New%20England%20Student%20Handbook.pdf
   a) Content: Policies and procedures, including the University Conduct Code, which governs the conduct of all UNE students.
   b) Context: Applies to all on-campus and UNE-sponsored off-campus activities, including clinical observations, clinical practica, and community service.
2) Become familiar with the Code of Ethics for Nurse Anesthesia and to uphold these standards in all relevant settings: https://issuu.com/aanapublishing/docs/code_of_ethics_for_the_certified_registered_nurse_?fr=sZGY1YTU2NDAxMjU

3) Adopt the following standards of professional behavior, applicable to students across all health professions. Students are expected to progressively develop these skills and abilities during their course of study and to endeavor to maintain these standards in all on-campus and UNE-sponsored off-campus activities, including clinical and fieldwork experiences and relevant community service. These specific professional behaviors include the demonstration of:
   i) Communication Skills- communicate effectively (i.e. verbal, nonverbal, reading, writing, and listening) for varied audiences and purposes.
   ii) Interpersonal Skills- interact effectively with patients and clients, families, colleagues, other health care professionals, and community members.
   iii) Cultural Sensitivity- be aware of, respect, and acknowledge cultural differences.
   iv) Problem Solving- recognize and define problems, analyze data, develop and implement solutions, and evaluate outcomes.

v) Use of Time and Resources- manage time and resources effectively to obtain the maximum possible benefit.
vi) Responsibility- be accountable for the outcomes of personal and professional actions and to follow through on commitments that encompass the profession within the scope of work, community, and social responsibilities.
vii) Critical thinking- question logically; identify, generate, and evaluate elements of logical argument; recognize and differentiate facts, appropriate or faulty inferences and assumptions; and distinguish relevant from irrelevant information. Utilize, analyze, and critically interpret scientific evidence to develop a logical argument, and to understand how bias affects the decision-making process.
viii) Use of Constructive Feedback- solicit and identify quality sources of feedback, reflect on and integrate the feedback, and provide meaningful feedback to others.
ix) Commitment to Learning- self-direct learning and continually seek and apply new knowledge, behaviors, and skills.
x) Health and wellness- identify sources of stress and implement effective coping behaviors in relation to self, patient/clients and their families, members of the health care team and in life balance.

4) Facility-specific policies and procedures: Students are expected to familiarize themselves with the policies and procedures of host institutions for their clinical or field work placements and to act in accordance with those guidelines. (Students should refer to the relevant policies of the specific institution and/or consult with clinical preceptors or supervisors.)
5) Dress appropriately for the professional context and institutional setting, whether in a campus, community, or clinical setting. Usually this means "business casual" attire unless the clinical facility or fieldwork setting, or a specific event requires alternate attire. Nametags may be required or recommended in many settings. When in doubt, students should consult with their clinical instructor, site supervisor, or faculty member about specific dress code expectations or requirements at a particular facility or for a specific event.
6) Delivery of safe, competent care and related services, all of which underscore all aspects of professional practice. Specific standards of physical, social, and emotional safety are often defined within courses and clinical teaching sites. Accordingly, students are expected to demonstrate behaviors that uphold those standards. Failure to do may result in a referral for academic advising and/or a referral to the Student Development Committee.

PROFESSIONAL CONDUCT

DNP-NA students are expected to display professional behavior including but not limited to:

1. Use of appropriate and professional language in verbal and written communication with faculty, staff, students, patients, and other health care personnel.

2. Maturity in accepting the decisions of persons of authority within the School of Nurse Anesthesia and the University of New England as well as in the professional practice environment.
3. Respect for the beliefs, opinions, choices, and values of others. Nurse Anesthesia students are expected to treat other persons equally regardless of race, culture, gender, age, religion, ethnicity, sexual orientation, socioeconomic status, physical or mental status.
4. Diplomacy in expressing opinions, resolving conflict and evaluating others.
5. Respect for the confidentiality of others including patients, students, faculty and staff.
6. Provision of nurse anesthesia services according to legal and ethical standards of nurse anesthesia practice.
7. Commitment to self-evaluation, personal growth, and life-long learning

VIOLATIONS OF PROFESSIONAL BEHAVIOR STANDARDS:

Improper, unethical, or unprofessional conduct may result in a referral to the Student Development Committee for review and recommendations. (This policy does not supplant the University Judicial Process, including the determination of other conduct issues, as described in the UNE Student Handbook.) Depending on circumstances, a confirmed violation of professional behavior standards may result in (a) remediation prior to progressing further in the program, (b) receiving a failing grade in a course, or (c) dismissal from the program. In all cases, students will receive written notice regarding the nature of the professional behavior violation, its consequences, and any stipulated conditions for continuation in the program. All documentation related to professional behavior and/or conduct violations will become part of the student's permanent record.

FEES

Students are responsible for certain program-related fees incurred throughout the program. Program administration attempt to be as transparent as possible regarding these fees but changes may arise. At the current time, the following fees with approximate amounts are to be paid out of student pocket to maintain good standing in the program:

- Books: depending on edition ~$1500
- Castlebranch (formerly Certified Background): documentation ~ $171.00 (at start of program) for immunizations, physical exams, CV, licenses, etc.: ~$200.00 (up to 2 times in program during clinical)
- Precordial/esophageal earpiece: $85.00 fourth semester
- National Certification Exam (NCE) fee (at end of program): $995.00
- Cost of RN license if rotating to a state not associated with Maine (compact state designated by the state boards of nursing): could be anywhere from $100-$500 because fingerprinting in some states is expensive

- Self-Evaluation Exam (SEE): $275.00 paid by program for first time; students will pay for second subsequent exam (if required).
- Outside review course if the student opts to take one. Valley is approximately $900. Other courses' fees may vary.

The DNP-NA program also has fees that are included as part of tuition and fees every semester. At the current time, the following fees with approximate amounts are paid by the program:

- AANA Associate Member Fee (start of program): $200.00
- Lab supplies (throughout the program): $1500.00
- BLS/ACLS/PALS Recertification course (at end of fourth semester): $250.00
- Name badges (at end of fourth semester): $20.00
- Medatrax case tracking fee (during clinical): $525.00
- APEX review course: $395.00

IMMUNIZATION POLICY

Students need to provide UNE Health Center, Medatrax AND the DNP-NA program a copy of your immunizations (i.e. PPD) to include updates. All documentation must also be submitted to Castlebranch (formerly Certified Background). All students must adhere to UNE's immunization requirements. If a student refuses to acquire the required immunizations, they may be dismissed from the Program and University. Please fax, mail or email your immunization records and required testing (i.e. PPD, Covid-19, etc.) results to the anesthesia office and confirm receipt. It is the student's responsibility to maintain an up-to-date immunization record**. If the immunizations become outdated, the student will be removed from the classroom and/or clinical setting until current updates are received. Any time that is missed will need to be made up at future arranged dates at the Program Director's discretion. Individual clinical sites may require additional testing.**

Clinical sites have immunization, and updated titer level requirements. These will be met in advance of a rotation at the clinical site.

LEAVE OF ABSENCE

Students requesting a leave of absence must notify the Program Director via email and in person. A Leave of Absence Application may be required, depending on the circumstances, and approval will be determined on a case-by-case basis. Lost time must be entered into Medatrax and must be made up in order to fulfill graduation requirements. Requests for emergency leave due to serious illness or death of an immediate family member is automatically granted.

DELAY IN PROGRAM COMPLETION

Students Taking a Medical Leave of Absence or Having a Delay in Progression

During the length of the program, students may need to take a medical leave of absence. University policy states students may request a medical leave of absence not to exceed one (1) academic year.

DNP-NA students will follow the procedure listed:

1. The student requesting the medical leave must provide supporting documentation from a health care provider.
2. Upon returning from the leave, the student must provide documentation from a health care provider indicating the student is able to return to the rigors of full time academic and clinical study and meet the essential technical standards. If they require accommodations after their LOA, they will be required to follow the University's policy and apply through the Student Access Center.
3. The student will continue in the program with the remaining DNP-NA courses taken in chronological order.
4. Students who experience a delay in progression and require additional time in clinical rotations will be assigned appropriate clinical rotations until completion requirements are fulfilled.

LICENSURE, CERTIFICATIONS AND RECERTIFICATIONS

Students are required to maintain *current unencumbered* RN licenses in each state where he or she will practice during clinical site rotations. It is highly recommended that students immediately apply for their licensure, if required, as soon as learning where the assignment will be. Not doing so may delay the start of clinical rotations due to various state licensure timeframes. Compact licensure is recognized, where applicable. Students are responsible for knowing whether or not their "State of Residence" RN license is a compact state with the state where the clinical rotation assignment will be. **For example, if a student is a resident of New Hampshire and has a current RN license from New Hampshire and is assigned to a clinical site in Maine, the New Hampshire license, being a compact state with Maine, will be honored in Maine. Massachusetts and is not a compact state**.

Please Note: not ALL Maine licenses are compact licenses. A Maine license is required for all students at the beginning of the program. Contact the Maine BON for confirmation of your license status. Please refer to the following link for questions regarding compact state licensure: https://www.ncsbn.org/nurse-licensure-compact.htm

Students must provide current copies, or screen shot proof, of all RN licenses to the DNP-NA Staff Assistant. Licenses will be maintained in each student's official file. Students whose license expires during clinical rotation will be immediately removed from the clinical site until such time as the license(s) are made current and copies, or screen shots, are furnished to the program Staff Assistant. Lost time due to an expired license or due to one that has not be granted yet must be made up after obtaining a current license and may result in disciplinary

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

MEDICAL MISSION TRIP

Students may request clinical release time to serve on medical mission experiences. These trips are not part of the curriculum or clinical residency and are not sponsored by the University of New England. The student agrees to serve on these trips at their own risk, and UNE does not insure, endorse, protect, or assume liability for any aspect of these experiences. Because these trips are not scheduled with consideration for the University calendar, they may interrupt the student's clinical assignments; thus, the student must make a request to the Program Director first then Clinical Coordinator to participate and sign a consent acknowledging and agreeing to this policy.

Only students beyond their twelfth month of clinical are allowed to go on mission trips. Requests for release time should occur well in advance of the mission. The Program Director or designee will approve or deny release time for mission trips based on the student's level in the program, their academic standing, and an assessment of the level of supervision available to the student. Participants must present their experiences and what they learned at a faculty-student meeting. They should be prepared to present the objectives achieved and experiences, both clinical and personal, in a format determined by the faculty.

MEETING ATTENDANCE POLICY

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

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

- Mid-Year Assembly (Washington DC),
- Annual Congress (rotates to a different city every year)
- Fall Leadership Academy (rotates to a different city every year)
- Assembly of School Faculty (rotates to a different city every year)

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

Students are excused from clinical and class for the scheduled meeting days plus one travel day prior to and following the meeting. This must be approved by the program director in advance of the meeting. Professional behavior, dress, and attendance at the educational sessions is mandatory. Days off to attend a meeting are deducted from the PTO bank of time off.

Proof of attendance is mandatory. A reflection paper is required after each meeting and submitted to each student's advisor by the Friday following the meeting. Attendance at one national meeting is required during the length of the program.

PROFESSIONAL LIABILITY

The University provides professional liability coverage for each student assigned on rotation. The school will provide proof of coverage to the Clinical Coordinator at each clinical site. Students who become involved or believe they may become involved in a situation that may result in a professional liability claim, whether groundless or not, must immediately report the incident to the Clinical Coordinator. The Clinical Coordinator and the student should notify the Program Director both verbally and in writing with details of the incident. See *"**Section 3: Clinical Handbook, Adverse Anesthetic Outcome"***

REVIEW COURSES

The student may choose to take a supplemental review course (of their choosing) and complete this by the end of Clinical Practicum IV. Proof of attendance at the review course will be submitted to the program director. All students must clear the test date with both the program director and the clinical coordinator if it requires missing clinical days to attend. Travel days are included in the time off.

- Courses should not be scheduled during a cardiac or CRNA only rotation.
- Days to attend the review course will be deducted from the PTO bank.
- Time off should not be taken during enrichment rotations unless there is no other option. This will be determined on an individual basis.

All students will be enrolled in APEX in January of year 1. Subscription fees are paid by the program. Assignments are made throughout the clinical rotations. Failure to complete workbooks and other assignments by due dates will result in a lower clinical practicum grade. APEX exams will be assigned. Failure to pass the exams may result in a lower clinical practicum grade. The student does not need to pay for any other electronic review course.

SELF EVALUATION EXAM (SEE) POLICY

Students are required to take the SEE exam, from the NBCRNA. The SEE exam is highly predictive of performance on the NCE. This exam is utilized to help the student prepare for

taking the National Certification Exam (NCE) after graduation. It is being used in this program to help the student and faculty assess individual strengths and weaknesses of each student and help them plan for the NCE accordingly. Please copy (hyperlink does not work) the following link to the NBCRNA for all information regarding the SEE and NCE: https://www.nbcrna.com/

- The initial SEE exam will be available during Clinical Practicum III and must be completed by the end of the semester. The program will pay for this test.
- The second SEE attempt will be taken during Clinical Practicum IV and the benchmark of 425 must be reached. The student will pay for this test.
- Failure to achieve the benchmark score of 425 on the second attempt will require taking the SEE for the third time in the summer semester during Clinical Practicum V.
- Failure to achieve a passing score on the third attempt will require taking a comprehensive exam in the final semester. An overall average of 80% on all comprehensive exams is required to pass Clinical Practicum V. Failure to pass Clinical practicum V may result in a delay in program completion.
- The student cannot take the SEE within 30 days of program completion. This date will change yearly according to the date of program completion.

SEXUAL HARASSMENT/MISCONDUCT

Please refer to the Sexual Misconduct Policy of the UNE Student Handbook.

SIGMA THETA TAU ADMISSION

The program administration will submit a list of names of students eligible for admission to Sigma Theta Tau Nursing Honors Society if the student's GPA is greater than 3.5 after three semesters. The program will not cover induction costs.

SIMULATION EXPECTATIONS AND POLICIES

Simulation experiences form an important part of both the didactic and clinical phases of the program. Attendance is required for all scheduled sessions. In addition, students are occasionally required to engage in remediation sessions with faculty in the simulation lab.

Simulation Lab Guidelines: The Simulation lab contains highly sophisticated mannequins and equipment. It is important for all users to understand and follow the guidelines that have been designed to encourage professionalism and to insure the usability and care of the space and equipment.

- Wash hands prior to touching mannequins.
- No food or drink in the simulation lab.
- Any PPE policies will be consistent with UNE Onward plan.

        - If no other PPE guidelines are in effect, gloves should be worn at all times gloves would normally be worn when caring for a patient.
    - Mannequins are susceptible to staining; do not use pens and pencils on mannequins.
    - Do not blow in mannequin mouth or manipulate excessively.
    - Handle mannequins with care, treat with respect, as a real patient.
    - The simulation lab is considered a clinical setting - professional and safe behavior is expected at all times.
    - Wear scrubs or lab coat, scrub hat, safety glasses, and mask as appropriate in the simulation lab.
    - No electronic equipment allowed in the simulation room.

Evaluations: Users will be asked to complete evaluation forms at the end of each semester or after the simulation lab experience.

Confidentiality: In order to maintain the integrity of the Clinical Simulation Program, users may be asked to sign a statement agreeing to maintain the strictest of confidentiality about any observations of individual performance in the simulation lab or of the content of any simulated training exercises.

Photo Release: Some simulation scenarios may be recorded. By signing the student contract at the end of this Handbook, grants permission to use photographs or videotaped images for use in connection with activities of the University of New England.

SOCIAL MEDIA/NETWORKING

A. Definitions

a. Social networking site: spaces in the internet where users can create a profile and connect that profile to others (individuals or entities) to create a personal network. Examples include Facebook, Instagram, LinkedIn, Reddit, Discord, YouTube and Twitter.

b. Weblog: a website, usually in the form of an online journal, maintained by an individual with regular commentary on any number of subjects. Can incorporate text, audio, video clips, and any other types of media.

B. Professionalism

a. Postings within social network sites are subject to the same professionalism standards as any other personal interactions. The permanence and written nature of these postings make them even more subject to scrutiny than most other forms of communication. The professionalism description can be found in the Code of Professional Conduct section of this handbook. Students may be subject to disciplinary actions within the school for comments or postings that are either unprofessional or violate patient privacy.

b. Statements made by you within online networks will be treated as if you verbally made the statement in a public place.
c. Do not violate copyrighted or trademarked materials. If you post content, photos, or other media, you are acknowledging that you own or have the right to use these items.
d. In online social networks, the lines between public and private, personal and professional, are blurred. Just by identifying yourself as University of New England, Nurse Anesthesia student, you are creating perceptions about the School of Nurse Anesthesia by those who have access to your social network profile or weblog. Be sure that all content associated with you is consistent with your position at the school and with UNE's values and professional standards.
e. UNE logos may not be used on any social media site without the approval of the UNE Web Manager or the Public Relations Director. Any medically oriented weblogs should contain the disclaimer: "The posts on this site are my own and do not necessarily represent the UNE School of Nurse Anesthesia's positions, strategies, or opinions."
f. Use of these social networking sites or weblogs can have legal ramifications. Comments made regarding care of patients or that portray you or a colleague in an unprofessional manner can be used in court or other disciplinary proceedings (i.e., State Licensing Boards).
g. Unprofessional postings by others on your page reflect very poorly on you. Please monitor others' postings on your profile and work to ensure that the content would not be viewed as unprofessional. It may be useful to block postings from individuals who post unprofessional content.
h. Keep in mind that statements and photos posted within these sites are potentially viewable by future employers, and even if deleted can be recovered under certain circumstances. Be aware too, that images can be downloaded by and forwarded to others. It is not uncommon for potential employers to search for the social network profiles of potential hires, and there are many examples of people not being offered a job because of findings on social networking sites.
i. Avoid giving specific medical advice.
j. Apply appropriate safety principles and precautions in caring for patients to prevent or minimize any potential risk. This includes refraining from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, emailing, etc.)

C. Privacy

a. Due to continuous changes in these sites, it is advisable to closely monitor the privacy settings of your social network accounts to optimize their privacy and security.
b. It is advisable that you set your privacy profile so that only those people whom you provide access may see your personal information and photos.

c. Avoid sharing identification numbers on your personal profile. These would include address, telephone numbers, social security, passport numbers or driver's license numbers, birth date, or any other data that could be used to obtain your personal records.
d. Others may post photos of you and may "tag" you in them. It is your responsibility to make sure that these photos are appropriate and are not embarrassing or professionally compromising. It is wise to "untag" yourself from any photos as a general rule, and to refrain from tagging others unless you have explicit permission from them to do so.
e. Maintain the privacy of colleagues and other UNE students or clinical affiliate hospital employees when referring to them in a professional capacity unless they have given their permission for their name or likeness to be used.
f. Make sure that you differentiate medical opinions from medical facts. The world of medicine is foreign to many, so readers may take your words at face value. Try to make clear what statements reflect your personal beliefs.

D. Confidentiality

a. HIPAA regulations apply to comments made on social networking sites, and violators are subject to the same prosecution as with other HIPAA violations.
b. Patient privacy measures taken in any public forum apply to social networking sites as well.
c. Online discussions of specific patients should be avoided, even if all identifying information is excluded. It is possible that someone could recognize the patient to which you are referring based upon the context.
d. Under no circumstances should photos of patients or photos depicting the body parts of patients be displayed online unless specific written permission to do so has been obtained from the patient. Remember, even if you have permission, such photos may be downloadable and forwarded by others.

E. Patient Contact

a. Interactions with patients within these sites are strongly discouraged. This provides an opportunity for a dual relationship, which can be damaging to the provider-patient relationship and can also carry legal consequences.
b. Private patient information obtained on a social networking site should not be entered in the patient's medical record without the patient's knowledge and consent.

F. Social Media in Clinical Settings

a. Be aware of social networking policies at each of UNE's School of Nurse Anesthesia clinical affiliated sites.
b. Refrain from accessing personal social networking sites while in clinical work areas.
c. Do not post pictures of patients, families, or any procedures on social media.

STUDENT ACCESS CENTER

UNE seeks to promote respect for individual differences and to ensure that no person who meets the academic and technical standards requisite for admission to, and continued enrollment at, the University is denied benefits or subjected to discrimination at UNE solely by reason of his or her disability. Any student eligible for academic accommodations due to a documented disability is encouraged to speak with the professor in a timely manner. Registration with UNE Student Access is required before accommodation requests can be granted. Student Access on the Portland campus is located in the lower level of Ginn Hall and may be reached by calling 221-4418. Student Access on the Biddeford campus is located in the lower level of Stella Maris Room 131 and may be reached by calling 602-2815. http://www.une.edu/studentlife/student-access-center

STUDENT CONTACT INFORMATION

Students are required to notify the Program Staff Assistant when there is a change in any contact information (address, email, phone number, etc.). Students must also maintain a current Emergency Contact Information Form that was completed at the beginning of school. The program will not be responsible for lost mail, late notifications or other information due to a failure to maintain updated personal files with the Program Staff Assistant.

All students and faculty of the Nurse Anesthesia Program are issued a UNE email address. For recognition and security purposes, all email communications from students to the Program must originate via the UNE email system. Students are required to check their UNE email each day for updates and other information. Email from addresses other than the UNE system will not be read.

Students are allowed to communicate with clinical site faculty via means left to the discretion of the individual clinical sites. This allows clinical site faculty to determine the most efficient method of communicating with students at their site. Students may not directly contact any clinical site faculty for questions pertaining to clinical site rotation availability. Students with questions involving clinical site rotations must contact the Program Director.

STUDENT/PROFESSOR CONFLICT

Students, who feel that a faculty member has unfairly treated them in regard to grades, class expectations, unfair or discriminatory actions, etc., should speak directly with the professor involved. If the student feels that additional action is required or feels unable to speak directly with the professor involved, the student should speak with the program director.

STUDENT DEVELOPMENT COMMITTEE AND PROGRESSION

The Student Development Committee is responsible for reviewing all student issues identified by the program director, faculty, or students. This includes academic, behavioral, and clinical

issues. Please refer to the following link for the most up-to-date information on graduate progression policies.
https://www.une.edu/sites/default/files/2022-07/GradProgPolicies_AY20222023_FINAL.pdf

SUBMISSION OF ASSIGNMENTS

All written assignments are to be submitted in the following manner:

1. Assignments will not be accepted in an email unless extenuating circumstances exist and are approved by the instructor.
2. Assignments must be submitted by the due date via the appropriate assignment location in Brightspace.
3. **All papers must be submitted in a word document.** PDFs are not acceptable for submission.
4. Naming files: Name your electronic file submission exactly as specified when submitting assignments. Include the following information on all submissions:
    a. LastnameFirstinitial.nameofassignment.date.
    b. Example: SMITHJ.OBCASESTUDY.060117
5. Keep a hard copy and an electronic copy of your submission.

SUBSTANCE MISUSE

(For specific details regarding UNE's policies on alcohol and drugs, please refer to the appropriate sections of the UNE Student Handbook.)

The University of New England School of Nurse Anesthesia seeks to create an environment that promotes healthy, responsible living. The School of Nurse Anesthesia recognizes that anesthesia providers, because of their exposure and the nature of their work, may be at high risk for substance misuse. Aside from impacting upon the personal and psychological integrity of the abusers, substance abuse may significantly impact the ability of anesthesia care provider to administer safe, competent patient care.

The School of Nurse Anesthesia is committed to assisting the student who exhibits behaviors reflecting misuse or abuse of alcohol and other drugs through the availability of assessment and referral mechanisms. The purpose of this policy is to provide the student with policies, guidelines, judicial responses as they relate to substance abuse and chemical dependency.

SUBSTANCE MISUSE POLICY

This policy applies to all students currently enrolled in the School of Nurse Anesthesia. Failure to comply or refusal to cooperate with any aspect of this policy, or any clinical site hospital policy on substance abuse, will be subject to immediate disciplinary action, up to and including dismissal from the program, report to the state licensing board, and

complaint to local law enforcement authorities. Because of the paramount concern for patient safety, these disciplinary actions may be imposed without the customary mechanisms of academic warning, and probation period.

Students are personally responsible for conforming to the University's Alcohol and Drug Policy, local, state, and federal laws and regulations controlling the possession, manufacture, use or distribution of controlled or illegal substances and alcohol. The School of Nurse Anesthesia prohibits the illicit or unauthorized possession, use manufacturing, consumption, sale or distribution of illicit drugs and alcohol on University property or clinical affiliate sites.

A student who is arrested or charged with a drug or alcohol offense which involves the off-duty sale, distribution, or possession of legal or illegal drugs must immediately inform the School of Nurse Anesthesia Program Director of the arrest, the nature of the charges, and the ultimate disposition of the charges.

Students are expected to comply with the hospital policies at each clinical site. Clinical training sites may also require students to undergo drug/alcohol testing prior to placement or during clinical rotations at the site. Therefore, students may also be tested in accordance with the clinical training site's policy. Students, like employees, are required to comply with all hospital policies regarding pre-employment drug and health screening.

Students who take over the counter or prescribed medication are responsible for being aware of the effects the medication may have on their performance and personal behavior and ensure patient safety is not compromised. Students on a medication that may impair students' performance and/or clinical judgment must present documentation from the primary care provider, ensuring fitness for duty.

Students are prohibited from reporting to the classroom or the clinical area under the influence of illicit drugs or alcohol. With reasonable suspicion of substance abuse or chemical dependency, the School of Nurse Anesthesia will act to intervene and refer a student for assessment and treatment.

TIME OFF:

During the didactic phase students will **primarily** follow the University's Academic Calendar. Students will have most of the holiday and vacation times as observed by the University unless otherwise noted on the Academic Calendar. Actual time off will be reviewed with the students by program faculty. If for extenuating circumstances, religious holidays, etc., alternative arrangements can be made by consulting with the Program Director.

During the 19-month clinical phase, students have the following time off:

Thanksgiving break: Thursday/Friday; The Wednesday before Thanksgiving is a clinical day
Winter Break: December 24 through New Year's Day
Spring Break: as per the university calendar- no break if on a specialty rotation
Memorial Day: Monday
Labor Day: Monday
Fourth of July: one week- no break if on a specialty rotation
Time off may be rescheduled to a later date if the student is on a specialty rotation during Spring Break or the Fourth of July week. This will be coordinated with the Program Director.

APPROVED PERSONAL TIME OFF (PTO)

Students will receive a total of 20 days (8 hours per day) of PTO throughout the clinical phase of the program. This includes sick time, meeting attendance, and interview days. This does not include bereavement leave (limited to 3 days for immediate family members). If a student exceeds >20 PTO days due to illness, ***the time must be made up by the student prior to the end of the program or there will be a delay in program completion.*** **Make-up time needs to be arranged by the student and clinical coordinators and communicated in writing to the Program Director.**

PTO will not be granted during specialty rotations or probationary periods. PTO will not be granted to any student during the first week of a student's initial rotation to any clinical site. Students will not be granted PTO days following June 30 of the second year of clinical. PTO cannot be taken during scheduled didactic or simulation lab time. PTO may not be used to complete the program early. A limit of five (5) days off may be used on any one (1) clinical rotation- this includes school vacation weeks.

Students must clear off days with faculty first before committing to meetings, review courses, etc. The clinical coordinators must be consulted with PTO requests **AFTER** approval from the program director. Requests for time off must be submitted via email to the Program Director two (2) weeks prior to the requested time off. All requests will be considered on a case-by-case basis. One day off is equivalent to 8 hours of clinical time. If a student is working longer shifts (10 hours or 12 hours), the remaining hours must be made up during the week or the student must take more than 1 PTO day (if taking off a 10-hour shift, this would be equivalent to 1.25 PTO days).

SICK TIME:

Students unable to attend clinical due to illness must immediately notify the Clinical Coordinator, Program Director, and the Program Administrative Assistant via e-mail or phone call. Sick time will be deducted from the student's PTO bank. If a student exceeds >20 PTO days, ***the time must be made up by the student.*** A student who calls in sick a day before or the day after a vacation/holiday/holiday weekend, or for two or more

consecutive days must provide a note from their healthcare provider. Students who chronically call in sick on Mondays or Fridays (>2 times) will be required to provide a note from their healthcare provider. All sick days must be recorded in Medatrax. ***Any sick days taken after June 30 of the second year of clinical are required to be made up by the student- regardless of how many PTO days the student has remaining in their bank.***

Students who fail to report to clinical for any reason must notify the Clinical Coordinator, the Program Director, and the Program Staff Assistant immediately, or as soon as practical in case of emergency, via e-mail. ***If a student fails to inform the Program Director of an absence, the student will have two (2) PTO days deducted from their bank per occurrence.***

NON-CLINICAL DAYS:

Periodically, students are granted non-clinical days during the 19-month clinical phase. These days are designed to allow students time to work on special assignments, attend class, committee meetings, and other outside projects. Permission to have non-clinical days must be granted by the program director.

MILITARY OBLIGATIONS

We thank you for your service. The student is required to submit a copy of orders for active-duty assignments. The student should make every reasonable attempt to rearrange their clinical or military schedules to ensure required clinical hours are met prior to graduation. PTO will not be deducted. Didactic exams and assignments that conflict with military time should be arranged with the course professor.

POLICIES AND PROCEDURES CHANGE STATEMENT

All policies and procedures are subject to change during the course of the Program, and it is the student's responsibility to keep abreast of these changes as they are announced. Changes in policy and procedure may be communicated to the students by way of electronic email, letters or phone. Students MUST keep their contact information current with the program and monitor their communication daily.

SECTION 3: CLINICAL HANDBOOK

OVERVIEW OF CURRENT AFFILIATION SITES

The University has contractual agreements with numerous healthcare institutions and facilities throughout the New England area and beyond that provide the necessary clinical experiences in anesthesia. Clinical sites may be added to the current list of sites and may serve as complete educational sites or may offer specialty education as part of the overall clinical program. These sites represent primary and enrichment clinical sites. Sites may become unavailable before or after a student has been assigned to that site. It is the responsibility of the Program to place the student in another clinical site rotation, which at times, may not be in the most optimal geographical location for the student to travel and/or may not be available at the exact time when the rotation is to start. The current list of clinical sites may be found at the end of the handbook. Clinical sites are frequently added and deleted from the active list.

Students will receive a letter with the clinical site information prior to beginning the rotation. Students are required to access this information at least 4-6 weeks prior to clinical rotation and contact the Clinical Coordinator for information regarding the rotation to the site.

ADVERSE ANESTHETIC EVENT

Any student involved in a case that has an untoward anesthetic event must inform the Clinical Coordinator and Program Director within 24 hours by phone call and email. **If this is a sentinel event, the student will be placed in contact with Risk Management personnel at UNE. Events may include, but are not limited to, dental injury, nerve injury, medication error, unrecognized esophageal intubation, anaphylactic reaction, cardiopulmonary arrest, and death.** All events, whether sentinel or otherwise, must be reported to the Clinical Coordinator and Program Director the day of occurrence.

Students will refrain from discussing any incident with anyone including an attorney, faculty, other than the assigned faculty and/or the Clinical Coordinator, or other students without first consulting with the Program Director. The appropriate course of action will be delineated at that time.

Reporting adverse outcome per UNE policy does not supplant reporting policies at, or requirements for, the Clinical Affiliates Sites. Students must adhere to reporting policies of both the clinical site and the University of New England.

CLINICAL CASE REQUIREMENTS

The clinical curriculum provides students with opportunities for experiences in the perioperative process that promote their development as competent safe nurse anesthetists. The nurse anesthesia clinical curriculum prepares the student for the full scope of current practice in a variety of work settings. The COA and the NBCRNA require a minimum of 600 clinical cases and 2000 clinical hours including a variety of procedures, techniques, and specialty practice. In

addition to the overall case and hours requirements, requirements are established for specific cases, patient populations, environments, and techniques. These requirements are set forth by the Council on Accreditation.

The specific clinical case requirements are outlined in the appendix of this document, in Medatrax, and can also be found in the COA Standards for Accreditation Document (Revised January 2022) at https://www.coacrna.org/wp-content/uploads/2022/02/Standards-for-Accreditation-of-Nurse-Anesthesia-Programs-Practice-Doctorate-revised-January-2022.pdf

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

CLINICAL CORRELATION CONFERENCES

Students are required to participate in at least 45 hours of clinical correlation conferences. Clinical correlation conferences include department meetings at clinical affiliate sites, journal club/reviews, case reports, QA reviews, M & M discussions, conferences, and/or in-services related to anesthesia. Students will document the type of participation and the number of hours attended in their daily Medatrax log.

CLINICAL DOCUMENTATION POLICY

During the clinical phase of the program, students are required to complete the *Record of Clinical Experience*, located on Medatrax, and submit completed and signed copies of the *Clinical Practicum Evaluation* form.

Ensuring that student clinical records are maintained and submitted on time is the responsibility of each student. The timeline for submitting the required information is as follows:

1. The *Clinical Practicum Evaluation* forms must be submitted to the School at the end of each clinical week via the drop box located in the Clinical Practicum Brightspace course. The evaluation must be completed by both the student and the clinical preceptor. It is the student's responsibility to obtain the completed evaluations from the preceptors. Students must scan the form prior to submission. Cell phone pictures are NOT permitted. The clinical site may have a scanner available. If, for any reason, evaluations are not submitted as required, students must notify the course coordinator for further instructions. Failure to follow this policy may result in disciplinary action.

2. The *Record of Clinical Experience* must be completed and submitted weekly via Medatrax. The School will verify online that records are complete. Students will be requested to submit current copies of Medatrax records at various periods during the clinical rotations. Data entry for each month may be locked out no later than the 5th of following month.

a. **If the required information has not been received/verified, the student may be placed on immediate probation**.
b. **Information uploaded into Medatrax is subject to lock out after 2 weeks. If your case information is not entered in Medatrax within the 2-week window, the program may deem that you are unable to count those case experiences, which may extend your graduation date**.

CLINICAL EDUCATION PERSONNEL

AFFILIATE CLINICAL SITE COORDINATOR

The Clinical Coordinator provides instruction, orientation, assignments, and evaluation while students from the University of New England are assigned to affiliate clinical sites. This individual is responsible for monitoring student scheduling and clinical progress. At times, they are invited to participate in campus based instructional activities. The primary responsibilities of the Clinical Coordinator are to:

1. Serve as liaison/contact person between the institution and the School of Nurse Anesthesia. Facilitate the acquisition of necessary contractual agreements and credentialing documentation.
2. Orient students to the clinical anesthesia setting.
3. Coordinate clinical assignments and rotations in conjunction with the faculty clinical practicum coordinator that will enhance the student's progress toward meeting the required cases necessary for graduation and certification.
4. Coordinate student scheduling and daily operating room assignments with the Clinical Faculty.
5. Provide daily student mentoring and counseling.
6. Evaluate and document ongoing student performance in conjunction with student clinical objectives including daily evaluations and summation evaluations as needed.
7. Ensure that accurate and constructive daily student evaluations are completed by the end of each clinical day by the Clinical Faculty when feasible.

AFFILIATE CLINICAL FACULTY

All Clinical Affiliate Faculty members (Adjunct Instructors) must be credentialed physician or CRNA providers at the individual affiliate sites and able to provide the necessary expertise and knowledge for comprehensive and relevant clinical experiences. **At no time may a nurse anesthesia student be supervised by an Anesthesiologist Assistant (AA), graduate registered nurse anesthetist, or anesthesia resident.** All anesthesiologist and CRNA providers must have institutional staff privileges and be immediately available to the student in the assigned clinical areas. The UNE Nurse Anesthesia Program will annually monitor each site's credentialing process to assure that the providers are current in their licenses and certifications.

The primary responsibilities of the Clinical Faculty are to:

1. Mentor and supervise students in the practice of anesthesia in the clinical setting. Clinical supervision requirements are as follows as dictated by the COA Standards for Accreditation of Nurse Anesthesia Educational Programs Practice Doctorate 2022.
    a. Clinical oversight of graduate students in the clinical area must not exceed:
        i. Two graduate students to one CRNA
        ii. Two graduate students to one anesthesiologist, if no CRNA involved.
        iii. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (life threatening situations) but it must be demonstrated that this is a rare situation for which contingency plans are in place.
    b. A CRNA or anesthesiologist must be present in the anesthetizing location where a graduate student is performing/administering an anesthetic and available to be summoned by the graduate student (immediately available).
    c. As student competency increases, supervision by the Clinical Preceptor will gradually be decreased from 1:1 to 2:1. The gradual decrease in supervision by the Clinical Preceptor from 1:1 to 2:1 may begin at the end of the first clinical semester.
    d. A graduate student can be supervised by a 'credentialed expert' who has the authority and credentials to provide services in the area of specialization for which she or he has been trained. Examples are a pulmonologist which is an expert in airway management; an ER physician authorized by an anesthesia department to perform airway management; an neonatologist who is an expert in airway management.
2. Discuss and critique anesthesia case plans with students.
3. Remain immediately available to students in the clinical area.
4. Provide accurate and constructive clinical evaluations to each student on a daily basis as required by the Program. (Please note that under or over inflating the evaluation scores are not constructive to student learning and may lead to inaccurate student placement and overall student evaluation).
5. Communicate student issues and/or concerns to the Clinical Coordinator and/or Program Director.

CRNA CLINICAL FACULTY

All CRNAs involved in the clinical education of SRNAs shall:

1. Be currently certified/recertified by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA).
2. Maintain a current, valid and unencumbered license, as required by state statutes, to practice as a Certified Registered Nurse Anesthetist (CRNA).
3. Be credentialed by the facility credentialing body in the practice skills being taught.

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

PHYSICIAN CLINICAL FACULTY

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

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

CLINICAL EVALUATION GRADING

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

EVALUATION CRITERIA AND GRADING SCALE

Clinical practicum coordinator responsibilities for evaluating students:

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

The following grading scale and criteria will be utilized:

A 4.00: A grade of A will be earned if the student is meeting or exceeding the minimum requirements and has not had any clinical disciplinary issues. This includes turning in daily evaluations as directed, submitting case plans/reflection papers as directed, and notifying the Program Director and Staff Assistant if called in sick. The APEX password protected exams must be taken if assigned during the specific clinical practicum. APEX workbooks must be submitted if assigned during a specific clinical practicum. Failure to meet the exam benchmark or to submit the workbooks by the due date will result in a lower grade.

B 3.00 A grade of B will be earned if the student is meeting the minimum requirements but has clinical performance issues. This includes not following directions in regard to turning in daily evaluations as directed, submitting case plans/reflection papers as directed, and notifying the Program Director and Staff Assistant if called in sick.

F 0.00 A grade of F will be earned if the student is not meeting the minimum requirements. This will result in dismissal from the program.

CLINICAL EVALUATION TOOLS

Evaluation tools have been created and are utilized by both clinical faculty and students. The following evaluation tools will be employed:

1. Clinical Practicum Daily Evaluation: Students must have the evaluation tool for each clinical practicum with them daily. Each clinical practicum corresponding syllabus clearly outlines the grading and requirements as noted below. The evaluations are to be available for each clinical faculty to complete and provide feedback on student progress. Failure to have this tool available each day will result in an "unacceptable-standards not met" for the day. Clinical progress and evaluation is based on the following requirements:

   Student Clinical Progress Documentation Requirements:

   - Students are required to record their daily clinical experiences, time logs, and clinical correlation competencies in the web based Medatrax system.
   - Students are required to give their preceptor a daily evaluation form every shift. Your self-evaluation should be completed before you give the form to your preceptor. You must record comments and goals on your self-evaluation. Daily evaluations for the entire week must be uploaded to Brightspace every week. If you have not received your daily evaluation back from your preceptors, please submit your self-evaluation for that day in question and follow up with your preceptor. It is the student's responsibility to obtain the evaluation from the preceptor.
   - Students are required to engage in reflective self-evaluation on a continual basis. This is an important component of the learning process as one develops

on the learning continuum. This is a brief summation of the week and can include your cases, what you learned, any issues, goals for the next week, etc.

- Students are required to turn in a weekly case plan. Articles are accepted but are not to be used in place of a case plan.

2. Student Evaluation of Clinical Faculty: Students must complete and submit evaluations on each clinical faculty with whom he or she has been assigned at each rotation site. These evaluations will remain anonymous and be utilized to provide feedback for clinical site improvement. The mechanism will be through an anonymous survey program.
3. Student Evaluation of Clinical Site: Students must complete and submit this evaluation at the end of the rotation at the site. These evaluations will assist in improving student experiences at the clinical sites. These evaluations will remain anonymous and be utilized to provide feedback for clinical site improvement. The mechanism will be through an anonymous survey program.
4. Student Self-Evaluation: Each student will evaluate himself or herself daily per the Clinical Practicum Evaluation tool as well as at the end of each clinical practicum.
5. Advisor Evaluation: At the end of each clinical semester, the faculty advisor will meet with the advisee to determine readiness and progression to the next clinical practicum.

CLINICAL HOURS DEFINITIONS

Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Examples of other clinical time would include in-house call, pre-anesthesia assessment, post-anesthetic assessment, patient preparation, operating room preparation, and time spent participating in clinical rounds. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time.

A reasonable number of hours to ensure patient safety and promote effective student learning is a minimum of 40 hours and should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.

CLINICAL ON-CALL POLICY

Students will be required to take call during their clinical training, as part of the requirements of the program. Call experiences expose the student to emergency anesthesia techniques, and enrich/enhance their understanding of emergency surgery. There will

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

CLINICAL PRACTICUM PERFORMANCE EXPECTATIONS

Clinical Faculty will evaluate the student's progress toward meeting all of the Clinical Practicum Objectives. Students must meet the terminal objectives of each clinical practicum in order to advance to the next practicum. The developmental levels for each clinical practicum and are associated with clinical objectives appropriate for that level. Once determined that students have successfully met the clinical objectives, they will advance to the next clinical practicum.

Spring Semester	Clinical Practicum I	**Novice**
Summer Semester	Clinical Practicum II	**Advanced Beginner**
Fall Semester	Clinical Practicum III	**Competent**
Spring Semester	Clinical Practicum IV	**Proficient**
Summer Semester	Clinical Practicum V	**Expert Practitioner**

CLINICAL DISCIPLINARY ACTION:

Students may receive a written warning with monitoring, be placed on clinical probation, or dismissed for reasons including, but not limited to the following:

1. Unprofessional conduct or violations of the *Code of Conduct.*
2. Willfully violating Clinical Site policies and procedures.
3. Receiving an unfavorable evaluation(s) documenting poor performance, failure to progress, and/or inability to meet the clinical practicum objectives as assessed by the Clinical Faculty.
4. Creating or contributing to situations that jeopardize patient safety.
5. Failure to demonstrate continued or progressing clinical competence.
6. Failure to comply with submission of all required documents in accordance with the required deadlines for submission. (e.g. clinical evaluations, postoperative survey forms, professional licensure documentation).
7. Demonstration of unprofessional behavior (e.g. excessive tardiness, inability to accept constructive criticism, inappropriate cell phone use).

Students may be referred to the Student Development Committee (SDC) for evaluation and recommendations for specific situations. The SDC will make recommendations to the Program

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

Students are expected to meet clinical practicum objectives. If student performance indicates, "needs improvement" at any time during the practicum course, this will be monitored by the program faculty and communicated with the student and clinical faculty. It is expected that students obtain "acceptable" performance throughout the last month of the course. If the student fails to do so, the Program Director may issue a written warning with monitoring or place them on clinical probation. In addition, a clinical probation may be instituted at any time during a clinical course if a student exhibits unsafe or "unacceptable" clinical practice or fails to submit the required evaluations or program required documentation of professional licensure.

If recommended, a written warning with monitoring will be issued for a period of 30 calendar days. The written warning will be signed by the Program Director and will be placed in the student's permanent file. A copy of the written warning will be emailed to the student. Following the 30-day period, the student will be re-evaluated. If the student's behaviors and/or clinical performance have improved, the monitoring will be completed, and the written warning will stay in the student's file. If a student's clinical behavior has not improved or if an additional policy is violated, the student will be placed on immediate clinical probation for a period of 30 days. Any sick time taken off will be made up by adding it to the end of the monitoring period. PTO days can NOT be utilized during the monitoring period.

The length and parameters of probation will be determined by the Program Director and based on the recommendations of the SDC committee. Clinical probation entails a 30-calendar day period of time. During this time program faculty will re-evaluate the student's status. Students will communicate with program faculty and clinical faculty to develop a plan for clinical improvement based on their clinical evaluations, clinical faculty feedback and/or program faculty findings. After the 30-day probation period, the student will meet with the SDC for re-evaluation to determine if clinical objectives have been met. If improvement is demonstrated, probation will end. Failure to meet clinical objectives at that level may result in dismissal.

Students who have successfully met objectives of a clinical probation period and encounter subsequent performance issues may either be placed on a second 30-day probation period or dismissed from the program, as determined by the SDC and program faculty. If placed on probation, the process described would apply. The limit for all students is (2) probationary periods. If performance issues continue to occur after a student has successfully completed (2) probationary periods, the student would be immediately dismissed.

Program faculty will delineate the clinical site for the probation period. Students will not be allowed to take personal time off, except for sick time, during this period unless approved by the

Program Director at the time of initiating probation. **Any sick time taken off will be made up by adding it to the end of the probationary period. PTO days can NOT be utilized during the probationary period. The probationary time and any other related time (waiting for an appropriate clinical site to become available for the probation experience) will be added to the end of the program and push the completion date back accordingly. The student will not be permitted to make-up probationary days.**

CLINICAL REMEDIATION

A major component of the DNP-NA program is the Phase III clinical rotations, which provide the student with the opportunity to apply learned concepts and skills in actual patient care situations. Eligibility for the clinical phase requires a student has achieved a passing grade in all didactic courses in the curriculum and in assessments conducted in the skills labs and during patient simulation. These assessments are designed to identify each student's level of understanding of pertinent technical and theoretical concepts. They also serve to identify those students who may have difficulty in the Phase III clinical portion of the program and provide an opportunity for remediation of technical and integrating skills.

Any student observed to have poor technical skills or an inability to integrate and apply learned knowledge during patient simulation or skills labs may be identified for remediation. A remediation plan may be developed prior to beginning the Phase III clinical portion of the program. The student will be responsible for documenting both short and long-term goals as part of the plan and develop a plan of action to meet these goals. Part of the remediation plan will include-planned simulation experience and/or additional time in the skills labs to provide additional learning opportunities and evaluate the student's progress.
The clinical coordinator at the student's primary clinical site may be informed about the student's identified areas of weakness and the remediation plan, prior to the student beginning their clinical rotation. The clinical faculty will provide feedback to the Clinical Coordinator and program faculty on the student's progress. The student may be required to schedule regular meetings with program faculty to discuss clinical progress at intervals determined by the Program Director.

Four to six weeks after entering clinical, the progress of the student in remediation will be reevaluated. The student's overall clinical performance will be evaluated by both program faculty and clinical faculty. A remediation and/or probationary status may be considered if the student fails to consistently meet clinical performance outcomes. The clinical coordinator at the primary site will be informed about any decisions reached by the program faculty and the student's status.

CLINICAL ROTATION CREDENTIALING

Students must ensure, at least 4-6 weeks prior to their clinical rotation (or as identified as required by the individual site), that credentialing procedures and required pre-clinical in-services with the clinical site are complete. Students must be aware of their obligations at each clinical affiliate site. The Program will provide each student with the necessary contact information for his or her specific clinical site. Some clinical sites require additional RN licensure that may take several months to obtain. Students shall determine if they meet the licensure requirements when the assignment is made and shall allow time to negotiate the licensure process.

CLINICAL ROTATION EXPECTATIONS

1. At least 4-6 weeks prior to the first day of each rotation, the student shall contact the Clinical Coordinator to discuss "first day" expectations and other details.
2. The first day at each rotation site is usually spent in orientation, observation, and becoming familiar with the physical plant and the expectations unique to the clinical site. If an orientation is not provided at the beginning of the first clinical day, students will politely ask the Clinical Coordinator to provide one by the end of the day. If an orientation is not completed on the first day, students must contact the Program Director.
3. Students are required to be in the Operating Room (OR/Anesthesia Area) **at least** one hour prior to the beginning of assigned cases. This allows ample time to check the room, anesthesia machine and supplies, gather and assemble any necessary equipment, perform the patient assessment, and discuss the case plan with the assigned Clinical Faculty.
4. Clinical Faculty may require a phone call the evening prior to discuss the plan of care. Students must comply with this requirement in addition to any individual requirements deemed appropriate by the Clinical Coordinator or Clinical Faculty. Specialty rotations may require the student to arrive more than 1 hour before the start of cases. Students will confirm with the Clinical Coordinator what the expectations are at each Clinical Site.
5. Students will complete each day's clinical assignment/caseload. This means that some cases may not be completed until late in the afternoon/evening on some days. Compensatory time is at the discretion of the Clinical Coordinator. On average, students can expect a minimum of 40 hours/week to a maximum of 64 hours per week consisting of developing anesthesia case plans, room set-up and equipment check, providing anesthesia care, completing postoperative visits, studying required material and completing and submitting required documentation.
6. Students will benefit by making every effort to obtain an assignment the day prior to the procedure. This will allow more time for a preoperative visit/assessment and preparation of an anesthesia case plan. Anesthesia case plans are required for each patient.
7. Case plans are required through clinical practicums 1 though IV. In clinical practicum V, case plans are required for complex cases, new cases not previously done, or cardiac

rotations. During clinical practicum V, an article that relates to cases done that week may be posted instead of a case plan.

8. If the Clinical Faculty should determine that a student is unprepared for the day's assignment, that student may be asked to leave the OR and return when he/she is properly prepared. **In the event of being asked to leave the OR, students must notify the Program Director immediately via email.** The Clinical Coordinator will also notify the Program Director of that student's poor performance/ preparation. In this event, the student may face disciplinary action.
9. Students are required to make postoperative visits on inpatients per the COA requirements of a minimum of 50 post anesthetic assessments.
10. Call rotations are required to complete the clinical phase of the program and students will be placed on the call schedule by the Clinical Coordinator at individual sites. There is a minimum of fifteen (15) call rotations. Call rotations are defined as an 8, 16, or 24-hour overnight shift on an evening, weekend, or holiday. An overnight shift taken from home with a pager is considered a call rotation. The exact length of call and the days involved will vary and compensatory time off will vary from one Clinical Site to another. Failure to respond to a Clinical Site callback is a serious offense and disciplinary action will be taken.
11. Students are evaluated according to the *Clinical Objectives* provided to all students and *The Clinical Practicum Evaluation Tools* discussed in this Handbook.
12. **In the event of extreme weather conditions, UNE class cancellations do NOT apply to the clinical setting.** Students must make every effort to report to their Clinical Site exercising due caution. Failure of students to report to the Clinical Site while the Clinical Coordinator and/or the Clinical Faculty have reported for work may result in disciplinary action. All hours missed will require make up of those hours and may result in extension of the clinical phase and graduation date It is the student's responsibility to discuss clinical site expectations prior to a situation like this occurring.
13. Students must participate in departmental professional activities. These activities include, but are not limited to, presenting journal articles or case studies, attending quality assurance and/or risk management meetings, and departmental meetings and conferences.
14. Students must maintain all patient and hospital information in strictest confidence and adhere to Health Insurance Portability and Accountability Act (HIPAA) guidelines. Students must meet the University and Clinical Site requirements regarding HIPAA compliance. See the sections on *Code of Conduct* and *Respect for Patient's Rights*.
15. Once rotation arrangements are scheduled with the Clinical Site, students are required to complete the rotation unless changed by the Program Director. Changes to the clinical rotation schedule are difficult to make and will only be considered for unusual circumstances or to meet the COA clinical requirements.

CLINICAL ROTATION POLICIES

A comprehensive clinical education experience is designed for each student on an individual basis to meet the clinical experience requirements for graduation and certification. Additionally, the student experience is designed to prepare the student for practice in a variety of clinical settings. Clinical rotation guidelines have been created to lessen the uncertainty and burden of students on rotating to multiple clinical sites while at the same time ensuring they have independent CRNA experiences as well as rural anesthesia experiences. In addition, the amount and location of rotations are assessed to ensure as much equity as possible between students. To meet the intent of the above, the following guidelines outline how clinical rotation assignments are made:

CLINICAL ROTATION ASSIGNMENT GUIDELINES

1. Clinical site rotations will be explained and discussed at the start of the fourth semester in the program.
2. Clinical preference sheets will be distributed at this time.
3. Every consideration will be given to desired geographical location for clinical but will not always be able to be fulfilled.
4. Depending on the clinical site, students may have to rotate away from their geographical location for a period of time to obtain specialty cases that are not offered near them, especially for cardiac, regional, and CRNA-only/autonomous experience sites.
5. A minimum of 1-2 months must be spent at an independent CRNA-only/autonomous site.
6. Please note that not every individual site rotation may be noted on the Clinical Rotation Schedule. For example, several clinical sites have separate affiliated facilities that they provide anesthesia services. A student may rotate to several of those facilities, but they are only slated for the 'one' site on the general schedule (and looking like they are rotating less than their classmates). This is done because rotations to those 'out' facilities are scheduled by the individual Clinical Coordinators and not by program faculty. This aspect is explained in these guidelines so that all students know that they are being treated equally.
7. Clinical site rotations are subject to change based on the following: student progress, student attitude, loss of surgeons and/or surgical specialty at site, loss of Clinical Coordinator or interested facilitator at site, administrative needs or concerns at site, and other extenuating needs.
8. Students should not contact other clinical sites requesting permission to have a rotation at that site. If there is a specific site request, the student should discuss it with the program director.
9. Students will not be assigned to a primary clinical site where they have worked as a critical care RN in the previous two years or to a site where an immediate member of the family works as a CRNA or anesthesia provider.

CLINICAL TIME AND SCHEDULING

Each clinical site has unique scheduling needs and they have the flexibility to schedule students as deemed appropriate within the guidelines established by the Program. Some sites will allow students to gain their clinical experiences in 8, 10, 12, or 16-hour shifts. Sixteen hours of direct anesthesia care is the maximum amount of time students are allowed at any one time. If students are scheduled for a call rotation, they are allowed to be at the Clinical Site for a 24-hour shift. However, they may not exceed the 16-hour maximum mandate for direct anesthesia care. Students must have a minimum of 40 hours per week at their clinical site. Three shifts of 12 hours each is not sufficient. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours).

CLINICAL TIME OFF

Refer to the TIME OFF policy in previous section of this manual.

CRITERIA FOR CLINICAL PRACTICUM PROMOTION:

1. Acceptable clinical performance determined by Clinical Faculty evaluations, verbal feedback, written documentation and attainment of clinical practicum objectives.
2. Completion of required clinical hours.
3. Submission of all clinical documentation by stated deadlines.
4. Compliance with the Self Evaluation Exam (SEE) policy during the appropriate semester.

Program faculty are responsible for reviewing the student's clinical performance each month. If there are areas of concern, they must inform the student in verbally or in writing of these concerns. Communication on a regular basis is required by both the student and the advisor.

APPENDIX

CLINICAL SITE FACILITIES (as of December 2023)

Berkshire Medical Center, Pittsfield, MA
Beth Israel Deaconess, Plymouth, MA
Brigham & Women's Hospital, Boston, MA (inactive)
Cary Medical Center, Caribou, Maine
Central Maine Medical Center, Lewiston, ME
Cottage Hospital, Woodsville, NH
Crane Center for Day Surgery, Pittsfield, MA
Dartmouth-Hitchcock Medical Center, Hanover, NH
Elliot Hospital, Manchester, NH
Exeter Hospital, Exeter, NH
Good Samaritan Hospital, Brockton, MA
Holy Family, Methuen, MA
Houlton Hospital, Houlton, ME
Kent County Memorial Hospital, Warwick, RI
Littleton Hospital, Littleton, NH
Maine General Medical Center – Augusta/Waterville, ME
Maine Medical Center, Portland, ME
Mayo Regional Hospital, Dover Foxcroft, ME
Mercy Hospital, Springfield, MA
MidCoast Hospital, Brunswick, ME
Millinocket Regional Hospital, Millinocket, ME
Northeastern Vermont Regional Hospital, St. Johnsbury, VT
Northern Light AR Gould Aroostook Medical Center, Presque Isle, ME
Northern Light Eastern Maine Medical Center, Bangor, ME
Northern Light Maine Coast Memorial Hospital, Ellsworth, ME
Northern Light Mercy Hospital, Portland, ME
Northern Maine Medical Center, Ft. Kent, ME
Parkland Medical Center, Derry, NH
Portsmouth Regional Hospital, Portsmouth, NH
St. Anne's Hospital, Fall River, MA
St. Joseph's Hospital, Nashua, NH
St. Mary's Hospital, Bangor, ME
Southern Maine Health Center, Biddeford, ME
Stratham Ambulatory Surgery Center, Stratham, NH
UMASS Memorial Health Center, Worcester, MA
University of Vermont, Burlington, VT
Veterans Administration Togus Medical Center, Togus, ME
York Hospital, York, ME

The minimum number of clinical hours is 2,000 *(See Glossary, "Clinical hours").*

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Patient Physical Status		
Class I		
Class II		
Classes III-VI (total of a, b, c, & d)	200	300
a. Class III	50	100
b. Class IV	10	100
c. Class V	0	5
d. Class VI		
Total cases	650†	700
Patient Assessment†		
Initial preanesthetic assessment†	50	100
Postanesthetic assessment†	50	150
Comprehensive history and physical†		
a. Actual†		
b. Simulated†		

Special Cases

Geriatric 65+ years	100	200
Pediatric		
Pediatric 2 to 12 years	30	75

Pediatric (less than 2 years)	10	25
Neonate (less than 4 weeks)		5

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Trauma/emergency (E)	30	50
Obstetrical management (total of a & b)	30	40
a. Cesarean delivery	10	15
b. Analgesia for labor	10	15
Pain management encounters *(see Glossary, "Pain management encounters")*	15	50

Anatomical Categories[5]

Intra-abdominal	75	
Intracranial (total of a & b)	5	20
a. Open	3	10
b. Closed		
Oropharyngeal	20	
Intrathoracic (total of a, b, & c)	15	40
a. Heart		
1. Open heart cases (total of a & b)	5	10
a) With cardiopulmonary bypass		
b) Without cardiopulmonary bypass		
2. Closed heart cases		10
b. Lung	5	
c. Other		
Neck	5	10
Neuroskeletal	20	
Vascular	10	30

[5] Count all that apply.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Methods of Anesthesia		
General anesthesia	400	
Perform a general anesthetic induction with minimal or no assistance†	50	100
Inhalation induction	25	40
Mask management [6]	25	35
Supraglottic airway devices (total of a & b)	35	50
a. Laryngeal mask		
b. Other		
Tracheal intubation (total of a & b)	250	
a. Oral		
b. Nasal		5
Alternative tracheal intubation/endoscopic techniques[7] (total of a & b) *(see Glossary, "Alternative tracheal intubation techniques")*	25	50
a. Endoscopic techniques[8] (total of 1 & 2)	5	15
1. Actual tracheal tube placement		
2. Simulated tracheal tube placement		
3. Airway assessment		
b. Other techniques	5	25
Emergence from anesthesia	300	

[6] A general anesthetic that is administered by mask, exclusive of induction.

[7] Tracheal intubations accomplished via alternative techniques should be counted in both tracheal intubation and the alternative tracheal intubation categories.
[8] Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
Regional techniques		
Actual administration (total of a, b, c, & d)	35	
a. Spinal (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
b. Epidural (total of 1 & 2)	10	50
1. Anesthesia		
2. Pain management		
c. Peripheral[9] (total of 1 &2)	10	50
1. Anesthesia		
Upper		
Lower		
2. Pain management		
Upper		
Lower		
d. Other[10] (total of 1 & 2)		
1. Anesthesia		
2. Pain management		
Management (total of 1 & 2)	35	50
1. Anesthesia		
2. Pain management		

Moderate/deep sedation	25	50

[9] Simple models and simulated experiences may be used to satisfy part of this requirement. No clinical experiences can be obtained by simulation alone.
[10] Examples include truncal, cutaneous, head, and neck blocks (e.g., transversus abdominis plane, rectus sheath, ilioinguinal, iliohypogastric, oral, and maxillofacial blocks).

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases

Arterial Technique

Arterial puncture/catheter insertion	25	
Intra-arterial blood pressure monitoring	30	

Central Venous Catheter

Placement [12] – Non-PICC (total of a & b)	10	15
a. Actual		5
b. Simulated		
Placement – PICC (total of a & b)		
a. Actual		
b. Simulated		
Monitoring	15	

Pulmonary Artery Catheter

Placement		5
Monitoring		10

Other

Ultrasound-guided techniques (total of a & b)	20†	
a. Regional[13]	10†	
1. Actual regional†		
2. Simulated regional†		

[12] Simple models and simulated experiences may be used to satisfy this requirement. For students enrolled on or after January 1, 2020, no clinical experiences can be obtained by simulation alone. Insertion of peripherally inserted central catheters (PICC) does not meet the requirements for central line placement.

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

b. Vascular[14]	10†	
1. Actual vascular†		
2. Simulated vascular†		
Point of Care Ultrasound (POCUS)†, [15]		
a. Actual†		
b. Simulated†		
Intravenous catheter placement	100	
Advanced noninvasive hemodynamic monitoring		
Assessment of chest X-ray†, [16]	5	10

† Effective for all students matriculating into an accredited program on or after January 1, 2022.

[14] Vascular includes arterial, peripherally inserted central catheters, central venous, and peripheral access. No clinical experiences can be obtained by simulation alone.

[15] Refers to the use of portable ultrasonography at a patient's bedside for diagnostic (e.g., symptom or sign- based examination) purposes. This is exclusive of using ultrasound for image-guidance purposes such as for regional anesthesia or vascular access.

[16] This experience can be gained in a healthcare institution, classroom, simulation center, or by using online resources. One case should be counted as the evaluation of one chest x-ray, regardless of the number of items assessed on that x-ray.

CLINICAL SITE SELECTION PREFERENCE FORM

Class of 2025

Every attempt will be made to give you at least one or two of your selections. Be aware that the initial schedule will probably change one or more times during the clinical time depending on case availability and clinical site restrictions. Every effort will be made to keep the moving around to a minimum, but I cannot guarantee anything. No one is guaranteed a specific site, geographical area, or to stay close to home for a personal reason. We do not know who has family, children, significant others, spouses, personal issues, etc. These reasons do not factor into clinical site assignments. Instead an attempt is made to "fit" the student to the site for the best chance of success.

Name_____

Email_____

States where you hold an active RN license_____

Facility where you have been a critical care RN_____

You may have to obtain additional state licenses. A compact license is good for Maine and NH. Massachusetts, Vermont, and Rhode Island are not part of the compact licensure group. If your license is in Maine, there are two types of licenses- Maine residents are eligible for a compact license. If you are not a resident of Maine, you cannot obtain a compact license. A NH license is compact and will work in Maine.

Primary Site: Select 3 choices in order of preference

1._____

2._____

3._____

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

1._____

2._____

3. _____

UNE NURSE ANESTHESIA PROGRAM

PROGRAM COMPLETION CHECKLIST

Name: _____

- ☐ All UNE Graduation Criteria Met
  - All fees paid in full
  - All library books returned
- ☐ Registrar's Graduation Application
  - January (Optional-to walk in Graduation ceremony)
  - June (Required for actual diploma)
- ☐ Completed course requirements for all courses.
- ☐ All Nurse Anesthesia program courses completed with B- or higher grade, Overall cumulative GPA 3.0 or higher
- ☐ All clinical requirements met:
  - All clinical cases logged in Medatrax
  - All Clinical Evaluations Submitted
  - All COA standards for Case and Clinical Hour Requirements are Met
  - Any missed/sick days made up according to the PTO policies
- ☐ Proof of Meeting attendance
  - 1 National
  - 2 State/Regional
- ☐ Senior Day Paperwork
  - Financial Aid Meeting
  - Exit Interviews
  - Program evaluations

- ☐ Please answer the following:
  - Have you accepted a CRNA position? YES_____ NO_____
  - With Whom/Where will you be working?

    _____
  - Email to reach you in the future:

UNIVERSITY OF NEW ENGLAND SCHOOL OF NURSE ANESTHESIA

STUDENT CONTRACT

I have received a copy of the University of New England's School of Nurse Anesthesia Student Handbook. I have had an opportunity to review and discuss its contents, and I agree, as a student enrolled in this Program, to adhere to the policies and guidelines set forth, including the *Professional Expectations for Graduate Study.* Furthermore, I acknowledge that I have read the Essential Technical Standards and understand that these standards must be met prior to my matriculation in the program and maintained throughout the course of my training. If I am unable to maintain these standards, I will notify the Program Director immediately. All policies and procedures outlined in the Student Handbook are subject to change during the course of the Program, and it is my responsibility to not only keep abreast of these changes but recognize them as a requirement for graduation from the program.
Signing this Handbook contract, signifies that the student understands and agrees to the Academic Dishonesty Policy.

I attest that I have worked at least 18 months full-time in a critical care setting as identified by the administration at UNE. If any information I have submitted proves to be untrue, I understand that this may lead to my immediate termination from the program.

I agree to have pictures or videotape of my image taken during academic, simulation, or clinical activities related to the Nurse Anesthesia Program.

I give permission for the faculty in the School of Nurse Anesthesia at the University of New England to provide reference information upon my request. I understand the nature and scope of the reference documentation may include information sought by potential employers, scholarship and award committees and any future college/university where I may seek application.

Upon graduation, I agree to sit for the Certification Examination administered by the NBCRNA. I agree to provide my *employer information* to my program. I understand that my employer will be sent an evaluation tool to evaluate my performance as a newly graduated CRNA at approximately 6 months to 1 year following my completion of my Program. I understand that the results will be kept confidential and will be utilized to evaluate the Program's strengths and improve on the Program's weaknesses. I agree to have this evaluation form completed by my employer.

Signature: _____ Class of _____

Printed Name: _____ Date:_____

UNIVERSITY OF NEW ENGLAND SCHOOL OF NURSE ANESTHESIA

STUDENT CLINICAL CONTRACT

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

Signature: _____ Class of _____

Printed Name: _____ Date: _____

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