This acknowledgment confirms that I have received a copy of the Hamot Medical Center School of Anesthesia/Gannon University Student Handbook. I understand it is MY responsibility to read the entire contents of the student handbook. If I do not understand anything outlined in this manual I will ask the Program Director, Associate Director or Education Coordinator for clarification. I understand that the administration of the Hamot Medical Center School of Anesthesia/Gannon University may revise this handbook as deemed necessary.

I have read the Hamot Medical Center School of Anesthesia/Gannon University Student Handbook in its entirety:

__________________________________________  _____________
Student Signature                          Date
# Hamot Medical Center
## School of Anesthesia/Gannon University
### 2010-2011 Student Handbook
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**Mission Statement**

Hamot Medical Center has adopted a vision of providing care and service that achieve the highest national standards. Hamot’s Mission is “To Serve” patients and the community in a tradition of quality, health, healing and education.

The Mission of the Hamot Medical Center School of Anesthesia/Gannon University is congruent with that of Hamot Medical Center and Gannon University’s Villa Maria School of Nursing.

Our mission is to create a center of excellence for the advancement of nurse anesthesia education and practice. The program is committed to the graduate education of registered nurses with a specific focus of anesthesia nursing. We prepare our graduates to provide anesthesia services and perioperative care and to respond to a continually changing health care environment. The program endeavors to provide an atmosphere of learning that promotes each student’s personal and professional growth. We strive to graduate excellent practitioners who are ready to function in the vital role of nurse anesthetist and are prepared to assume leadership roles in their profession and society.
**Educational Philosophy**

The philosophy of the nurse anesthesia program is congruent with the philosophy of Hamot Medical Center and Gannon University’s Villa Maria School of Nursing.

The faculty believes that the essence of nurse anesthesia education at the graduate level requires a learning process that is competency-based and self-directed. This advanced practice nursing role incorporates principles of commitment to personal excellence, critical thinking, sound and prudent decision making, and independent judgment. We further believe that this program of study is based upon multi-disciplinary bodies of knowledge from the fields of nursing, biology, as well as the physical, chemical, and socio-behavioral sciences.

Graduates will be prepared for advanced practice nursing in the specialty area of nurse anesthesia. The course of study will prepare a nurse anesthetist who is ready to function successfully in the role of clinician, educator, researcher or administrator.

We believe that learning occurs in an atmosphere of respect and responsibility where instructor and student share common goals. Nurse anesthesia program faculty serve as mentors, role models, and facilitators of learning. The student registered nurse anesthetist accepts responsibility for academic integrity and self-directed learning throughout a variety of didactic and clinical educational experiences.
**Statement of Purpose**

The purpose of the Hamot Medical Center School of Anesthesia/Gannon University is congruent with that of Hamot Medical Center and Gannon University’s Villa Maria School of Nursing.

The program is a dual purpose, collaborative, graduate educational program, which allows students to earn a Master of Science in Nursing (MSN) degree with a concentration in Nurse Anesthesia and a Certificate of Completion of the Hamot Medical Center School of Anesthesia. Gannon University offers a post-master’s certificate to the applicant who has earned an MSN.

**Accreditation**

Hamot Medical Center School of Anesthesia/Gannon University is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. The Commission on Collegiate Nursing Education accredits Gannon University’s Villa Maria School of Nursing. Upon successful completion of the 28 month program, the graduate is eligible to take the National Certification Examination administered by the National Board on Certification and Recertification of Nurse Anesthetists.
**History of the Nurse Anesthesia Program**

The Charter for the Nurse Anesthesia Program was established at Hamot Medical Center in June of 1965. The founder, and first program director, was Dr. Robert Merriman, MD. The first class was admitted to an 18-month program. The principle charter and ownership of the program has been held by Hamot Medical Center since its inception.

Initial approval and accreditation from the Council on Accreditation of Nurse Anesthesia Educational Programs was granted on October 30, 1970. In September, 1974 Mr. Steve Anderson, CRNA, MEd, became program director. The program functioned as a certificate program until 1975, when Mr. Anderson made efforts to move the program into a baccalaureate framework and an affiliation with Edinboro State College was developed. The degree program with Edinboro was initially housed in the Biology and Health Sciences Department and graduates earned a Bachelor’s Degree in Anesthesia upon program completion. In 1987, the program moved to the Nursing department of Edinboro State University.

In 1988, a graduate program within the College of Nursing was developed. Students would earn a Master of Science in Nursing (MSN). The first class of graduate students was accepted in January 1989. Due to an increase in didactic curriculum, the program was extended to 28 months in length.

In January 1990, the school moved its academic affiliation to Gannon University’s Villa Maria School of Nursing. The school currently admits one class of approximately 20 students a year. The program requires completion of a Master’s thesis. Students may participate in an RN to MSN option through Gannon University. A post-master’s certificate is also available for the applicant who has earned an MSN. All coursework is completed in a continuous 28-month sequence. Graduates of the program receive a Master of Science in Nursing Degree with a concentration in Nurse Anesthesia, from Gannon University and a Certificate of Completion of the Anesthesia Program from Hamot Medical Center School of Anesthesia/Gannon University. Graduates are prepared to take the National Certification Examination. Hamot School of Anesthesia is proud of its alumni, who successfully provide skilled anesthesia services across the United States in a variety of practice settings.
HAMOT MEDICAL CENTER SCHOOL OF ANESTHESIA / GANNON UNIVERSITY

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2010

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Valerie Hoover, BS

Valerie Y. Hoover, BS
Education Coordinator
Phyllis Machacek, BS
Administrative Assistant
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Title: Policy of Non-Discrimination

Policy: The Hamot Medical Center School of Anesthesia/Gannon University does not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, citizenship status, disability, or veteran status in its programs and activities.
Title: Guidelines for Professional Integrity of Student Registered Nurse Anesthetists.

Purpose: To provide guidelines for professional conduct of student registered nurse anesthetists at Hamot Medical Center School of Anesthesia and Gannon University’s Villa Maria School of Nursing.

Policy and Procedures:

A. Student registered nurse anesthetists (SRNAs) have an obligation to maintain ethical and moral behavior in relationship to their profession.

B. Definitions:
   1. Professional behavior – behavior reflecting status, character, and standards of a given profession.
   2. Ethical behavior – behavior in accordance with the accepted principles of right and wrong that governs the conduct of a profession.

C. Examples: (Including but not limited to)
   1. Breaching patient confidentiality, revealing personally identifiable facts obtained as a result of student-patient relationship without prior consent of the patient. (Except as authorized or required by statute).
   2. Performing a task which the student knows or has reason to know that he/she is not competent to perform unsupervised.
   3. Functioning in the role of SRNA while under the influence of drugs or alcohol, or with physical or mental impairment that make the student unfit for practice.
   4. Impersonating another healthcare provider.
   5. Independently delegating a task assigned by his/her instructor to another individual.
   6. Failing to follow through with all assigned tasks.
   7. Willfully harassing, abusing, or intimidating another individual (e.g. patient, peer, faculty or staff).
   8. Violating a fixed standard of professional conduct (e.g. RN licensure or state boards).

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 2010
Supersedes Guidelines Dated: 01, 02, 03, 04, 08, 09
Title: Guidelines for Conduct of Student Registered Nurse Anesthetists.

Purpose: The purpose of this policy is to state Hamot Medical Center School of Anesthesia/Gannon University’s position on administering equitable and consistent corrective action for unsatisfactory conduct in the clinical and academic environment. The best corrective action measure is the one that does not have to be enforced and comes from good leadership and fair supervision at all levels.

Policy and Procedure:
A. Hamot Medical Center School of Anesthesia/Gannon University's own best interest lies in ensuring fair treatment of all SRNA’s and in making certain that corrective actions are prompt, uniform, and impartial. The major purpose of any action is to correct the problem, prevent recurrence, and prepare the SRNA for satisfactory performance in the future.
B. Hamot Medical Center School of Anesthesia/Gannon University will use progressive corrective action at its sole discretion. If a problem or unsatisfactory SRNA performance occurs, the program director is responsible for investigating the problem and determining the appropriate progressive disciplinary action to be taken. Disciplinary action may call for any of five steps that are listed as follows:
   1. Information for the record
   2. Counseling
   3. Written Warning
   4. Suspension
   5. Suspension pending review for possible termination
C. Hamot Medical Center School of Anesthesia/Gannon University recognizes that there are certain types of SRNA problems that are serious enough to justify either a suspension, or, in extreme situations, termination of academic course of study, without going through the usual progressive corrective action steps. By using progressive action, we hope that most SRNA problems can be corrected at an early stage, benefiting both the SRNA and Hamot Medical Center School of Anesthesia/Gannon University.
D. In order to ensure safe and orderly operations and provide the best possible academic environment, Hamot Medical Center School of Anesthesia/Gannon University expects SRNAs to follow rules of conduct that will protect the interests and safety of other students, faculty, and Hamot Medical Center personnel. It is not possible to list all the forms of behavior that are considered unacceptable in the academic environment, but the following are examples of infractions of rules of conduct that may result in disciplinary action, including suspension, or termination of course of study:
   1. Failure to demonstrate Hamot’s core values and customer service standards.
   2. Incompetence or neglect of duties.
   3. Being discourteous to patients, visitors, faculty, employees or physicians.
   4. Violating any Hamot safety, health, or security policy, rule, or procedure.
   5. Theft or damage of any Hamot property or the property of any patient or visitor.
6. Removing or borrowing medical center or school property without prior authorization.
7. Unauthorized use of medical center or school equipment, time, materials, or facilities.
8. Working with alcohol or illegal substances in your system.
9. Possessing, distributing, selling, transferring, using, or having alcohol or illegal drugs in your system while in the workplace, or any infraction of Hamot Medical Center School of Anesthesia/Gannon University’s drug and alcohol policy.
10. Falsification of student records, employment information, or any other records.
11. Gambling while working or on Hamot facilities.
13. Soliciting or receiving tips or gifts of value from patients, family members or visitors.
14. Violating the solicitation guidelines.
15. Provoking or participating in a fight or acts of violence during working hours or on premises owned or occupied by Hamot.
16. Causing, creating or participating in disruptive conduct including, but not limited to, running in corridors, excessive noise, horseplay, and inappropriate conversations on Hamot time or premises.
17. Possession of firearms or any other dangerous weapons, at any time, on premises owned or occupied by Hamot.
18. Engaging in illegal conduct that is detrimental to the reputation of Hamot, whether or not related to SRNA performance.
19. Insubordination, including but not limited to failure or refusal to obey the orders or instructions of any clinical supervisor or member of management, the use of abusive or threatening language toward any clinical supervisor or member of management, or refusal to fully disclose information in the course of organizational investigations.
20. Being disrespectful or using profane or abusive language at any time while on premises owned or occupied by Hamot.
21. Failing to personally notify the appropriate supervisor when unable to report to clinical assignment.
22. Failing to notify your immediate supervisor to leave clinical assignment or work area, for any reason during normal clinical practicum hours or before the end of scheduled clinical shift.
23. Failing to observe clinical schedules, including rest and lunch periods.
24. Excessive absences/tardiness or abuse of time off or other leave.
25. Failure to follow request for time-off procedures.
26. Sleeping while on clinical assignment and/or in work areas.
27. Making or accepting for improper purposes personal telephone calls during clinical hours.
28. Violating the dress code policy.
29. Committing a fraudulent act, dishonest act, breach of trust, or violating the duty of loyalty to Hamot Medical Center School of Anesthesia/Gannon University in any circumstances.
30. Failing to maintain confidentiality and/or disclosing proprietary information.
31. Violation of Hamot’s Electronic Communications Monitoring Acknowledgement or the Confidential Information Security Agreement.
32. Violation of Hamot policies and procedures.
33. Failure to comply Federal and State laws and other regulations.
HAMOT MEDICAL CENTER SCHOOL OF ANESTHESIA/GANNON UNIVERSITY
CORRECTIVE ACTION REPORT

6 Digit SRNA Number ____________________________ Date of Violation ____________________________

Name ____________________________ Department ____________________________

Title: Student Registered Nurse Anesthetist

Complete sections I, II and III prior to presenting this form to the student registered nurse anesthetist. Upon presentation, the SRNA should be encouraged to make comments in the Comments section. The ORIGINAL should then be forwarded to the Human Resource Office for filing, a copy should be given to the SRNA and a copy kept in the Hamot Medical Center School of Anesthesia/Gannon University file.

• SECTION I: Be factual; include complete information; give dates, times, names of witnesses and any other pertinent facts.

• SECTION II: Be specific in clarifying the action being taken. Include in this section, what the next step will be if there are further occurrences of the problem.

• SECTION III: List possible solutions to the problem occurring and/or refer SRNA to appropriate individuals.

Corrective Action Taken: Consequence of Repeat Violations:

☐ Counseling ☐ Written Warning - 1st
☐ Written Warning - 1st
☐ Written Warning - 2nd
☐ Written Warning - 2nd
☐ Suspension for ________ days
☐ Suspension for ________ days
☐ (list dates)
☐ Termination Date
☐ Termination

I. Causes for Corrective Action: ____________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

II. Clarification of Action Taken: __________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
III. Performance Action Improvement Plan (If corrective action or pertaining to poor work performance):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SRNA Comments: ________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Student registered nurse anesthetist please note: refer to the Hamot Medical Center School of Anesthesia handbook (Conduct Appeal Process) and consult the Human Resource Business Partner if you are interested in filing an appeal.

SRNA's Signature    Date    *Reviewing Authority’s Signature    Date

Supervisor's Signature    Date    *HR Business Partner Signature    Date

*Normally necessary only in cases of suspension and termination.
Title: Guidelines for Conduct Grievance

Purpose: To provide the Student Registered Nurse Anesthetist a Grievance Process for Disciplinary Action related to Violation of Student Registered Nurse Anesthetist Conduct Policy.

Policy and Procedures:
A. Student Registered Nurse Anesthetists should seek clarification or guidance from their program director, or Human Resources whenever problems exist. This can be especially helpful when assistance is required to clearly define problems or develop alternative solutions.

B. However, when a problem cannot be resolved with the SRNA’s program director, or with Human Resources, the SRNA may submit an Appeal to Human Resources.

C. A written appeal should be filed within 2 weeks of the issue or action appealed. The SRNA appeal process should not exceed 30 days.
   1. The written appeal should include: identification of the grievant, the respondent, the incident, date, time, place, existing rule/policy/established practice claimed to be violated and a brief statement of the desired outcome.

D. Once the request is filed, the following procedure is normally used. While this standard procedure is designed to lead to the effective resolution of problems, the circumstances surrounding some cases may require that they be handled differently. Therefore, Hamot Medical Center School of Nurse Anesthesia/Gannon University reserves the right to make other SRNA appeal arrangements which may lead to a prompt, fair or effective resolution of the matter at hand.
   1. Upon receipt of an SRNA Appeal, Human Resources will assign the matter to the reviewing authority. The reviewing authority has the responsibility to try to resolve the problem. The reviewing authority will communicate with the SRNA to that end, and should seek the guidance and counsel of Human Resources and higher levels of management, as necessary, to effectively analyze the situation.
   2. The reviewing authority has one week in which to process the appeal or advise the SRNA of another schedule if a greater length of time is realistically necessary. Upon conclusion of this step, the reviewing authority will provide a written response to the SRNA. The decision of the reviewing authority is final.
   3. This SRNA appeal process does not apply to discrimination claims based on race, color, religion, sex, national origin, ancestry, age, disability or veteran status or the following circumstances:
      a. Sexual harassment or any other form of harassment
      b. Substance abuse
      c. Clinical evaluations or clinical performance
Title: Guidelines for Academic Integrity of Student Registered Nurse Anesthetists

Purpose: To provide guidelines for academic conduct of student registered nurse anesthetists at Hamot Medical Center School of Anesthesia and Gannon University’s Villa Maria School of Nursing.

Policy and Procedures:

A. Academic integrity of SRNAs is expected. Student registered nurse anesthetists at Hamot Medical Center School of Anesthesia/Gannon University accept personal responsibility for their own behavior and performance; for understanding what is expected and meeting those expectations. This conduct is monitored by assessment of didactic development and clinical performance.

B. Student registered nurse anesthetists have ethical responsibility regarding financial assistance they receive from public or private sources. This conduct is monitored by tracking student loan default rates.

C. Hamot Medical Center School of Anesthesia/Gannon University upholds and agrees with Gannon University’s Published Academic Integrity Policy. This policy is documented in the Gannon University Graduate Catalog 2009-2010. It is each student’s responsibility to read the entire policy in the Gannon University Graduate Catalog. This policy states:

“Absolute integrity is expected of every Gannon student in all academic undertakings; the student must in no way misrepresent his/her work, fraudulently or unfairly advance his/her academic status, or be a party to another student’s failure to maintain integrity. The maintenance of an atmosphere of academic honor and the fulfillment of the provisions of this code are the responsibilities of the students and faculty of Gannon University. Therefore, all students and faculty members shall adhere to the basic principles of the Code.

I. Forms of Academic Dishonesty
A. Plagiarism

Plagiarism is the inclusion of someone else’s word, ideas or data as one’s own work. When a student submits work for credit that includes the words, ideas or data of others, the source of that information must be acknowledged through complete and accurate documentation, and specific footnote references, and, if verbatim statements are include, through quotation marks as well. By placing his/her name on work submitted for credit, the student certifies the originality of all work not otherwise identified by appropriate acknowledgments. A student will avoid being charged with plagiarism if there is an acknowledgement of indebtedness.
Examples (Including but not limited to)
1. Whenever one quotes another person’s actual words.
2. Whenever one paraphrases another person’s idea, opinion or theory.
3. Whenever one borrows facts, statistics, or other illustrative materials, unless the information is common knowledge.
4. Downloading or purchasing material from Internet without identifying appropriate acknowledgement.

B. Fabrication
Fabrication is the use of invented information or the falsification of research or other findings with the intent to deceive.

Examples (Including but not limited to)
1. Citing information not taken from the source indicated.
2. Listing sources in a bibliography not used in the academic exercise.
3. Inventing data or source information for research or other academic exercise.
4. Submitting as your own any academic exercise (e.g., written work, documentation or legal document [e.g., patient charts, etc.], painting, sculpture, etc., etc.) prepared totally or in part by another.
5. Taking a test for someone else or permitting someone else to take a test for you.

C. Cheating
Cheating is an act of deception by which a student misrepresents that he/she has mastered information on an academic exercise that he/she has not mastered.

Examples (Included but not limited to)
1. Copying from another student’s test paper and/or other assignments.
2. Actively facilitating another student’s copying from one’s own test paper/other assignments.
3. Using the course textbook or other materials such as a notebook not authorized for use during a test.
4. Collaborating during a test with any other person by receiving information without authority.
5. Using specifically prepared and unauthorized materials or equipment during a test, e.g. notes, formula lists, notes written on student’s clothing, etc.
6. Reporting a clinical visit completed when it was not.
7. Falsifying reports of clinical visits, laboratory exercises, or field experiences.
D. Academic Misconduct
Academic misconduct is the tampering with grades, or taking part in obtaining or distributing any part of a test not administered.

Examples (Including but not limited to)
1. Stealing, buying or otherwise obtaining all or part of an unadministered test.
2. Selling or giving away all or part of an unadministered test including answers to an unadministered test.
3. Bribing any other person to obtain an unadministered test or any information about the test.
4. Entering a building, office file or computer/computer system for the purpose of changing a grade in a grade book, on a test, or on other work for which a grade is given.
5. Changing, altering, or being an accessory to the changing and/or altering of a grade in a grade book, on a test, a “change of grade” form, or other official academic records of the University which relate to grades.
7. Hiding and/or mutilating library/classroom books and/or equipment.

II. Academic Dishonesty Sanctions
Any student found guilty of academic dishonesty will be subject to penalties, which, depending on the gravity of the offense, may include the following:

1. Failure of the assignment involved (subject to decision by faculty member).
2. Failure of the course (subject to decision by faculty member).
3. Subject to review and approval of the Academic Dean, separation from the University.
4. Subject to review and approval of the Academic Dean, expulsion from the University.

III. Policy of Professional Integrity
All students have an obligation to maintain ethical behavior in relationship to their profession.

Professional Behavior
Those behaviors reflecting the status, character, and standards of the given profession.

Ethical Behavior
Those behaviors in accordance with the accepted principles of right and wrong that govern the conduct of a profession.
Any student of Gannon University who engages in unprofessional or unethical conduct is subject to disciplinary action which could include reprimand, probation, separation and expulsion from the University.”

Academic Integrity Policy quoted directly from Gannon Graduate Catalog 2009-2010, Academic Regulations, and pp. 7-8.
Title: Guidelines for Academic Grievance

Purpose: The Academic Grievance Policy defines the process for Student Nurse Anesthetist’s to address concerns that are academic in nature.

Policy and Procedure:
A. This policy addresses academic grievances only. An academic grievance is defined as a complaint brought by a student regarding the provision of education and academic services affecting their role as a student. Complaints or grievances connected to assigned grades represent a special case to the grievance process. Grading reflects careful and deliberate assessment of a student’s performance by a faculty member. As such, the substance of grading decisions may not be delegated to the grievance process. Nevertheless, the Hamot Medical Center School of Anesthesia/Gannon University recognizes that, in rare cases, the process of grading may be subject to error or injustice. Therefore, an SRNA who alleges an error or injustice in the grading process would follow this policy toward resolution.

B. It is the intent that this policy provides an efficient process, allowing for both informal and formal resolution of grievances related to academic concerns, complaints or allegations.

C. A student must initiate a grievance as close as possible to the date of the occurrence of the incident and no later than 45 days after the end of the semester in which the alleged grievance occurred. Each summer session is considered one semester.

General Guidelines:
Academic grievance procedures should be kept as informal as possible based on principles of mediation and conciliation. Every reasonable effort should be made to resolve an academic grievance at the lowest organizational level possible. In the event that a matter cannot be resolved informally, the student may seek resolution at the next higher level according to the formal resolution procedure.

In the event that the faculty member is no longer teaching for the university or is not available within the timelines specified in these general guidelines, the SRNA is to initiate the grievance with the faculty member’s immediate supervisor.

The SRNA filing a grievance may have a third-party advisor, such as the University Ombudsperson, attend any meeting at which the student appears. The student may contact the University Ombudsperson for assistance in initiating the academic grievance process or at any time during the process. The faculty member involved in the grievance may also have a third-party advisor approved by the Hamot Medical Center/Gannon University attend any meeting at which the faculty member appears.
**Informal Resolution Phase:**
All academic grievances begin with the informal resolution phase. This first step toward resolution of an academic grievance should begin at the lowest organizational level. The SRNA should address the grievance to the faculty member involved as soon as possible. The SRNA and the faculty member involved should meet to discuss and work toward resolution of the concern. The SRNA should follow the established protocol regarding the levels of appeal. Formal resolution shall not occur without occurrence of the informal resolution phase.

**Formal Resolution Phase:**
The formal resolution phase is used by the student when a satisfactory informal resolution has not occurred.

A. The first step in the formal resolution of an academic grievance is to submit a formal written account of the grievance.
   1. The written account must be submitted to the Hamot Medical Center School of Anesthesia /Gannon University Program Director or the Director of the Villa Maria College of Nursing within 2 weeks after the last meeting of the informal resolution phase.
   2. The written account should include: identification of the grievant, the respondent, the incident, date, time, place, names of witnesses, the existing rule/policy/established practice claimed to be violated and a brief statement of the desired outcome.
   3. Within 3 weeks of receipt of all written materials, the next level of the organizational chart will fact-find from involved parties and render a resolution in writing to the parties involved.

B. The second step, if needed, in the formal resolution phase occurs when and if the faculty or student is not satisfied with the initial resolution of the grievance. The SRNA or the faculty member involved may then appeal to the next level of the organizational chart by providing a written account of the grievance process and decision.
   1. A written account must be submitted to the next level of the organizational chart within 2 weeks of receipt of the initial resolution decision.
   2. The written account should include: identification of the grievant, the respondent, the incident – date, time, place, names of witnesses, the existing rule/policy/established practice claimed to be violated, a copy of the initial resolution decision and a brief statement of the desired outcome.
   3. Within 3 weeks of receipt of all written materials, the next level of the organizational chart will fact-find from involved parties and render a resolution in writing to the parties involved.

C. The third step, if needed, in the formal resolution process is to appeal to the appropriate College Dean.
   1. The College Dean shall be given a written account of the grievance process to date. This must be submitted within 2 weeks of receipt of the resolution decision rendered by Step 2 of the formal resolution process.
   2. The College Dean shall render a decision in writing to the parties involved within 3 weeks.
3. In the event the Dean’s resolution of the alleged academic grievance is not satisfactory to either party, the appeal shall be directed to the Provost and Vice President of Academic Affairs.

D. The fourth step, if needed, in the formal resolution process is to appeal to the Provost and Vice President of Academic Affairs. This step must be initiated within 2 weeks of receipt of the College Dean’s Decision

1. The Provost and Vice President of Academic Affairs shall review the written appeal and response(s) to make a determination whether or not there are sufficient grounds to hold an appeal hearing.

2. If there are insufficient grounds to hold an appeal hearing, the decision of the College Dean will be upheld.

3. If there are sufficient grounds to hold an appeal hearing, the Provost shall establish an ad hoc grievance appeal panel.

   a. A grievance appeal hearing panel would be established on an ad hoc basis and consist of 5 members for each case. The grievance appeal hearing panel shall be convened by the Provost and Vice President for Academic Affairs. The panel shall be composed of the Provost and Vice President for Academic Affairs, or her/his designee (serves as Chair), 2 faculty representatives chosen from the Faculty Senate Academic Grievance Group, and two student representatives chosen from the Student Government Association Academic Grievance Group. The Provost and Vice President for Academic Affairs, or her/his designee shall have a vote only in event of a tie.

4. The panel members shall conduct the business of the appeal in strict confidence, and in private. The meetings and deliberations of the panel shall be closed.

5. The panel members shall have access to the written appeals and each person involved in the grievance.

6. The panel decision shall be communicated in writing to the SRNA, faculty member, College Dean and Program Director.

7. The decision of the grievance appeal panel must be submitted in writing by registered mail to both parties. This communication should include an opportunity for a member of the panel or the Provost and Vice President for Academic Affairs to debrief or otherwise provide further assistance to either party.

8. The decision of the grievance appeal panel is final.
Title: Guidelines for Grading of Didactic Learning

Purpose: To provide guidelines for determination of didactic course grades.

Policy and Procedure:

A. It is the responsibility of the faculty to document and report each SRNA’s final letter grade upon course completion.

B. Faculty will publish a system of grade determination for each course. The method of grade determination will be distributed with the course syllabus at the beginning of each semester.

C. Using the grading scale outlined in section “E” below, faculty may devise their own system of grade determination. The instructor must submit all compiled grades and demonstrate how the final grade was determined.

D. Grade determination may include, but is not limited to:
   a. Objective quizzes and tests
   b. Essay tests
   c. Research papers
   d. Skill/knowledge base demonstration
   e. Student Presentations

E. Hamot Medical Center School of School of Anesthesia/Gannon University uses the following grade scale:
   
<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>A+</td>
<td>&gt;100%</td>
</tr>
<tr>
<td>A</td>
<td>93-99%</td>
</tr>
<tr>
<td>A-</td>
<td>90-92</td>
</tr>
<tr>
<td>B+</td>
<td>88-89%</td>
</tr>
<tr>
<td>B</td>
<td>83-87%</td>
</tr>
<tr>
<td>B-</td>
<td>80-82%</td>
</tr>
<tr>
<td>C+</td>
<td>78-79%</td>
</tr>
<tr>
<td>C</td>
<td>70-77%</td>
</tr>
<tr>
<td>F</td>
<td>≤60%</td>
</tr>
</tbody>
</table>

F. The SRNA must earn a grade of “B” or better in each didactic course.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 2010
Supersedes guidelines Dated: 01, 02, 03, 04, 08, 09
Title: Guidelines for Academic Progression, Retention, and Dismissal for Graduate Nursing Courses.

Purpose: To provide guidelines for academic progression, retention, and dismissal at Hamot Medical Center School of Anesthesia/Gannon University.

Policy and Procedure:

A. Graduate nursing students whose GPA falls below 3.0 are subject to review each semester by the Program Director and the Academic Dean. A student with less than a 3.0 GPA may be denied registration and/or dismissed from graduate studies.

B. Student registered nurse anesthetists must obtain a letter grade of “B” or better for each theory course. Each theory course in which an SRNA receives a grade less than a “B,” including a “B-,” must be repeated at the next offered sequence. The SRNA may remain in the program of study, and proceed to the next level of courses. Students who receive a letter grade of “F” in any theory course may not progress in the graduate nursing program for which the failed course is a prerequisite.

C. Student registered nurse anesthetists who receive a grade less than a “B” for a theory course must meet with the Program Director to develop a remediation plan. This plan will be documented in writing. The SRNA will receive a copy of the written remediation plan.

D. Student registered nurse anesthetists may repeat a TOTAL of 2 theory courses within the program of study. Any given course may be repeated only once. Students are required to submit a written notice of a repeated course to the Gannon Registrar’s Office. The letter “R” will be placed in front of the original grade and the original grade will not be calculated in the SRNA’s cumulative GPA.

E. Student registered nurse anesthetists must earn a “satisfactory” grade for all clinical practica. Student registered nurse anesthetists who fail a clinical practicum are dismissed from the program of study. Students who desire to continue the program of study must reapply through the Hamot Medical Center School of Anesthesia/Gannon University Admissions Committee.

Approved by Krista Y. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 2010
Supersedes Guidelines Dated: 6/05, 08, 09
Title: Faculty Rights and Responsibilities with Respect to Student Registered Nurse Anesthetists.

Purpose: Hamot Medical Center School of Anesthesia/Gannon University places a high value on effective instruction. The following faculty rights and responsibilities ensure that interaction between members of the academic community occur with respect and consideration for all parties.

Policy and Procedures:

A. Class Attendance: Faculty will make every effort to attend all scheduled classes. If unable to attend, a substitute instructor will be sought or the class rescheduled.

B. Course Content: Faculty will update course material periodically to reflect current scholarship in the course content area.

C. Grading: Faculty will provide clear guidelines as to how grades will be determined, at the outset of each course.

D. Syllabi: Faculty will distribute a course syllabus at the beginning of each semester.

E. Office Hours: Faculty will be available to meet with students through scheduled appointments.

F. Letters of Professional Reference: Students rely on faculty recommendations when applying for scholarship, career placement or doctoral study. Students may only request professional reference from the Program Director, Associate Directors’, Lead CRNA or Medical Chair, Department of Anesthesia. Requests for reference from other MD or CRNA faculty are considered personal and must be noted as such. The student should read and follow the published policy, Guidelines for Requesting Professional Reference. If a faculty member agrees to write a letter of professional reference it will be prepared in a prompt and accurate manner.

G. Student responsibility: The faculty expects that students will follow ethical guidelines and standards of conduct set forth by Hamot Medical Center School of Anesthesia/Gannon University.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan.2010
Supersedes Guidelines Dated: 09
Title: Guidelines for Clinical Grievance

Purpose: The Clinical Grievance Policy extends to the SRNA the right to appeal actions by Hamot Medical Center School of Anesthesia/Gannon University that suspend or dismiss an SRNA from the program or delay graduation for failure to satisfactorily progress in a clinical course.

Policy and Procedure:
A. The first step in the resolution of a clinical practicum grievance is to submit a formal written account of the grievance.
   1. The written account must be submitted to the Hamot Medical Center School of Anesthesia/Gannon University Program Director within 5 days of a clinical practicum evaluation that results in suspension, expulsion or extension of his/her anesthesia program.
   2. The written account should include: identification of the grievant, the respondent, the incident, date, time, place, existing rule/policy/established practice claimed to be violated and a brief statement of the desired outcome.
B. Within 2 weeks of receipt of all written materials, the Chair of the Clinical Practicum Appeal Committee will fact-find from involved parties and schedule a hearing of the Clinical Practicum Appeal Committee.
C. The Clinical Practicum Appeal Committee is comprised of 3 members. Membership includes 1 representative from Gannon University, appointed by the Director of the Villa Maria School of Nursing, and 2 representatives from Hamot Medical Center. Hamot Medical Center representation will not include Hamot Medical Center School of Anesthesia faculty or administration. One representative from Hamot Medical Center will function as Committee Chair.
D. The Chair of the Clinical Practicum Appeal Committee will notify the SRNA in writing of the time and place of the hearing. Hearings of the Clinical Practicum Appeal Committee will occur within 3 weeks from receipt of the written appeal.
E. The SRNA will appear alone before the Clinical Practicum Appeal Committee. The SRNA may request the committee to contact other individuals on their behalf.
F. The Clinical Practicum Appeal Committee shall uphold, modify or reverse the action/decision of the Hamot Medical Center School of Anesthesia/Gannon University by majority vote.
G. The Committee Chair will provide written notification of the committee’s decision to the Hamot Medical Center School of Anesthesia Program Director, the Director of Gannon University’s Villa Maria School of Nursing and the SRNA within 5 days of the appeal hearing.
H. The decision of the Clinical Practicum Appeal Committee is final.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 2010
Supersedes Guidelines Dated: 99, 00, 02, 08, 09

Hamot School of Anesthesia
Title: Guidelines for Surgical Attire

Purpose: To aid in the maximum protection of the patient and the student registered nurse anesthetist.

Policy and Procedure:

A. No person is permitted to enter the operating room without the proper surgical attire. Street clothing should be changed to clean scrub attire before an individual enters the operating room. It is not acceptable to wear scrub clothes over street clothes. An undershirt, if worn under the scrub top, should not be exposed at the neckline or sleeves.

B. A clean scrub suit is to be used each day.

C. Scrub suits should be of good fit for comfort and appearance and should permit control around the sterile field.

D. During the course of the day, scrub suits contaminated with blood, body fluids, food, or beverage must be changed to clean scrub attire.

E. Scrub attire worn outside the medical center is considered contaminated and must be changed upon return to the medical center, before entering the operating room.

F. Student registered nurse anesthetists must wear safe, comfortable shoes. Sandals, open toe and platform shoes are not permitted. Foot attire should be reasonable for the work area and designated clinical activities.

G. When footwear is designated for operating room use only, shoes covers may be omitted. If footwear is not dedicated for operating room use only, shoes covers must be worn. Impervious shoe covers are available for use during procedures with excessive blood and body fluid exposure.

H. Hair must be completely covered at all times. Disposable caps are provided and a clean cap must be worn each day or changed as needed between cases. The following caps are available.
   1. Surgical Hood
   2. Adjustable bouffant cap
   3. Bouffant cap

I. Face masks completely covering the nose and mouth are put in place before entering a sterile operating room. Masks should be changed between cases and as needed. Masks are not permitted to be worn dangling around the neck. The following masks are available.
   1. Wrap around fluid shield mask
   2. Pouch-style wrap around mask
   3. Head gear with disposable face shield
   4. Battery Hood System

J. Three types of sterile gowns are available for use.
   1. Standard
   2. Reinforced
   3. Impervious
K. The wearing of jewelry is limited to a wristwatch, wedding rings and small studs for pierced ears. No costume jewelry is permitted to be worn.

L. Fingernails should be clipped short and well cared for. The use of artificial or acrylic nails is not allowed. Nail polish cannot be chipped.
Title: Health, Immunization and Safety Training

Purpose: Hamot Medical Center mandates that student registered nurse anesthetists successfully complete a pre-entrance drug screening, establish proof of required immunizations, recent health assessment and complete safety training before matriculation.

Policy and Procedure:
A. Pre-entrance Drug Screening:
   1. Applicants accepted into the Hamot Medical Center School of Anesthesia/Gannon University must successfully pass a pre-entrance drug screening provided by MedTox Labs prior to beginning the Nurse Anesthesia Program. The cost of specimen collection is the student’s responsibility. Hamot Medical Center School of Anesthesia pays the cost of lab analysis.
      a. Individuals with equivocal results on primary analysis will be subject to retest under direct supervision, as per Department of Transportation Policy.
      b. Individuals with equivocal results on supervised retest will be subject to hair analysis for drug screening.
      c. Additional documentation from the student’s primary health care provider may be requested.
      d. Individuals with equivocal result on primary analysis may be subject to random drug screening as a condition of entry into the Hamot Medical Center School of Anesthesia/Gannon University.
      e. Non-negative or positive result on primary drug screening will be reviewed by the Medical Review Officer at Hamot Occupational Health for admissions determination.
      f. A non-negative or positive screen may null the applicant’s acceptance to the Hamot Medical Center School of Anesthesia/Gannon University.

B. Verification of Immunization:
   1. Documentation of student immunization is required. TB testing and a Hepatitis B series (or statement refusing the series) must also be demonstrated.
   2. Refusal or lack of verification of required immunizations will null the applicant’s acceptance to the Hamot Medical Center School of Anesthesia/Gannon University.

C. Pre-entry Health Assessment:
   1. The Gannon University Villa Maria School of Nursing Health Record must be completed and signed by the applicant’s primary health care provider prior to beginning the 28 month program.
   2. Failure to complete or demonstrate successful completion of pre-entrance health screening will null the applicant’s acceptance to the Hamot Medical Center School of Anesthesia/Gannon University.
D. Certified Background Check and Child Abuse Clearance:
   1. A certified background check is required from the company CertifiedBackground.com.
   2. A child abuse history clearance is required from the applicant’s primary state of residence.
   3. Failure to complete the required background checks will null the applicant’s acceptance into the Hamot Medical Center School of Anesthesia/Gannon University.

E. New Student Orientation:
   1. During orientation to Hamot Medical Center School of Nurse Anesthesia, students receive Hamot Medical Center mandated training in:
      a. Quality and Patient Safety
      b. Patient Rights
      c. Diversity
      d. Back Safety
      e. Emergency Conditions and Staff Response
      f. Infection Control
      g. Corporate Compliance/Performance Management
      h. EMTLA
      i. Confidentiality/IS/HIPPA
      j. Abuse/Restraint/Aging
      k. Service Excellence/Service Recovery

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: January 10
Supersedes Guidelines Dated: 08, 09
Title: Required Photo Identification Badges

Purpose: To assure accurate identification of Student Registered Nurse Anesthetists at Hamot Medical Center and Gannon University.

Policy and Procedure:

A. The Hamot Medical Center School of Anesthesia/Gannon University acknowledges the need for proper identification of SRNAs.
B. Hamot Medical Center photo identification badges are provided by the Human Resources Department at Hamot Medical Center for a fee of $10.00. This fee is refunded at program completion when the photo ID badge is returned to the Human Resources Department.
C. Gannon University Student ID badges are provided by Gannon University for a fee of $10.00.
D. The ID badge must be worn in an upright, readable position (above the waist), with the photograph clearly visible so patients, visitors and co-workers can identify those involved in their care.
E. Photo ID badges must be worn at all times and in all clinical areas.
F. Nothing may be affixed to the photo identification badge.
G. The SRNA should introduce him/herself to patients as a student registered nurse anesthetist who is part of the anesthesia team.
H. A Gannon Student ID badge is required for access to Gannon University’s Nash Library and for other student benefits at Gannon University.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 2010
Supersedes Guidelines dated: 08, 09
Title: Guidelines for Professional Liability Insurance.

Purpose: To assure appropriate liability insurance coverage for student registered nurse anesthetists.

Policy and Procedures:
A. Hamot Medical Center School of Anesthesia/Gannon University provides Professional Liability Coverage for SRNAs accepted into the Hamot Medical Center School of Anesthesia/Gannon University.
B. Student Nurse Anesthetists are covered under this policy for clinical rotations at Hamot Medical Center, Brooks Memorial Hospital, Fairview General Hospital, Punxsutawney Area Hospital and Warren General Hospital.
Title: Patient Record Compliance

Purpose: To provide guidelines for the use of patient records.

Policy and Procedure:

A. Federal and State statutes prohibit removal of patient related documents from the Hamot Medical Center premises. No hospital or patient records may leave the immediate patient care area.
   1. This mandate includes all forms of patient identification (i.e. name stickers/tags).
   2. Documents may not be removed from the premises or taken from Hamot Medical Center to Hamot Surgery Center.

B. Copying patient documents (except under limited conditions) is a violation of the same statute.

C. Student violations of published statutes will result in an automatic 3 days suspension. Days missed due to suspension must be made up at the end of the program.

D. A second offense will result in immediate termination from the Hamot Medical Center School of Anesthesia/Gannon University with notification to the Department of Health.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: January 10
Supersedes Guidelines Dated: 1/05, 08, 09
Title: Student Employment

Purpose: To delineate employment guidelines for the student registered nurse anesthetist enrolled in the Hamot Medical Center School of Anesthesia.

Policy and Procedures:
A. Student registered nurse anesthetists are permitted to hold part-time employment provided such employment does not interfere with the school schedule or the SRNA’s commitment to the program of study.
B. If an SRNA’s employment interferes with school responsibilities, the SRNA will decide whether to continue in the program or continue their employment.
C. No SRNA shall be employed as a nurse anesthetist by title or function while enrolled at Hamot Medical Center School of Anesthesia/Gannon University.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 10
Supersedes Guidelines Dated: 00, 01, 02, 03, 04, 08, 09
Title: Access to Student Records

Purpose: To provide a mechanism for release of student records.

Policy and Procedure:

A. The Family Educational Rights and Privacy Act of 1974 (FERPA) contains provisions that are significant to students.
   1. The school may not release personally identifiable student records to a third party, with certain exceptions, unless the third party has requested the information in writing and the student has consented to its release.
   2. A student may request, in writing, an opportunity to inspect and review their official school records, and may, if appropriate, challenge the accuracy of those records. The school is permitted a reasonable time, not to exceed 45 days, to respond to such a request.
   3. Materials excluded from student review, under the provisions of FERPA include:
      a. Records created by faculty, which are the sole possession of faculty, staff, and school personnel that are not accessible to any other persons.
      b. Employment records of a student made and maintained in the normal course of business.
      c. Confidential letters and statements of recommendation.
      d. Records for which a student has previously waived right of access.
      e. Alumni records that contain information about a student post graduation from Hamot Medical Center School of Nurse Anesthesia.

B. Student Registered Nurse Anesthetists should also refer to the Gannon University 2009-2010 Graduate Catalog, page 9, document titled “Access to Student Records”.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: January 10
Supersedes guidelines Dated: 00, 01, 02, 03, 04, 08, 09
Title: Required Anesthesia Conferences and Meetings.

Purpose: To provide guidelines for SRNA attendance at anesthesia conferences and meetings.

Policy and Procedure:
A. Student registered nurse anesthetists are required to obtain 45 Continuing Education (CE) credits in order to graduate from the Hamot Medical Center School of Anesthesia/Gannon University.
B. Continuing education (CE) credits must be AANA prior approved credits as verified by an AANA prior approved CE credit identification number. The credits may be achieved by attending Local, State, or National Meetings.
C. The SRNA must obtain a portion of these 45 CE credits by attending at least 3 anesthesia meetings.
D. The SRNA must request and receive time off prior to registering for or attending all meetings. The AANA CE# and a copy of the brochure for the intended meeting must accompany the Request for Time Off Form (Attachment A).
E. Upon completion of an anesthesia conference or meeting, verification of the SRNA’s attendance must be provided to the school. Acceptable documentation includes a copy of the AANA CE credit certificate verifying meeting attendance.
F. The Clinical Conference Log (see Typhon Group) must be completed by the SRNA as CE credit is obtained. The Clinical Conference Log must accurately reflect the accrued 45 CE credits. Graduation will be deferred until the requirement is met.
G. Student registered nurse anesthetists are required to attend the monthly anesthesia Morbidity and Mortality (M&M) Conference of the Hamot Medical Center anesthesia department. Each attended M & M conference is AANA prior approved for 1 CE credit and should be documented in Typhon as such.
   a. Student registered nurse anesthetists must document attendance at M& M by signing the attendance sheet.
   b. Student registered nurse anesthetists falsely documenting M & M attendance for themselves or others will be terminated.
   c. Student registered nurse anesthetists who are on clinical rotation at Punxsutawney Area Hospital, Brooks Memorial Hospital, Warren General Hospital, or Fairview General Hospital are excused from M & M attendance.
   d. Student registered nurse anesthetists assigned to the Hamot Surgery Center for clinical practicum are excused from M & M attendance.
Title: Guidelines for SEE Exam and Mandatory Review

Purpose: To provide the Student Registered Nurse Anesthetist preparation and guidelines for registering for the SEE exam.

Policy and Procedures:

A. Each student in the Hamot School of Nurse Anesthesia/Gannon University is required to take the SEE exam two times.

B. The first exam is taken Fall Semester of the first year of study.

C. The second SEE exam is taken Summer Semester of the second year of study.

D. The score of the second SEE exam will be evaluated against the National Mean Score for second time test takers that year.

E. Students achieving a score equal to or below 2 standard deviations of the National Mean must attend the Hamot School of Nurse Anesthesia/Gannon University Mandatory Board Review Course.

F. The Mandatory Board Review Course is a non-credit, non-tuition course required by the Hamot School of Nurse Anesthesia/Gannon University.

G. The Mandatory Board Review Course is scheduled over an eight week period the final spring semester of the anesthesia program.

H. All classes must be attended.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 10
Supersedes Guidelines dated: 06, 08, 09
Title: Smoke and Tobacco Free Policy

Purpose: To establish and support the uniform prohibition of smoking and the use of smokeless tobacco products on all Hamot Health Foundation (“Hamot”) properties and leased space occupied by Hamot and its affiliates, and in all vehicles.

The use of tobacco products is a major cause of preventable disease and death. Hamot is committed to promoting health, wellness, prevention and the treatment of diseases within the community, as well as to provide a safe, clean and healthy environment. Hamot serves as a model for our community in the area of promoting the good health of our staff and influencing public attitudes about the use of tobacco products. Therefore, it is Hamot’s position to provide a total tobacco-free environment and to conduct programs designed to assist everyone in adhering to this commitment.

This policy is in compliance with regulations and directives of the Joint Commission standards.

This policy applies to everyone on Hamot property, including but not limited to, employees, student registered nurse anesthetists, visitors, patients, staff, physicians, volunteers, contractors, and others acting for Hamot.

Policy and Procedure:
A. It is the policy of Hamot to provide a tobacco-free workplace and environment, prohibiting the use of all tobacco products on all Hamot property and leased space occupied by Hamot Health Foundation and its affiliates.
B. This policy will cover any leased, whole or partly-owned Hamot property (facilities, grounds, buildings, etc.) and individuals visiting or employed at these properties, including but not limited to the following: Hamot parking lots and ramps, Physician Network, Surgery Center, Great Lakes Home Health parts A & B, Hamot Professional Building, Hamot House, 300 State Street, Hamot Heart Institute, Hamot Park (front lawn campus area), Imaging Center, Hamot Medical Park at Sterling Square and the Hamot softball field.
C. This also includes company-owned vehicles at all times and employee-owned vehicles parked on property owned or leased by Hamot.
D. Tobacco products include, but are not limited to, cigarettes, cigars, chewing tobacco, and pipe smoking.
E. Hamot is committed to providing healthy lifestyle role modeling for the community. All employees that use tobacco products are encouraged to utilize the tobacco cessation services offered by Hamot.
F. Employees are not permitted to use tobacco products during their work shift. Work shift is defined as from the time employees report to work until the shift is over. This policy also applies to paid and unpaid breaks, including lunch.
G. Employees and staff will be informed of this policy through signs posted at each facility’s entrance and displayed in prominent, visible areas within Hamot facilities. Further communication will include the employee handbook, HamoToday, the HamoToday Show and the Hamot intranet and internet.
H. Human Resources will also inform employment candidates of the policy during the interview process and new employee orientation process.
I. All Hamot employees and leadership staff are required to observe and promote compliance with the tobacco-free policy.
J. Employees observing a co-worker violating the policy are requested to courteously remind the employee of the tobacco-free policy and to suggest tobacco products be discarded.
K. Employees are expected to inform any Hamot supervisor or manager when they witness another employee violating the policy. The supervisor will follow up as appropriate.
L. Employees are authorized to communicate this policy with courtesy and diplomacy to other employees, patients and guests.
M. Employees who violate this policy will be subject to the corrective action process, up to and including termination of employment.
N. Students, volunteers, non-employed physicians and contracted employees are not permitted to use tobacco products while they are representing Hamot and while they are on Hamot property and leased space occupied by Hamot Health Foundation and its affiliates.
O. Students, volunteers, non-employed physicians and contracted employees will be informed of this policy through signs posted at each facility’s entrance and displayed in prominent, visible areas within Hamot facilities. Further communication will include brochures, leaflets and the internet.
P. Human resources will also inform students, volunteers, non-employed physicians and contracted employees of this policy upon receipt of their photo ID badge.
Q. All Hamot students, volunteers, non-employed physicians and contracted employees are required to observe and promote compliance with the tobacco-free policy.
R. Smoking by patients is prohibited for their health and safety, as well as the health and safety of other patients and caregivers. Patients are informed of the tobacco-free policy upon admission and during preadmission contacts.
S. Signs will be posted at each facility’s entrances and displayed in prominent, visible areas thanking patients for not using tobacco products in accordance with this policy.
T. Patients will be assessed for any withdrawal symptoms, which will then be communicated promptly to their physicians. If a patient is non-compliant with the tobacco-free policy, the patient’s physician will be contacted to assist in problem resolution. Reassurance should be provided to assist patients who are accustomed to smoking. Snacks, hard candies or gum should be made available to these patients. The physician may order a nicotine patch or nicotine gum as necessary.
U. The Patient Service Representative or Security should be contacted if a patient objects to the Tobacco Free policy and hospital personnel are unable to handle the situation.
V. Visitors are not permitted to utilize tobacco products. Signs will be posted at each facility’s entrances and displayed in prominent, visible areas thanking visitors for not using tobacco products in accordance with this policy.
Employees/staff will inform visitors of our policy in a courteous manner upon arrival. Visitors who violate the tobacco-free policy will be asked politely to either refrain from using tobacco products or leave the property. Security may be contacted to enforce the policy.

**References:** Join Commission – Environment of Care chapter

**Personnel Responsible for Development:** The Smoke and Tobacco Free Task Force
Topic: Sexual Harassment

Purpose: To create learning environment free from sexual harassment.

Policy and Procedure:

A. Sexual harassment of or by student registered nurse anesthetists will not be tolerated. Unwelcome sexual advances, requests for sexual favors, uninvited touching, sexually abusive comments or similar conduct are prohibited.

B. Anyone who believes that he/she is a victim of sexual harassment should report the matter to an administrative member of the Hamot Medical Center School of Anesthesia/Gannon University or the Hamot Medical Center Human Resources Staff.

C. The Human Resources Staff is responsible for monitoring all sexual harassment claims. Sexual Harassment claims made to the administration of Hamot Medical Center School of Anesthesia will be forwarded to the Hamot Medical Center Human Resources Department.

D. Faculty-SRNA relationships even when they are consensual are prohibited under this policy.

E. Violations of this guideline will result in corrective action which may include termination from the Hamot Medical Center School of Nurse Anesthesia.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 09
Supersedes Guidelines Dated: 00, 01, 02, 03, 04, 08, 09

Hamot
School of Anesthesia
Title: Substance Abuse and Chemical Dependence

Purpose: To create a safe and productive practice environment for student registered nurse anesthetists at Hamot Medical Center School of Anesthesia/Gannon University.

Policy and Procedure:

Scope:
A. Chemical dependence is a chronic, progressive, potentially life threatening, but treatable illness that jeopardizes the health, safety, and well-being of the individual and others. It adversely affects an individual’s physical, social, and emotional health. It also exerts a profound influence on the life of family, friends, coworkers, and the community. The Hamot Medical Center School of Anesthesia/Gannon University recognizes substance abuse and chemical dependency as hazards of anesthesia practice. Student registered nurse anesthetists are our most valuable resource and their safety and well-being is of paramount importance. By providing a drug free environment, the Hamot Medical Center School of Anesthesia/Gannon University will be better able to assure a safe and equitable practice setting for SRNAs and their patients. An SRNA who suffers from the illness of chemical dependence will receive the same careful consideration and referral for treatment as an individual suffering from any other chronic illness.
B. The Hamot Medical Center/School of Anesthesia/Gannon University will provide a safe, drug free environment and confidential assistance to individuals who have a problem with substance abuse (SA) or chemical dependence (CD). The purpose of this policy is to provide comprehensive procedures and guidelines for the prevention of substance abuse and chemical dependence, early identification of an impaired individual or individuals at risk for chemical impairment, intervention with referral for assessment and treatment, and the option of monitored reentry following treatment of SA and CD.

Basic Principles:
A. Hamot Medical Center is committed to providing quality anesthesia services.
B. The Hamot Medical Center School of Anesthesia/Gannon University has the right to determine requirements for program matriculation, suspension, and termination.
C. The public has a right to expect protection from harm.
D. Chemical dependence is a chronic, progressive, and treatable disease.
E. The risk of developing SA or CD is inherent to anesthesia practice.
F. Early identification, intervention, and treatment are essential for the well-being of both the impaired individual and the general public.
G. A leave of absence is preferable to termination for individuals who agree to treatment and monitored reentry.

Objectives:
A. To provide a safe, drug free learning environment.
B. To educate SRNAs about SA and CD.
C. To ensure the public health and safety through early identification of SA or CD.
D. To provide a procedure for intervention with an SRNA with a suspected chemical impairment.
E. To provide a process for the referral of a chemically impaired individual for assessment and treatment.
F. To offer compassionate, non-punitive support of a chemically impaired SRNA in an environment of strict confidentiality.

Procedure:
A. The Hamot Medical Center School of Anesthesia/Gannon University prohibits the use, sale, manufacture, transfer, possession, or distribution of drugs or alcohol on Hamot Medical Center Property or the Gannon University Campus. Unauthorized use or misuse of over-the-counter medication, prescription drugs, or drug paraphernalia is included in the prohibition. Student registered nurse anesthetists are prohibited from reporting to the clinical or academic setting under the influence of drugs or alcohol. An SRNA in violation of the policy will be subject to immediate disciplinary action up to and including termination, report to the state licensing board, and complaint to local law enforcement authorities.
B. The Hamot Medical Center School of Anesthesia/Gannon University prohibits SRNAs from being under the influence of drugs or alcohol while on the medical center premises. Medical center premises include all land, property, buildings, structures, installations, parking lots, and means of transport, owned or leased to the medical center or utilized for medical center business. Private vehicles parked on the medical center premises are also included in this prohibition. For practice assignments at other health care facilities, the above definition of medical center premises will also apply to the affiliate site(s).
C. The legal possession, use, or distribution of alcoholic beverages on the medical center campus is governed by applicable local, state, and federal laws. For authorized functions, alcohol may be consumed by persons legally of age to do so.
D. The Hamot Medical Center School of Anesthesia/Gannon University will provide mandatory education on SA and CD for SRNAs.
E. The Hamot Medical Center School of Anesthesia/Gannon University has a procedure for the identification, intervention, referral for assessment and treatment, and monitored reentry of an SRNA with SA or CD.
F. The Hamot Medical Center School of Anesthesia/Gannon University is responsible for identifying individuals with deteriorating clinical performance, behavioral changes, and excessive absenteeism but is not responsible for diagnosing the nature of the problem.
G. With reasonable suspicion, the Hamot Medical Center School of Anesthesia/Gannon University will act to intervene and refer an SRNA for assessment and treatment.
H. Self-referral will be encouraged and an SRNA’s position in the Hamot Medical Center School of Anesthesia/Gannon University will not be jeopardized by a voluntary request for assistance with SA or CD. The Hamot Medical Center School of Anesthesia/Gannon University must be notified if the SRNA enters treatment.
I. A leave of absence will be granted for the purpose of assessment, counseling, and/or treatment.
J. The cost of assessment, treatment, and recovery programs is the sole responsibility of the individual SRNA.
K. Confidentiality is essential. No information regarding an SRNA’s participation in drug testing, intervention, assessment, or treatment will be documented in the student’s file. A separate, confidential file will be maintained by the program director and will be available for review by the individual SRNA at any time.

L. The written consent of the SRNA will be required for disclosure of any information related to their assessment, intervention, or treatment for SA or CD.

M. Violations of this policy constitute professional misconduct and are subject to disciplinary action including suspension, termination, or conditional reentry following treatment.

N. Student registered nurse anesthetists have the right to due process and may appeal any decision that adversely affects their SRNA status through the Conduct Appeal Process.

**PREVENTION**

A. Prevention includes the promotion of wellness through educational programs, identification of individuals at risk, assurances of confidentiality, promotion of physical and psycho-social well being, and support for individuals who seek assistance for SA and CD without fear of dismissal or loss of licensure.

1. Education
   a. During orientation, a copy of the policy will be distributed and reviewed with all new SRNAs.
   b. Student registered nurse anesthetists will be required to attend mandatory lectures on SA and CD every year.
   c. The Hamot Medical Center School of Anesthesia/Gannon University will assure access to current resources and services for assistance with SA or CD including but not limited to: impaired provider programs, local drug and alcohol counseling programs, PANA Peer Assistance, AANA Peer Assistance, support groups, treatment programs for impaired health professionals, and educational materials on SA and CD.

2. Drug testing - Pre-enrollment
   a. SRNAs are required to submit to pre-enrollment urine drug testing as a condition of program entry. Matriculation will be denied to individuals who refuse or fail to provide a sample for a urine drug screen or who have a positive result on a pre-enrollment drug screen.
   b. Results of pre-enrollment health assessments, including mandatory drug screens, are a permanent part of the student’s confidential health record.
   c. Failure to inform the Hamot Medical Center School of Anesthesia/Gannon University of active participation in an impaired provider program may result in revocation of the acceptance offer or immediate termination.
3. Drug Testing - Testing for reasonable suspicion
   a. An SRNA may be required to undergo an immediate blood or urine drug screen under any of the following circumstances:
      i. When there is reasonable suspicion that the SRNA is under the influence of alcohol, narcotics, hallucinogens, marijuana or other chemical substances.
      ii. Following a work-related injury or illness.
      iii. Observation of poor judgment or careless acts, which caused or had the potential for patient injury, jeopardized the safety of others, or resulted in damage to equipment.
      iv. Suspected diversion of controlled substances.
      v. Student registered nurse anesthetists who are taking over-the-counter or prescribed medication are responsible for being aware of the effect the medication may have on their performance or personal behavior and should report to the program director the use of any medication that may impair their performance or has potential for an adverse effect on a drug screen.
      vi. Student registered nurse anesthetists who refuse to undergo an immediate drug or alcohol screen may be subject to immediate disciplinary actions, up to and including termination.

4. Accountability for Controlled Substances
   a. Student registered nurse anesthetists are required to comply with the department policy for accountability of controlled substances.
   b. Access to controlled substances may be limited or restricted for an SRNA who fails to comply with department policy.

IDENTIFICATION

A. Early detection, intervention, and treatment of SA and CD enhance the likelihood of a successful outcome. It is the responsibility of every SRNA to know the signs and symptoms of chemical impairment and to immediately report unsafe working conditions or hazardous activities related to chemical impairment that may jeopardize the safety of the individual, the patient, or colleagues.

B. There are numerous signs of SA and CD. While a single occurrence may not be significant, the presence of several signs, an increasing number or frequency of signs, or a consistent pattern of these signs constitute reasonable suspicion of chemical impairment.
   1. Signs commonly associated with SA and CD include a change in attendance, behavior, or performance, physical signs of impairment or withdrawal, and unusual/abnormal use of controlled substances.
# Signs and Symptoms of Chemical Impairment

<table>
<thead>
<tr>
<th>Attendance</th>
<th>Behavior</th>
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<tbody>
<tr>
<td>Excessive sick calls</td>
<td>Sloppy/inappropriate clothes</td>
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<tr>
<td>Patterned absences</td>
<td>Poor hygiene</td>
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<tr>
<td>Tardiness</td>
<td>Mood swings</td>
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<tr>
<td>Confusion about work schedule</td>
<td>Frequent irritability with others</td>
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<tr>
<td>Long coffee or lunch breaks</td>
<td>Excessive talking</td>
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<tr>
<td>Frequent physical complaints</td>
<td>Poor recall</td>
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<tr>
<td>Improbable excuses for absences</td>
<td>Physical abuse</td>
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<tr>
<td>Frequent absence from clinical area</td>
<td>Rigidity/inability to change plans</td>
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<td>Frequent trips to restroom/locker room</td>
<td>Incoherent/irrelevant statements</td>
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<tr>
<td>Early arrival or late departure</td>
<td>Uncooperativeness with OR staff</td>
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<tr>
<td>Presence in clinical on off days</td>
<td>Drowsiness at work</td>
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<td>Deteriorating relationships with colleagues</td>
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<td>Tendency towards isolation</td>
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<td>Request for assignments at less supervised settings</td>
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<td>Unexplained anger</td>
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<td>Unexplained euphoria</td>
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<td>Glossed over recall of unpleasant events</td>
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<td>Alexithymia</td>
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<td>Decreased interest in outside activities</td>
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<td>Refusal of breaks</td>
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<td></td>
<td>Frequent intoxication at social functions</td>
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**Performance**
- Excessive time required for record keeping
- Assignments require more effort/time
- Difficulty recalling/understanding instructions
- Difficulty in assigning priorities
- Display of disinterest in work
- Absentminded/forgetful
- Alternating periods of high and low activity
- Increasing inability to meet schedules
- Missed deadlines
- Frequent requests for assistance
- Carelessness
- Poor judgment
- Overreaction to criticism
- Illogical or slopping charting
- Deteriorating handwriting
- Disorganization
- Frequent requests for assistance
- Tendency to blame others
- Patient complaints regarding poor care
- Frequent accidents on the job
- Unreasonable excuses for poor performance

**Physical signs**
- Hand tremors
- Excessive diaphoresis
- Marked nervousness
- Intoxication during work hours
- Blackouts
- Frequent hangovers
- Odor of alcohol
- Slurred speech
- GI upset
- Unsteady gait
- Increased anxiety
- Excessive use of breath mints/mouthwash
- Unexplained sniffing and sneezing
- Clumsiness
- Flushed face
- Watery eyes
- Anorexia/weight loss
- Dilated or pinpoint pupils
- Witnessed self-administration
- Comatose
- Dead

**Use of Controlled Substances**
- Controlled substance use significantly and consistently exceeds other practitioners
- Frequent breakage of drug ampoules
- Obtains controlled substances when alone
- Discrepancies between patient charts and pharmacy records
- Patient complaints of pain in PACU out of proportion to medication charted
- Frequent medication errors
- Defensiveness when questioned about medication errors
- Frequent disappearance immediately after signing out narcotics
- Unwitnessed or excessive waste of controlled drugs
- Tampering with drug vials or containers
- Use of infrequently used drugs
FITNESS FOR DUTY

A. An SRNA who displays signs of intoxication and/or withdrawal is unfit for duty.
   1. Observations that suggest intoxication and/or withdrawal include but are not limited to: poor coordination or gait, diaphoresis, odor of alcohol, tremors, abdominal and muscle cramps, diarrhea, irritability, restlessness, slowed thinking process, confusion, slurred speech, blurred vision, or acute behavioral changes, such as panic, severe depression, and excessive physical activity.
   2. Upon reasonable suspicion of acute intoxication or withdrawal, the SRNA will be immediately removed from clinical assignment and escorted to Occupational Health Service or the Emergency Department for a physical assessment, including a drug screen. The observed behavior will be documented.

B. Inspection of individuals and their property
   1. With reasonable suspicion, inspection of lockers may be conducted by authorized personnel, including but not limited to Hamot Medical Center School of Anesthesia/Gannon University administration, Hamot Medical Center administration, and Hamot Medical Center Security Officers without notice, without consent of the individual, and without a search warrant.
   2. Reasonable searches of individuals and their property include but are not limited to lockers, mailboxes, or other personal items on Hamot Medical Center property, including private vehicles parked on medical center property. The SRNA may be asked to display personal property for visual inspection.
   3. Whenever possible, searches of personal property will take place in the presence of the owner.
   4. Under no circumstances will an individual be asked to remove clothing or be physically searched.
   5. An SRNA who refuses to submit to an immediate search or display of personal property shall be considered insubordinate and subject to immediate termination.

C. Off duty arrests or convictions
   1. An SRNA who is arrested or charged for a drug offense which involves the off-duty sale, distribution, or possession of legal or illegal drugs must immediately inform the program director of the arrest, the nature of the charges, and the ultimate disposition of the charges. Failure to do so is grounds for disciplinary action up to and including termination. Student Registered Nurse Anesthetist arrested or charged with a drug offense will be immediately suspended from Hamot Medical Center School of Anesthesia/Gannon University pending resolution of the charges. The Hamot Medical Center School of Anesthesia/Gannon University will determine whether or not the individual can be reinstated upon conclusion of the legal proceedings.
INTERVENTION

A. Because of their disease, a chemically impaired SRNA is unable to understand the seriousness of the problem. Intervention is a planned method of confrontation that attempts to provide an objective and factual presentation of the problem to the impaired SRNA. The objective of intervention is to get the individual to agree to an immediate assessment for diagnosis and possible treatment. Intervention will be carried out as soon as possible after drug diversion is recognized, the SRNA is observed under the influence of drugs or alcohol, or when there is reasonable suspicion and sufficient documentation of possible chemical impairment.

1. When SA or CD is suspected, SRNAs are responsible for reporting their concerns and observations to the Program Director of the Hamot Medical Center School of Anesthesia/Gannon University. A thorough investigation will be conducted to substantiate observations and concerns about the individual.
   a. Observations must be documented and must include dates, times, locations, and names of other witnesses. Hearsay will not be recorded, only observed behavior or results of poor or questionable performance will be documented.
   b. Individuals with direct observations of poor performance or suspicious behavior will be asked to complete a Chemical Impairment Checklist.
   c. All pertinent records will be reviewed, including but not limited to patient records, controlled substances usage, and attendance records. Trends, violations or errors will be documented on a Review of Records.
   d. Physical evidence such as syringes, medication vials, or containers of alcohol, found during a search of the SRNA’s locker or personal property will be retained as supporting evidence.
   e. Analysis of returned controlled substances may be indicated.

2. When there is sufficient documentation of possible chemical impairment or diversion of controlled substances, an intervention will be scheduled.
   a. The intervention team shall be assembled and will consist of at least two but no more than five individuals. At a minimum, the team will include the Hamot Medical Center School of Anesthesia/Gannon University Program Director, the Director of Gannon University’s Villa Maria School of Nursing, and a Human Resources (HR) representative. Other team members may include an anesthesia colleague, a recovering anesthesiologist, or CRNA, a personal physician, a family member, or close friend.
   b. Prior to the intervention the team shall meet to:
      i. Review documented evidence.
      ii. Identify the financial resources of the individual, including insurance benefits.
      iii. Schedule an assessment at a local treatment center.
      iv. Identify key resources including: treatment facilities, State/Professional Peer Assistance Programs, and a recovering anesthesiologist or CRNA.
v. Develop an intervention plan that includes:
   - Key roles and tasks for each member.
   - Preparation of factual, objective, non-judgmental written scripts.
   - Date, time, and place of intervention.
   - Rehearsal session (if time allows). Identification of methods of persuasion to be used to get the individual to attend the meeting, undergo assessment, and enter treatment.
   - Identification of team member(s) that will accompany the individual to the assessment center immediately following the intervention.

   c. Conducting the intervention

   i. Once the team is assembled, the SRNA will be asked to report to the location of the intervention immediately if on premises, or called at home 1-2 hours prior to the scheduled time.

   ii. Each team member will present the information and facts with a focus on objective material. Issues will not be debated.

   iii. The team will present the following options:
       - Immediate alcohol and drug screen (if not already completed) and assessment for chemical dependency. If the SRNA has a positive assessment for chemical impairment, they will be required to immediately enter an inpatient treatment program.
       - Immediate termination and report to the state licensing board, National Practitioners Data Bank, and local law enforcement authorities.

   iv. The SRNA will sign a Consent for Drug and Alcohol Testing and Consent for Assessment for Chemical Dependence.

   v. Student registered nurse anesthetists will be encouraged to immediately self-report to the state impaired provider program.

**DOCUMENTATION**

A. All information, interviews, reports, statements, memorandums, and drug test results, written or otherwise, received by the intervention team are confidential. Unless authorized by state laws, rules or regulations, no information will be released without the written consent of the individual.

B. Documentation of the investigation, drug screen results, and intervention will be kept by the Hamot Medical Center School of Anesthesia/Gannon University Program Director in a non-discoverable file, separate from the SRNA’s permanent record. Contents may be made a part of the SRNA’s permanent record should disciplinary action be warranted.
TREATMENT

A. If the SRNA has a positive assessment for SA or CD, they will be granted a leave of absence and required to immediately enter treatment.
B. The cost of the treatment is totally the responsibility of the SRNA.
C. If the SRNA fails to immediately enter treatment, they will be terminated and reported to the state impaired provider program and/or the state licensing board.
D. Following agreement to treatment, a leave of absence will be granted for a period of time not to exceed 12 months.
E. If an SRNA fails to complete treatment and resume active graduate study as a student registered nurse anesthetist within the specified length of time, they will be subject to immediate termination from the Hamot Medical Center School of Anesthesia/Gannon University.

REENTRY

A. Following successful completion of an approved treatment program, a recovering SRNA will be allowed to resume conditional graduate anesthesia study as a student registered nurse anesthetist at the Hamot Medical Center School of Anesthesia/Gannon University. Conditional graduate status is dependent upon: a minimum of 6 months in treatment, abstinence from all psychoactive substance, recommendation of the treating physician/addictionologist, and continued participation in ongoing aftercare programs.
B. A conference will be conducted with the recovering SRNA, the treating addictionologist, the Program Director of the Hamot Medical Center School of Anesthesia/Gannon University, the Director of Gannon University’s Villa Maria College of Nursing and the Hamot Medical Center HR liaison. The recovering SRNA will:

1. Provide evidence of successful completion of a drug/alcohol treatment program and sustained active recovery/sobriety.
2. Submit documentation that they are substance free, presently involved in an aftercare program, and fit to resume practice with no restrictions, other than those required by the department or state of practice.
3. Possess current licensure as a registered nurse and any additional required certification.
4. Have a planned program for continued recovery.
5. A written contract with the Hamot Medical Center/School of Anesthesia/Gannon University will be required for SRNAs reentering graduate study. The contract will include the responsibilities and requirements of the SRNA and the consequences for failure to meet any of the requirements of the contract.
   a. The contract will be specific for the individual SRNA.
b. State licensing regulations, impaired provider program (IPP) contracts, and institutional/departmental policies will be taken into consideration when designing the reentry contract. The reentry contract may be more restrictive than the SRNA’s contract with the state licensing board or IPP.

6. The terms of reentry will be confidential with the following exceptions: Clinical administration and faculty will be notified on a “need to know basis” of clinical practice and schedule restrictions.

7. The SRNA will be treated with courtesy and respect and provided with a supportive practice environment.

**DISMISSAL/TERMINATION**

A. The following reasons are cause for termination of an SRNA with a suspected or known problem with SA or CD.
   1. Failure to provide a written consent for a drug screen.
   2. Failure to provide a blood or urine sample for a drug screen.
   3. Refusal to have an assessment for SA or CD.
   4. Refusal to enter treatment.
   5. Failure to complete treatment.
   6. Failure to abide by the terms of the reentry contract.
   7. Loss of nursing license in the state of practice.
   8. Conviction for criminal activity related to SA or CD.

**DUE PROCESS**

A. Any disciplinary action taken against an SRNA for violations of the Substance Abuse Policy may be appealed through the established Student Conduct Appeal Procedure of the Hamot Medical Center School of Anesthesia/Gannon University.

B. The discipline to be imposed for violation of the substance abuse policy shall be governed by the provisions set forth in this policy.

**IMPLEMENTATION**

A. The policy will be formally reviewed with staff prior to implementation.

B. The following resources will be acquired or identified:
   1. Educational Resources – journals, texts, CDs, and DVD’s
   2. HR Liaison
   3. Self-Help Group Hotlines
   4. Contact information for recovering SRNAs
   5. Information on local and national assessment and treatment programs

C. The Program Director of the Hamot Medical Center School of Anesthesia/Gannon University will attend an educational workshop on SA and CD. Student registered nurse anesthetists will attend mandatory lectures on SA and CD every year.
D. This policy will be included in the Hamot Medical Center School of Anesthesia/Gannon University handbook.
E. The policy will be distributed and reviewed with new student registered nurse anesthetist during orientation.

**EVALUATION OF POLICY**
A. The Hamot Medical Center School of Anesthesia/Gannon University will evaluate the substance abuse policy on an annual basis to ensure that disciplinary sanctions are appropriate, fair, consistent, and enforced. Policy revisions may be indicated, if the evaluation fails to meet policy goals and objectives. Policy evaluation will include:
   a. Review of policy and procedures.
   b. Review of documentation related to reasonable suspicion, investigation, intervention, consents, and reentry contracts.
   c. Review of attendance records from SA and CD educational courses.
   d. Maintenance of confidentiality.
      i. Separation of SRNA permanent record and intervention/treatment files.
      ii. Consents for release of information.
   e. Currency and accessibility of resources.
   f. Program statistics/analysis.
      i. Number of SRNAs assessed and treated for SA or CD.
      ii. Average length of LOA for assessment and treatment.
      iii. Compliance with reentry contracts.
   g. One and two year follow-up of SRNAs who reentered graduate study.
      i. Evaluation of the policy by recovering SRNAs.
      ii. Employment history of recovering CRNAs.
      iii. Relapse statistics.
Hamot Medical Center School of Anesthesia
Conditions for Reinstatement after Intervention for Substance Abuse and/or Dependency
(sample only – terms and conditions will vary by individual case)

I understand that reinstatement as a Student Registered Nurse Anesthetist at Hamot Medical Center School of Anesthesia/Gannon University is subject and condition to the following terms.

1. I will undergo evaluation by Hamot Medical Center and/or its designees.

2. I will participate in such program(s) as recommended until successful completion thereof.

3. I will comply with all of Hamot Medical Center School of Anesthesia/Gannon University’s requirements for reinstatement during and after the treatment phase of intervention.

4. I authorize Hamot Medical Center to require or administer appropriate tests (periodic or random) for presence of controlled substance or alcohol as deemed necessary or when reasonable suspicion exists that I may be under the influence of a controlled substance or alcohol.

5. Refusal or failure to submit to required drug and alcohol screening will result in my immediate termination.

6. I understand that close supervision is justified for an extended period of time and I accept such extraordinary supervision as a condition of my continuation in the Hamot Medical Center School of Anesthesia/Gannon University.

7. I understand that I am required to meet all of Hamot Medical Center School of Anesthesia’s established standards of conduct and student performance. I will be subject to corrective procedures for failure to meet established standards.

8. I will be subject to the terms and conditions of this reinstatement contract for the duration of the anesthesia program. All time missed from programmatic requirements will be made up.

9. I understand that my failure to meet any or all of the agreed upon terms of this document will result in my immediate termination without recourse via the appeal process.

10. Nothing contained herein shall be construed as a waiver of Hamot Medical Center School of Anesthesia’s right to take normal corrective action against me under existing policies and procedures for unsatisfactory school performance or misconduct. The use of or treatment for use of controlled substances or alcohol shall not constitute a mitigation circumstance for my behavior or performance.
Notarized Signature Sheet

Student _______________________________________

Program Director________________________________

Dated this _____ day of _________________, 20____.
Title: Action Plan for Pregnant Student Registered Nurse Anesthetists

Purpose: To establish practice guidelines for the pregnant student registered nurse anesthetist.

Policy and Procedure:
A. When an SRNA has sufficient reason to believe she is pregnant, she should notify the Program Director of the Hamot Medical Center School of Anesthesia/Gannon University.

B. Approval to continue the program during pregnancy must be requested.

C. Written notification from the SRNA’s physician must accompany the request to continue the program of study. The physician’s statement must document the estimated due date and all restrictions and/or limitations for the SRNA during the pregnancy. The SRNA’s ability to continue didactic and clinical education must also be indicated in the physician’s statement (See attached sample pregnancy plan).

D. Pregnant students must review the NRC Regulatory Guide titled “Instruction Concerning Prenatal Radiation Exposure.”
   1. The Nuclear Regulatory Commission states that the maximum allowable mrem dose to a pregnant individual during the 9 months of pregnancy is 500 mrem. The Radiation Safety Committee at Hamot Medical Center has adopted a 40 mrem/month maximum allowable dose. The Radiation Safety Technologist will monitor monthly film badge reports to determine the pregnant SRNA’s radiation exposure.
   2. In the event a reading occurs which exceeds 40mrem/month, the following points will be reviewed to assess probable cause of the higher reading.
      a. Film badge worn improperly.
      b. Badge placed in an area of radiation (i.e. left on a counter in the sun).
      c. Care of a patient after a therapeutic dose of radioactivity was given.
      d. Film badge lost.
   3. The pregnant student registered nurse anesthetist should discuss ways to reduce radiation exposure with the Radiation Safety Technologist.
      a. Eliminate or limit participation in cases involving fluoroscopy and portable x-ray.
      b. Increase distance from radiation source.
      c. Notify the x-ray technologist you are pregnant before an exposure.
      d. If possible, have another person care for the patient who has received a therapeutic dose of radioactivity.
      e. Radiation Safety Technologist: extension 3699

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 2010
Supersedes Guidelines Dates: 00, 01, 02, 03, 04, 08, 09
Completion of this form by the SRNA’s physician is required for the pregnant Student Registered Nurse Anesthetist to continue studies in the Hamot Medical Center School of Anesthesia/Gannon University Master of Science in Nursing Program, and anesthesia option.

Student name: ______________________________________________

Estimated Due Date: _________________________________________

May the student continue participation in the didactic component of the program until her estimated date of confinement?  [ ] No  [ ] Yes

May the student continue participation in the clinical component of the program until her estimated date of confinement?  [ ] No  [ ] Yes

If “No,” to either of the above questions, when should the SRNA be placed on leave?  ______________________________________________________
                                                                 ______________________________________________________
                                                                 ______________________________________________________

If “No,” when may the SRNA return to the Hamot Medical Center anesthesia program?  ______________________________________________________
                                                                 ______________________________________________________
                                                                 ______________________________________________________

Please list any restrictions for this SRNA during her pregnancy.  ______________________________________________________
                                                                 ______________________________________________________
                                                                 ______________________________________________________

Physician’s signature: __________________________ Date: ______________________
**Student Registered Nurse Anesthetist’s statement:** I understand that continuation of the nurse anesthesia education program requires completion of any semester that is started. I exonerate Hamot Medical Center, and the Hamot Medical Center School of Anesthesia/Gannon University from any responsibility for complications or accidents to the pregnancy. If I choose to take a leave of absence, I understand that all program requirements must be successfully completed before I am eligible for graduation.

<table>
<thead>
<tr>
<th>Student Name (printed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Signature</td>
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<tr>
<td>Date</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Witness Name (printed)</th>
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<tbody>
<tr>
<td>Witness Signature</td>
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<tr>
<td>Date</td>
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</tbody>
</table>

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 2010
Supersedes Guidelines Dates: 00, 01, 02, 03, 04, 08, 09
Title: Time Off

Purpose: To provide guidelines for request and use of time off by SRNAs at Hamot Medical Center School of Anesthesia/Gannon University.

Policy and Procedures:
A. Student Registered Nurse Anesthetists will follow Gannon University’s published academic calendar for the first semester (January - May) of their enrollment.
B. Student Registered Nurse Anesthetists are granted a total of 30 days for use as time off throughout the 28 month program. Sick days, personal days, funeral days, jury duty, and scheduled vacation days are all subtracted from this allotment. An additional 4 days is granted for attending the 3 required Continuing Education Meetings.
C. Time off in excess of the allotted 30 days must be made up upon completion of the nurse anesthesia program. Time will be made up by working clinical hours at Hamot Medical Center equivalent to the hours used in excess of the allotted 30 days.
D. Request for time off is reviewed and granted by the Hamot Medical Center School of Anesthesia/Gannon University. Each request for time off must be submitted to the Education Coordinator on the Time Off Request Form (Attachment A).
E. Requests for time off must be submitted no later than the 15th of the month proceeding the desired time off.
F. Requests are considered and granted on a first requested, first granted basis. No more than 2 SRNAs per class are permitted time off simultaneously during the months of April, May, June, July and August.
G. Seven (7) days of holiday time off are granted to SRNA’s annually. These Holiday’s include: New Year’s Day, Good Friday, Memorial Day, Fourth of July, Labor Day Thanksgiving Day, and Christmas Day.
H. Student Registered Nurse Anesthetists may request additional vacation time on or around a scheduled holiday. Additional vacation time encompassing a scheduled holiday (New Year’s, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day or Christmas Day) may be limited at the discretion of the program director and must be submitted on the Time Off Request Form. Requests are considered and granted on a first requested first granted basis
I. Student Registered Nurse Anesthetists assigned clinical call on a scheduled holiday will receive the next 2 consecutive business days as equivalent time off compensation.
J. Student Registered Nurse Anesthetists ARE NOT permitted to use vacation or time off during clinical rotations at Punxsutawney, Dunkirk, Warren or Fairview.
K. Student Registered Nurse Anesthetists must use all time off by the end of April in the year of anticipated graduation. Time off not used prior to this deadline will be forfeited.

Approved by K. Stephen Anderson, CRNA, Med. School Director
Effective Date: Jan. 2010
Supersedes Guidelines Dated: 00, 01, 02, 03, 04, 08, 09
HAMOT MEDICAL CENTER SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

TIME OFF/CALL CHANGE REQUEST FORM

STUDENT NAME: ___________________________ DATE SUBMITTED: __________

Fill in the VACATION: ____________________________
Purpose of CONFERENCE: ____________________________ Brochure Attached: _____
Time Off NO CALL WEEKEND: ____________________________ SEE: __________

REASON: ____________________________________________________________

CALL CHANGE: ___________ (PLEASE CHECK)
STUDENT ASSIGNED CALL: ___________________________ STUDENT TAKING CALL: ___________________________
CHANGE FROM: ___________________________ CHANGE TO: ___________________________
CHANGE TO: ___________________________ CHANGE FROM: ___________________________

C. KENT PERSINGER, CRNA, MSN
SENIOR ASSOCIATE DIRECTOR

APPROVED
DENIED

FOR OFFICE USE ONLY

STUDENT NAME: ___________________________ DATE SUBMITTED: __________

Fill in the VACATION: ____________________________
Purpose of CONFERENCE: ____________________________ Brochure Attached: _____
Time Off NO CALL WEEKEND: ____________________________ SEE: __________

PERSON ASSIGNED CALL: ___________________________ PERSON TAKING CALL: ___________________________
CHANGE FROM: ___________________________ CHANGE TO: ___________________________
CHANGE TO: ___________________________ CHANGE FROM: ___________________________

APPROVED: _______ DENIED: _______ APPLIED TO SCHEDULE: _______
COMMENTS: ____________________________________________________________

MONTH: ___________________________ YEAR: __________
Title: Policy for Assignment of SRNAs to second, third, and 24-hour call shifts.

Purpose: To delineate guidelines for the student registered nurse anesthetist’s assignment to second, third, or 24-hour call shift.

Policy and Procedures:
A. Student registered nurse anesthetists in the Hamot Medical Center School of Anesthesia/Gannon University participate in second shift, third shift, and 24-hour call assignments.
B. The SRNA is permitted to begin a second shift assignment after successful completion of Clinical Practicum I.
C. The SRNA is permitted to begin a third shift assignment and a call rotation after successful completion of Clinical Practicum I and II.
D. A designated call room is provided for the SRNA on 24-hour assignment.
E. Student registered nurse anesthetists’ receive time off compensation of an equivalent 24-hour period before or after an assigned call.
F. Student registered nurse anesthetists’ receive two complementary meal tickets when on 24-hour call.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 10
Supersedes Guidelines Dated: 00, 01, 02, 03, 04, 08, 09
Title: Leave of Absence

Purpose: To provide a mechanism of request for Leave of Absence from the program.

Policy and Procedure:

Request for Leave of Absence:

A. Student registered nurse anesthetists considering a leave of absence should council with the Program Director regarding the reason for the leave, the length of the anticipated leave and the plan for program completion.

B. Student registered nurse anesthetists who find it necessary to interrupt their program of study should request in writing a leave of absence addressed to the Program Director and the Director of Graduate Nursing of the Hamot Medical Center School of Anesthesia/Gannon University. If the need for leave is foreseeable, the SRNA must provide 30 days prior written notice. If this is not possible, the SRNA must give notice as soon as possible (within 1 to 2 business days of learning of the need for leave), except in extraordinary circumstances.

C. If the Program Director and the Director of Graduate Nursing approve the leave, the SRNA will receive formal, written notice of leave approval. This document will indicate the reason for the leave, the accepted period of absence and the expected date of graduation.

D. Leave of absence time accrued in excess of the permitted 30 program time off days must be made up prior to graduation so that the full 28 months required for program completion are fulfilled.

E. Student registered nurse anesthetists must return to the graduate nurse anesthesia program in curriculum sequence and successfully meet all requirements for graduation and certification.

Types of Leaves of Absence:

A. Temporary Disability Leave (Illness, Surgery, Maternity, Off-Campus Accident)
   1. Requests may be granted in increments of up to three months, to a maximum of 12 months.
   2. A licensed physician’s statement of nature and expected return to work date is required.
   3. Student registered nurse anesthetists may be eligible to use allowable time off before the leave begins.
   4. A licensed physician’s statement is required prior to the SRNA returning to the program.
   5. Any physical or emotional limitations for the SRNA must be included on the licensed physician’s statement submitted at the time of reinstatement.
B. Family/Medical Leave
   1. The birth of a child and to care for such child.
   2. The placement/care of a child for adoption or foster care.
   3. To care for a spouse, son, daughter, or parent (“covered relation”) with a serious health condition.
   4. A serious health condition of the SRNA which renders the SRNA unable to perform an essential function of his or her position.
   5. Student registered nurse anesthetists may take up to 12 weeks leave of absence within any 12 month period.
   6. The SRNA must return to didactic and clinical coursework in sequence and meet all graduation and certification requirements.

Family Definition
   A child includes biological, adopted, or foster child, as well as step child, legal ward or other person for whom you act in the capacity of parent and who is under 18 years of age or over 18 years of age, but incapable of caring for himself.

Medical Certification
   An SRNA requesting leave because of his/her own serious health condition or a covered relation’s serious health condition must supply appropriate medical certification from the relevant health care provider.

Health Care Provider Definition
   “Health care provider” includes: licensed MD or DO, dentist, podiatrist, clinical psychologist, optometrist, chiropractor, nurse practitioner, or nurse-midwife authorized to practice under state law.

Serious Health Condition Definition
   “Serious health condition” means illness, injury, and impairment, physical or mental condition that involves:
   1. Inpatient hospital care.
   2. Absence of more than 3 calendar days and continued treatment by a health care provider.
   3. Continued treatment by a health care provider of a chronic/long-term condition that is incurable or will result in incapacity of more than 3 days if not treated.
   4. A serious health condition does not include elective or cosmetic care not deemed medically necessary.

Continuing Treatment Definition
   “Continuing treatment” means:
   1. Two or more treatments by a health care provider.
   2. Two or more treatments by a provider of health care services (e.g. physical therapist) under order of a health care provider.
   3. A regimen of medication or therapy ordered and supervised by a health care provider.
Reporting While on Leave
Student Registered Nurse Anesthetists who apply for and receive a leave of absence must provide a monthly, written report to the school director. The report will document status of condition and continued intent to return to Hamot Medical Center School of Anesthesia/Gannon University.

Extension of Leave
Extension of leave must be received in writing, a minimum of 14 days before the expiration of a previously granted leave. Leave of absence may not exceed 12 months.

Return to Program
Student registered nurse anesthetists may return to the Hamot Medical Center School of anesthesia program at the end of their leave of absence. Student registered nurse anesthetist will be reinstated to the curriculum sequence achieved when the leave commenced. All curriculum, certification and graduation requirements must be achieved for successful program completion. If the leave of absence involved the SRNA’s own serious health condition, written certification that the SRNA is fit to return to the school of anesthesia must be documented by the SRNA’s health care provider.

Misrepresentation of facts to obtain a leave of absence will result in termination from the school of anesthesia program.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 2010
Supersedes Guidelines Dated: 01, 02, 03, 08, 09

Hamot
School of Anesthesia
Title: Transfer of a Student Registered Nurse Anesthetist Into or Out Of the Hamot Medical Center School of Anesthesia/Gannon University.

Purpose: To provide a mechanism for transfer into or out of the Hamot Medical Center School of Anesthesia.

Policy and Procedure:

A. Hamot Medical Center School of Anesthesia/Gannon University does not encourage SRNA transfer into or out of the program except for extenuating circumstances.

B. Requirements for transfer of an SRNA out of the Hamot Medical Center School of Anesthesia.
   1. The SRNA shall provide written notification to the Program Director of the Hamot Medical Center School of Anesthesia. The reason for request of transfer out of the program must be included in the written notification.
   2. The SRNA will notify his/her advisor at Gannon University’s Villa Maria School of Nursing.
   3. The SRNA will complete all required forms for course withdrawal/transfer at Gannon University.
   4. The SRNA will complete an exit interview/evaluation with the Hamot Medical Center School of Anesthesia Program Director.
   5. The Hamot Medical Center School of Anesthesia Program Director will notify the AANA Council on Certification of Nurse Anesthetists.
   6. The Hamot Medical Center School of Anesthesia Program Director will complete all transcripts and pertinent documentation as required.

C. Requirements for transfer of an SRNA into the Hamot Medical Center School of Anesthesia.
   1. The transfer candidate shall provide written notification of intent to transfer to the Hamot Medical Center School of Anesthesia/Gannon University.
   2. The transfer candidate shall complete an application to the Hamot Medical Center School of Anesthesia/Gannon University.
   3. The Hamot Medical Center School of Anesthesia/Gannon University Program Director will request transcripts and information pertinent to the transfer candidate’s application from the previously attended school of nurse anesthesia.
   4. The Hamot Medical Center School of Anesthesia/Gannon University Program Director and the Director of Gannon University’s Villa Maria School of Nursing will review the transfer candidate’s file and recommend acceptance or rejection of the request for transfer into the anesthesia program.
   5. The transfer candidate will be notified in writing of the decision to accept or reject transfer into the program.
6. If transfer into the program is granted, the Hamot Medical Center School of Anesthesia/Gannon University Program Director and the SRNA’s Advisor at Gannon University’s Villa Maria School of Nursing will establish the transfer credits accepted towards the degree.

7. The Program Director will notify the AANA Council on Certification of the SRNA’s transfer into the Hamot Medical Center School of Anesthesia/Gannon University.

8. The transferring SRNA must successfully complete the required orientation to the Hamot Medical Center School of Anesthesia/Gannon University.

9. The transferring SRNA must successfully complete all program requirements prior to graduation.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 2010
Supersedes Guidelines Dated: 00, 01, 02, 03, 04, 09
Title: Graduation Requirements

Purpose: The purpose of this policy is to inform student registered nurse anesthetists of requirements for program completion and graduation.

Policy:

A. Graduation from Hamot Medical Center School of Anesthesia/Gannon University and Gannon University is dependent upon the recommendation of the faculties of the Gannon University’s Villa Maria College of Nursing and Hamot Medical Center School of Anesthesia.

B. All SRNAs must:
   1. Fulfill all requirements of the Nurse Anesthesia Curriculum.
   2. Discharge all financial obligations to Hamot Medical Center and Gannon University.
   3. Return all borrowed resources, books, and materials to the Gannon University, Nash Library and the Hamot Medical Center Library.
   4. Complete formal application for the Master of Science in Nursing Degree with Gannon University.
   5. Meet terminal objective requirements for new graduates of nurse anesthesia education programs as established by the Council on Accreditation for Nurse Anesthesia.
   6. Complete an exit evaluation with the Hamot Medical Center School of Anesthesia/Gannon University Program Director.
   7. Submit a completed Clear Post Form (see attachment B) to the program director.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 10
Supersedes Guidelines Dated: 00, 01, 02, 03, 04, 08, 09
Attachment B

HAMOT MEDICAL CENTER SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

Clear Post

_______________________________
Students Name (Printed)

HAMOT

I.D. Badge

Medical Records (charts signed)

Library (all books returned)

Beeper/Pager

Lockers (number & combination to Valerie)

Clinical Practicum 6 – Self Evaluation
   Submit printed copy to School Office

End of Program Evaluations

Date / Initials

GANNON

Cashiers Office (all bills paid)

Financial Aid – Online Evaluation

Thesis to be bound (Connie Stahon)

EXIT INTERVIEW

_______________________________
SRNA’s signature

Date

_______________________________
Director/Assoc. Director signature

Date
Title: Honors and Awards

Purpose: To describe honors and awards granted by the Hamot Medical Center School of Anesthesia/Gannon University at Graduation.

Policy and Procedure:

A. The Robert J. Byers Award
The Byers Award is presented at commencement to a graduating student registered nurse anesthetist. The recipient is selected in recognition of scholarship in the area of anesthesia physiology. This award is sponsored by Hamot Medical Center School of Anesthesia Alumni and as a tribute to Dr. Byers for his untiring efforts as an educator and pioneer in the field of Nurse Anesthesia.

B. The Joseph Carter Award
The Carter Award is presented at commencement to a graduating student registered nurse anesthetist or an alumnus of the Hamot Medical Center School of Anesthesia. The recipient is selected in recognition of demonstrated clinical excellence. The award is sponsored by the Hamot Medical Center School of Anesthesia Alumni in recognition of Dr. Carter’s significant contributions as a clinical educator of nurse anesthesia students.

C. The Kathy Burgess Spirit Award
The Spirit Award is presented at commencement to a graduating student registered nurse anesthetist. The recipient is chosen based on interpersonal qualities demonstrated while an SRNA at Hamot Medical Center School of Nurse Anesthesia/Gannon University. The selected SRNA has demonstrated exemplary eagerness to learn various anesthesia techniques, and a willingness to help anywhere, anytime without complaining. The SRNA is recognized for their unique, positive disposition maintained throughout the rigors of the anesthesia program. This award is sponsored by alumnus Kathy Burgess, CRNA, MSN, with gratitude to the Hamot Medical Center School of Nurse Anesthesia.

D. The EJ Morrison Challenge Award
The EJ Morrison Challenge Award is presented at commencement to a graduating student registered nurse anesthetist. The recipient is chosen based on demonstration of character qualities similar to those possessed by the late E.J. Morrison, CRNA, MSN, intended Program Director, Hamot Medical Center School of Anesthesia/Gannon University. Specific qualities include a non-boastful, quiet confidence, a comforting demeanor with patients and an acceptance of professional challenges without prompting. The award is sponsored by the Hamot Medical Center School of Anesthesia Alumni and Melissa Morrison in recognition of EJ Morrison’s significant contributions as a clinical educator of student registered nurse anesthetists.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 2010
Supersedes Guidelines Dated: 00, 01, 02, 03, 08, 09
Title: Guidelines for Requesting Professional Reference.

Purpose: To provide guidelines for request and submission of professional reference for student registered nurse anesthetists and alumni.

Policy and procedure:

A. Student registered nurse anesthetists and alumni may request a **Professional Reference** from the Hamot Medical Center School of Anesthesia/Gannon University Program Director, Associate Director, Chair of the Department of Anesthesia, or Lead CRNA. All other references are considered personal and must be documented as such.

B. A **Reference Release Form** must be submitted for each professional reference desired (attachment C).

C. Phone references are discouraged, but if requested, cannot be provided without a signed **Reference Release Form**.

D. The **Reference Release Form** and a copy of the reference provided will be placed in the student or alumnus file.

E. No third party references will be issued. All references will be forwarded to the prospective employer.

F. No reference will be provided directly to the student or alumnus.

G. No “To Whom It May Concern” reference will be provided.

H. Transcripts, credentialing, and verification of graduation are provided on a fee for service basis to alumni (attachment D).

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Approved by Krista L. Yoder, CRNA, MSN, School Director  
Effective Date: Jan. 10  
Supersedes Guidelines Dated: 00, 01, 02, 03, 04, 08, 09
REFERENCE RELEASE FORM

I, ________________________________________________ hereby give written permission for _____________________________________________ to provide professional reference on my behalf, to:   ____________________________________
____________________________________
____________________________________
____________________________________
______________________________________________     _______________________
Signature         Date
Attachment D

Price List for Verification of Graduation, Transcript, and Credentialing.

Verification of Graduation

On-line verification  
No Charge
http://www.hamot.org→Careers/Education→School of Anesthesia→Alumni Verification

Written Verification or Evaluation  
$10.00

Written Verification and Evaluation  
$35.00

Transcript

Transcript  
$20.00

Credentials

Credentials  
$35.00

Notarized Credentials  
$50.00

Payable to:  Hamot Medical Center School of Anesthesia

Mailing Address:  Hamot Medical Center
School of Anesthesia
201 State Street
Erie, Pennsylvania 16550

Phone Contact:  Phyllis Machacek, BS
Administrative Assistant
814-877-2938
Title: Record Retention

Purpose: To comply with standards for record retention as required by Federal, State, and accrediting agencies.

Policy and Procedure:
The Hamot Medical Center School of Anesthesia/Gannon University follows the Record Retention Policy of the Hamot Medical Center and the Gannon University, Morosky College of Health Professions and Sciences, Villa Maria School of Nursing. The following student records are kept on permanent file for graduates the School of Nursing at Gannon University and at the Hamot Medical Center School of Anesthesia/Gannon University:

- Admission folder
- Record of Standardized Test Results
- Cumulative Health Record
- Child Abuse Clearance
- State police/Criminal Clearance
- Incident Reports
- Photo ID
- Behavioral Contract
- Final Clinical Evaluations
- Graduation Certificate
- NBCRNA transcript
- Discipline records
- Grievance records

Records of student registered nurse anesthetists who withdraw from the program are retained for 7 years. Records of students who apply but do not attend are kept for 2 years.

Approved by Krista L. Yoder, CRNA, MSN, School Director
Effective Date: Jan. 2010
Supersedes Guidelines Dated: 00, 01, 03, 04, 08, 09
HAMOT MEDICAL CENTER SCHOOL OF ANESTHESIA

STUDENT HANDBOOK

SECTION III

COURSE OF STUDY
Hamot Medical Center School of Nurse Anesthesia

General Information:

Program Director: Krista Yoder, CRNA, MSN

Senior Associate Director: C. Kent Persinger, CRNA, MSN

Associate Director: K. Stephen Anderson, CRNA, M.Ed.

Education Coordinator: Valerie Hoover, BS

Administrative Assistant: Phyllis Machacek, BS

Medical Director: J. David Albert, MD

Dean, Gannon University Morosky College of Health Professions and Sciences:
Carolynn Masters, PhD, RN, CARN

Director, Villa Maria School of Nursing: Kathleen Patterson, PhD, RN, MPH

Advisory Committee:
J. David Albert, MD
Christopher Larson, MD
Richard Long, MD
Ruth Shoemaker, MSN, MBA, RN
Sharon Thompson, PhD, RN, MPH
C. Kent Persinger, CRNA, MSN
Krista Yoder, CRNA, MSN
Tracy Malinowski, SRNA, BSN

Stephen Schell, MD
Carolynn Masters, PhD, RN, CARN
K. Stephen Anderson, CRNA, M.Ed
Kathleen Patterson, PhD, PMHCNS, BS
Karin Hill
Patricia Norcott, MA, MS
Justin Snedaker, CRNA, MSN

Course of Study:
The Nurse Anesthesia Program is a 28 month, full time, graduate program of study for students that awards the graduate with a Certificate of Completion of the Hamot Medical Center School of Nurse Anesthesia Program and a Master of Science in Nursing degree from Gannon University. The graduate is eligible to sit for the National Certification Examination for Nurse Anesthesia. There is no provision for part time study. The program integrates research, physiology, pharmacology, pathophysiology, anesthesia principles, chemistry and physics.
Terminal Objectives for Master of Science in Nursing Degree
Hamot Medical Center School of Anesthesia - Gannon University

Successful integration of advanced principles of education, clinical expertise, and research theory is the basis of the graduate curriculum and is the expected outcome for individuals involved in the graduate nurse anesthesia program. Upon completion of the program, the graduate is able to:

1. Synthesize theory and research from nursing, the biopsychosocial sciences, and the humanities in their advanced practice role to care for members of diverse populations.

2. Conduct research, collaborate with other researchers from various disciplines, and implement research findings in the practice or education environment.

3. Assume an advanced practice role in the specialty of nurse anesthesia, education, administration, or research.

4. Assume a leadership role to influence change in health care practice at local, regional, and national levels.

5. Articulate and differentiate the advanced practice roles within nursing.

6. Demonstrate an understanding of the importance of maintaining ongoing professional development in their advanced practice specialty.

7. Engage in collaborative relationships as an advanced practice nurse with professionals from various disciplines and members of diverse populations to improve health care.

8. Demonstrate an educational foundation for doctoral study.
Program of Nurse Anesthesia Outcome Objectives

Upon completion of the program, the graduate nurse anesthetist is able to:

- Articulate comprehensive knowledge and understanding of anatomy, physiology, pathophysiology, pharmacology, chemistry, and physics specific to the science of nurse anesthesia.
- Complete a comprehensive preanesthetic interview, including a health history and physical assessment.
- Develop an appropriate anesthesia care plan based on patient data and overall medical, surgical and nursing treatment plan.
- Conduct a comprehensive equipment check of the anesthesia machine and associated monitors.
- Identify and take corrective action when confronted with anesthesia equipment malfunction.
- Safely administer anesthesia to all ages and categories of patients in a variety of surgical and diagnostic settings.
- Skillfully use a variety of anesthetic agents, adjunctive medications and anesthetic techniques to provide anesthesia care.
- Administer and manage various forms of regional anesthesia.
- Analyze and interpret data obtained from anesthesia monitors and patient observation.
- Initiate and manage appropriate fluid and blood replacement therapy for patients of all ages and categories.
- Safely position the anesthetized patient to avoid intraoperative nerve injury.
- Use principles of Universal Precautions and personal protective equipment in the delivery of anesthesia care to all patients.
- Recognize and appropriately respond to anesthesia complications that occur during the perioperative timeframe.
- Function as a resource person for airway and ventilatory management of patients.
- Demonstrate a working knowledge of the role of information management in health care.
- Discuss principles of anesthesia risk management to include preventive and procedural strategies.
- Serve as an anesthesia educational resource for patients and community.
- Demonstrate integrity and ethical behavior in professional and personal interactions.
- Participate in anesthesia related quality management activities.
- Consult and collaborate effectively with members of the health care team.
- Critically evaluate research and evidence based anesthesia practices.
- Demonstrate the ability to deliver a clear and organized public presentation.
# Anesthesia Curriculum

**Core Courses**
- GNURS525 Theoretical Foundations of Nursing 3 credits
- GNURS526 Role Theory and Professional Issues in Nursing 3 credits

**Research Courses**
- GNURS650 Research Methods 3 credits
- GNURS651 Research Seminar 3 credits
- GNURS721 Thesis or Project Guidance 3 credits

**Supporting Courses**
- GNURS561 Chemistry and Physics of Anesthesia 3 credits
- GNURS625 Pharmacology for Anesthesia 1 3 credits
- GNURS626 Pharmacology for Anesthesia 2 3 credits
- GNURS627 Physiology for Anesthesia 1 4 credits
- GNURS628 Physiology for Anesthesia 2 3 credits
- GNURS629 Physiology for Anesthesia 3 2 credits

**Anesthesia Courses**
- GNURS630 Foundations of Anesthesia Nursing 1 3 credits
- GNURS632 Foundations of Anesthesia Nursing 2 3 credits
- GNURS725 Advanced Anesthesia Nursing 1 3 credits
- GNURS726 Advanced Anesthesia Nursing 2 3 credits
- GNURS731 Integrated Role Seminar 3 credits

**Clinical Practicum**
- GNURS617 Anesthesia Clinical Practicum 1 0 credits
- GNURS618 Anesthesia Clinical Practicum 2 0 credits
- GNURS619 Anesthesia Clinical Practicum 3 0 credits
- GNURS717 Anesthesia Clinical Practicum 4 0 credits
- GNURS718 Anesthesia Clinical Practicum 5 0 credits
- GNURS719 Anesthesia Clinical Practicum 6 0 credits
Course Descriptions

GNURS 525 Theoretical Foundations of Nursing
3 Credits
NOTE: This is a Core Course.
Prerequisites: Graduate standing or permission of the program director.
This course provides an overview of nursing theories and models. Course work provides the student an opportunity to examine the development of concepts applicable to nursing, as well as the explication and utilization of concept nursing theories. Emphasis is on theory construction and the role that theory plays in providing the scientific basis for the practice of nursing. Offered fall and spring semesters.

GNURS 526 Role Theory and Professional Issues in Nursing
3 Credits
Note: This is a Core Course
Prerequisite or Corequisite: CNURS 525 or permission of the program director.
This course deals with the examination of theories underlying the construction and definition of roles in society, with emphasis on the acquisition and meaning of advanced practice nursing roles. Professional issues and advanced practice roles are examined for their interrelatedness within the health care system. Emphasis is on role development, leadership, and research, and how these provide the basis for planned change within the health care system and the nursing profession. Offered spring semester.

GNURS 561 Chemistry and Physics of Anesthesia
3 Credits
Prerequisite: Graduate standing in the Nurse Anesthesia Option.
Corequisites: GNURS 627 and GNURS 630
This course investigates the basic principles of chemistry and physics as they relate to the clinical practice of anesthesia. Course content includes mechanics, fluids, gases, electricity, electronics, and instruments as they relate to the practice of anesthesia.

GNURS 617 Anesthesia Clinical Practicum 1
0 Credits
Prerequisite: GNURS 630 and graduate standing in the Nurse Anesthesia option.
The clinical curriculum is designed to allow the nurse anesthesia student to integrate didactic learning into the practice of anesthesia. Clinical Practicum 1 provides the foundation for clinical practice. Basic anesthesia skills are learned and practiced during an appropriate orientation to clinical practice that precedes this initial clinical experience.
GNURS 618 Anesthesia Clinical Practicum 2
0 Credits
Prerequisite: GNURS 617 and graduate standing in the Nurse Anesthesia option.
Clinical Practicum 2 builds on the basic skills learned and practiced in Clinical Practicum 1. It provides the nurse anesthetist student the opportunity to improve their basic anesthesia skills. Clinical Practicum 2 builds on the student’s basic anesthesia knowledge and comprehension. The student demonstrates the use of didactic knowledge learned in the classroom and skills learned in the clinical setting to meet the perioperative needs of patients.

GNURS 619 Anesthesia Clinical Practicum 3
0 Credits
Prerequisite: GNURS 618 and graduate standing in the Nurse Anesthesia option.
Clinical Practicum 3 builds on the advanced skills learned in Clinical Practicum 2. It provides the nurse anesthetist student the opportunity to improve their basic anesthesia skills, and to demonstrate advanced skills. Clinical Practicum 3 builds on the student’s anesthesia knowledge and comprehension. The student demonstrates the use of didactic knowledge learned in the classroom and skills learned in the clinical setting to meet the perioperative needs of a variety of patients. Students begin to take a more active role in the decision-making process specific to the anesthesia needs of their patients.

GNURS 625 Pharmacology for Anesthesia 1
3 Credits
Prerequisite: GNURS 561 and graduate standing in the Nurse Anesthesia option.
This course is the first in a two-course series presenting requisite knowledge for the effective clinical practice of anesthesia. It provides in-depth knowledge specific to anesthesia pharmacology to nurse anesthesia students. Course content includes the pharmacokinetics and pharmacodynamics of anesthetic agents, muscle relaxants, and local anesthetic agents. Emphasis is on knowledge specific to the uptake and distribution of anesthetics, as well as, the metabolism, excretion, and elimination of anesthetic drugs.

GNURS 626 Pharmacology for Anesthesia 2
3 Credits
Prerequisite: GNURS 624 and graduate standing in the Nurse Anesthesia option.
This course is the second in a two-course series for nurse anesthetist students presenting requisite knowledge for the effective clinical practice of anesthesia. Course content includes the pharmacokinetics and pharmacodynamics of the accessory drugs used in anesthesia practice. Emphasis is on drugs affecting the autonomic system, the central nervous system, and the cardiovascular system.
GNURS 627 Physiology for Anesthesia 1  
4 Credits  
Prerequisite: Graduate standing in the Nurse Anesthesia option.  
Corequisites: GNURS 561 and GNURS 630  
This course is the first in a three-course series for nurse anesthetist students. Course content presents a detailed, systematic investigation of the anatomy, physiology, and pathophysiology of the cardiopulmonary system. Emphasis is on the integration of this knowledge into planning, implementation, and evaluation of care strategies for patients requiring anesthesia.

GNURS 628 Physiology for Anesthesia 2  
3 Credits  
Prerequisite: GNURS 627 and graduate standing in the Nurse Anesthesia option.  
This course is the second in a three-course series for nurse anesthetist students. Course content presents a detailed, systematic investigation of the anatomy, physiology, and pathophysiology of the endocrine and renal systems, including fluid, electrolyte, and acid-base physiology. Emphasis is on the integration of this knowledge into planning, implementation, and evaluation of care strategies for patients requiring anesthesia.

GNURS 629 Physiology for Anesthesia 3  
2 Credits  
Prerequisite: GNURS 628 and graduate standing in the Nurse Anesthesia option.  
This course is the third in a three-course series for nurse anesthetist students. Course content presents a detailed, systematic investigation of the anatomy, physiology, and pathophysiology of the neuromuscular system. Emphasis is on the integration of this knowledge into planning, implementation, and evaluation of care strategies for patients requiring anesthesia.

GNURS 630 Foundations of Anesthesia Nursing 1  
3 Credits  
Prerequisite: Graduate standing in the Nurse Anesthesia option.  
Corequisites: GNURS 561 and GNURS 627  
This course is the first in a two-course series. It provides nurse anesthesia students with an introduction to the art and science of anesthesia. Course content identifies basic concepts of anesthesia and introduces the student to techniques and procedures specific to the practice of anesthesia. Reinforcement of didactic principles is accomplished by practice sessions in a structured laboratory setting.

GNURS 632 Foundations of Anesthesia Nursing 2  
3 Credits  
Prerequisite: GNURS 630 and graduate standing in the Nurse Anesthesia option.  
This course is the second in a two-course series for nurse anesthetist students. Course content includes progressive, guided instruction in the clinical anesthesia management of patients undergoing obstetrical, pediatric, orthopedic, and urologic surgery. Inpatient, outpatient, and trauma settings are included. Legal aspects of the practice of anesthesia are addressed. Reinforcement of didactic principles continues.
GNURS 650 Research Methods
3 Credits
Prerequisite: GNURS 525 or permission of the program director.
This course involves the systematic examination of the research process and the various quantitative and qualitative methods available to researchers--- including nurse researchers. Focus is on the methods and processes of systematic investigation, including critical analysis of studies, and analysis of the dynamic relationships among the various design, implementation, and evaluation components of research. This course provides graduate nursing students with the fundamental knowledge necessary to design and conduct a research study. Offered fall semester.

GNURS 651 Research Seminar
3 Credits
Prerequisite: GNURS 650 or permission of the program director.
This seminar provides peer and faculty support to students developing their graduate research proposals. The major emphasis includes refining an area of research, identifying a researchable question, exploring the literature, critiquing literature relevant to the research area, determining the appropriate method to answer the question under investigation, and identifying a thesis chairperson. The majority of seminar sessions are devoted to student presentations of their research plans with peer and faculty feedback to strengthen the proposal. Offered spring semester.

GNURS 717 Anesthesia Clinical Practicum 4
0 Credits
Prerequisite: GNURS 619 and graduate standing in the Nurse Anesthesia option.
Clinical Practicum 4 builds on the advanced skills learned in Clinical practicum 3. The nurse anesthesia student will be given the opportunity to experience more difficult cases and apply new learning. The student will be required to demonstrate higher levels of application and comprehension in clinical practice.

GNURS 718 Anesthesia Clinical Practicum 5
0 Credits
Prerequisite: GNURS 717 and graduate standing in the Nurse Anesthesia option.
Clinical Practicum 5 builds on the advanced skills learned in Clinical Practicum 4. It provides the nurse anesthetist student the opportunity to be more independent in meeting the anesthesia needs of their patients.

GNURS 719 Anesthesia Clinical Practicum 6
0 Credits
Prerequisite: GNURS 718 and graduate standing in the Nurse Anesthesia option.
Clinical Practicum 6 builds on the advanced skills learned across the anesthesia curriculum. Nurse anesthesia students are now expected to be as independent as possible in the practice of anesthesia.
**GNURS 721 Thesis Guidance**  
*1-3 Credits*  
NOTE: 3 credits are required.  
Prerequisites: GNURS 650, GNURS 651, and graduate standing or permission of the program director.  
This course is designed to provide graduate nursing students individualized guidance as they complete the research requirement of their program of study. The focus is on enabling the student to effectively use the research process in systematic inquiry aimed at discovery. The student may use either quantitative or qualitative methods in answering identified researchable questions within their optional course of study. Offered each fall and spring semester, and each summer session.

**GNURS 725 Advanced Anesthesia Nursing 1**  
*3 Credits*  
Prerequisite: GNURS 632 and graduate standing in the Nurse Anesthesia option.  
This course provides content specific to the application of didactic information to clinical situations. Nurse anesthesia students are introduced to anesthesia specialties in a seminar format. Specialties include pediatric, cardiovascular, otolaryngology, and anesthesia for uncommon diseases.

**GNURS 726 Advanced Anesthesia Nursing 2**  
*3 Credits*  
Prerequisite: GNURS 725 and graduate standing in the Nurse Anesthesia option.  
This course provides detailed instruction specific to the art and science of regional anesthesia and pain management. Reinforcement of didactic principles will be gained throughout the course by video, computer, and mannequin simulation.

**GNURS 731 Integrated Role Seminar**  
*3 Credits*  
Prerequisite: Graduate standing in the Nurse Anesthesia option.  
This course introduces the nurse anesthetist student to areas of professional responsibility. A wide range of topics is discussed. This course is designed to assist the student in analysis and evaluation of their advanced practice role. Offered in the fall semester.
# Hamot Medical Center School of Anesthesia
## Master Schedule - Program Course Sequence

### First Year

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<tr>
<th>Spring Semester (January - April)</th>
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<tbody>
<tr>
<td>GNURS 525 Theoretical Foundations of Nursing</td>
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<td>GNURS 625 Pharmacology for Anesthesia 1</td>
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<td>GNURS 630 Foundations of Anesthesia Nursing 1</td>
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<tr>
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<td>GNURS 632 Foundations of Anesthesia Nursing 2</td>
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<td>GNURS 617 Anesthesia Clinical Practicum 1</td>
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<td>GNURS 725 Advanced Anesthesia Nursing 1</td>
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<td>GNURS 650 Research Methods</td>
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<td>GNURS 617 Role Theory and Professional Issues in Nursing</td>
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<tr>
<td>GNURS 726 Advanced Anesthesia Nursing 2</td>
<td>3</td>
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<tr>
<td>GNURS 651 Research Seminar</td>
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### Third Year

**Spring Semester (January - April)**

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<td>GNURS 719</td>
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**Program Credit Total**  

48 credits
## Clinical Affiliation Sites

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<tr>
<th>Affiliation Site</th>
<th>Clinical Experience</th>
<th>Clinical Coordinator</th>
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<tbody>
<tr>
<td>Brooks Memorial Hospital</td>
<td>The student anesthetist administers all types of anesthetic, including regional, in a rural hospital setting</td>
<td>Thomas Olejniczik, CRNA, MS Clinical Coordinator</td>
</tr>
<tr>
<td>529 Central Avenue Dunkirk, NY 14048 (716)366-1111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fairview General Hospital Cleveland Clinic Health System</td>
<td>Management of labor pain via regional anesthesia and provision of anesthesia for elective, urgent and emergent cesarean section. The student anesthetist administers and manages epidural, spinal and general anesthetics in the obstetric patient.</td>
<td>Sabry S. Ayad, MD Chief, Obstetrical Anesthesia Department Clinical Coordinator</td>
</tr>
<tr>
<td>18101 Loraine Avenue Cleveland, Ohio 44111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hamot Medical Center Hamot Surgery Center</td>
<td>The primary clinical site for the anesthesia program, Hamot offers the student a broad scope of clinical anesthesia including Outpatient, Trauma, Major CV, Obstetrics, Neuro, General and Surgical cases.</td>
<td>C. Kent Persinger, CRNA,MSN Senior Associate Director Clinical Coordinator</td>
</tr>
<tr>
<td>201 State Street Erie, PA 16550 (814)877-2938</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Punxsutawney Area Hospital</td>
<td>The student nurse anesthetist will administer regional and general anesthesia in a rural hospital setting.</td>
<td>Karen Herriotts, CRNA, MBA Clinical Coordinator Dr. Jim Laughner, DO Anesthesiologist</td>
</tr>
<tr>
<td>81 Hillcrest Drive Punxsutawney, PA 15767 (814)938-1800</td>
<td></td>
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<tr>
<td>Warren General Hospital</td>
<td>The student nurse anesthetist will administer regional and general anesthesia in a rural hospital setting.</td>
<td>Chad Ristau, CRNA, MSN Clinical Coordinator</td>
</tr>
<tr>
<td>2 Crescent Park West Warren, PA 16365 (814)723-4973</td>
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**Hamot Medical Center Library**
Library Services: ext. 2744  
Hours of Operation: 7:30am – 4:00pm Monday – Friday

The Hamot Medical Center Library is located on the fifth floor of the Hamot Professional Building. The Library offers domestic and international scientific journals and magazines. Services include book requests, cataloging, MEDLINE/online searches and reserve collections. Photocopy service is available on a limited basis. **NO COPYING OF BOOKS or large volumes of materials is permitted.** Nurse anesthesia students may sign out materials from the medical library via their I.D. badge. After hours library access may be obtained by calling Security ext. 6666. Student nurse anesthetist must show their I.D. badge to security personnel in order to obtain after hours library entrance.

**Gannon University Nash Library**
Circulation Desk: 871-7557  
Periodicals: 871-7561  
Reference Rooms: 871-7559  
Hours of Operation: 7:30 am – Midnight Monday – Thursday  
7:30 am – 7:00 pm Friday  
11:00am – 7:00 pm Saturday  
12:30pm – Midnight Sunday

**Mission Statement**

Nash Library contributes to the mission of Gannon University by providing resources, instructional programs, services, and facilities to support the curricular and research needs of students and faculty.

**Vision Statement**

Nash Library will:
- Provide information and learning resources in all appropriate formats to support the curricular and research needs of students and faculty.  
- Provide instructional programs to assist students in meeting the information literacy outcomes of Gannon University.  
- Maintain a safe and comfortable environment with a variety of spaces, furnishings, and equipment to promote and enhance student learning.  
- Provide proactive and responsive services that maximize the effectiveness of the library’s resources and facilities.  
- Support the continuous development of all library staff and faculty.
Student Health Services
Gannon University Student Health Center: 871-7622
NW Corner of Sassafras Street and 6th Street - Lower Level of Harborview

The Student Health Services Office at Gannon is an ambulatory care facility. Our work within the field of higher education is to promote wellness and conserve the time of the students for their classwork and studies by preventing and treating minor illnesses and injuries. A physician is available at the Health Office at scheduled hours during the Fall and Spring semesters. The Health Program also includes the services of a registered college health nurse.

A University Health Center form must be on file at the office in order to receive any services. New students will receive this form in an admission packet after their deposit is paid.

Regular Office Hours: Monday - Friday 8:00 AM to 4:00 PM
Doctor's Hours: Mondays and Tuesdays, 1 PM to 4 PM, and Thursdays 9 AM to Noon

Appointments available - must be evaluated by a nurse prior to being scheduled. No walk-in patient visits will be taken during doctor's hours with the exception of emergencies and first aid care. All doctor appointments must be made prior to doctor's hours.

TRIAGE:
The professional staff of the Health Center will assess and evaluate each person on an individual basis. Therefore, medical emergencies and urgent conditions will be given priority.

Health Insurance Coverage is the responsibility of the student. Proof of student health insurance coverage must be provided to Gannon University and to Hamot Medical Center School of Anesthesia.

Gannon University has made arrangements with an independent insurance carrier to provide an insurance program. The Accident and Sickness Insurance Plan is available to all registered students. Insurance enrollment packets are available online or at the Student Health Services Office.
# ANESTHESIA JOURNALS
Hamot Medical Center Library

<table>
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<th>Journal</th>
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<td>AANA NEWS BULLETIN</td>
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<tr>
<td>AESTHETIC SURGERY JOURNAL</td>
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<td>AMERICAN J OF CRITICAL CARE</td>
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<td>BRITISH J ANAESTHESIA (BJA)</td>
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<td>CLINICAL JOURNAL OF PAIN</td>
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<td>PROBLEMS IN ANESTHESIA</td>
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Book list for Anesthesia Concentration
2009-2011

**Primary Text**


**GNURS561 Chemistry and Physics of Anesthesia**


**GNURS627 Anesthesia Physiology 1**


**GNURS628 Anesthesia Physiology 2**


**GNURS630 Foundation of Nurse Anesthesia 1**


**GNURS725 Advance Anesthesia Nursing 1**

GNURS625 & GNURS626 Pharmacology for Anesthesia I & II


Recommended Textbooks


Handbooks


HAMOT MEDICAL CENTER SCHOOL OF ANESTHESIA

STUDENT HANDBOOK

SECTION IV

EVALUATION POLICIES AND TOOLS
Hamot Medical Center School of Anesthesia/Gannon University
Continuous Self-Evaluation Policy and Procedures

Purpose: The Hamot Medical Center School of Anesthesia/Gannon University utilizes a multifaceted, continuous self-evaluation mechanism to insure the highest quality of nurse anesthesia education is provided. The evaluation process addresses areas of clinical and didactic learning.

The Continuous Self-Evaluation Process includes the following components.

1. Accreditation Mechanism
   • The school administration will review summaries and reports from the Council on Accreditation’s On-Site Review, Annual Report, and the school’s Programmatic Self Study.
   • A summary report, of these documents, will be presented to the Hamot Medical Center School of Anesthesia Curriculum Committee and the Advisory Committee.
   • Recommendations for school policy change will be considered and implemented if approved.
   • The Hamot Medical Center School of Anesthesia Program Director must review and approve programmatic changes that affect the school’s accreditation status.

2. Certification Exam Results
   • Annual results of student performance on the National Certification Exam are reviewed and evaluated by the Program Director.
   • Specific review of overall performance and content analysis compared to national mean is examined.
   • A summary report of certification exam results is presented to the Hamot Medical Center School of Anesthesia Curriculum Committee and the Advisory Committee.
   • The Hamot Medical Center School of Anesthesia Program Director must review and approve programmatic changes that affect the school’s accreditation status.

3. Curriculum Evaluation (see Attachments E - G)
   • Nurse anesthesia students complete evaluations of all courses and instructors at the completion of each semester.
   • Course instructors complete a self-evaluation and a course evaluation at the completion of each semester.
   • The Hamot Medical Center School of Anesthesia Program Director reviews all evaluations.
   • Course instructors are provided opportunity to review evaluations specific to their didactic component.
   • The Hamot Medical Center School of Anesthesia Curriculum and Advisory Committees review a summative report of Curriculum Evaluations.
4. Practicum Clinical Evaluation (see Attachment H)
   • All students evaluate their clinical experience during each practicum. Facets of
     this evaluation include quality of case experience, clinical instruction,
     supervision, fair treatment and opportunity to participate in the total anesthetic.
   • Clinical faculty is provided opportunity to review their evaluations.
   • A summative report of Clinical Evaluations is reviewed by the Hamot Medical
     Center School of Anesthesia Curriculum Committee.

5. Daily Clinical Evaluation (see Attachment “Clinical Evaluation Policy”)
   • Completed by CRNA/MDA staff assigned to the student for each day spent in the
     clinical setting.
   • Evaluation based on published practicum objectives.
   • Results are entered into the student’s clinical practicum spreadsheet. Trends in
     clinical performance can be detected and addressed.

6. Student Self-Evaluation (see Attachment “Clinical Evaluation Policy”)
   • Completed as a daily clinical self-assessment by the nurse anesthesia student.
   • Evaluation based on published objectives specific to each practicum 1-6.
   • Results compared to CRNA/MDA Daily Clinical Evaluation of student nurse
     anesthetist.
   • Summary report included in overall student practicum evaluation and grade
     (Practicum’s 1-6).

7. Student Clinical Practicum Evaluation 1-6 (see Attachment “Clinical Evaluation
   Policy”)
   • A summative evaluation of the student’s clinical growth and development during
     a specific clinical practicum, 1-6.
   • Completed at the completion of the clinical practicum.
   • Used to identify trends and counsel students.
   • Each clinical practicum must be successfully completed to advance to the next
     clinical practicum.
   • All clinical practicum must be completed in sequence, 1-6.

8. Evaluation of Program Outcomes and Clinical Instructors (see Attachment I - J)
   • A comprehensive program evaluation is completed by all student nurse
     anesthetists prior to graduation.
   • Results are used to identify and assess if published terminal objectives are
     achieved.
   • All evaluations are reviewed by the Hamot Medical Center School of Anesthesia
     Program Director.
   • A summative report is prepared and presented to the Hamot Medical Center
     School of Nurse Anesthesia Curriculum Committee and the Advisory Committee.
   • Trends in achievement of terminal objectives and overall programmatic goals are
     assessed and programmatic changes are implemented as necessary.
8. **Evaluation of Program Outcomes (continued)**
   - The Hamot Medical Center School of Anesthesia Program Director must approve all programmatic changes that affect accreditation.

9. **Post-Graduate Evaluation** (see Attachment H)
   - This evaluation process occurs at year one and year three post-graduation.
   - Evaluations are based on published terminal objectives. Comment is also requested on the clinical ability and practice of the CRNA.
   - Evaluations are requested from both the alumnus and their employer.
   - Data obtained from these evaluations will be collated by the Hamot Medical Center School of Anesthesia Program Director.
   - A summative report will be presented to the Hamot Medical Center School of Anesthesia Curriculum Committee.
   - Results are used to assess program outcome criteria and implement quality improvement processes as identified.

10. **Evaluation at Gannon University Villa Maria School of Nursing**
    - Evaluation of all Gannon University Courses and Faculty will occur by and through the Gannon University utilizing evaluation procedures as established by the same.
Attachment E

GANNON UNIVERSITY
VILLA MARIA SCHOOL OF NURSING
GRADUATE NURSING PROGRAM
HAMOT MEDICAL CENTER SCHOOL OF ANESTHESIA
GRADUATE STUDENT COURSE EVALUATION

COURSE __________________________________________ DATE __________

DIRECTIONS: Please select the single digit which best represents your evaluation and write it next to the corresponding item number in the right hand column.

5 = Strongly Agree
4 = Moderately Agree
3 = Agree
2 = Moderately Disagree
1 = Strongly Disagree
N/A = Not Applicable

CHARACTERISTICS OF THE COURSE

1 The objectives of the course are clear. 1 _______
2 The amount of work required is appropriate for the credit allotment. 2 _______
3 The course content is relevant. 3 _______
4 The theoretical basis of the course was clearly established. 4 _______
5 The course requirements are relevant. 5 _______
6 The objectives of the course were achieved. 6 _______
7 The textbook required is appropriate for the course. 7 _______

COMMENTS

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THANK YOU PLEASE RETURN TO THE PROGRAM DIRECTOR
Attachment F

GANNON UNIVERSITY
VILLA MARIA SCHOOL OF NURSING
GRADUATE NURSING PROGRAM
HAMOT MEDICAL CENTER SCHOOL OF ANESTHESIA
DIDACTIC FACULTY EVALUATION

FACULTY NAME __________________ COURSE __________________ DATE _______

When this evaluation is complete, please return to the School Director. This form is part of the evaluation process in which the results are compiled and reviewed by the Director of the School and the Curriculum Committee and made known to the instructor. Please give thorough consideration prior to completing this evaluation.

DIRECTIONS: Please select the single digit which best represents your evaluation and write it next to the corresponding item number in the right hand column.

5 = Strongly Agree  
4 = Moderately Agree  
3 = Agree  
2 = Moderately Disagree  
1 = Strongly Disagree  
N/A = Not Applicable

1  The faculty has knowledge of the subject.  
2  The faculty is interested in the subject.  
3  The faculty presents material in a well-organized fashion.  
4  The faculty is actively helpful when students have difficulties.  
5  The faculty is flexible.  
6  The faculty is fair and impartial.  
7  The feedback offered by the faculty is clear and direct.  
8  The evaluation and associated grades were assigned fairly.  
9  The faculty stimulates thinking.  
10 The faculty facilitated the course objectives.  

COMMENTS

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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Attachment G

GANNON UNIVERSITY
VILLA MARIA SCHOOL OF NURSING
GRADUATE NURSING PROGRAM
HAMOT MEDICAL CENTER SCHOOL OF ANESTHESIA
FACULTY COURSE SELF EVALUATION

COURSE ________________________  FACULTY ________________________  DATE ______

1. What are your suggestions for change in the course content?

2. Do you have any recommendations for revisions in the following areas:
   A. Time class was scheduled.
   B. Course sequence in total curriculum.

3. Were there enough resources available?

4. Was the text appropriate, current, and useful?

5. Were there any problems in coordinating theory with clinical?

6. Was the course well accepted by the students?

7. Do you feel you were an effective instructor?

THANK YOU,

PLEASE MAKE RECOMMENDATIONS AND COMMENTS ON THE BACK.
Attachment H

GANNON UNIVERSITY
VILLA MARIA SCHOOL OF NURSING
GRADUATE NURSING PROGRAM
HAMOT MEDICAL CENTER SCHOOL OF ANESTHESIA
EVALUATION OF CLINICAL EXPERIENCE

Clinical Practicum

The purpose of this form is to provide the student with the opportunity to evaluate their clinical practicum of anesthesia practice. This evaluation is not for the evaluation of the individual faculty members. The student has the opportunity to evaluate the teacher effectiveness with the clinical instructor’s evaluation at the end of the program.

DIRECTIONS: Please select the single digit which best represents your evaluation and write it next to the corresponding item number in the right hand column.

5 = Strongly Agree
4 = Moderately Agree
3 = Agree
2 = Moderately Disagree
1 = Strongly Disagree
N/A = Not Applicable

1 Was the introduction into the clinical area adequate enough to make you feel reasonably comfortable? 1
2 Was the case mix adequate to meet your needs? 2
3 Are you able to perform effectively as a beginning practitioner? 3
4 Are you able to evaluate laboratory findings, ECG reports, x-ray data and abnormal findings? 4
5 Are you able to manage regional anesthesia? 5
6 Are you able to manage fluid therapy? 6
7 Are you able to manage as a team leader in the area of CPR? 7
8 Can you develop an appropriate anesthesia care plan? 8
9 Can you perform a pre-anesthetic interview and physical assessment on a patient undergoing anesthesia? 9

COMMENTS

THANK YOU

PLEASE RETURN TO THE PROGRAM DIRECTOR
SCHOOL OF ANESTHESIA

Clinical Evaluation Mechanism

Objectives:
1. To assist the student toward mastery of clinical skills and objectives.
2. To assist the student in achieving established clinical program objectives and personal clinical goals.
3. To provide constructive interaction between the student anesthetist and clinical faculty.

Daily Evaluation:
An electronic daily clinical evaluation is used to document the student’s strengths, weaknesses and progress toward clinical behavior objectives. Objectives for each practicum (1-6) are predetermined and published in the student handbook. The clinical evaluation focuses on ten essential aspects of clinical anesthesia.

A faculty member is assigned daily to each student. The faculty member observes the student’s performance in a clinical setting. Clinical faculty document whether or not the student met the requirements (both critical and non-critical) of the anesthesia practicum. CRNA and MDA clinical faculty also document critical notes of guidance to the student regarding clinical growth and development.

The student performs a self-evaluation for each day of clinical learning. This analysis should include specific behaviors, actions, and techniques that will lead them to attain published clinical objectives.

Daily electronic evaluations are logged into an electronic clinical evaluation data bank created for each student nurse anesthetist.

Practicum Evaluations:
Formal clinical practicum evaluations are conducted at the completion of each clinical practicum (1-6). The associate director reviews individual student evaluation data, and prepares a summative practicum evaluation. The student and the associate director meet to discuss progress and/or problems. The student and associate director sign the clinical practicum evaluation document acknowledging that it has been reviewed. Students are counseled regarding clinical practicum deficits and, if warranted, are placed on probation. A student may be advised against or prohibited from anesthesia program continuation.
**Evaluation Procedure:**
1. Each clinical faculty member who supervises a student will complete the instructor’s portion of the daily evaluation sheet. The student completes the self-evaluation portion of the daily electronic evaluation. All clinical evaluation forms are retained in the student’s electronic evaluation file. It is expected that the student will have no less than one electronic evaluation per clinical shift assignment.
2. At the completion of each clinical practicum, the associate director will review all of the student’s daily clinical evaluations. If, before the completion of the practicum, a student’s clinical evaluations are consistently unsatisfactory, the associate director will meet with the student to inform the student of noted deficiencies.
3. Any student who fails to meet the clinical behavioral objectives for a practicum may be placed on probation if warranted.
4. Failure of any clinical practicum results in the student’s dismissal from the program.
5. All clinical objectives are considered critical after Practicum 4.
6. Clinical Practicum 6 evaluation must reflect the student’s completion of the program’s terminal objectives.
7. The 6 Clinical Practicum periods are as follows:
   - Practicum 1  Year 1 - summer (May, June, July, Aug.)
   - Practicum 2  Year 1 - fall (Sept., Oct., Nov., Dec.)
   - Practicum 3  Year 2 - spring (Jan., Feb., March, April)
   - Practicum 4  Year 2 - summer (May, June, July, Aug.)
   - Practicum 5  Year 2 - fall (Sept., Oct., Nov., Dec.)
   - Practicum 6  Year 3 - spring (Jan., Feb., March, April)

**Self-evaluations:**
A written self-evaluation for each practicum (1-6) must be submitted to the associate director prior to that practicum’s summative report. Each student will assess and document their progress and level of clinical performance according to the practicum objectives.

**Care Plans:**
The student will prepare a daily care plan for the first case of each day. The plan includes the patient’s medical history, lab data, a description of the planned procedure and fluid administration, anesthetic technique as well as anticipated problems with planned interventions. This care plan is to be completed prior to the beginning of the case and should be available to the instructor upon request. The student will return the care plan to the instructor for review and evaluation within 24 hours of the clinical experience, with post-op progress notes included. A completed Care Plan and electronic Clinical Evaluation are required for all clinical days. These documents must be available to the associate director within 5 working days from the date of the clinical experience. Failure to comply will result in an unsatisfactory clinical evaluation for the day. Daily care plans are an important component of documentation considered in the student’s summative practicum evaluation.
Behavioral Objectives
Practicum 1

Room Preparation:
*1. Routine and supplemental equipment appropriate for each case is assembled and present.
*2. Performs thorough machine and equipment check in morning and checks anesthesia machine between cases for leaks and O2 delivery.
*3. Assembles basic work table.
*4. Demonstrates ability to operate routine anesthesia equipment and locate drugs and supplies for a class I or class II patient.

Pre-anesthetic Assessment and Anesthesia Care Plan:
*1. Conducts a pre-op evaluation that includes review of patient systems, chart review, lab values, and signed consents.
2. Formulates a plan of care based on patient status, surgical procedure and outside reading.
3. Performs a psychological assessment of patient and, with instructor’s assistance, medicates patient based on patient’s psychological need.
4. Reviews plan of care with instructor prior to beginning of each case.

IV:
*1. Demonstrates ability to assemble proper equipment necessary for starting an IV.
2. With assistance, identifies the appropriate size IV needed.
3. Demonstrates proper technique and utilizes local appropriately.
4. With assistance, selects proper IV solution.

Induction:
*1. Demonstrates the ability to follow, with assistance, the established plan of induction in an organized and correct manner.
2. Positions the patient properly, assuring there are no pressure points.
4. Administers induction drugs in proper sequence and precalculated doses.
*5. Is aware of OSHA standards for blood-borne pathogens and wears the proper protective garb.

Airway and Ventilation:
*1. Observes the ventilatory pattern of the patient, pre-induction.
*2. Notes the O2 saturation and pre-oxygenates appropriately.
3. Has appropriate sizes of airways available.
4. Demonstrates beginning ability to establish and maintain an adequate airway and recognizes an airway obstruction.
5. Applies face mask properly; demonstrates ability to perform controlled ventilation on induction.

Intubation:
1. Introduces laryngoscope blade gently into mouth, identifies landmarks and inserts ET tube.
*2. Assures placement by ETCO2 and bilateral breath sounds, then secures tube.
3. Uses proper technique for blade selected.

Monitoring and Maintenance:
1. Demonstrates basic knowledge of intra-anesthetic management of:
   a. inhalation agents
   b. narcotics/barbiturates/muscle relaxants
   c. MAC technique
   d. use of accessory agents:
      i. vasopressors/vasodilators
      ii. anticholinergics/anticholinesterases
      iii. antiarrhythmics
2. Monitors all parameters.
3. Recognizes and reports major cardiac arrhythmia’s.
4. Calculates accurate fluid and blood replacement for uncomplicated cases.
5. Selects appropriate muscle relaxant, based on patient status and length of case.
7. Charting is accurate and neat.

Emergence:
1. Demonstrates ability to time emergence with assistance from instructor.
2. Calculates proper dose of reversal agent.
3. Assesses respiratory adequacy.
4. Extubates with appropriate technique and then assures patency after extubation.
5. Transfers safely to stretcher/bed.
*6. Monitors respiratory status enroute to PACU.

Post-op Evaluation:
1. Provides complete and accurate report to PACU personnel.
2. Learning to recognize emergence problems that may jeopardize patient safety.
*3. Conducts post-op visit in a timely fashion and notes pertinent information.
*4. Informs instructor of patient condition.

Interpersonal Behavior:
1. Demonstrates awareness of responsibilities of anesthetist in clinical area and position as member of surgical team.
2. Effectively communicates with patients and instructors.
3. Demonstrates sincere willingness to cooperate and communicate with instructors, surgical team and other students.
4. Works effectively under stress of new operating room environment.
5. Shows adaptability to changes in plans before and during actual administration of anesthesia.
*6. Gives daily evaluation form to instructor.
CRITICAL OBJECTIVES

Behavioral Objectives
Practicum 2

Room Preparation:
* 1. Routine and supplemental equipment appropriate for each case is assembled and present.
* 2. Performs thorough machine and equipment check in morning and checks anesthesia machine between cases for leaks and O2 delivery.
* 3. Assembles basic work table.
* 4. Demonstrates ability to operate routine anesthesia equipment and locate drugs and supplies for class I or class II patient.

Pre-anesthetic Assessment and Anesthesia Care Plan:
* 1. Conducts pre-op evaluation that includes review of patient systems, chart review, lab values, and signed consents.
  2. Formulates plan of care for uncomplicated surgery based on patient status, surgical procedure and outside reading for ASA status I and II patients. Seeks out assistance for complicated procedures.
* 3. Performs a psychological assessment of patient and medicates patient, with instructor’s assistance, based on patient’s psychological need.
  4. Demonstrates transference of theory to clinical practice by beginning to select agents and drugs based on knowledge of procedure and anesthetic care plan.

IV:
* 1. Demonstrates skill in venipuncture in adults.
* 2. Utilizes local appropriately.
  3. Demonstrates ability to select proper IV solution.

Induction:
* 1. Prepares patient for routine induction within reasonable time frame.
  2. Positions patient for optimum safety and surgical exposure.
* 3. Selects, applies and properly uses monitoring devices: BP cuff, pulse oximetry, precordial and esophageal stethoscopes, EKG and temperature monitors.
* 4. Exhibits basic understanding of pharmacodynamics of most commonly used drugs.
* 5. Is aware of OSHA standards for blood-borne pathogens and wears proper protective garb.

Airway and Ventilation:
  1. Demonstrates increasing skill in airway management with regard to:
    a. mask fit
    b. insertion of oral and nasal airways
    c. ability to assist ventilations in a mask case
    d. endotracheal intubation
    e. recognizing and correcting obstructed airways

Intubation:
  1. Introduces laryngoscope blade gently into mouth, identifies landmarks and inserts ET tube
  2. Assures placement by ETCO2 and bilateral breath sounds, then secures tube.
  3. Uses proper technique for blade selected.

Monitoring and Maintenance:
  1. Recognizes signs and stages of different levels of anesthesia.
  2. Demonstrates knowledge in management of regional anesthesia.
  3. Recognizes changes in physical status of patient and takes appropriate action.
* 4. Manages fluid therapy for uncomplicated cases.
  5. Manages patient’s ventilatory requirements with minimal assistance.
  6. Monitors muscle blockade with nerve stimulator.
  7. Charting is accurate, neat, legible and timely.

Emergence:
  1. Demonstrates ability to time emergence with assistance from instructor.
* 2. Calculates proper dose of reversal agent and administers at appropriate time.
* 3. Assesses respiratory adequacy.
* 4. Extubates with appropriate technique and then assures patency after extubation.
* 5. Transports the patient safely to PACU.

Post-op Evaluation:
  1. Provides complete and accurate report to PACU personnel.
  2. Conducts post-op visit in a timely fashion and notes pertinent information.
  3. Informs instructor of patient condition.

Interpersonal Behavior:
  1. Demonstrates initiative in seeking new experiences and/or refining skills.
  2. Demonstrates sincere willingness to cooperate and communicate with instructors, surgical team and other students.
  3. Accepts constructive criticism well.
  4. Shows compassion and understanding with patients.
* 5. Gives daily evaluation form to instructor.
Behavioral Objectives
Practicum 3

Room Preparation:
1. Prepares efficiently for assigned cases, keeping in mind cost-effectiveness and avoiding unnecessary waste of equipment and drugs.
2. Performs thorough machine and equipment check in morning and checks anesthesia machine between cases for leaks and O2 delivery.
3. Sets up and utilizes equipment appropriately.
4. OR is prepared, broken down and set up within a reasonable time frame.

Pre-anesthetic Assessment and Anesthesia Care Plan:
1. Formulates and manages an anesthetic care plan for each patient, based on didactic knowledge and information obtained from researching particular operation.
2. Discusses anesthetic plan with instructor, is adaptable to changes and has alternate plan available.
3. Correctly selects anesthetic agents/drugs based on knowledge of anesthetic requirements for surgical procedure and patient’s condition; demonstrates pharmacological knowledge of agents.

IV:
1. Demonstrates skill in venipuncture in adults, utilizes local and selects proper IV solution.
2. Is becoming proficient with pediatric IV’s.

Induction:
1. Initiates an organized and time-conserving induction with skill.
2. Demonstrates skill in technical procedures involving airway management; recognizes and corrects problems.
3. Demonstrates knowledge of regional techniques: SAB, epidural, IV regional, cervical and brachial plexus, and axillary block.

Airway and Ventilation:
1. Successfully obtains and manages mask fit; able to select proper size airway.
2. Assists or controls ventilations appropriately; effectively manages patient’s ventilation.

Intubation:
1. Successfully intubates with a smooth, atraumatic technique on routine cases.
2. Anticipates possible difficult intubations and has the appropriate equipment available.
3. Becoming more adept at managing the difficult airway.

Monitoring and Maintenance:
1. Demonstrates increasing skill in invasive monitoring techniques.
2. Demonstrates proficiency in interpreting data obtained from monitoring to assess patient’s needs and implement proper therapy; modifies management of plan, based on alterations of patient’s condition.
3. Identifies anesthetic problems which require consultation and/or help.
4. Charting is accurate, timely, complete and legible.

Emergence:
1. Demonstrates increasing measures to ensure patient safety during transport.
2. Accurately assesses patient’s airway status and determines readiness to extubate or if post-op ventilatory support is needed.

Post-op Evaluation:
1. Demonstrates increasing measures to ensure patient safety during transport.
2. Performs an overall assessment to check for presence of pain, nausea, sore throat, adequate muscle strength, recovery from regional block and complaints from patient.
3. Independently conducts pre- and post-op rounds on all patients assigned.

Interpersonal Behavior:
1. Encourages evaluation from instructors.
2. Adapts to changes quickly and functions appropriately understress and emergency situations.
3. Demonstrates professional conduct by:
   a. assuming responsibility for own behavior in attendance, punctuality, dress and adherence to hospital and school policies.
   b. demonstrating interest in growth by seeking new experiences and independent study.
   c. demonstrating anesthetic skills and knowledge appropriate for this level.
4. Provides psychological support to patient.
5. Gives daily evaluation form to instructor.

*CRITICAL OBJECTIVES
Behavioral Objectives  
Practicum 4

Room Preparation:  
1. Prepares efficiently for assigned cases, keeping in mind cost-effectiveness, avoiding unnecessary waste of equipment and drugs.  
2. Performs a thorough machine and equipment check in morning and checks anesthesia machine between cases for leaks and O2 delivery; changes humidifier before day’s cases.  
3. Sets up and utilizes equipment appropriately.  
4. OR is prepared, broken down and set up within reasonable time frame.

Pre-anesthetic Assessment and Anesthesia Care Plan:  
1. Develops an anesthetic plan, taking into consideration type of surgical procedure, anatomical and physical abnormalities, past and present medical and surgical history, emotional state, age and position of patient.  
2. Chooses an appropriate anesthetic agent for individual patient based on theoretical knowledge and an understanding of particular surgical procedure and is aware of specific needs for each type of case.  
3. Identifies potential problems and hazards of the particular case, their management and alternative plans made.  
4. Applies theoretical knowledge for various types of intubation in determining appropriate technique for the individual patient.  
5. Demonstrates skill in managing more complex cases.

IV:  
1. Demonstrates skill in venipuncture in adults, utilizes local and selects proper IV solution.  
2. Is becoming proficient with pediatric IV’s.

Induction:  
1. Initiates an organized and time-conserving induction with skill.  
2. Is knowledgeable of regional techniques: SAB, epidural, IV regional, cervical and brachial plexus, and axillary block.  
3. Prepares heart patients for cardiovascular surgery with decreasing guidance; understands the significance of the various types of heart surgery (ie: valvular surgery, bypass, main stem lesions).  
4. Is skilled in invasive monitoring setup and insertion of lines.  
5. Demonstrates skill in recognizing and solving problems occurring during induction.  
6. Is aware of OSHA standards for blood-borne pathogens and wears the proper protective garb.

Airway and Ventilation:  
1. Demonstrates skill in establishing an airway on all patients.  
2. Assists or controls ventilations appropriately; effectively manages patient’s ventilation.

Intubation:  
1. Successfully intubates with smooth, atraumatic technique on routine cases.  
2. Anticipates possible difficult intubations and has appropriate equipment available.

Monitoring and Maintenance:  
1. Assesses the data obtained from monitors and revises anesthetic management appropriately.  
2. Demonstrates skill in utilizing various types of anesthetic agents.  
3. Assesses fluid requirements of all patients during anesthesia and the post-operative period.  
4. Charting is accurate, timely, complete and legible.

Emergence:  
1. Anticipates emergence from anesthesia and accurately evaluates the patient’s needs and effectively institutes appropriate measures.  
2. Assesses and evaluates patient’s airway and determines if ready for extubation or if ventilatory support is necessary.

Post-op Evaluation:  
1. Performs thorough post-op evaluation.  
2. Provides feedback regarding patient’s post-op status to immediate supervisor.  
3. Discusses post-op complications where applicable.  
4. Independently conducts pre- and post-op rounds on all patients assigned.

Interpersonal Behavior:  
1. Encourages evaluation from instructors; accepts criticism and changes behavior appropriately.  
2. Adapts to changes quickly and functions appropriately under stress and emergency situations.  
3. Demonstrates professional conduct by:  
   a. assuming responsibility for own behavior in attendance, punctuality, dress and adherence to hospital and school policies.  
   b. demonstrating interest in growth by seeking new experiences and independent study.  
   c. demonstrating anesthetic skills and knowledge appropriate for this level.  
4. Provides psychological support to patient.  
5. Knows own limitations and assumes confidence appropriate for abilities and length of time in program.  
6. Gives daily evaluation form to instructor.

*ALL OBJECTIVES ARE CONSIDERED CRITICAL
Behavioral Objectives
Practicum 5

Room Preparation:
1. Assembles equipment and organizes work plans with skill.
2. Properly cares for equipment; is cost-effective.

Pre-anesthetic Assessment and Anesthesia Care Plan:
1. Demonstrates increasing ability to formulate and manage anesthetic care plans with lessening guidance and consultation for all types of patients and surgery.
2. Demonstrates knowledge of pharmacology and pathophysiology as basis for selection of agents/drugs to be used; selection is also based upon needs of patient and surgeon.
3. Correctly performs an anesthesia interview on all patients assigned; is able to determine ASA status.

IV:
1. Places IV proficiently; Properly selects IV solution.

Induction:
1. Performs skillfully in emergency/non-emergency situations.
2. Performs independent inductions skillfully.
3. Takes appropriate precautions to avoid problems during induction and is prepared to treat appropriately, should any occur.

Airway and Ventilation:
1. Demonstrates skill in establishing an airway on all patients.
2. Assists or controls ventilations appropriately; effectively manages patient’s ventilation.

Intubation:
1. Demonstrates technical competence in intubating patients both orally and nasally; successfully performs all types of intubations; is adept at using a variety of blades and techniques.

Monitoring and Maintenance:
1. Consistently identifies, assesses, evaluates and manages the anesthetic process in all clinical situations, utilizing consultation appropriately.
2. Solves problems as they arise regarding fluid management, ventilation, acid-base balance and cardiovascular difficulties.

Emergence:
1. Anticipates emergence from anesthesia, accurately evaluates the patient’s needs and effectively institutes appropriate measures.
2. Consistently and accurately evaluates patient’s airway as to need of artificial airways, extubation, suctioning, and continued need for mechanical ventilation.
3. Provides for safe transport to PACU or ICU.

Post-op Evaluation:
1. Demonstrates skill when evaluating post-op patients by noting all parameters; displays increased proficiency in dealing with abnormal findings; documents patient’s condition.
2. Independently conducts pre- and post-op rounds on all patients assigned.

Interpersonal Behavior:
1. Encourages evaluation from instructors; accepts criticism and changes behavior appropriately.
2. Adapts to changes quickly and functions appropriately under stress and emergency situations.
3. Demonstrates growth and leadership abilities by:
   a. maintaining good interpersonal relationships
   b. maintaining self-control
   c. helping younger students.
4. Provides psychological support to patient.
5. Knows own limitations and assumes confidence appropriately for abilities and length of time in program.
6. Gives daily evaluation form to instructor.

*ALL OBJECTIVES ARE CONSIDERED CRITICAL
Behavioral Objectives
Practicum 6

Room Preparation:
1. Assembles equipment and organizes work plans with skill; completely restocks for subsequent cases; returns ancillary equipment to proper storage area.
2. Selects, organizes and uses with care all appropriate anesthetic equipment.

Pre-anesthetic Assessment and Anesthesia Care Plan:
1. Conducts pre-operative assessment, combining interview and evaluation of laboratory and physical and diagnostic studies to recommend premedication, additional therapy and/or delay in operation.
2. Bases plan on individual needs of the patient, taking into consideration type of surgery, physiology, pathophysiology, and appropriate type and technique of anesthesia for a particular patient, based on knowledge of physiologic, pharmacologic and behavioral sciences.

IV:
1. Place IV proficiently; properly selects IV solution.

Induction:
1. Approaches patient in a confident manner, allays apprehension, and answer patient’s questions with accuracy.
2. Identifies patient and surgical procedure and verifies operative and anesthetic consent.
3. Performs skillfully in emergency/non-emergency situations; performs independent inductions skillfully.
4. Takes appropriate precautions to avoid problems during induction and is prepared to treat appropriately should any occur.
5. Is proficient in all basic technical skills related to anesthesia, including but not limited to, invasive and regional techniques.

Airway and Ventilation:
1. Demonstrates skill consistently in airway management and problem-solving.

Intubation:
1. Demonstrates technical competence in intubating patients both orally and nasally.
2. Successfully performs all types of intubations; is adept at using variety of blades and techniques.

Monitoring and Maintenance:
1. Consistently identifies, assesses, evaluates and manages anesthetic process in all clinical situations, utilizing consultation appropriately. Solves problems as they arise regarding fluid management, ventilation, acid-base balance and cardiovascular difficulties.
2. Manages and administers regional anesthetics, interpreting physiologic and pharmacologic effects of techniques and drugs.

Emergence:
1. Consistently anticipates emergence from anesthesia, accurately evaluates patient’s needs and effectively institutes appropriate measures.
2. Consistently and accurately evaluates patient’s airway as to need of artificial airways, extubation, suctioning, and continued need for mechanical ventilation.

Post-op Evaluation:
1. Shows mastery when evaluating post-op patients by noting all parameters; displays proficiency in dealing with abnormal findings; documents patient’s condition.
2. Independently conducts pre- and post-op rounds on all patients assigned.

Interpersonal Behavior:
1. Instills confidence in instructors and surgeons by adequate demonstration of anesthetic skills and knowledge of a graduate nurse anesthetist. Accepts criticism well.
2. Demonstrates growth by continuing independent study and reading.
3. Demonstrates professional behavior at all times.
4. Demonstrates professional responsibility by discriminate use of new drugs and techniques in patient care.
5. Punctuality and attendance:
   a. has completed all course requirements
   b. has not abused sick time
   c. performs tasks within reasonable time frame.
6. Understands anesthetist’s role as member of Anesthesia Department, surgical team and hospital staff and knows personal limitations.
7. Makes appropriate decisions quickly during stressful situations, based on sound anesthetic judgments.
8. Gives daily evaluation form to instructor.

*ALL OBJECTIVES ARE CONSIDERED CRITICAL AND ALL TERMINAL OBJECTIVES MUST BE MET
HAMOT MEDICAL CENTER/GANNON UNIVERSITY
SCHOOL OF ANESTHESIA
Evaluation Form - Practicum 1 & 2 (1-5 Months)

<table>
<thead>
<tr>
<th>Technical Skills</th>
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<tbody>
<tr>
<td>____ Demonstrates familiarity with all basic monitoring equipment</td>
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<tr>
<td>____ Perform a basic room set-up (according to established guidelines) for simple cases</td>
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<tr>
<td>____ Label all syringes with appropriate drug concentration/cc</td>
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<td>____ Perform an anesthesia machine checkout according to established guidelines (including fill vaporizers and change depleted tanks as needed)</td>
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<td>____ Demonstrate the various positions/adjustments of manual/electric OR tables and arm boards/arm holders</td>
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<tr>
<th>Airway</th>
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<tbody>
<tr>
<td>____ Demonstrates ability to recognize airway obstruction with assistance</td>
<td></td>
</tr>
<tr>
<td>____ Describes three (3) methods to correct an airway obstruction</td>
<td></td>
</tr>
<tr>
<td>____ List the steps in a rapid sequence induction</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Records</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Demonstrate basic charting skills on the anesthesia record</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Assessment</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Describe the basic components of a pre-operative assessment</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic Knowledge</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ List five (5) safety devices incorporated into the anesthesia machine</td>
<td></td>
</tr>
<tr>
<td>____ Describe: the physical properties of gases in tanks, tank pressures, and tank sizes</td>
<td></td>
</tr>
<tr>
<td>____ Adjust gas flows to achieve desired FIO₂ at various liter flows</td>
<td></td>
</tr>
<tr>
<td>____ Describe the sequence of induction for both a mask case and an intubation</td>
<td></td>
</tr>
<tr>
<td>____ Describe the basic pharmacology of the following drugs (generic and trade names, mg/cc used at Hamot, mg/kg dose, basic classification and use, basic method of elimination)</td>
<td></td>
</tr>
<tr>
<td>Atropine</td>
<td>Ondansetron</td>
</tr>
<tr>
<td>Glycopyrolate</td>
<td>Metclopramide</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Pentothal</td>
</tr>
<tr>
<td>Midazolam</td>
<td>Propofol</td>
</tr>
<tr>
<td>Etomidate</td>
<td>cis-Atracurium</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Judgment and Reasoning</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Prepare healthy patients for induction of anesthesia for simple cases</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reaction to Stress</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Demonstrate effective communication skills</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Industry, Reliability, &amp; Professionalism</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>____ Report to the department properly attired, in sufficient time to prepare for the first case</td>
<td></td>
</tr>
</tbody>
</table>

Comments:
HAMOT MEDICAL CENTER/GANNON UNIVERSITY
SCHOOL OF ANESTHESIA
Evaluation Form – Practicum 3 (6-9 Months)

| Technical Skills | | | |
|------------------|------------------|------------------|
| _____ Demonstrates familiarity with anesthesia/OR equipment & monitors | _____ Performs room set up independently and completely | _____ Performs safety check independently and correctly |

| Invasive & Regional | | |
|---------------------|-------------------|
| _____ Demonstrates ability to perform simple invasive techniques (e.g. IV’s, art. lines) | _____ Describe appropriate situations for using specific regional techniques |

| Airway | | | |
|--------|------------------|------------------|
| _____ Demonstrates ability to manage mask airway with minimal assistance | _____ Demonstrates ability to recognize airway obstruction independently, and to correct it with some assistance | _____ Performs endotracheal intubation with minimal assistance from CRNA/MD |
| | | _____ Assures adequate patient ventilation at all times |

| Records | | | |
|---------|------------------|------------------|
| _____ Demonstrates familiarity with patient chart and anesthesia record | _____ Completes anesthesia record with minimal assistance | _____ Describes and demonstrates procedure for error correction on chart |
| | | _____ Verbalizes medico-legal implications of complete, accurate charting |

| Patient Assessment | | | |
|-------------------|------------------|------------------|
| _____ Conducts preanesthetic interview with some guidance from CRNA/MD | _____ Identifies pertinent medical problems requiring specific anesthetic considerations | _____ Participates in formulating anesthetic care plan based on preanesthetic assessment date; submits one written care plan per day |

| Basic Knowledge | | | |
|-----------------|------------------|------------------|
| _____ Demonstrates appropriate utilization of resources for gaining additional knowledge and information | _____ Demonstrates increasing familiarity with anesthetic agents and techniques through verbalization and performance |

| Judgment & Reasoning | | | |
|----------------------|------------------|------------------|
| _____ Demonstrate basic ability to choose appropriate anesthetic technique/agents based on patient history and assessment | _____ Demonstrates some independence in decision-making based on sound reasoning and rationale | _____ Demonstrates consistent ability to develop new ideas through application of existing knowledge and experiences |
| | | _____ Demonstrates ability to recognize personal limitations due to inexperience, and consults with CRNA/MD appropriately |

<table>
<thead>
<tr>
<th>Reaction to Stress</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Demonstrates appropriate prioritization based on situation at hand</td>
<td>_____ Demonstrates ability to function calmly and effectively in stressful situations</td>
<td>_____ Demonstrates effective and appropriate communication with other anesthesia team members while stressful situations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Response to Direction</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Demonstrates flexibility and willingness to change behavior or pain</td>
<td>_____ Demonstrates ability to accept criticism and constructive suggestions</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Industry, Reliability &amp; Professionalism</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Demonstrates self-direction in completing assignments &amp; seeking new ones</td>
<td>_____ Demonstrates reliability in completing assignments &amp; seeking new ones</td>
<td>_____ Demonstrates punctuality &amp; timeliness in attendance &amp; assignments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_____ Exhibits professionalism &amp; courtesy among patients &amp; co-workers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_____ Exhibits effective communication skills while interacting with patients &amp; co-workers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_____ Demonstrates willingness to collaborate &amp; cooperate with peers &amp; other staff</td>
</tr>
</tbody>
</table>

Comments:

Mark each blank S=Satisfactory, U=Unsatisfactory, NA=Not Applicable NI=Needs Improvement. Please comment on all areas marked “U".
### Technical Skills
- Demonstrates adeptness and familiarity with all anesthesia/OR equipment  
- Demonstrates consideration and care when handling anesthesia/OR equipment  
- Performs room set up independently, without omitting essential items or delaying case  
- Demonstrates organization and efficiency in room set up and case management  
- Demonstrates proper technique and adeptness in line placement; includes all equipment  
- Demonstrates proper technique in setting up equipment for regional anesthetic  
- Performs regional techniques with some assistance  

### Invasive & Regional
- Demonstrates ability to manage any mask airway  
- Demonstrates ability to recognize and correct airway obstruction  
- Identifies airway structures & performs intubations with infrequent assistance from CRNA/MD  
- Assures adequate patient ventilation at all times  

### Airway
- Demonstrates ability to manage any mask airway  
- Demonstrates ability to recognize and correct airway obstruction  
- Identifies airway structures & performs intubations with infrequent assistance from CRNA/MD  
- Assures adequate patient ventilation at all times  

### Records
- Completes anesthesia record accurately and legibly  
- Demonstrates timeliness and efficiency in charting  
- Demonstrates correct technique for correcting errors on chart  

### Patient Assessment
- Performs preanesthetic interview/assessment independently  
- Identifies all pertinent medical conditions requiring specific anesthetic consideration and/or intervention  
- Formulates care plan appropriately and communicates plan to CRNA/MD  
- Completes written care plan in a timely manner (prior to case, if at all possible)  

### Basic Knowledge
- Demonstrates understanding of physiology/pathophysiology as related to anesthesia  
- Demonstrates familiarity with all anesthetic agents while planning and managing case  
- Demonstrates appropriate utilization of resources for gaining knowledge and information  

### Judgment & Reasoning
- Demonstrates ability to perform accurate ongoing assessment of patient needs  
- Demonstrates independence in decision-making based on sound reasoning and rationale  
- Exhibits accurate application of previously gained knowledge to situation at hand  
- Demonstrates ability to recognize personal limitations due to relative inexperience, and consults with CRNA/MDA appropriately  

### Reaction to Stress
- Demonstrates appropriate prioritization based on situation at hand  
- Exhibits capability to function calmly and effectively in stressful or emergency situations  
- Demonstrates effective and appropriate communication with other anesthesia team members while in stressful or emergency situations  

### Response to Direction
- Demonstrates flexibility and willingness to change behavior or plan  
- Demonstrates ability to accept criticism and constructive suggestions from CRNA/MDA  

### Industry, Reliability & Professionalism
- Demonstrates flexibility and willingness to change behavior or plan  
- Demonstrates self-direction, reliability, and accountability in completing assignments and seeking new ones  
- Demonstrates punctuality and timeliness in attendance and assignment completion  
- Exhibits professionalism and courtesy among patients and co-workers  
- Exhibits effective communication skills while interacting with patients and co-workers  
- Demonstrates willingness to collaborate and cooperate with peers and other staff  

### Comments:

Student ___________________________________ Associate Director _______________________________ Date ___________

Mark each blank: S=Satisfactory, U=Unsatisfactory, NI=Needs Improvement, NA=Not Applicable. Please comment on all areas marked “U”.

113
<table>
<thead>
<tr>
<th>TECHNICAL SKILLS</th>
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<tbody>
<tr>
<td>Demonstrates expertise with anesthesia/OR equipment</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates consideration and care when handling anesthesia/OR equipment</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Performs room set up independently and efficiently, including all essential equipment</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Performs safety check routinely</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates organization and efficiency in room set up and case management</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
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<thead>
<tr>
<th>INVASIVE &amp; REGIONAL</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Demonstrates expertise in placing IV and arterial lines, includes all necessary equipment</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Assists CRNA/MDA in placement of central invasive monitors (Swan-Ganz, CVP)</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Exhibits proficiency in setting up for and performing regional anesthetics</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
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<thead>
<tr>
<th>AIRWAY</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Demonstrates expertise in managing all mask airways</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Performs safe and smooth intubations consistently, rarely requiring assistance</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Assures adequate patient ventilation at all times</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RECORDS</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Completes anesthesia record accurately and legibly</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates timeliness and efficiency in charting</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates correct technique for correcting errors on chart</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PATIENT ASSESSMENT</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Conducts thorough pre-anesthetic interview/assessment independently</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Identifies all pertinent medical conditions requiring specific anesthetic consideration and/or intervention</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Formulates care plan appropriately and independently, and communicates plan to CRNA/MDA</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Completes written care plan in a timely manner (prior to case if possible)</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BASIC KNOWLEDGE</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Demonstrates comprehensive understanding of physiology/pathophysiology as related to anesthesia</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates expertise in the use of all anesthetic agents</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>JUDGMENT &amp; REASONING</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Demonstrates expertise and vigilance in performing ongoing assessment of patient needs</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates independence in decision-making bases on sound reasoning and rationale, consulting with CRNA/MDA appropriately</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Exhibits consistent ability to apply previously gained knowledge to present situation</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates ability to recognize personal limitations and consults with CRNA/MDA appropriately</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>REACTION TO STRESS</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates ability to set priorities appropriately</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Exhibits capability to function calmly and effectively in stressful situations</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates effective and appropriate communication with other anesthesia team members, even in stressful situations</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RESPONSE TO DIRECTION</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates flexibility and willingness to change behavior or plan</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates ability to accept criticism and constructive suggestions from CRNA/MDA</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INDUSTRY, RELIABILITY &amp; PROFESSIONALISM</th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates conscientiousness and discretion while interacting with patients and others</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates self direction, reliability, and accountability in completing assignments and seeking new ones</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates eagerness to learn from experience, and invites suggestions/criticisms</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates punctuality and timeliness in attendance and assignments</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Exhibits professionalism and courtesy among patients and co-workers</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Exhibits effective communication skills while interacting with patients and co-workers</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
<tr>
<td>Demonstrates willingness to collaborate and cooperate with peers and other staff</td>
<td>S</td>
<td>NI</td>
<td>U</td>
<td>NA</td>
</tr>
</tbody>
</table>

**COMMENTS:**

Student ______________________________  Associate Director_____________________________________ Date ___________

S=Satisfactory, NI= Needs Improvement, U= Unsatisfactory, NA= Not Applicable. Please comment on all areas marked “NI or U”.

114
**END OF PROGRAM EVALUATION**

The purpose of this evaluation is to provide a mechanism for the students input regarding the effectiveness of the program of nurse anesthesia.

<table>
<thead>
<tr>
<th>Year of Graduation: ______</th>
<th>Date of Evaluation: __________</th>
</tr>
</thead>
</table>

**Do you feel the sequencing of the program coursework is logical?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Suggestions for improvement**

__________________________

**Which didactic courses did you find most helpful in meeting your educational goals?**

__________________________

**Which clinical experiences were most helpful in meeting your clinical goals?**

__________________________

**Were the text books helpful in meeting the theoretical, clinical, and research objectives?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Comments**

__________________________

**Did you find the library holdings adequate?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Comments**

__________________________

**Was the library helpful in getting books and other sources?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Comments**

__________________________

**Do you feel prepared to begin practice as a CRNA?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Please specify**

__________________________

**Were the end of clinical practicum evaluation conferences were helpful?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Please specify**

__________________________

**Did the clinical faculty facilitate your learning in the clinical setting?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Comments**

__________________________
Did the didactic faculty facilitate the published course objectives?  
Comments  

Was the feedback offered by the didactic faculty is clear and direct?  
Comments  

Would you recommend this program to others  

What do you feel are the strengths of the program?  
1.  
2.  
3.  
4.  
5.  

What do you feel are the weaknesses of the program?  
1.  
2.  
3.  
4.  
5.  

Suggestions for improvement of the program:  

Thank You  

Please return to the Program Director

4/81 revised 4/89, 9/90, 3/93, 4/96, 8/02
The purpose of this form is to provide the student the opportunity to evaluate their clinical instructor. Each student will complete this form for each clinical faculty (CRNA and/or MD) who has been responsible for any period of clinical instruction.

**FACULTY MEMBER:** __________________________________________________________

**Directions:** Please select the single digit that best represents your evaluation and write it next to the corresponding item number in the right hand column.

- 5 = strongly agree
- 4 = moderately agree
- 3 = agree
- 2 = moderately disagree
- 1 = strongly disagree

1. Discuss the preoperative assessment and plan. 1.______
2. Discusses the anesthetic management and elicit student suggestions. 2.______
3. Discusses the necessary preparations for the case. 3.______
4. Allows the student to employ skill (i.e.) IV’s, intubations, decision making. 4.______
5. Adequate instruction during induction, maintenance, and post anesthesia. 5.______
6. Discuss anticipated problems and complications. 6.______
7. Encourages student decision making. 7.______
8. Discusses postoperative evaluation of the anesthetic. 8.______
9. The faculty appears sensitive to student’s feelings and problems. 9.______
10. The faulty makes students feel free to ask questions, disagree, express their ideas. 10.______

**Comments**

Thank you Please return to the Program Director
1. DID THE EDUCATIONAL OBJECTIVES OF THE PROGRAM MEET YOUR NEEDS?  YES  NO  
EXPLAIN______________________________________________________________________________
_______________________________________________________________________________________

2. WAS THE CLINICAL EXPERIENCE VARIED ENOUGH FOR YOU TO FEEL COMFORTABLE IN ASSUMING YOUR JOB?  YES  NO  
COMMENTS ___________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

3. IF YOU HAD TO DO IT OVER AGAIN WOULD YOU CHOOSE HAMOT/GANNON?  YES  NO  

4. DO YOU BELIEVE THAT THE CONDUCT OF THE PROGRAM REFLECTS CONCERN FOR EDUCATIONAL SOUNDNESS?  YES  NO  
EXPLAIN______________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

5. DO YOU BELIEVE THAT THE CONDUCT OF THE PROGRAM REFLECTS CONCERN FOR STUDENTS RIGHTS?  YES  NO  
EXPLAIN______________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

6. ARE YOU OR HAVE YOU BEEN INVOLVED WITH CONTINUING EDUCATION?  YES  NO  

7. LIST SUGGESTIONS FOR PROGRAM ENRICHMENT.___________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

8. IF YOU WERE ABLE TO MAKE CHANGES IN THE PROGRAM, WHAT WOULD THEY BE?___________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

9. DESCRIBE YOUR CLINICAL SETTING AND PRACTICE._______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

10. BY WHOM ARE YOU EMPLOYED, WHAT IS THEIR ADDRESS?_______________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

PLEASE RETURN TO: DIRECTOR, SCHOOL OF ANESTHESIA, HAMOT MEDICAL CENTER, 201 STATE STREET, ERIE, PA, 16550. THANK YOU.
9/77 REVISED 4/86, 4/89, 3/92, 6/97
1. ARE YOU AN ACTIVE PRACTICING ANESTHETIST? YES NO

2. DID THE ANESTHESIA PROGRAM MEET YOUR NEEDS AS A CRNA? YES NO

3. DO YOU FEEL CLINICALLY COMFORTABLE IN YOUR PRESENT POSITION? YES NO

4. ARE YOU OR HAVE YOU BEEN INVOLVED WITH CONTINUING EDUCATION? YES NO

5. ARE YOU OR HAVE YOU BEEN ACTIVE IN YOUR PROFESSIONAL ORGANIZATION (LOCAL, STATE, NATIONAL)? YES NO

6. ARE YOU FURTHERING YOUR EDUCATION? YES NO

7. PLEASE LIST THE STRENGTHS/WEAKNESS OF THE PROGRAM.

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<th>STRENGTHS</th>
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8. WHAT ARE YOUR SUGGESTIONS FOR CHANGES IN THE PROGRAM?

   ____________________________________________________________
   ____________________________________________________________

9. HOW MANY POSITIONS HAVE YOU HELD SINCE GRADUATION?

10. DESCRIBE YOUR CLINICAL PRACTICE AND SETTING.

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

11. BY WHOM ARE YOU EMPLOYED, AND WHAT IS THEIR ADDRESS?

   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

COMMENTS

______________________________________________________________
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______________________________________________________________

PLEASE RETURN TO: DIRECTOR, SCHOOL OF ANESTHESIA, HAMOT MEDICAL CENTER, 201 STATE STREET, ERIE, PA 16550. THANK YOU
9/77 REVISED 4/86, 4/89, 3/92, 6/97