

UPMC Hamot School of Anesthesia/ Gannon University



UPMC Hamot
School of Anesthesia

January 2026



Believe in the possibilities.

BSN-DNP * STUDENT HANDBOOK

Updated December 2025

UPMC Hamot School of Anesthesia/Gannon University

201 State Street
Erie, Pa 16550

UPMC Hamot

This acknowledgment confirms that I have received a copy of the UPMC Hamot 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 Instructional Coordinator for clarification. I understand that the administration of the UPMC Hamot School of Anesthesia/Gannon University may revise this handbook or modify specific policies for extraordinary circumstances or as otherwise deemed necessary.

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

Print Name

Signature

Date

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UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

BSN – DNP * Student Handbook
SECTION I

ORGANIZATIONAL STRUCTURE

Mission Statement

UPMC Hamot has adopted a vision of providing care and service that achieve the highest national standards. UPMC Hamot's mission is to serve patients and the community in a tradition of quality, health, healing, and education.

The mission of the UPMC Hamot School of Anesthesia/Gannon University is congruent with that of UPMC Hamot 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 doctoral-level 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 ready to function in the vital role of nurse anesthetist, 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 UPMC Hamot and Gannon University's Villa Maria School of Nursing.

The faculty believes that the essence of nurse anesthesia education at the doctoral 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 nursing and 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 UPMC Hamot School of Anesthesia/Gannon University is congruent with that of UPMC Hamot 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 Doctor of Nursing Practice (DNP) degree with a concentration in Nurse Anesthesia and a Certificate of Completion from the UPMC Hamot School of Anesthesia.

Accreditation

UPMC Hamot 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 36-month program, the graduate is eligible to take the National Certification Examination administered by the National Board on Certification and Recertification of Nurse Anesthetists.

Council on Accreditation of Nurse Anesthesia Educational Programs (COA)
10275 W. Higgins Road, Suite 906
Rosemont, IL 60018-5603
224-275-9130
Accreditation@coacrna.org

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 principal 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, MEd, CRNA, 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 College of Nursing at Edinboro State University.

In 1988, a graduate program within Edinboro's 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. In July 2009, Krista Yoder, MSN, CRNA, became program director and acted in this capacity until January 2015. At that time Levi Black, DNP, CRNA (Associate Director), became program director and acted in this capacity until August 2019. In 2019 Donald Larmon, DNP, CRNA (Associate Director), became the program director with Rachel Wolfe, DNP, CRNA as Associate Director. In 2024, Dr. Larmon returned to the role of associate director, as Dr. Wolfe stepped in as director.

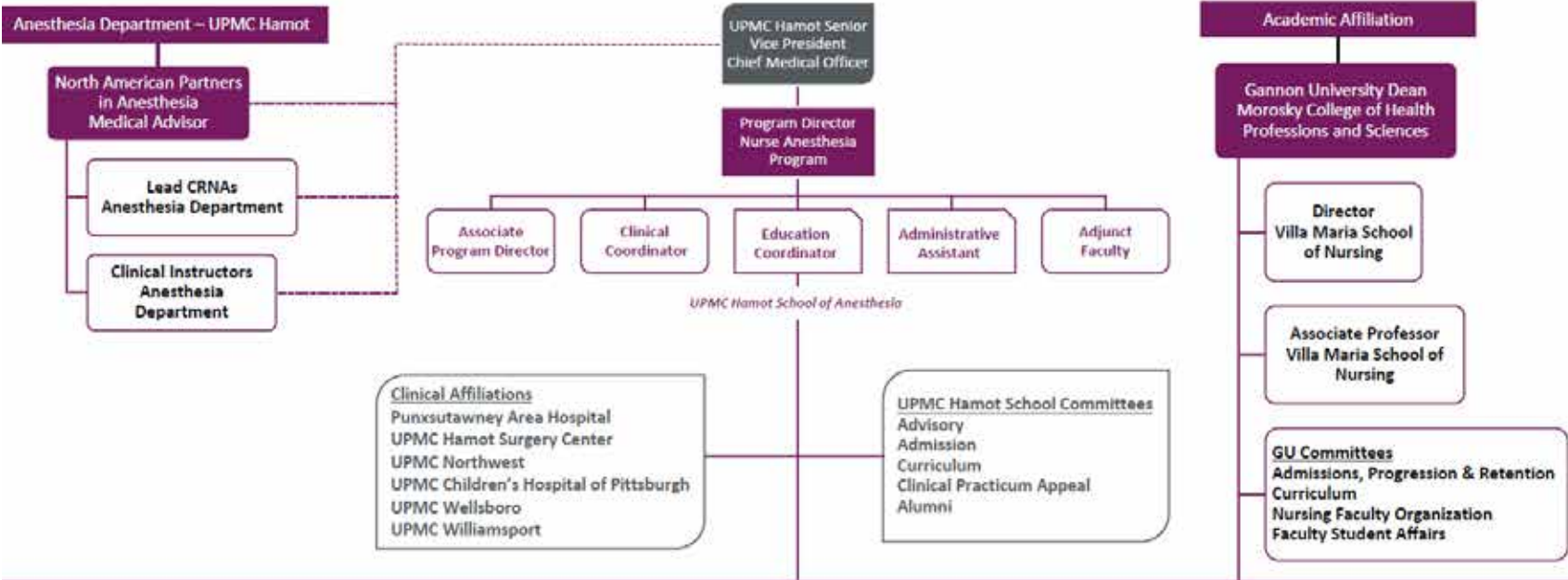
As of January 1, 2022, the program has transitioned into a Doctor of Nursing Practice and the school currently admits one class of approximately 20 students a year. The program requires completion of a DNP project. All coursework is completed in a continuous 36-month sequence. Graduates of the program receive a Doctor of Nursing Practice degree with a concentration in Nurse Anesthesia from Gannon University and a Certificate of Completion of the Anesthesia Program from UPMC Hamot School of Anesthesia. Graduates are prepared to take the National Certification Examination.

UPMC 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.

Organizational Chart

ORGANIZATIONAL CHART

UPMC Hamot School of Anesthesia/Gannon University



Student Registered Nurse Anesthetists

Updated 10/22/2024

UPMC Hamot

UPMC HAMOT SCHOOL OF ANESTHESIA / GANNON UNIVERSITY

Advisory Committee Membership 2026

J. David Albert, MD
Honorary Member
UPMC Hamot
Erie, PA 16550

Eric Bernstein, MD
Department of Anesthesia
UPMC Hamot
Erie, PA 16550

Gregory Beard, MD
Chief Medical Officer
UPMC Hamot
Erie, PA 16550

Ruthann Lipman, DO
ENT Specialist
UPMC Hamot
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Rachel Wolfe, DNP, CRNA
Director, School of Anesthesia
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Eric Divell, MSN, CRNA
Clinical Faculty Instructor
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Shannon Markham, MSN, CRNA
Clinical Coordinator
UPMC Hamot
Erie, PA 16550

Donald Larmon, DNP, CRNA
Associate Director, School of Anesthesia
UPMC Hamot
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Brian Durniok
President, UPMC Hamot and NW PA/WNY
UPMC Hamot
Erie, PA 16550

Kim Cavanagh, PhD
Dean
Morosky College of Health Professions & Sciences /
Gannon University
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Carol Amann, PhD
Interim Director/Assistant Professor
Villa Maria School of Nursing / Gannon University
Erie, PA 16541

Amber Mecca, CRNP
Associate Professor/Graduate Advisor
Villa Maria School of Nursing / Gannon University
Erie, PA 16541

Lisa Masterson
Budget Manager
UPMC Hamot
Erie, PA 16550

Dan Young
Financial Advisor,
Public Member

Committee includes a current student
From the UPMC Hamot School of Anesthesia

Cathy Miseta, MS
Instructional Coordinator

Angela Rood, BA
Senior Administrative Assistant

UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

Committee Membership 2026

ADMISSION COMMITTEE

Rachel Wolfe, DNP, CRNA, Chair
Donald Larmon, DNP, CRNA
Autumn Arkwright, MSN, CRNA
Shannon Markham, MSN, CRNA
Ashley Benedict, DNP, CRNA
Suzanne Barton, DNP, CRNA

Henry Malarkey, MD
Lisa Quinn, PhD, NP
Amber Mecca, DNP, NP

Committee includes a current student
From the UPMC Hamot School of Anesthesia

CURRICULUM COMMITTEE

Rachel A. Wolfe, DNP, CRNA, Chair
Donald Larmon, DNP, CRNA
Rachael Broadbent, DNP, CRNA
Autumn Arkwright, MSN, CRNA
Shannon Markham, MSN, CRNA

Brad Hoge, MSN, CRNA
J. David Albert, MD
Carol Amann, PhD, NP
Carol Jugan, MD

PROGRAM FACULTY ORGANIZATION

Rachel A. Wolfe, DNP, CRNA, Chair
Donald Larmon, DNP, CRNA
Shannon Markham, MSN, CRNA
Autum Arkwright, MSN, CRNA

Rachael Broadbent, DNP, CRNA
Carol Jugan, MD

Committee includes all clinical coordinators
For UPMC Hamot School of Anesthesia rotation sites

CLINICAL PRACTICUM APPEAL COMMITTEE

Hamot Representative
Kim Blose, MSN, RN, CPAN

Lisa Quinn, PhD, NP
Mindy Dennis, BSN, RN, CNOR

Cathy Miseta, MS
Instructional Coordinator

Angela Rood, BA
Administrative Assistant

UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

BSN-DNP * STUDENT HANDBOOK

SECTION II

POLICIES AND PROCEDURES

UPMC Hamot

Policy of Non-Discrimination

Policy: The UPMC Hamot 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. The school shall not discriminate against any person on any basis prohibited by law. All aspects of student affairs and education of students including recruitment, admissions, financial aid, placement, access to facilities, student discipline and student life conform to this policy.

Guidelines for Professional Integrity of Student Registered Nurse Anesthetists

Purpose: To provide guidelines for professional conduct of student registered nurse anesthetists at UPMC Hamot 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.
 3. Moral behavior – behavior concurrent with contemporary community standards of morality.
- 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. Publishing/disseminating social network, internet or email postings that undermine the school, hospital, administration, staff or students.
 3. Performing a task which the student knows or has reason to know that he/she is not competent to perform unsupervised.
 4. 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.
 5. Impersonating another healthcare provider.
 6. Independently delegating a task assigned by his/her instructor to another individual.
 7. Failing to follow through with all assigned tasks.
 8. Willfully harassing, abusing, or intimidating another individual (e.g. patient, peer, faculty or staff).
 9. Violating a fixed standard of professional conduct (e.g. RN licensure or state boards).
 10. Committing an act involving moral turpitude, dishonesty, or corruption when the act directly or indirectly affects the health, welfare, or safety of others. If the act constitutes a crime, conviction thereof in a criminal proceeding is not a condition precedent in disciplinary action.

A student found to be in violation of professional and ethical conduct may appeal according to the procedures found in the School Student Handbook.

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

Guidelines for Conduct of Student Registered Nurse Anesthetists

Purpose: The purpose of this policy is to state UPMC Hamot 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. The policy relates to UPMC Hamot and all clinical sites, including their safety, health, or security policies, rules, or procedures.

Policy and Procedure:

- A. UPMC Hamot School of Anesthesia/Gannon University's own best interest lies in ensuring fair treatment of all SRNAs 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. UPMC Hamot 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 the following steps:
 1. Information for the record
 2. Counseling
 3. Written warning
 4. Suspension
 5. Suspension pending review for possible termination
- C. UPMC Hamot 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 UPMC Hamot School of Anesthesia/Gannon University.
- D. In order to ensure safe and orderly operations and provide the best possible academic environment, UPMC Hamot School of Anesthesia/Gannon University expects SRNAs to follow rules of conduct that will protect the interests and safety of other students, faculty, patients and UPMC Hamot 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 UPMC 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 UPMC Hamot safety, health, or security policy, rule, or procedure.
 5. Theft or damage of any UPMC 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 UPMC Hamot 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 UPMC Hamot facilities.
 12. Engaging in unlawful discrimination.
 13. Soliciting or receiving tips or gifts of value from patients, family members or visitors.
 14. Violating the solicitation guidelines.

Guidelines for Conduct of Student Registered Nurse Anesthetists, continued

15. Provoking or participating in a fight or acts of violence during working hours or on premises owned or occupied by UPMC Hamot.
16. Causing, creating or participating in disruptive conduct including, but not limited to, running in corridors, excessive noise, horseplay, and inappropriate conversations on UPMC Hamot time or premises.
17. Possession of firearms or any other dangerous weapons, at any time, on premises owned or occupied by UPMC Hamot.
18. Engaging in illegal conduct that is detrimental to the reputation of UPMC 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 UPMC Hamot.
21. Failing to personally notify the appropriate supervisor when unable to report to clinical assignment.
22. Failing to notify your immediate supervisor upon leaving 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. Excessive, improper, or disruptive use of personal phones/electronic devices and accessories 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 UPMC Hamot School of Anesthesia/Gannon University in any circumstances.
30. Failing to maintain confidentiality and/or disclosing proprietary information.
31. Violation of UPMC Hamot's Electronic Communications Monitoring Acknowledgement or the Confidential Information Security Agreement.
32. Violation of UPMC Hamot policies and procedures.
33. Failure to comply with federal and state laws and other regulations.

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026
Supersedes All Previous Guidelines*

UPMC Hamot

**UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY
CORRECTIVE ACTION REPORT**

6 Digit SRNA Number _____

Date of Violation _____

Name _____

Department _____

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 UPMC Hamot 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:

- Information for the record
- Counseling
- Written Warning - 1st
- Written Warning - 2nd
- Suspension for _____ days
(list dates) _____
- Termination Date _____

Consequence of Repeat Violations:

- Written Warning - 1st
- Written Warning - 2nd
- Suspension for _____ days
- Termination

I. Causes for Corrective Action: _____

II. Clarification of Action Taken: _____

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, UPMC Hamot School of 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

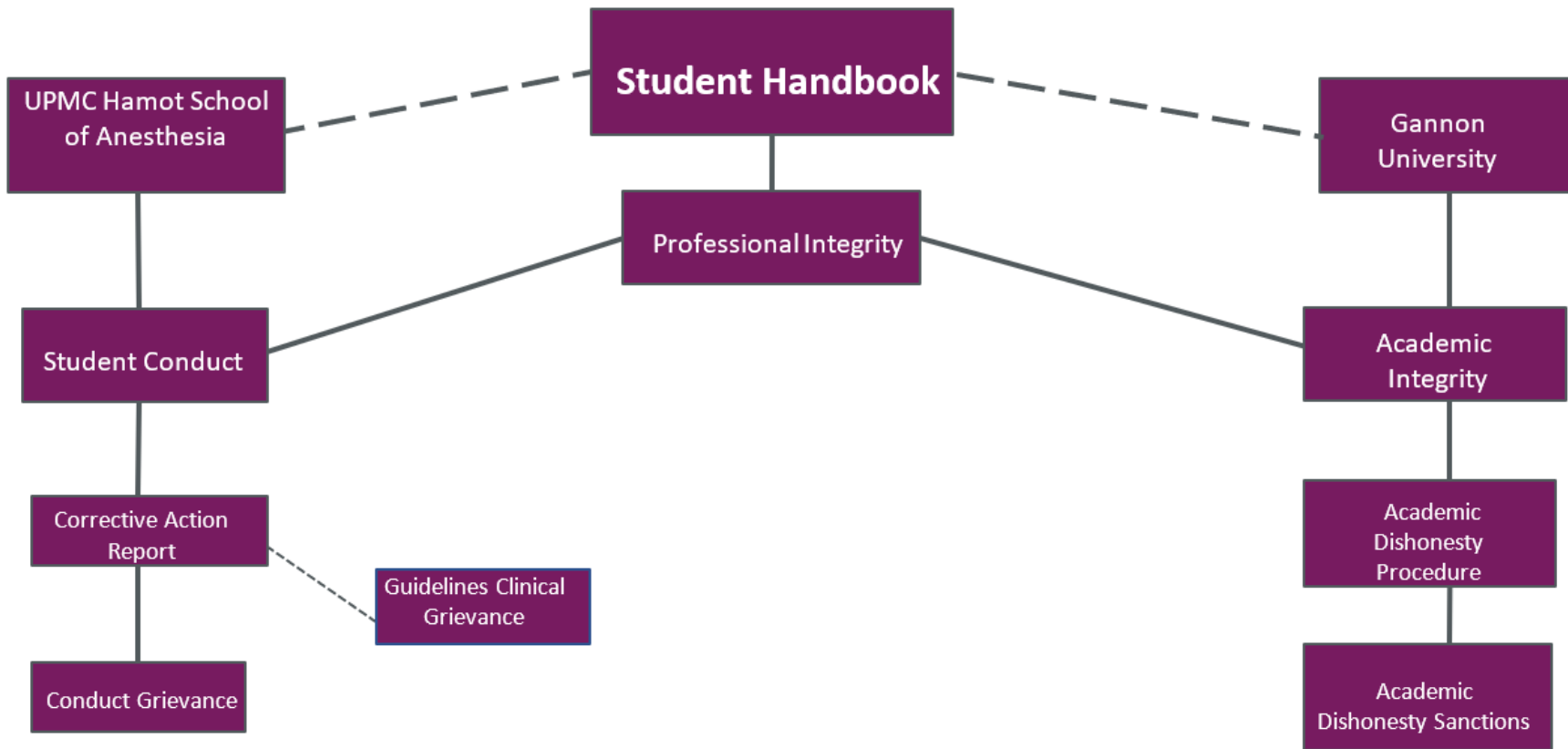
UPMC Hamot

Approved by Rachel Wolfe, DNP, CRNA, Director

Effective Date: January 2026 (Supersedes All Previous Guidelines)

Professional Integrity Chart

UPMC Hamot School of Anesthesia / Gannon University



Guidelines for Academic Integrity and Regulations of Student Registered Nurse Anesthetists

Purpose: To provide guidelines for academic conduct of student registered nurse anesthetists at UPMC Hamot 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 UPMC Hamot School of Anesthesia/Gannon University accept personal responsibility for their own behavior and performance, and 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. UPMC Hamot 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 2026-2027. It is each student's responsibility to read the entire policy in the Gannon University Graduate Catalog. This policy, in its entirety, appears below:

"Gannon University considers the maintenance of academic integrity of utmost importance and stresses that students are responsible for thoroughly understanding this code. 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 this Code. Each student will receive the Code of Academic Integrity publication of Gannon University during Freshman Orientation or entrance into the University. Upon review of the publication, the students will be invited to sign a pledge to uphold the Academic Integrity of their work and the work of their peers.

I. Forms of Academic Dishonesty

Plagiarism

Plagiarism is the inclusion of someone else's words, 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 18 statements are included, 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 acknowledgment 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; and*

(Guidelines for Academic Integrity and Regulations of Student Registered Nurse Anesthetists, continued)

3. Whenever one borrows facts, statistics, or other illustrative materials, unless the information is common knowledge.

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.) prepared totally or in part by another.*
- 5. Taking a test for someone else or permitting someone else to take a test for you.*
- 6. Collaborating with another person or external entity to participate in a discussion activity in an online course.*
- 7. Paying for a Web service to provide answers for online homework and exams.*
- 8. Paying for a Web service to complete an online course.*

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 (including 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.*
- 8. Utilizing cheating devices and any other technology to communicate question content and answers with another person during the administration of an exam.*
- 9. Performing web searches for answers during an online exam.*
- 10. Collaborating with another person or external service to participate in a discussion activity or exam in an online course.*

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.*

(Guidelines for Academic Integrity and Regulations of Student Registered Nurse Anesthetists, continued)

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.*
6. *Entering a building, office, file, or computer/computer system for the purpose of obtaining an unadministered test.*
7. *Hiding and/or mutilating library/classroom books and/or equipment.*
8. *Taking an online exam or quiz early to share question content with other students.*
9. *Sharing Blackboard or Gannon user ID login information with another person or external entity to submit or share class work.*

II. Academic Dishonesty Procedure

1. *If an instructor suspects that a student has violated Gannon University’s Code of Academic Integrity, he/she will promptly notify the student involved as well as the department chair responsible for the course in question. At no time during the investigation or appeal process are students permitted to withdraw from the course. Within 10 calendar days of the discovery of the alleged violation the instructor will notify the student of the allegation and invite the student to meet to review the matter and to explain the alleged violation. If the student chooses to meet with the instructor to contest the allegation, this meeting shall be scheduled within 7 calendar days of the notification.*
2. *If the student is cleared of the allegation, the matter will be dropped. If not, then the instructor will inform the Dean’s Office of the violation. (The Dean’s Office to be notified is the one responsible for the course.) This Office shall then inform the instructor of the student’s number of previous violations of the academic integrity policy, if any. In consultation with the department chair the instructor will then impose a sanction upon the student. A letter detailing the sanction will be sent to the student from the instructor and copied to the three College Deans. The letter shall be sent within 10 calendar days from the date the Dean was notified. The student should be aware Student Academic Grievance Policy 19 that admission of guilt does not eliminate or lessen the sanction imposed by the instructor.*
3. *The student may appeal the instructor’s decision to the Dean of the College in which the course resides. Appeals must be made within 7 calendar days of the date of the instructor’s decision. Students are expected to continue to attend class during the appeal process.*
4. *A hearing will be scheduled within 10 calendar days of the Dean receiving the student’s appeal. The hearing will include the Dean, the instructor, and the student. The instructor will present pertinent evidence and the student will be given the opportunity to challenge the evidence and present a defense. The student may have one guest present during the hearing, but the guest is not allowed to speak during the hearing unless permitted by the Dean. The Dean will issue a finding based upon the evidence presented. If the Dean determines that insufficient evidence has been presented, the matter will be dropped. If the*

5. *Dean finds the student in violation of the Code of Academic Integrity, he/she may support the academic sanction originally imposed by the instructor. The Dean also has the power to issue administrative sanctions [i.e., separation from the University]. In considering the penalty to be imposed, the Dean shall consider the evidence of the appeal proceeding as well as any documented previous infraction(s). A letter detailing the sanction will be sent to the student from the Dean and copied to the other two College Deans.*
 6. *Following the Dean's decision, the student has 7 calendar days to make a final appeal to the Provost with respect to the fairness of the proceedings and/or the appropriateness of the sanction. The Provost will issue a decision within 7 calendar days of the appeal. Students are expected to continue attending class during the appeal process. A final letter will be sent to the student from the Provost and copied to the three College Deans. (NOTE: At the Dean's or Provost's discretion, exceptions to the calendar day requirements can be made for unusual circumstances such as Christmas or summer breaks).*
6. *Once all appeals are exhausted and a final decision has been made the Dean's office responsible for the course will report the finding of academic dishonesty to each of the other Academic Deans.*

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. *A grade of "zero" for the assignment involved (as imposed by the instructor in consultation with the department chair). This penalty will generally be applied in the case of a student's first offense. However, the instructor has the right to impose a more severe penalty based on the circumstances of the offense.*
2. *Failure of the course (as imposed by the instructor in consultation with the department chair). This penalty will generally be applied in the case of a student's second documented offense. However, the instructor has the right to impose a lesser penalty based on the circumstances of the offense.*
3. *Subject to review and approval of the Dean responsible for the course, separation from the University. This penalty will generally be applied in the case of a student's third documented offense. However, the Dean has the latitude to apply a lesser penalty depending on the circumstances of the offense.*

Review and Expunging of Records

1. *Records of completed disciplinary proceedings are destroyed if the student is acquitted.*
2. *Records of the completed disciplinary proceedings are maintained by the Academic Dean's Office if the student is found guilty. The records are maintained for a period of three years after the student leaves or graduates from the University.*

III. Policy on Professional Integrity

All students have an obligation to maintain ethical behavior in relationship to their profession.

Professional Behavior

Those behaviors reflecting 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 at 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.

IV. Sources

Robert M. Gorell and Charlton Laird, Modern English Handbook, 6th Edition (Englewood Cliffs, NJ, Prentice-Hall, 1976), p. 71.

Campus Rules and Moral Community; In Place of In Loco Parentis by David A. Hoekema. Lanham, Maryland: Rowman & Littlefield Publishers, Inc., 1994.

The format and definitions for the policy on Academic Integrity were adapted from the “Academic Honesty and Dishonesty” brochure produced by the College of Health Sciences, Gannon University, Erie, PA 16541.

The format and definitions for the policy on Academic Integrity were adapted from the School of Hotel Administration, Code of Academic Integrity, and Cornell University.”

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

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-based demonstration
 - e. Student Presentations
- E. UPMC Hamot School of Anesthesia/Gannon University uses the following grade scale:

A+	= >100%
A	= 93-99%
A-	= 90-92%
B+	= 88-89%
B	= 83-87%
B-	= 80-82%
C+	= 78-79%
C	= 70-77%
F	= < 60%
- F. The SRNA must earn a grade of "B" or better in each didactic course.

*Approved by Rachel Wolfe, DNP, CRNA, Director
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UPMC Hamot

Guidelines for Academic Progression, Retention, and Dismissal for Didactic Graduate Nursing Courses

Purpose: To provide guidelines for academic progression, retention, and dismissal at Hamot 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 didactic/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 1 theory course 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. If a student registered nurse anesthetist receives a grade less than a “B” in **two** theory courses or receives a grade less than a “B” in a repeated theory course, the student will be dismissed from the program.
- F. Student registered nurse anesthetists must earn a “satisfactory” grade for all clinical practicums. Student registered nurse anesthetists who fail a clinical practicum are dismissed from the program of study.
- G. Students who have been dismissed and desire to continue the program of study must reapply through the UPMC Hamot School of Anesthesia/Gannon University Admissions Committee. Any student re-accepted would need to complete all components of the program of study from the beginning.

*Approved by Rachel Wolfe, DNP, CRNA, Director
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UPMC Hamot

Faculty Rights and Responsibilities with Respect to Student Registered Nurse Anesthetists

Purpose: UPMC Hamot 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. Due to clinical responsibility of faculty, class schedules may change.
- 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 or make available through Blackboard 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 director, lead CRNA, or the medical chair, Department of Anesthesia. Requests for reference from other physicians 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*, found within this handbook. 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 UPMC Hamot School of Anesthesia/Gannon University.

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

Guidelines for Clinical Event/Incident

Purpose: The Student is required to report involvement in any event/incident that results in possible or actual adverse outcomes to patients and/or results in litigation.

Policy and Procedure:

- A. When an event/incident happens the student must first contact the clinical coordinator and discuss the event/incident and notify the UPMC Hamot School of Anesthesia administrator.
- B. If requested to submit a written report, please follow the instructions listed in the detailed guidelines.
- C. The Clinical Event/Incident Form will be accessible to download or via email, once you have notified the UPMC Hamot School of Anesthesia administrator.
- D. Clinical Event/Incident form must be completed and delivered to the Program Director.
- E. When a clinical event results from actions of the student, the clinical coordinator is to notify the Nurse Anesthesia program offices to verify that the student has filed a report.
- F. Student failure to report a Clinical Event to the clinical site coordinator and Program is grounds for probation or dismissal from the program.
- G. The Clinical Event/Incident is used for patient related events, not student injury. Student injury is handled through Employee Health.
- F. Clinical Events are defined as:
 - a. Medication errors
 - b. Narcotic discrepancies
 - c. Unplanned ICU admission
 - d. Corneal abrasions
 - e. Damaged lips, gums, teeth from airway manipulation
 - f. Wet tap with epidural placement
 - g. Reintubation
 - h. Hypoxia, laryngospasm, bronchospasm
 - i. Other (Any significant circumstance that was not in the original anesthetic plan)
 - j. ****This is NOT a comprehensive list – if in doubt whether to notify the school or not, please opt to call the on-call faculty and allow them to discuss it with you***

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

UPMC Hamot School of Anesthesia
CLINICAL EVENT/INCIDENT FORM

LOCATION OF EVENT/INCIDENT

Hospital/Location: _____ Unit/Department: _____

REQUIRED FIELDS

Patient First Name: _____	Date of Event: _____
Patient Last Name: _____	Time of Event: _____
Date of Birth: _____	Occurred To: _____
Gender: _____	Date Reported: _____
Admission Date: _____	Time Reported: _____
Event Description _____	

EVENT TYPE

- _____ Medication Errors
 - _____ Narcotic Discrepancies
 - _____ Unplanned ICU admission
 - _____ Corneal Abrasions
 - _____ Damaged Lips, Gums, Teeth from Airway Manipulation
 - _____ Wet Tap w/Epidural Placement
 - _____ Reintubation
 - _____ Hypoxia, Laryngospasm, Bronchospasm
 - _____ Other (Any significant circumstance that was not in the original Anesthetic plan)
- *This is NOT a comprehensive list – if in doubt whether to notify the school or not, please opt to call the on call clinical coordinator and allow them to discuss with you*

SUBMITTED BY SRNA:

First Name: _____ Last Name: _____

SUPPLEMENTAL PATIENT INFORMATION

Medical Record No: _____	Address: _____
Patient Account No: _____	_____
Admitting Diagnosis: _____	City: _____
	State/zip: _____
Unit/Department: _____	Home Phone: () _____

Clinical Coordinator Advised: _____

School of Anesthesia Administrator
Notified: _____

Guidelines for Clinical Grievance

Purpose: The Clinical Grievance Policy extends to the SRNA the right to appeal actions by UPMC Hamot 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 UPMC Hamot 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, and the incident; the date, time, and place; the existing rule/policy/established practice claimed to be violated; and a brief statement of the desired outcome.
- B. Within two 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 one representative from Gannon University, appointed by the Director of the Villa Maria School of Nursing, and two representatives from UPMC Hamot. UPMC Hamot representation will not include UPMC Hamot School of Anesthesia faculty or administration. One representative from UPMC Hamot 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 three 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 UPMC Hamot School of Anesthesia/Gannon University by majority vote.
- G. The Committee Chair will provide written notification of the committee's decision to the UPMC Hamot 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 Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

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. Your badge will be programmed for access to the Hamot scrub machine.
- C. Scrub suits should be of good fit (NOT too big or too small) for comfort and appearance and should permit control around the sterile field.
- D. During 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 (Do NOT do this) and must be changed upon return to the medical center, before entering the operating room. Surgical scrubs should not be worn outside of the facility that they come from.
- 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, shoe covers may be omitted. If footwear is not dedicated for operating room use only, shoe covers must be worn. Impervious shoe covers are available for use during procedures with excessive blood and body fluid exposure.

(Continues on next page)

(Guidelines for Surgical Attire, continued)

- 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. Bouffant cap
- I. Facemasks 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.
- M. Students are required to adhere to any other rules for attire that any clinical site may have.

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

Health, Immunization and Safety Training

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

Policy and Procedure:

A. Pre-entrance Drug Screening:

1. Applicants accepted into the UPMC Hamot 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. UPMC Hamot School of Anesthesia pays the cost of lab analysis.
 - a. Individuals with equivocal results on primary analysis may be subject to retest under direct supervision, as per the lab or MedTox 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 UPMC Hamot School of Anesthesia/Gannon University.
 - e. Non-negative or positive result on primary drug screening will be reviewed by UPMC Hamot School of Anesthesia's director.
 - f. A non-negative or positive screen may nullify the applicant's acceptance to the UPMC Hamot 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 nullify the applicant's acceptance to the UPMC Hamot 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 36-month program.
2. Failure to complete or demonstrate successful completion of pre-entrance health screening will nullify the applicant's acceptance to the UPMC Hamot School of Anesthesia/Gannon University.
- 3.

(continues on next page).

Health, Immunization and Safety Training continued

- D. Certified Background Check and Child Abuse Clearance:
 - 1. A certified background check is required from the company Certiphi.
 - 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 nullify the applicant's acceptance into the UPMC Hamot School of Anesthesia/Gannon University.
 - 4. Results of the background check may nullify the applicant's acceptance into the UPMC Hamot School of Anesthesia/Gannon University.
- E. New Student Orientation:
 - 1. During orientation to the UPMC Hamot School of Anesthesia, and each year while in the program, students receive UPMC Hamot mandated training as required by UPMC.

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

Required Photo Identification Badges

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

Policy and Procedure:

- A. The UPMC Hamot School of Anesthesia/Gannon University acknowledges the need for proper identification of SRNAs.
- B. UPMC photo identification badges are provided at no charge to all staff and others who require identification at. There will be a \$15 replacement charge paid to the UPMC Hamot School of Anesthesia if you lose your ID badge.
- C. Gannon University Student ID badges are provided by Gannon University for a fee of \$10.00.
- D. The SRNA will receive and is expected to follow the guidelines for proper ID photos (to be submitted to the SOA electronically) for both UPMC and Gannon University.
- E. 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.
- F. Photo ID badges must be worn at all times and in all clinical areas.
- G. Nothing may be affixed to the photo identification badge.
- H. The SRNA should introduce him/herself to patients as a student registered nurse anesthetist who is part of the anesthesia team.
- I. 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 Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

Guidelines for Professional Liability Insurance

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

Policy and Procedures:

- A. UPMC Hamot School of Anesthesia/Gannon University provides Professional Liability Coverage for SRNAs accepted into the UPMC Hamot School of Anesthesia/Gannon University.
- B. Student Nurse Anesthetists are covered under this policy for clinical rotations at all approved sites, including but not limited to UPMC Hamot, UPMC Hamot Women's Hospital, UPMC Hamot Surgery Center, UPMC Wellsboro, Punxsutawney Area Hospital, Children's Hospital of Pittsburgh, UPMC Northwest Hospital, and UPMC Williamsport.

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

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 1975 (FERPA) contains provisions significant to students.

1. UPMC Hamot School of Anesthesia/Gannon University 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 UPMC Hamot School of Anesthesia/Gannon University.

B. Student Registered Nurse Anesthetists should also refer to the Gannon University 2023-2024 Graduate Catalog, page 21, section titled “Access to Student Records.”

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

Patient Record Compliance (HIPAA)

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 UPMC Hamot 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 UPMC Hamot to Hamot UPMC Surgery Center.
 - 3. Follow UPMC guidelines for accessing patient-related records and documents electronically.
- 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 UPMC Hamot School of Anesthesia/Gannon University with notification to the Department of Health.

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

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 UPMC Hamot 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.
- C. The SRNA must obtain a portion of these 45 CE credits by attending at least 1 outside anesthesia meeting, which must be a state or national association meeting.
- 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 be emailed to the Instructional Coordinator at the time of submitting time off through Schedule Anywhere.
- 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 credits are 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 UPMC Hamot anesthesia department.
 - 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 approved clinical rotations are excused from M & M attendance.
 - d. Student registered nurse anesthetists assigned to the UPMC Hamot Surgery Center for clinical practicum are excused from M & M attendance.

*Approved by Rachel Wolfe, DNP, CRNA, Director
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UPMC Hamot

Guidelines for Board Preparation, SEE Exam, and Mandatory Board Review Seminar

Purpose: To provide the Student Registered Nurse Anesthetist preparation and guidelines for taking the Self-Evaluation Examination (SEE), “to provide an evaluation of the student’s ability to integrate the content of the program’s courses and research,” and to help the student prepare for the National Certification Examination (NCE).

Policy and Procedures:

Each student in the UPMC Hamot School of Nurse Anesthesia/Gannon University begins board preparation from DAY ONE of the program. The student must meet the benchmarks designated by program administration.

A. The student begins the board preparation program by attending scheduled classes during the first 24 months of the program (see course sequence).

B. Before the end of their Spring semester of the second year (April/May), each student will take their first SEE (paid for by the SOA) and must achieve the prior year’s mean score as published annually by the NBCRNA. (This value will be provided by the school.) If a student achieves the benchmark score, they will progress to Step C of this policy.

If a student does not achieve the set benchmark, the student will meet with program administration to develop a didactic plan for remediation. This will be an APEX-based remediation based on SEE domain scores and will commence with the summer semester (Clinical Practicum 4).^{*} At the end of the remediation, the student will be required to take the SEE again (at their expense) prior to the beginning of the Fall semester to *evaluate the effectiveness of their remediation*. Completion of remediation will be 25% of the Clinical Practicum 4 grade. They may then progress to Step C.

C. At this stage, all students beginning with the fall semester (Clinical Practicum 5) will be required to participate in a 12-week APEX review. Each student will begin to prepare to take the SEE (paid for by the school). The SEE will be taken by each student at the end of the review course. Each student will need to achieve the prior year’s mean score as published annually by the NBCRNA. (This value will be provided by the school.) If a student achieves the benchmark score, they will progress to Step D of this policy.

If a student does not achieve the benchmark score, the student will meet with program administration to develop a didactic plan for remediation. This will be an APEX-based remediation based on SEE domain scores and will commence immediately.* At the end of the remediation, the student will be required to take the SEE again (at the expense of the SRNA) to evaluate the effectiveness of their remediation. Completion of remediation will be 25% of the Clinical Practicum 5 grade. The student will then participate in Step D.

(Guidelines for Board Preparation, SEE Exam, and Mandatory Board Review Seminar, continued)

D. All senior students will participate in a MANDATORY Board Review Seminar associated with Clinical Practicum 6. The Board Review Seminar is scheduled the final spring semester of the anesthesia program. All classes must be attended either in-person or via Teams.

The Board Review Seminar is mandatory and includes weekly content review. The steps are outlined in Apex. If the student does not meet the national average each week on the password protected exam, the following week they will need to show tangible deliverables.* If the student consistently is not meeting the national average, the student may not be permitted to take the midterm exam until evidence of their own remediation has occurred.

If the student meets the national averages on a weekly basis, through the midterm exam and the comprehensive final, the student will have met the requirements of this mandatory review. If the student does not consistently meet national averages or provide adequate deliverables indicating progress, they will be provided with an individualized remediation plan by the SOA before taking the second APEX comprehensive final. If the national average is not met, the SOA will assess and provide remediation as indicated which may include retaking the NBCRNA SEE exam (at SRNA's expense) before being released by the SOA.

The UPMC Hamot School of Anesthesia Administration reserves the right to have a student retake the SEE to reach a benchmark score before approving the student for graduation.

* During any remediation, the student may be required to provide tangible "deliverables" as proof of the student's fidelity to the study plan. These deliverables may include any or all the following:

- Content review and quizzes until the national average is met.
- Produce flash cards/board style questions with rationale on content areas which need repeated.
- Weekly mock exams in simulation; review score with the SOA.
- **Self-analysis by the SRNA based on weekly performance.
- Weekly journal entry on how the SRNA is meeting their short- and long-term objectives.

**Self-analysis allows students to gain insights into their strengths, weaknesses, opportunities, and threats. By identifying their strengths, students can leverage them to their advantage. Recognizing weaknesses helps them address areas that require improvement.

UPMC Hamot

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

Student Employment

Purpose: To delineate employment guidelines for the student registered nurse anesthetist enrolled in the UPMC Hamot 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 UPMC Hamot School of Anesthesia/Gannon University.

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

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 UPMC Hamot and its affiliates, and in all vehicles.

The use of tobacco products is a major cause of preventable disease and death. UPMC 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. UPMC 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 UPMC 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 UPMC Hamot property, including but not limited to, employees, student registered nurse anesthetists, visitors, patients, staff, physicians, volunteers, contractors, and others acting for UPMC Hamot. The policy in its entirety follows:

“It is the policy of UPMC to strive to provide a smoke and tobacco-free environment for all of its United States based subsidiary employees, physicians, patients, visitors, volunteers, contracted personnel, students, non-employed medical staff, and vendors while working in states, such as Pennsylvania, where such policies are lawful. Smoking and the use of tobacco is prohibited in UPMC owned or leased facilities, buildings, passageways and parking garages and is prohibited during the work shift.

Presenting at work smelling of smoke regardless of the source is also not permitted. For residents of Senior Communities facilities, including their families and visitors, smoking and the use of tobacco is subject to the terms of UPMC Senior Communities’ policy.

UPMC is committed to improving and protecting the health and well-being of its patients, visitors, volunteers, physicians and employees. As part of its effort to meet this responsibility, UPMC recognizes the evidence that smoking, secondhand smoke and the use of tobacco are health hazards and will prohibit smoking and tobacco use, or the use of tobacco free nicotine pouches on its campuses in concert with the requirements of this policy while offering employees and the community access to effective resources to quit smoking or use of tobacco.

DEFINITIONS

a. Tobacco use includes, but is not limited to, chewable tobacco products, snuff and smoking by inhaling, exhaling, burning or carrying any lighted cigarette, cigar, pipe, or other such device which contains tobacco or any other smoke or vapor producing products such as e-cigarettes. POLICY HS-HR0744 PAGE 2 © 2024 UPMC All Rights Reserved

b. A campus, for the purpose of this policy, includes all UPMC owned or leased real estate and owned or leased facilities, passageways and parking garages and lots.

(Smoke and Tobacco Free Policy, continued)

c. Work shift is defined as the time one reports to work until the shift is over. This policy also applies to paid and unpaid breaks, including lunch. This includes breaks and lunches taken on and off campus.

GUIDELINES

- a. Signs will be posted to indicate that smoking or the use of tobacco is prohibited on UPMC campuses.*
- b. Employees, physicians, students, and volunteers are prohibited from smoking, using tobacco, or using tobacco free nicotine pouches for the duration of their shift.*
- c. Employees, physicians and volunteers in violation of this policy shall be subject to corrective action, up to and including discharge, and consistent with appropriate corrective action policies.*
- d. In some jurisdictions, fines can be assessed for violation of No Smoking/No Tobacco regulations.*
- e. Enforcement of this policy is the responsibility of all management staff. Security staff will monitor regulated areas in order to ensure compliance with this policy.*

References: *Joint Commission – Environment of Care chapter*

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

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

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 UPMC Hamot School of Anesthesia/Gannon University or the UPMC Hamot Human Resources Staff.
- C. The Human Resources Staff is responsible for monitoring all sexual harassment claims. Sexual Harassment claims made to the administration of UPMC Hamot School of Anesthesia will be forwarded to the UPMC Hamot 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 UPMC Hamot School of Anesthesia.

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

Substance Use Disorder and Chemical Dependence

Purpose: To create a safe and productive practice environment for student registered nurse anesthetists at UPMC Hamot 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 UPMC Hamot 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 are of paramount importance. By providing a drug free environment, the UPMC Hamot School of Anesthesia/Gannon University will be better able to assure a safe and equitable practice setting for SRNAs and their patients. A 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 UPMC Hamot School of Anesthesia/Gannon University will provide a safe, drug free environment and confidential assistance to individuals who have a problem with substance use disorder (SUD) 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 SUD and CD.

Basic Principles:

- A. UPMC Hamot is committed to providing quality anesthesia services.
- B. The UPMC Hamot 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 SUD 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 SUD and CD.
- C. To ensure the public health and safety through early identification of SUD 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 UPMC Hamot School of Anesthesia/Gannon University prohibits the use, sale, manufacture, transfer, possession, or distribution of drugs or alcohol on UPMC Hamot 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 UPMC Hamot School of Anesthesia/Gannon University prohibits SRNAs from being under the influence of drugs or alcohol while on UPMC Hamot premises. UPMC Hamot premises include all land, property, buildings, structures, installations, parking lots, and means of transport, owned or leased to UPMC Hamot or utilized for UPMC Hamot business. Private vehicles parked on UPMC Hamot 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 UPMC Hamot 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 UPMC Hamot School of Anesthesia/Gannon University will provide mandatory education on SUD and CD for SRNAs.
- E. The UPMC Hamot School of Anesthesia/Gannon University has a procedure for the identification, intervention, referral for assessment and treatment, and monitored reentry of an SRNA with SUD or CD.
- F. The UPMC Hamot 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 UPMC Hamot 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 UPMC Hamot School of Anesthesia/Gannon University will not be jeopardized by a voluntary request for assistance with SUD or CD. The UPMC Hamot 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 SUD 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 SUD and CD without fear of dismissal or loss of licensure.
1. Education
 - a. During orientation, the policy will be distributed and reviewed with all new SRNAs.
 - b. Student registered nurse anesthetists will be required to attend/view mandatory lectures on SUD and CD throughout their time in the program.
 - c. The UPMC Hamot School of Anesthesia/Gannon University will assure access to current resources and services for assistance with SUD or CD including but not limited to: UPMC's LifeSolutions/Employee Assistance Program; 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 SUD 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 UPMC Hamot 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.

*Approved by Rachel Wolfe, DNP, CRNA, Director
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UPMC Hamot

Signs and Symptoms of Chemical Impairment

Attendance

Excessive sick calls
Patterned absences
Tardiness
Confusion about work schedule
Long coffee or lunch breaks
Frequent physical complaints
Improbable excuses for absences
Frequent absence from clinical area
Frequent trips to restroom/locker room
Early arrival or late departure
Presence in clinical on off days

Behavior

Sloppy/inappropriate clothes
Poor hygiene
Mood swings
Frequent irritability with others
Excessive talking
Poor recall
Physical abuse
Rigidity/inability to change plans
Incoherent/irrelevant statements
Uncooperativeness with OR staff
Drowsiness at work
Deteriorating relationships with colleagues
Tendency towards isolation
Request for assignments at less supervised settings
Unexplained anger
Unexplained euphoria
Glossed over recall of unpleasant events
Alexithymia (emotional detachment)
Decreased interest in outside activities
Refusal of breaks
Frequent intoxication at social functions

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 sloppy 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 UPMC Hamot School of Anesthesia/Gannon University administration, UPMC Hamot administration, and UPMC Hamot 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 UPMC Hamot 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 UPMC Hamot School of Anesthesia/Gannon University pending resolution of the charges. The UPMC Hamot School of Anesthesia/Gannon University will determine whether 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 SUD or CD is suspected, SRNAs are responsible for reporting their concerns and observations to the Program Director of the UPMC Hamot 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 UPMC Hamot 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 UPMC Hamot 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 SUD 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 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 UPMC Hamot 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 UPMC Hamot 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, and continued participation in ongoing aftercare programs.

- B. A conference will be conducted with the recovering SRNA, the treating physician, the Program Director of the UPMC Hamot School of Anesthesia/Gannon University, the Director of Gannon University's Villa Maria College of Nursing and the UPMC Hamot 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 UPMC Hamot 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 SUD 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 SUD 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 SUD 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 UPMC Hamot 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 DVDs
 - 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 UPMC Hamot School of Anesthesia/Gannon University will attend an educational workshop on SUD and CD. Student registered nurse anesthetists will attend mandatory lectures on SUD and CD every year.
- D. This policy will be included in the UPMC Hamot School of Anesthesia/Gannon University handbook.
- E. The policy will be distributed and reviewed with new student registered nurse anesthetists during orientation.

EVALUATION OF POLICY

- A. The UPMC Hamot School of Anesthesia/Gannon University will evaluate the substance use disorder 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 SUD 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 SUD 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.

UPMC Hamot

*Approved by Rachel Wolfe, DNP, CRNA, Director
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UPMC Hamot School of Anesthesia
Conditions for Reinstatement after Intervention for Substance Use Disorder/Dependency
(sample only – terms and conditions will vary by individual case)

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

1. I will undergo evaluation by UPMC Hamot 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 UPMC Hamot School of Anesthesia/Gannon University's requirements for reinstatement during and after the treatment phase of intervention.
4. I authorize UPMC Hamot 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 UPMC Hamot School of Anesthesia/Gannon University.
7. I understand that I am required to meet all of UPMC Hamot 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 UPMC Hamot 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 ON FOLLOWING PAGE

**Notarized Signature Sheet
for UPMC Hamot School of Anesthesia “Conditions of Reinstatement
After SUD Intervention”**

Student _____

Program Director _____

Dated this _____ day of _____, 20_____.

UPMC Hamot

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 UPMC Hamot 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 UPMC Hamot 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: 814-877-3699

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

Completion of this form by the SRNA's physician is required for the pregnant Student Registered Nurse Anesthetist to continue studies in the UPMC Hamot School of Anesthesia/Gannon University Doctor of 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 mated 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 UPMC Hamot 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 UPMC Hamot and the UPMC Hamot 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.

Student Name (printed)

Student Signature Date

Witness Name (printed)

Witness Signature Date

UPMC Hamot

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

Time Off

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

Policy and Procedures:

- A. Student Registered Nurse Anesthetists will follow Gannon University's published academic calendar for the first three semesters (initial two online semesters, plus their first in-person spring semester) of their enrollment.
- B. Student Registered Nurse Anesthetists are granted a total of **30 days** for use as time off throughout the 36-month program. Sick days, personal days, funeral days, jury duty, and scheduled vacation days are all subtracted from this allotment. An additional **5 conference days** are granted for attending conferences, including the required state or national meeting. Conference days must be used for attending conferences. There are also 15 floating "DNP Days" which can be used at the SRNA's discretion for preparing DNP projects. No more than three consecutive DNP Days may be taken at a time. All of the following procedures outlined below still apply to requesting/being granted these days. However, for DNP Day requests, you must provide additional information to support the request.
- C. Time off requests in excess of the allotted 30 days will be denied, unless there is prior approval by the Program Director. 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 UPMC Hamot equivalent to the hours used in excess of the allotted 30 days.
- D. Requests for time off are reviewed and granted by the UPMC Hamot School of Anesthesia/Gannon University. Each request for time off must be submitted to the Instructional Coordinator through the **Schedule Anywhere** web-based system. Requests are not finalized until approved by the Program Director or authorized designee. Requests for time off must be submitted no later than the **7th of the month** preceding the desired time off.
 - a. Time Off Request – any time off (Vacation, Conference, etc.)
 - b. Schedule Request – any scheduling requests (No Call weekend, no nights/evenings, day shift only)
 - c. Must acquire in advance, in writing (**email**), permission from instructor to miss any Gannon classes. Provide this to the Instructional Coordinator in conjunction with time off request.
- E. Requests for no call/off-shifts are limited to **two weekends** in a single month. Students should not frequently request no call/off-shifts; frequent requests will be denied.
- F. Requests are considered and granted on a first requested, first granted basis. No more than 25% of the SRNAs per class are permitted time off simultaneously. Special circumstances may be approved by the Program Director.
- G. Seven (7) days of holiday time off are granted to SRNAs annually. These holidays include: New Year's Day, Martin Luther King Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day.
- H. SRNAs are required to participate in the holiday call schedule and may be assigned call on a holiday. SRNAs assigned clinical call on a scheduled holiday will receive the next 2 consecutive business days as equivalent time off compensation.
- I. 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, Martin Luther King Day, 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 through **Schedule Anywhere**. Requests are considered and granted based on chronological order.

- J. Student Registered Nurse Anesthetists ARE NOT permitted to use vacation or time off during heart room rotation, Critical Care, and OB rotation. Should extenuating circumstances require time off, the student should follow the call off procedure outlined within this document. The student must also immediately call and notify the UPMC Hamot School of Anesthesia of the time-off. 814-877-2938
- K. Student Registered Nurse Anesthetists cannot use time off during the final two weeks of the program. Time off not used prior to this deadline will be forfeited.
- L. Student Registered Nurse Anesthetists who use conference days or vacation days for unintended purposes, or who call off on a day that a vacation request was denied, will lose two vacation days.
- M. Student registered nurse anesthetists who call off from clinicals the day before an exam or quiz will lose two vacation days and will receive a “0” for the exam/quiz.
- N. **Plans for travel or vacation should NOT be made until vacation requests are confirmed and signed by the Program Director. If you need to pre-schedule flights and reservations discuss this with the Instructional Coordinator in advance.**

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

SRNA Calling Off

Please note the following procedure for calling in to report clinical absence due to illness or otherwise. Procedure to report absence from clinical assignment must proceed in the following manner. Failure to complete any of the required steps (3 phone calls) will cause the individual to be docked for two days of absence rather than one.

UPMC HAMOT/UPMC HAMOT SURGERY CENTER

A. All clinical absences must be reported to the Clinical Coordinator. Please contact the CC via cell number before 10:00 pm the night before, or at 6:00 am the day of, to indicate that you will not be present in clinical.

B. After contacting the CC, you must call the CRNA, or when under MDA only supervision, the MDA, that was anticipating your participation in the following day's cases. Phone calls to clinical faculty should also occur prior to 10:00 pm or at 6:00 am.

C. A third phone call must be made to the School of Anesthesia at 814-877-2938, by 9:00 am on the day of the missed clinical assignment. This is the number for the school office, NOT the SOA cell number. Do not call the SOA cell to report an absence unless you have been explicitly directed to do so.

Making, adjusting, or changing student clinical assignment IS NOT the responsibility of any SRNA.

A. Please note that in the clinical coordinators' absence, phone calls must be directed the program's associate director or director.

B. The procedure outlined above also applies if you are calling in sick on a day when you have an open clinical assignment.

ALL OTHER ROTATIONS

A. Follow the policy in the individual rotation book.

B. The School of Anesthesia must also be notified at 814-877-2938, by 9:00 am on the day of the missed clinical assignment.

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

Clinical Call-Off Process for SRNAs - 2026

2

Clinical Call-Off Process for SRNAs –

In general, there are **three** calls/texts you must make!

Who	When	How	Why
Clinical coordinators (both) AND Dr. Wolfe Shannon Autumn Dr. Wolfe All staff phone numbers are on the Anesthesia Department badge hang tags	ASAP, NO LATER than 6am – preferably before 9pm and after 5am if possible. If you don't hear back from a clinical coordinator, please call one of them.	Text both.	To ensure clinical coverage
The CRNA or MDA you were scheduled with. All staff phone numbers are on the Anesthesia Department badge hang tags	ASAP, NO LATER than 6am	Call or text.	Professional consideration
School of Anesthesia OFFICE PHONE 814-877-2938	ASAP, NO LATER than 9am	Call and talk to Angela or leave a message if there is no answer.	To ensure accurate tracking of your 30 allotted days.

**If you are calling off from clinicals, and you also have class that day,
please reach out to the instructor as well!**

UPMC Hamot

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

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 UPMC Hamot 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 two 24-hour periods before or after an assigned call.
- F. Student registered nurse anesthetists receive two complimentary meal tickets when on 24-hour call.
- G. Student registered nurse anesthetists must be provided a 10-hour rest period between clinical assignments.

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

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 counsel 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 School of Anesthesia's program director and the director of the Villa Maria School of Nursing at 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 SOA program director and the VMSON director 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 36 months required for program completion are fulfilled. The Program Director and the student will discuss the use of time off days for a leave of absence.

E. At the conclusion of a leave of absence, student registered nurse anesthetists must return to the 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 stepchild, 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 him/herself.

Medical Certification

A 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 UPMC Hamot 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 UPMC Hamot School of anesthesia program at the end of their leave of absence. Student registered nurse anesthetists 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 Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

Clear Post -- Class of 2028

Student Name (Printed)

Task	Who to See	Details/Info	SOA staff initials/date
Turn in badge/badges (Hamot and UPMC)	Angela		
Turn in SDS badge			
Turn in radiation badge			
Turn in Clinical Practicum 6 Self Evaluation		This is your final one (narrative and the evaluation form), and you will go over it with Rachel.	
Confirm locker # and if it is empty OR if you are working @Hamot this summer	Cathy	You can keep your locker if you're working this summer but if you are hired for the long term, you will need to get a staff locker.	
Send PDFs of your DNP final paper and the poster		.	
Complete ALL end of program and clinical instructor evaluations in Typhon (surveys will be opened on 4/25)		One for every MDA/CRNA you have worked with, one for every outside rotation site you have been through. Your name will be redacted from all of these before they are ever seen.	
Email or screen shot from GU cashier's office confirming zero balance	Gannon	Use Gannon's Self-Service>Student Finance>Account Summary to make sure you don't owe anything, then take/send screenshot.	
Email or screen shot confirming completion of online student loan repayment "exit counseling"		Cathy will send out the link and instructions	
Gannon Exit Survey and SOA Exit Interview – all the above tasks must be done before your interview can happen.	Rachel	You and Dr. Wolfe will complete the BACK of this form during the exit interview.	
Checkmark which of the following apply to you in terms of financial assistance you received while enrolled in this program. <input type="checkbox"/> Financial Aid or Tuition Assistance (anything used to cover the cost of college is considered financial aid) <input type="checkbox"/> Agreement with Branch of the Military <input type="checkbox"/> Agreement with Future Employers <input type="checkbox"/> Government Salary or Stipend <input type="checkbox"/> Graduate or Teach Assistance Position <input type="checkbox"/> Grants <input type="checkbox"/> Federal or Private Student Loans <input type="checkbox"/> Scholarships <input type="checkbox"/> Stipend <input type="checkbox"/> Work Study Program	Rachel	Dr. Wolfe will go through this with you during the exit interview. This is information the COA requests, aggregated and anonymized, for our annual report.	

EXIT INTERVIEW

SRNA's signature

Date

Director/Assoc. Director signature

Date

Address of Initial Employment

Contact Person at Initial Employment

Phone number

Honors and Awards

Purpose: To describe honors and awards granted by the UPMC Hamot School of Anesthesia/Gannon University at graduation.

Policy and Procedure:

A. The Byers and Larson 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 UPMC Hamot 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 and Dr. Larson for his endless involvement in the didactic and clinical arena.

B. The Joseph Carter Award

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

C. 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, UPMC Hamot 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 UPMC Hamot School of Anesthesia Alumni and Melissa Morrison in recognition of EJ Morrison's significant contributions as a clinical educator of student registered nurse anesthetists.

D. The Outstanding Clinical Instructor Award

The Outstanding Clinical Instructor Award is presented at commencement to a clinical instructor. The recipient is chosen by the graduation class based on the recognition of clinical instructor going above and beyond the countless hours of education and teaching of the ordinary duties to the nurse anesthesia students.

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

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 UPMC Hamot School of Anesthesia/Gannon University Program Director, Associate Director, Chair of the Department of Anesthesia, or Lead CRNAs. 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 (located within this handbook) or a form from the requesting employer with a signed release from student/alumnus.
- 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).

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

Attachment C

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UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSIT

REFERENCE RELEASE FORM

I, _____, hereby give written permission for
_____ to provide professional reference on my
behalf, to: _____

Signature

Date

Price List for Verification of Graduation, Transcript, and Credentialing

Verification of Graduation

On-line verification http://www.hamotschoolofanesthesia.org/	No Charge
Written Verification or Evaluation	\$10.00
Written Verification <u>and</u> Evaluation	\$35.00

Transcript

Transcript	\$20.00
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Credentials

Credentials	\$35.00
Notarized Credentials	\$50.00

Payable to: UPMC Hamot School of Anesthesia

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

Phone Contact: Angela Rood, BA
Administrative Assistant
sullivanam6@upmc.edu
814-877-2938

UPMC Hamot

Record Retention

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

Policy and Procedure:

The UPMC Hamot School of Anesthesia/Gannon University follows the Record Retention Policy of the UPMC Hamot and that of Gannon University, Morosky College of Health Professions and Sciences, Villa Maria School of Nursing. The following student records are kept on permanent file for program graduates at the School of Nursing at Gannon University and at the UPMC Hamot 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 Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

UPMC Hamot

UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

BSN-DNP * STUDENT HANDBOOK

SECTION III

COURSE OF STUDY

UPMC Hamot School of Anesthesia/Gannon University

General Information:

Program Director: Rachel Wolfe, DNP, CRNA

Associate Director: Donald Larmon, DNP, CRNA

Clinical Coordinators: Autumn Arkwright, MSN, CRNA
Shannon Markham, MSN, CRNA

Instructional Coordinator: Cathy Miseta, MS

Administrative Assistant: Angela Rood, BA

Medical Advisor: Gregory Beard, MD
Honorary Medical Advisor: David Albert, MD

Dean, Gannon University Morosky College of Health Professions and Sciences:
Kim Cavanaugh, PhD

Interim Director, Villa Maria School of Nursing: Carol Amann, PhD

Advisory Committee – See Page 7 of this handbook

Course of Study:

The Nurse Anesthesia Program is a 36-month, full time, graduate program of study for students that awards the graduate with a Certificate of Completion of the UPMC Hamot School of Anesthesia Program and a Doctor of Nursing Practice 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.

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DNP, Anesthesia Option, Course Listing

Core Courses

GEDU600	Graduate Statistics (pre-requisite to be taken before first semester)
DNURS801	Evidence-Based Practice/Theory
DNURS802	Transcultural Influences on Health Care
DNURS803	Leadership and Health Policy
DNURS805	Epidemiology and the Role of the Advance Practice Nurse
DNURS806	Health Care Informatics
DNURS820	Foundations of Research and Theoretical Frameworks in Nursing
DNURS826	Role Theory and Professional Issues in Nursing

Evidence Based Project

DNURS804	Scientific Underpinnings of Advanced Practice Nursing
DNURS808	Evidence Based Project/Specialty
DNURS809	Evidence Based Project/Specialty

Supporting Courses

DNURS861	Chemistry and Physics for Anesthesia
DNURS825	Advanced Pharmacology for Anesthesia 1
GNURS836	Advanced Pharmacology for Anesthesia 2
GNURS827	Advanced Physiology/Pathophysiology for Anesthesia 1
DNURS828	Advanced Physiology/Pathophysiology for Anesthesia 2
DNURS829	Advanced Physiology/Pathophysiology for Anesthesia 3
DNURS890	Advanced Physical Assessment

Anesthesia Courses

DNURS830	Basic and Advanced Principles in Nurse Anesthesia 1
DNURS832	Basic and Advanced Principles in Nurse Anesthesia 2
DNURS835	Basic and Advanced Principles in Nurse Anesthesia 3
DNURS840	Basic and Advanced Principles in Nurse Anesthesia 4
DNURS831	Professional Practice Issues in Nurse Anesthesia

Clinical Practicum

DNURS817	Anesthesia Clinical Practicum 1
DNURS818	Anesthesia Clinical Practicum 2
DNURS819	Anesthesia Clinical Practicum 3
DNURS837	Anesthesia Clinical Practicum 4
DNURS838	Anesthesia Clinical Practicum 5
DNURS839	Anesthesia Clinical Practicum 6

Program Outcomes for Doctor of Nursing Practice Degree UPMC Hamot School of Anesthesia/Gannon University

At the conclusion of the course of study leading to the Doctor of Nursing Practice at Gannon University, the graduate will:

1. Be prepared in advanced nursing practice as culturally sensitive, competent, and safe practitioners and who deliver care and act as advocates for individuals, aggregates and communities of varying diversity and socioeconomic levels.
2. Effectively use technology, large aggregate databases, and information systems to identify, use and create therapeutic nursing interventions that promote health and prevent disease.
3. Identify, analyze, and create evidence-based solutions to individual practice and organizational health care dilemmas.
4. Synthesize and utilize ethical, legal, political, and advocacy methodologies to positively impact health care practice and health care delivery systems.
5. Promote collaborative and multidisciplinary delivery of health care as members of teams and organizations across the health care arena.
6. Provide quality nursing leadership and serve as mentors to other nurses, from novice nurses to nurses in advanced practice roles.

Program of Nurse Anesthesia Outcome Objectives

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

- Articulate comprehensive knowledge, understanding and application 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 advanced physical assessment.
- Develop an appropriately prioritized anesthesia care plan based on patient specific data and overall 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 plan and 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. Collaborate with interdisciplinary team on patient care.
- 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 modify anesthetic care plan to observed anesthesia complications that occur during the perioperative timeframe.
- Collaborate and 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 and develop appropriate plans which integrate current evidence based principles.
- Create a partnership and serve as an anesthesia educational resource for patients and community.
- Demonstrate and exemplify integrity and ethical behavior in professional and personal interactions.
- Participate and develop in anesthesia related quality management activities.
- Consult and collaborate effectively with members of the health care team.
- Critically evaluate research and modify anesthesia practices to evidence-based application.
- Demonstrate the ability to write and deliver clear and organized public presentations.

**UPMC Hamot School of Anesthesia/Gannon University
DNP - Master Schedule (Program Course Descriptions)**

First Year: Summer Semester (May – August) Online

GEDU 600 Graduate Statistics

This course is an introduction to the fundamentals of applied statistics. Throughout the course you will be using a hand-calculator and statistical software to generate exploratory, univariate, bivariate, and basic multiple variable analyses. The main emphasis in applied statistics is practical application of statistical methods. Critical evaluation of each application is an important element of this process.

DNURS 826 Role Theory and Professional Issues in Nursing

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. There is an emphasis on role development, leadership, and research, and how these provide the basis for planned change within the health care system and the nursing profession.

Course objectives are in direct accord with the philosophy of the Villa Maria School of Nursing and the mission of Gannon University. Graduate level courses build on Gannon's strong liberal arts base, the *Core of Discovery*, and provide students integrated knowledge and values. Course objectives and program outcomes assess performance with an understanding that both knowledge and values are inherent in these objectives and outcomes.

DNURS 820 Foundations of Research and Theoretical Frameworks in Nursing

This course examines nursing theories, and the role that theoretical models play in providing a basis for the scientific application of the nursing research and the practice. Emphasis is placed on the systematic examination of the research process and theory construction, including critical analysis of research studies and examination of the relationship between theory, research, and professional practice. This course provides graduate nursing students with the fundamental knowledge to design and conduct a research study utilizing a sound theoretical basis.

DNURS 861 Chemistry & Physics for Anesthesia

This course reviews basic chemistry and physics and investigates basic physical principles as they relate to clinical nurse anesthesia practice. This course discusses mechanics, fluids, gases, electricity, electronics, and instruments as they relate to anesthesia.

The outcomes in this course are in direct accord with the philosophy of the Department of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

Fall Semester (September – December) Online

DNURS 801 Evidence-based Practice

Emphasis is on the use of evidence on the delivery of health care and in the measurement of outcomes, in advanced nursing practice. Methods to improve practice, identify and test interventions and care delivery models, and evaluate health care outcomes will be explored. Content provides a synthesis of best research evidence with clinical expertise and client values to direct practice for the best healthcare outcomes.

DNURS 802 Transcultural Influences on Health Care (Online)

This course emphasizes the impact of culture, belief systems, and societal norms on the delivery of health care for diverse populations. Diversity is studied in relation to roles, expectations and social organization. Emphasized are the tools necessary to acquire the knowledge and skills to demonstrate culturally aware communication and cultural assessment which will identify strategies for enhancing health outcomes of ill and well patients, families and communities. Transcultural nursing concepts, theories and models will be applied to the analysis of health disparities and health care trends and issues across the lifespan. This course will require a 40-hour clinical component.

DNURS 805 Epidemiology and the role of the Clinical Nurse Doctorate

The course emphasized the distribution and determinants of health-related state and events in populations, and the application of findings to define, analyze, and control or improve health conditions or problems. Identifying health trends and health care needs based on epidemiologic data in a specific population will be used to examine ways to ensure that health care needs are being met and improved. Students will be given the knowledge needed to identify and use epidemiologic database systems, and to understand and interact with appropriate public health and other medical stakeholders to positively impact health status in populations through the use of epidemiology.

DNURS 806 Health Care Informatics

This course emphasizes the role that information technology has as a support of patient-centered care, from individual to population-focused care. Topics covered include: electronic medical records, patient safety systems, tele-health modalities, remote monitoring in hospital settings and remote monitoring in patient homes, web-based patient and professional education opportunities. Clinical doctorate nursing students will select, design, use, and evaluate a health information modality at the system level. Students will identify ethical issues in information management and the use of technology used to evaluate and research evidence-based issues.

DNURS 825 Advanced Pharmacology for Anesthesia 1

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 anesthetist students. Course content includes the pharmacokinetics and pharmacodynamics of anesthetic agents, muscle relaxants, and local anesthetics. Emphasis is on knowledge specific to the uptake and distribution of anesthetics, as well as the metabolism, excretion, and elimination of anesthetic drugs.

The outcomes in this course are in direct accord with the philosophy of the School of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

Spring Semester (January - April)

DNURS 827 Advanced Physiology/Pathophysiology for Anesthesia 1

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.

The outcomes in this course are in direct accord with the philosophy of the School of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

DNURS 830 Basic and Advanced Principles in Nurse Anesthesia 1

This course is the first in a two-course series. It introduces the art and science of anesthesia. Course content identifies basic concepts of anesthesia and introduces the student registered nurse anesthetists to techniques and procedures specific to the practice of anesthesia. Didactic principles are reinforced in a structured simulation experience.

Course outcomes are in direct accord with the philosophy of the School of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

DNURS 836 Advanced Pharmacology for Anesthesia 1

This course is designed to provide the student registered nurse anesthetist with a continuation of concept development acquired in Pharmacology for Anesthesia 1. Pharmacokinetics and pharmacodynamics of accessory drugs for anesthesia nursing are discussed. Course content focuses on drugs affecting the autonomic nervous system, the central nervous system, and the cardiovascular system. Fluid and electrolyte management, antibiotic prophylaxis, and pharmacology for pulmonary and endocrine systems are reviewed. The student registered nurse anesthetist is assisted to integrate learned information into clinical practice.

The outcomes in this course support the philosophy and mission of UPMC Hamot and Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

DNURS 890 Advanced Physical Assessment

This course is intended to expand nursing history and physical assessment skills including health history taking, physical, psychological, cognitive, and social assessment. Focus is given to the assessment skills for evaluating the adult with reference to various techniques and findings found in the younger and older populations. Application of anatomy, physiology, and pathophysiology to physical appraisal is emphasized.

Second Year: Summer Semester (May - August)

DNURS 817 Anesthesia Clinical Practicum 1

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. A broad orientation to clinical practice precedes the beginning of clinical practice.

The outcomes in this course are in direct accord with the philosophy of the Department of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

DNURS 828 Advanced Physiology/Pathophysiology for Anesthesia 2

This course provides a detailed, systematic investigation of anatomy, physiology, and pathophysiology of the Endocrine and Renal Systems. The course focuses on integration of acquired knowledge into planning, implementing, and evaluating the anesthetic for the surgical patient.

Course outcomes are in direct accord with the philosophy of the School of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

DNURS 832 Basic and Advanced Principles in Nurse Anesthesia 2

This course is the second in a two-course series. It includes progressive, guided instruction and clinical management of the patient undergoing orthopedic, urologic, outpatient, trauma, and obstetric anesthesia. Didactic principles are reinforced in a structured simulation setting and in Clinical Practicum 1.

Course outcomes are in direct accord with the philosophy of the Villa Maria School of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

DNURS 835 Basic and Advanced Principles in Nurse Anesthesia 3

This course provides guided individual and group study to assist the student registered nurse anesthetist in conceptualization, analysis, and evaluation of various nurse anesthesia strategies as they relate to pediatric and cardiovascular patients. The course provides opportunity for application of didactic instruction to clinical situations.

Course outcomes are in direct accord with the philosophy of the Department of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

Fall Semester (September – December)

DNURS 803 Leadership and Health Policy (Online)

The emphasis of this course is the impact of leadership on organizational, professional, and governmental policies in nursing practice. It includes an overview of how health care changes affect the structure and cost of care in the United States at the local, state, and national levels. Leadership is fundamental to Doctor of Nursing Practice (DNP) practice. This course will prepare students to analyze and develop practice processes and outcomes that improve quality outcomes, patient safety and their implications. Teams and interprofessional collaboration will be examined to effect quality outcomes. Students will synthesize the impact of budget and finance on strategic planning and influence health policy makers to evaluate and improve health care delivery systems at a local, state or national level. This course will require a 40-hour clinical component.

DNURS 818 Anesthesia Clinical Practicum 2

Clinical Practicum 2 is a continuation of Clinical Practicum 1 providing the student the opportunity to improve their basic anesthesia skills. Clinical Practicum 2 builds upon the students' basic anesthesia knowledge and comprehension. The student will demonstrate the use of learned principles in the conduct of new situations.

The outcomes in this course are in direct accord with the philosophy of the Department of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

DNURS 829 Advanced Physiology/Pathophysiology for Anesthesia 3

This course is the third in a three-course series for nurse anesthesia students. Course content presents a detailed, systematic investigation of the anatomy, physiology, and pathophysiology of the neuromuscular system. Integration of knowledge into planning, implementation, and evaluation of care strategies for patients requiring anesthesia is emphasized.

The outcomes in this course are in direct accord with the philosophy of the Villa Maria School of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

Spring Semester (January - April)

DNURS 804 Scientific Underpinnings of Advanced Practice Nursing (Online)

The DNP student will explore the evolution and application of knowledge in nursing. This course will emphasize the acquisition of knowledge, the theoretical underpinnings of nursing and the transference of knowledge to the practice of nursing. To affect changes in nursing and health care of the individual, family and community, the joining of theory and practice are explored within the context of other scientific disciplines and clinical nursing practice.

DNURS 819 Anesthesia Clinical Practicum 3

The clinical curriculum is designed to allow the nurse anesthesia student to integrate didactic learning in the practice of anesthesia. Clinical Practicum 3 is continuation of Clinical Practicum 2.

The outcomes in this course are in direct accord with the philosophy of the Department of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

DNURS 831 Professional Practice Issues in Nurse Anesthesia

This course exposes the student registered nurse anesthetist to current areas of professional responsibility. A wide range of topics is discussed, including professional aspects, the business of anesthesia, the current healthcare environment, healthcare politics, credentialing, quality, and regulation of practice. The course is designed to assist the student to conceptualize, analyze, and evaluate their professional role.

The outcomes in this course support the philosophy and mission of UPMC Hamot and Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

DNURS 840 Basic and Advanced Principles in Nurse Anesthesia 4

This course provides content specific to the application of didactic principles to clinical situations. Anesthesia specialties reviewed include otorhinolaryngologic, bariatrics, burns, ophthalmic, cancer, uncommon diseases, and pain management. The outcomes in this course are in direct accord with the philosophy of the School of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

Third Year: Summer Semester (May - August)

DNURS 808 Evidence Based Project/Specialty Practice Immersion (Online)

This clinical practicum implementation requires the student to be precepted by a research or doctorally prepared mentor in a practice specialty area of their choice for a total 224 hours over the course of the semester. Concepts across the program of study, from all didactic and clinical experiences, will culminate in an evidence-based change project. Practice settings can be varied, and can include clinical, governmental, or educational settings. Students will disseminate their project in a poster presentation in the clinical and the educational arena.

DNURS 837 Anesthesia Clinical Practicum 4

Clinical Practicum IV is a continuation of Clinical Practicum 3. This course allows the student to integrate didactic and clinical learning from different areas into a plan for problem solving. Case assignments will become increasingly more difficult.

The outcomes in this course are in direct accord with the philosophy of the Department of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

Fall Semester (September - December)

DNURS 809 Evidence – Based Practice/Specialty Practice Project Dissemination (Online)

This clinical practicum dissemination requires the student to be precepted by a research or doctorally prepared mentor in a practice specialty area of their choice. Concepts across the program of study, from all didactic and clinical experiences, will culminate in an evidence-based change project. Practice settings can be varied, and can include clinical, governmental, or educational settings. Students will disseminate their project in a poster presentation in the clinical and the educational arena.

This clinical practicum dissemination requires the student to be precepted by a research or doctorally prepared mentor in a practice specialty area of their choice. Concepts across the program of study, from all didactic and clinical experiences, will culminate in an evidence-based change project. Practice settings can be varied, and can include clinical, governmental, or educational settings. Students will disseminate their project in a poster presentation in the clinical and the educational arena.

DNURS 838 Anesthesia Clinical Practicum 5

Clinical Practicum 5 is a continuation of Clinical Practicum 4. This course allows the student to integrate didactic and clinical learning from different areas into a plan for problem solving. Case assignments will become increasingly more difficult.

The outcomes in this course are in direct accord with the philosophy of the Department of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes. The outcomes in this course are in direct accord with the philosophy of the Department.

Spring Semester (January - April)

[DNURS 839 Anesthesia Clinical Practicum 6](#)

Clinical Practicum 5 is a continuation of Clinical Practicum 6 and is the final clinical course. This course allows the student to integrate didactic and clinical learning from different areas into a plan for problem solving. Case assignments will become increasingly more difficult.

The outcomes in this course are in direct accord with the philosophy of the Department of Nursing and the mission of Gannon University. Graduate level courses build on the premise of a strong liberal arts base. Program outcomes assess performance with an understanding that knowledge and value outcomes are inherent in these performance outcomes.

**UPMC Hamot School of Anesthesia/Gannon University
Doctorate Schedule - Program Course Sequence**

First Year		Credits	Faculty
Summer Semester (May – August) ON-LINE			
*Graduate Statistics		3	*Prerequisite
DNURS 826	Role Theory and Professional Issues In Nursing	3	Gannon
DNURS 820	Foundations of Research and Theoretical Frameworks in Nursing	3	Gannon
DNURS 861	Chemistry and Physics for Anesthesia	<u>3</u>	Hamot SOA
Semester Total		12 credits	
Fall Semester (September – December) ON-LINE			
DNURS 801	Evidence-Based Practice/Theory	3	Gannon
DNURS 802	Transcultural Influences on Health Care (On-line)	3	Gannon
DNURS 805	Epidemiology and the Role of the Advance Practice Nurse	3	Gannon
DNURS 806	Health Care Informatics	3	Gannon
DNURS 825	Advanced Pharmacology for Anesthesia 1	<u>3</u>	Hamot SOA
Semester Total		15 credits	
Spring Semester (January - April)			
DNURS 827	Advanced Physiology/Pathophysiology For Anesthesia 1	4	Hamot SOA
DNURS 830	Basic and Advanced Principles in Nurse Anesthesia 1	4	Hamot SOA
DNURS 890	Advanced Physical Assessment (On-line)	3	Gannon
DNURS 836	Advanced Pharmacology for Anesthesia 2	<u>3</u>	Hamot SOA
Semester Total		14 credits	

Second Year**Summer Semester (May - August)**

DNURS 828	Advanced Physiology/Pathophysiology for Anesthesia 2	3	Hamot SOA
DNURS 832	Basic and Advanced Principles In Nurse Anesthesia 2	4	Hamot SOA
DNURS 835	Basic and Advanced Principles in Nurse Anesthesia 3	3	Hamot SOA
DNURS 817	Anesthesia Clinical Practicum 1	<u>1</u>	Hamot SO
Semester Total		11 credits	

Fall Semester (September – December)

DNURS 829	Advanced Physiology/Pathophysiology for Anesthesia 3	2	Hamot SOA
DNURS 803	Leadership and Health Policy (On-line)	3	Gannon
DNURS 818	Anesthesia Clinical Practicum 2	<u>2</u>	Hamot SOA
Semester Total		7 credits	

Spring Semester (January - April)

DNURS 840	Basic and Advanced Principles in Nurse Anesthesia 4	3	Hamot SOA
DNURS 804	Scientific Underpinnings of Advanced Practice Nursing (On-line)	3	Gannon
DNURS 831	Professional Practice Issues in Nurse Anesthesia	3	Hamot SOA
DNURS 819	Anesthesia Clinical Practicum 3	<u>2</u>	Hamot SOA
Semester Total		11 credits	

Third Year

Summer Semester (May - August)

DNURS 808	Evidence Based Project/Specialty Practicum Project Implementation (On-line)	3	Gannon
DNURS 837	Anesthesia Clinical Practicum 4	<u>2</u>	Hamot SOA
Semester Total		5 credits	

Fall Semester (September - December)

DNURS 809	Evidence Based Project/Specialty Practicum Project Dissemination (On-line)	2	Gannon
DNURS 838	Anesthesia Clinical Practicum 5	<u>2</u>	Hamot SOA
Semester Total		4 credits	

Spring Semester (January - April)

DNURS 839	Anesthesia Clinical Practicum 6	<u>2</u>	Hamot SOA
Semester Total		2 credit	

Program Credit Total **81 credits**

**UPMC Hamot School of Anesthesia/Gannon University
Book List (Updated November 2025)**

TITLE	AUTHOR (S)	ISBN	EDITION	COPYRIGHT
PRIMARY TEXTS - Required				
Nurse Anesthesia	Nagelhout & Elisha	9780323711944	7	2022
Clinical Anesthesia	Barash	9781975199074	9	2023
Morgan and Mikhail's Clinical Anesthesiology	Butterworth	9781260473797	7	2022
Anesthesiologist's Manual of Surgical Procedures	Jaffe	9781496371256	6	2019
RECOMMENDED TEXTBOOKS/HANDBOOKS				
Basics of Anesthesia	Miller	9780323796774	8	2022
Stoelting's Anesthesia and Co-existing Disease	Hines	9780323718608	8	2021
Clinical Anesthesia Procedures of the Massachusetts General Hospital	Levine	978197515440	10	2021
Hadzic's Textbook of Regional Anesthesia and Acute Pain Management	Hadzic	9780071717595	2	2017
DNURS 861 CHEMISTRY AND PHYSICS FOR ANESTHESIA				
Chemistry and Physics for Nurse Anesthesia	Shubert	9780826110435	3	2017
DNURS 827/828/829 ADVANCED PHYSIOLOGY/PATHOPHYSIOLOGY FOR ANESTHESIA 1/2/3				
Guyton & Hall Textbook of Medical Physiology	Hall	9780443111013	15	2025
Cardiovascular Physiology Concepts	Klabunde	978197515007	3	2021
DNURS 830/832/835/840 BASIC AND ADVANCED PRINCIPLES IN NURSE ANESTHESIA 1/2/3/4				
Nurse Anesthesia Pocket Guide	Macksey	9781284115147	3	2016
Smith's Anesthesia for Infants and Children	Davis	9780323698252	10	2021
Hensley's Practical Approach to Cardiothoracic Anesthesia	Hensley	9781975209100	7	2024
Chestnut's Obstetric Anesthesia Principles and Practice	Chestnut	9780443111846	7	2025
DNURS 825/836 ADVANCED PHARMACOLOGY FOR ANESTHESIA 1 / 2				
Stoelting's Pharmacology and Physiology in Anesthetic Practice	Flood	9781975126896	6	2021
DNURS 831 PROFESSIONAL PRACTICE ISSUES IN NURSE ANESTHESIA				
A Professional Study and Resource Guide for the CRNA	Foster	9780970027986 aana.com/books.aspx	2	2011

Clinical Affiliations and Rotation Sites

Site Name and Location	Clinical Experience Focus	Clinical Coordinator Name and Contact Information
<p>UPMC Hamot 201 State Street Erie, PA 16550 814-877-2938</p>	<p>The primary clinical site for the anesthesia program, UPMC Hamot is a 458-bed hospital in Erie, PA offering a full complement of inpatient and outpatient services. Hamot also serves as a regional referral hub and Level II trauma center.</p>	<p>Autumn Arkwright, MSN, CRNA aarkwright@napaanesthesia.com 724-355-3078</p> <p>Shannon Markham, MSN, CRNA smarkham@napaanesthesia.com 814-450-0776</p>
<p>Punxsutawney Area Hospital 81 Hillcrest Drive Punxsutawney, PA 15767 814-938-1800</p>	<p>Punxsutawney Area Hospital is a 49-bed, not-for-profit community hospital located in Punxsutawney, PA. PAH continues to improve services, recruit skilled physicians, update technology, and focus on providing the best health care to people in the tri-county area. Garnering both state and national recognition, PAH is committed to upholding a 130-year tradition of meeting the health care needs of the people in Punxsutawney and surrounding communities. Surgical services include ENT, general surgery, urology, and GI, in a rural setting.</p>	<p>Todd Neufeld, MSN, CRNA tneufeld@pah.org 814-952-9573</p>
<p>UPMC Northwest Hospital 100 Fairfield Ave. Seneca, PA 16346 814-676-7600</p>	<p>UPMC Northwest in Seneca, Cranberry Township, has 96 private rooms, including 30 that can be converted for semi-private occupancy, yielding as many as 126 beds. A one-story, two-bed behavioral health building, part of the UPMC Behavioral Health Network, adjoins the hospital via an enclosed walkway. A nine-bed inpatient rehabilitation unit and a 16-bed transitional care unit are also located adjacent to the hospital.</p> <p>UPMC Northwest is a full service community hospital offering inpatient care, emergency services, inpatient and outpatient surgery, and a range of specialty services.</p>	<p>Tim Kozek, MSN, CRNA 814-671-3661 kozekt@upmc.edu</p>
<p>UPMC Hamot Surgery Center 200 State Street Erie, PA 16507 814-453-3900</p>	<p>The primary ambulatory surgery, clinical site for the anesthesia program, UPMC Hamot Surgery Center offers the student a broad scope of outpatient clinical anesthesia learning including pediatrics, orthopedics, ophthalmology, general surgery, and endoscopy center cases.</p>	<p>Autumn Arkwright, MSN, CRNA aarkwright@napaanesthesia.com 724-355-3078</p> <p>Shannon Markham, MSN, CRNA smarkham@napaanesthesia.com 814-450-0776</p>

**UPMC Hamot School of Anesthesia/Gannon University
Clinical Affiliation and Rotation Sites**

Site Name and Location	Clinical Experience Focus	Clinical Coordinator Name and Contact Information
<p>UPMC Children’s Hospital of Pittsburgh 4401 Penn Avenue Pittsburgh, PA 15224</p>	<p>A 313-bed acute care teaching hospital located on 10 acres in Pittsburgh’s Lawrenceville neighborhood, UPMC Children’s was the first pediatric transplant center. With a history spanning 130-plus years, UPMC Children’s is renowned today for its outstanding clinical, research, and medical education programs and services – and for its front-line role in advancing standards of excellence in pediatric care.</p>	<p>Jennifer Kundick, MSN, CRNA kundickjr@upmc.edu</p>
<p>UPMC Wellsboro 32 Central Avenue Wellsboro, PA 16901 570-724-1631</p>	<p>UPMC Wellsboro is a 25-bed, critical-access hospital serving a rural area in the northern tier of Pennsylvania. Wellsboro offers a spectrum of both general and specialized medical services to the Tioga County community.</p>	<p>Ryan Wojnicki, MSN, CRNA wojnickir@upmc.edu</p>
<p>UPMC Williamsport 700 High Street Williamsport, PA 17701</p>	<p>Originally established in 1873, UPMC Williamsport is an acute-care hospital operating 224 licensed beds and 22 bassinets. Williamsport provides health care from ER visits to joint replacements, helping people of all ages in need of all types of care. Williamsport offers complete inpatient, outpatient, and surgical care and 24-hour emergency care, and has the first ICU in north central PA. Services include Heart and Vascular Institute, pharmacy, and family medicine residency program.</p>	<p>Andrew Patterson, MSN CRNA 330-406-8661 pattersonaj4@upmc.edu</p>
<p>UPMC Hamot – Magee Women’s at Hamot</p>	<p>Magee Women’s at UPMC Hamot seamlessly blends warm, friendly care and comfort with high-tech equipment and leading-edge treatments. The spacious NICU offers the highest level of care for the smallest patients while keeping the whole family’s well-being in mind. Anesthesia is provided for general surgery, ENT, and OB/ GYN services and support for the labor and delivery department.</p>	<p>Autumn Arkwright, MSN, CRNA aarkwright@napaanesthesia.com 724-355-3078</p> <p>Shannon Markham, MSN, CRNA smarkham@napaanesthesia.com 814-450-0776</p>

**UPMC Hamot School of Anesthesia/Gannon University
Clinical Affiliation and Rotation Sites**

Site Name and Location	Clinical Experience Focus	Clinical Coordinator Name and Contact Information
UPMC Hamot - Heart Room	<p>UPMC Hamot provides heart and vascular services as part of the UPMC Heart and Vascular Institute, one of the world's premier centers for comprehensive cardiovascular care. UPMC Hamot was the first in the region to offer:</p> <ul style="list-style-type: none"> *A valve center *A peripheral vascular center *A heart failure clinic *Transcatheter aortic valve replacements *Cardiac magnetic resonance imaging (MRI) *WATCHMAN implants for atrial fibrillation <p>Clinical experience will include major vascular surgery, on/off pump CABGs, EVAR, TAVRS, and major thoracic surgery.</p>	<p>Autumn Arkwright, MSN, CRNA aarkwright@napaanesthesia.com 724-355-3078</p> <p>Shannon Markham, MSN, CRNA smarkham@napaanesthesia.com 814-450-0776</p>
UPMC Hamot – Critical Care	<p>February 2, 2021, was a historic day at UPMC Hamot, as patients from the current trauma-neuro intensive care unit (TNICU) and cardiovascular intensive care unit (CVICU) moved to their rooms in the hospital's new patient care tower, an \$111 million project. The following day, patients from the medical intensive care unit (MICU) moved to the tower, which opened more than a month ahead of schedule.</p> <p>With 64 intensive care beds, the tower is a strategic addition to the campus that enhances UPMC Hamot's ability to provide advanced care and specialty services for patients throughout the region. The largest construction project in the hospital's history, the new tower was built to meet the increasing demand from throughout the region for UPMC Hamot's world-class clinical care.</p> <p>SRNAs will participate in a three-week critical care rotation where they will be expected to participate in the management of critical-care patients and in procedures. SRNAs will have opportunities for arterial lines, central lines, intubations, POCUS, and other diagnostic interpretation and care implementation.</p>	<p>Dr. Carlos Racedo Africanoc Critical Care Coordinator 814-877-3192 racedoafricanoc@upmc.edu</p>
UPMC Hamot – Regional Blocks	<p>The regional block rotation is an approximately three-week rotation providing regional anesthesia with attending anesthesiologists primarily for support of orthopedic cases. The blocks included are interscalene, supraclavicular, axillary, femoral, adductor canal, ankle blocks, and spinal anesthesia. Historically, all COA requirements are accomplished during this dedicated time, with multiple opportunities for SRNAs to garner further regional experience after the initial rotation.</p>	<p>Autumn Arkwright, MSN, CRNA aarkwright@napaanesthesia.com 724-355-3078</p> <p>Shannon Markham, MSN, CRNA smarkham@napaanesthesia.com 814-450-0776</p>

Gannon University – Student Services Overview

Gannon University Nash Library

Circulation Desk: 871-7557
Periodicals: 871-7561
Reference Rooms: 871-7559

Hours of Operation vary based on staffing and Gannon breaks. Please visit [Home - Nash Library & Student Learning Commons - Nash Library & Student Learning Commons at Gannon University](#) for current, accurate operational information.

Writing Research Center: Drop-in assistance is offered, but appointments are appreciated. [Home - Gannon University Writing & Research Center - Nash Library & Student Learning Commons at Gannon University](#)

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 & Counseling Services

Gannon University Student Health Center: 871-7622
210 West 6th Street (NW Corner of Sassafras Street and 6th Street - **Lower Level of Harborview**)

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.

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 UPMC Hamot 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.

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. Visit [Health Services \(Erie Campus\) - Home](#) for detailed, current information about services and availability.

Counseling services are available via the student health center, staffed by Psychologist and Counselors. Services are free and confidential. [Student Counseling Services - Home](#)

If you (or another Gannon student) are currently experiencing a mental health crisis and do not feel safe (i.e. you/they are experiencing current thoughts or behaviors related to suicide), you can walk into the Counseling Center any time Monday through Friday 8:00am to 4:30pm and let the front desk know that you need a Crisis Consultation.

**For any after-hours crises, please contact:
Erie Crisis Services at (814) 456-2014**

or

988 (or go to the ER)

or

Gannon Police and Safety at (814) 871-7777

UPMC Hamot

UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY

BSN-DNP * STUDENT HANDBOOK

SECTION IV

EVALUATION POLICIES AND TOOLS

UPMC Hamot

UPMC Hamot School of Anesthesia/Gannon University Continuous Self-Evaluation Policy and Procedures

Purpose: The UPMC Hamot School of Anesthesia/Gannon University utilizes a multifaceted, continuous self-evaluation mechanism to ensure 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 UPMC Hamot School of Anesthesia Curriculum Committee and the Advisory Committee.
- Recommendations for school policy change will be considered and implemented if approved.
- The UPMC Hamot 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 UPMC Hamot School of Anesthesia Curriculum Committee and the Advisory Committee.
- The UPMC Hamot School of Anesthesia Program Director must review and approve programmatic changes that affect the school's accreditation status.

3. Curriculum Evaluation (Web-based - Blackboard)

- Nurse anesthesia students complete evaluations of all courses and instructors at the completion of each semester through Gannon on the **Blackboard** system.
- Course instructors complete a self-evaluation and a course evaluation at the completion of each semester.
- The UPMC Hamot School of Anesthesia Program Director reviews all evaluations.
- Course instructors are provided opportunity to review evaluations specific to their didactic component.
- The UPMC Hamot School of Anesthesia Curriculum and Advisory Committees review a summative report of Curriculum Evaluations.

4. Evaluation of Clinical Experience

- 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 UPMC Hamot School of Anesthesia Curriculum Committee.

5. Daily Clinical Evaluation (see "Clinical Evaluation Mechanism" on following pages)

- Completed by CRNA/MDA staff assigned to the student for each day spent in the clinical setting (**Typhon**).
- Evaluation based on published practicum objectives.
- Results are reviewed with SRNA during evaluation with clinical coordinator / administration. Trends in clinical performance can be detected and addressed.

6. Student Self-Evaluation (see "Clinical Evaluation Mechanism" on following pages)

- Completed as a daily clinical self-assessment by the nurse anesthesia student (**Typhon**).

- 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 (Practica 1-6).

7. Student Clinical Practicum Evaluations 1-6 (see “Clinical Evaluation Mechanism” on following pages)

- 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 practicums must be completed in sequence, 1-6.

8. Evaluation of Program Outcomes and Clinical Instructors (Typhon)

- A comprehensive end of 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 UPMC Hamot School of Anesthesia Program Director.
- A summative report is prepared and presented to the UPMC Hamot 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.
- The UPMC Hamot School of Anesthesia Program Director must approve all programmatic changes that affect accreditation.

9. Post-Graduate Evaluation (see Attachments F & G)

- 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 UPMC Hamot School of Anesthesia Program Director.
- A summative report will be presented to the UPMC Hamot 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 (**Web-based Blackboard**).

11. Faculty Evaluation

- Faculty evaluations occur annually to assess the program effectiveness in meeting the programs outcome objectives.
- The results are reviewed by the Program Faculty Organization (PFO). Results are utilized to identify areas of concern and to make recommendations to improve program effectiveness.
- A summary report from the PFO is presented the UPMC Hamot School of Anesthesia Advisory Committee.
- The UPMC Hamot School of Anesthesia Program Director must approve all programmatic changes that affect accreditation.

UPMC Hamot

*Approved by Rachel Wolfe, DNP, CRNA, Director
Effective Date: January 2026 (Supersedes All Previous Guidelines)*

**GANNON UNIVERSITY
 VILLA MARIA SCHOOL OF NURSING
 GRADUATE NURSING PROGRAM
 UPMC HAMOT 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 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 _____ |
| 10. | Did you meet the benchmark score for the SEE exam? If no, what are your academic goals for improvement? | 10 _____ |

COMMENTS

NAME: _____

.....

.....

.....

.....

THANK YOU

PLEASE RETURN TO THE PROGRAM DIRECTOR

UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY
MOROSKY COLLEGE OF HEALTH PROFESSIONS AND SCIENCES
VILLA MARIA SCHOOL OF NURSING

Systematic Faculty Course Evaluation (SAMPLE, individual details will vary per course)

Course number and Title:

Semester course offered:

Credits:

Time allotment:

Submitted by:

Date of evaluation:

I. Attach a course syllabus:

Syllabus attached.

II. Evaluate the following in paragraph form :

A. *Textbooks:*

The following textbooks were required for this course:

B. *Teaching facilities:*

C. *Methods of teaching:*

D. *Grading:*

The following comprised the required elements for the course grade:

1. Presentation	10%
2. Quizzes	20%
3. Mid-Term	30%
4. Final	<u>40%</u>
	100%

GRADING SYSTEM: (Must earn a grade of “B” or better)

≥ 100	A+
93 – 99	A
90 – 92	A-
88 – 89	B+
83 – 87	B
80 – 82	B-
78 – 79	C+
73 – 77	C
72 – 70	C-
< 69	F

E. *Course objectives:*

III. Recommendations for changes:

Minor changes:

Major changes:

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: (Web-based Typhon)

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 published in the student handbook. 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 (Typhon) evaluations are logged into an electronic clinical evaluation data bank created for each student nurse anesthetist. These are reviewed with SRNA during practicum evaluations by clinical coordinator / administration.

Practicum Evaluations:

Formal clinical practicum evaluations are conducted at the completion of each clinical practicum (1-6). The clinical coordinator/administration reviews individual student evaluation data and prepares a summative practicum evaluation. The student and the clinical coordinator / administration meet to discuss progress and/or problems. The student, clinical coordinator or administration 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 director, associate director, or clinical coordinator 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 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.

ANESTHETIC CARE PLAN

DATE	NAME	PRECEPTOR
SURGERY	DIAGNOSIS	ALLERGIES
VS	HT	WT BMI IDBW
AIRWAY: CLASS / MO / TM	DENTITION	NECK ROM
SYSTEMS REVIEW	LABS	
RESP:		
CV:		
CNS:		
HEP/RENAL:		
ENDOCRINE:		
GI:		
OTHER:		

ANESTHETIC CONCERNS

A. PATHOPHYSIOLOGY:	
B. SURGICAL PROCEDURE:	
C. SURGICAL POSITIONING:	
D. OTHER CONCERNS	LAB CONCERNS/FOCUS
MEDICATIONS	
PLAN A	PLAN B
SPECIAL EQUIPMENT/ INVASIVE LINES REASONING:	

Pharmacological Plan

INDUCTION	REASONING
INTUBATION	REASONING
MAINTENANCE	REASONING
EMERGENCE	REASONING

FLUID MANAGEMENT

EBV	ABL	MAINT	DEFICIT
3 RD SPACE	FLUIDS	BLOOD AND COMPONENTS	EBL
MAIN CONCERN FOR THIS CASE			
LEARNING OBJECTIVE AND ACCOMPLISHMENTS			
FACULTY EVAL OF SRNA IN CLINICAL			

STUDENT _____ PRECEPTOR _____ DATE _____

Care Plan for Heart Room/TAVRs

Student Name: _____ Date: _____ Surgeon/MDA: _____

Procedure:

___ On Pump ___ Off Pump ___ Minimally Invasive ___ REDO Sternotomy ___ Radial Grafts

MRN/Pt. Name/DOB: _____ Age/Sex: _____

Ht: ___ Wt: ___ BSA: ___ BMI: ___

Expected Heparin Dose (300 units/kg) _____ Expected Protamine Dose (10 mg/1000 units Heparin) _____

Allergies: (If PCN, order Vancomycin)

Sx/Indications for Procedure:

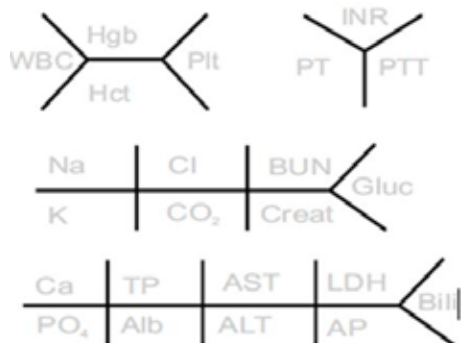
PMH:

PSH:

Home Meds:

ASA: MP: CROM: TM: MO:

T&C: ___ Units Available: ___



EKG: (If LBBB present, caution when placing Swan- Complete Heart Block, have pacer ready)

CXR: ___ Cardiomegaly ___ Effusions

Carotids:

R:

L:

PFTs:

Echo:

EF:

LVH:

Aortic:

Mitral:

Tricuspid:

PAP:

Cath:

Left Main:

LAD:

RCA:

Circ:

Grafts:

LVEDP:

Aortic Aneurysm:

Valve Gradients:

Right Side: CO ___ CI ___ PAP ___ PAWP ___

Consents: *Ensure ANESTHESIOLOGIST & RN sign ORANGE sheet prior to leaving Pre-op!

___ Anesthesia ___ Surgical/Blood ___ H&P ___ Pt. Stickers

CVICU Open Heart Report:

Patient Name: _____
 Height: _____ cm
 Dosing Weight: _____ kg

ETA: _____ Extubating: Yes / No
 Surgeon: _____
 Anesthesia: _____

Surgical Procedure:

CABG x _____ LIMA → LAD VALVE AVR
 BH SVG → 1 _____ MVR
 CPB 2 _____ TVR
 3 _____
 Radial L/R

Assist Devices

IABP
 Impella

Cardiopulmonary/Renal History:

HTN Afib COPD Smoker ETOH
 MI _____ CHF DM Asthma CKD (stage ____)

****Pre-Op EF: _____ %**

Lines:

RJ single Peripheral IVs
 double _____ g (L / R)
 Swan _____ g (L / R)
 Aline left brachial
 right radial

Chest Tubes & Drains:

Blakes / CT's: 1 2 3
 Pleur Evac: 1 2
 JP: LLE / RLE

VS / Hemodynamics:

BP: _____ HR: _____ Rhythm: _____ A/V
 CO/CI: _____ (open / closed) PA: _____ CVP: _____

Temporary Pacer Wires:

Atrial Setting _____
 Ventricular Rate _____
 mA _____
 Sensitivity _____

Drips:

NTG @ _____ mcg/min
 Levo @ _____ mcg/kg/min
 Epi @ _____ mcg/kg/min
 Dobutamine @ _____ mcg/kg/min
 Precedex / Propofol @ _____ mcg/kg/min
 Insulin @ _____ u/hr
 Amicar @ 20cc/hr

Other Meds:

DDAVP _____ mcg
 Reversal Given

ABG: @ _____

pH _____
 paCO2 _____
 paO2 _____
 HCO3 _____

Labs:

Hgb/Hct _____
 K+ _____
 Ca++ _____
 Glu _____

Fluids In:

Crystalloid: _____
 Albumin: _____ cc
 Cell Saver: _____ mL
 PRBC: _____ unit(s)
 Other: _____

Meds:

Beta Blocker: pre-op / pre-induction / intra-op
 Antibiotic: Ancef / Vanco _____ grams @ _____
 Benzodiazepine: _____ (last given @ _____)
 Opioid: Fentanyl _____ mcg (last given @ _____)
 Muscle Relaxant: _____ (last given @ _____)
 Tylenol: 1 gm IV @ _____

Fluids Out:

EBL: _____ mL
 UO: _____ cc

PEDIATRIC CAREPLAN

SRNA:

Attending:

CRNA:

Date:

	Age:	Gender:	Weight:	Allergies:	Time:	
Surgery:	PS:		Height/BMI:	Start & Stop Times:	OR:	
HPI:	LMA:	Bag:	Blade:	ETT & depth:		
	SBP/DBP:	HR:	RR:	Vt:	MIVF: Deficit:	
PMH/PSH:			Mask/OPA:		Surgeon / Case #:	
			Meds:			
			Anesthetic Plan:		<u>Laryngospasm Doses</u> <u>Sch 0.4 mg/kg IV/ 4mg/kg IM</u> 20 mg/mL (2mg/tick) <u>Atropine 20 mcg/kg IV/IM</u> 0.4 mg/mL (40 mcg/tick)	
Fentanyl 1-5 mcg/kg IV (5 mcg/tick)	Precedex 0.25 – 0.5 mcg/kg IV				Phenylephrine 1 mcg/kg Ephedrine 0.1 mcg/kg Epinephrine 1 mcg/kg	
Decadron 0.15 mg/kg IV (ENT 0.5 mg/kg)	Versed 0.1 mg/kg IV, 0.2 mg/kg IM		Morphine 0.05-0.1 mg/kg IV Hydromorphone 0.015 mg/kg IV Tylenol 15 mg/kg IV		Atropine 10 mcg/kg (MAX 400 mcg)	
Zofran 0.1 mg/kg IV	Ketorolac 0.5 mg/kg IV		Glyco 10 mcg/kg IV (MAX 0.2 mg)		Rocuronium 0.6-1.2 mg/kg IV	
Propofol 2-3 mg/kg IV	Ancef 30 mg/kg IV		Neostigmine 70 mcg/kg IV		SCh induction 2.2 mg/kg IV	

Behavioral Objectives
(* = Critical 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 worktable.**
- *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, cultural needs, chart review, lab values, and signed consents.**
- 2. Formulates a plan of care based on patient status, surgical procedure and research evidence-based practices for procedure.
- 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.
- 3. Selects, applies and properly uses monitoring devices: BP cuff, pulse oximetry, precordial and esophageal stethoscopes, EKG temperature monitors.
- 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 arrhythmias.
- 4. Calculates accurate fluid and blood replacement for uncomplicated cases.
- 5. Selects appropriate muscle relaxant, based on patient status and length of case.
- 6. Monitors muscle blockade.
- 7. Demonstrates vigilant monitoring and avoids extraneous activities or distractions
- 8. 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. **Reminds clinical instructor to complete the daily evaluation in Typhon.**

**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 worktable.
- *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, cultural needs, 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. Integrates evidence-based principles into plan.
- *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 avoids complications.
- *4. Manages fluid therapy for uncomplicated cases.
- 5. Manages patient's ventilatory requirements with minimal assistance.
- 6. Monitors muscle blockade with nerve stimulator.
- *7. Demonstrates vigilant monitoring and avoids extraneous activities or distractions.
- 8. 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. Completes daily self evaluation in Typhon and logs the activity in Excel spreadsheet.
- *6. Reminds clinical instructor to complete the daily evaluation in Typhon.

*CRITICAL OBJECTIVES

**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. Integrates evidence-based principles into plan of care.
- *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 IVs.

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.
- *4. Is aware of OSHA standards for blood-borne pathogens and wears proper protective garb.

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, evaluates, and manages anesthetic complications.
- *4. Demonstrates vigilant monitoring and avoids extraneous activities or distractions.
- *5. 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 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.
 - d. Assumes responsibility for own practice.
- *4. Assesses psychological and cultural needs and provide appropriate support to patient.
- *5. Reminds clinical instructor to complete the daily evaluation in Typhon.

***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 cultural needs of the patient.
2. Chooses an appropriate anesthetic agent for individual patient based on theoretical knowledge evidence based practice and an understanding of particular surgical procedure and is aware of specific needs for each type of case.
3. Categorizes 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 placement.

Induction:

1. Initiates an organized and time-conserving induction with skill.
2. Distinguishes the use 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. Prioritizes the recognition 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. Predicts possible difficult intubations and has appropriate equipment available.

Monitoring and Maintenance:

1. Assesses the data obtained from monitors and revises anesthetic management appropriately.
2. Makes use of various types of anesthetic agents.
3. Assesses fluid requirements of all patients during anesthesia and the post-operative period.
4. Identifies, evaluates, and manages anesthetic complications.
5. Demonstrates vigilant monitoring and avoids extraneous activities or distractions.

Emergence:

1. Estimate's 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. Assesses post-op complications and include multidisciplinary team members when 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. Models 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.
 - d. assumes responsibility for own practice.
4. Supports psychological and culturally appropriate needs of the patient.
5. Appraises own limitations and assumes confidence appropriate for abilities and length of time in program.
6. Reminds clinical instructor to complete the daily evaluation in Typhon

SEE Examination

1. Attempted first SEE examination
2. If the benchmark score for SEE examination was not reached, met with School of Anesthesia to develop a study action plan
3. If the benchmark score for SEE examination was not reached, completed a 12 week Apex guided academic remediation.
4. If the benchmark score for initial SEE examination was not reached, SEE exam was retaken following academic remediation.

***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. Formulates and manage anesthetic care plans with lessening guidance and consultation for all types of patients and surgery.
2. Applies 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. Incorporates evidence-based practice into plan of care.
3. Conducts an anesthesia assessment interview on all patients assigned and determines ASA status.

IV:

1. Places IV proficiently; properly selects IV solution.

Induction:

1. Performs skillfully in emergency/non-emergency situations.
2. Takes part in performing independent inductions skillfully.
3. Plans 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. Functions with 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. Assesses, 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.
3. Demonstrates vigilant monitoring and avoids extraneous activities or distractions.

Emergence:

1. Predicts emergence from anesthesia, accurately evaluates the patient's needs and effectively institutes appropriate measures.
2. 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. Models growth and leadership abilities by:
 - a. maintaining good interpersonal relationships
 - b. maintaining self-control
 - c. helping younger students.
4. Supports psychological and culturally appropriate needs of the patient.
5. Appraises own limitations and assumes confidence appropriately for abilities and length of time in program.
6. Reminds clinical instructor to complete the daily evaluation in Typhon.

SEE Examination

1. Completes a 12 week Apex review
2. Takes second SEE exam
3. If the benchmark score for SEE examination was not reached, meets with Director and clinical faculty to establish an academic remediation plan based upon the individual's domain scores.
4. If the benchmark score for second SEE examination was not reached, SEE exam retaken following academic remediation.

***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. Evaluates pre-operative assessment, cultural needs, combining interview and evaluation of laboratory and physical and diagnostic studies to recommend premedication, additional therapy and/or delay in operation.
2. Creates an anesthesia 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. Foundation of this plan should include evidence-based practice principles.

IV:

1. Places 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. Predicts and plans 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. Functions with skill consistently in airway management and problem-solving.

Intubation:

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

Monitoring and Maintenance:

1. Assesses, evaluates, prioritizes, 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. Plans, administers, and manages regional anesthetics, interpreting physiologic and pharmacologic effects of techniques and drugs.
3. Demonstrates vigilant monitoring and avoids extraneous activities or distractions.

Emergence:

1. Predicts emergence from anesthesia, accurately evaluates patient's needs and effectively institutes appropriate measures.
2. Evaluates patient's airway as to need of artificial airways, extubation, suctioning, and continued need for mechanical ventilation.

Post-op Evaluation:

1. Assesses 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. Assumes responsibility for own practice.
2. Demonstrates growth by continuing independent study and reading and implementation of evidence-based practices.
3. Models professional behavior at all times.
4. Improves 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. Perceives anesthetist's role as member of Anesthesia Department, surgical team and hospital staff and knows personal limitations.
7. Constructs appropriate decisions quickly during stressful situations, based on sound anesthetic judgments and evidence-based principles.
8. Reminds clinical instructor to complete the daily evaluation in Typhon.

***ALL OBJECTIVES ARE CONSIDERED CRITICAL**

Student _____

Date _____

**UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY
Evaluation Form - Practicum 1 & 2 (1-5 Months)**

Technical Skills

- _____ Demonstrates familiarity with all basic monitoring equipment
- _____ Perform a basic room set-up (according to established guidelines) for simple cases
- _____ Label all syringes with appropriate drug concentration/cc
- _____ Perform an anesthesia machine checkout according to established guidelines
- _____ fill vaporizers and change depleted tanks as needed)
- _____ Demonstrate the various positions/adjustments of manual/electric OR tables and arm boards/arm holders

(including

Airway

- _____ Demonstrates ability to recognize airway obstruction with assistance
- _____ Describes three (3) methods to correct an airway obstruction
- _____ List the steps in a rapid sequence induction

Records

- _____ Demonstrate basic charting skills on the anesthesia record

Patient Assessment

- _____ Describe the basic components of a pre-operative assessment

Basic Knowledge

- _____ List five (5) safety devices incorporated into the anesthesia machine
- _____ Describe: the physical properties of gases in tanks, tank pressures, and tank sizes
- _____ Adjust gas flows to achieve desired FIO₂ at various liter flows
- _____ Describe the sequence of induction for both a mask case and an intubation
- _____ Describe the basic pharmacology of the following drugs (generic and trade names,

mg/cc

elimination)

used at Hamot, mg/kg dose, basic classification and use, basic method of

Atropine	Ondansetron	Succinylcholine Chloride	
Glycopyrolate	Metoclopramide	Rocuronium Bromide	Neostigmine
Fentanyl	Pentothal	Vecuronium Bromide	Droperidol
Midazolam	Propofol	Pancuronium	
Etomidate	cis-Atracurium		

Judgment and Reasoning

- _____ Prepare healthy patients for induction of anesthesia for simple cases

Reaction to Stress

- _____ Demonstrate effective communication skills

Industry, Reliability, &

Professionalism

- _____ Report to the department properly attired, in sufficient time to prepare for the first case

Comments:

Student _____ Associate Director _____ Date _____

S=Satisfactory, U=Unsatisfactory, NA=Not Applicable, NI=Needs Improvement. **Please comment on all areas marked "U"**

Student _____

Date _____

**UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY
Evaluation Form – Practicum 3 (6-9 Months)**

Technical Skills	<input type="checkbox"/> Demonstrates familiarity with anesthesia/OR equipment & monitors <input type="checkbox"/> Performs room set up independently and completely <input type="checkbox"/> Performs safety check independently and correctly
Invasive & Regional	<input type="checkbox"/> Demonstrates ability to perform simple invasive techniques (e.g. IV's, art. lines) <input type="checkbox"/> Describe appropriate situations for using specific regional techniques
Airway	<input type="checkbox"/> Demonstrates ability to manage mask airway with minimal assistance <input type="checkbox"/> Demonstrates ability to recognize airway obstruction independently, and to correct it with some assistance <input type="checkbox"/> Performs endotracheal intubation with minimal assistance from CRNA/MD <input type="checkbox"/> Assures adequate patient ventilation at all times
Records	<input type="checkbox"/> Demonstrates familiarity with patient chart and anesthesia record <input type="checkbox"/> Completes anesthesia record with minimal assistance <input type="checkbox"/> Describes and demonstrates procedure for error correction on chart <input type="checkbox"/> Verbalizes medico-legal implications of complete, accurate charting
Patient Assessment	<input type="checkbox"/> Conducts preanesthetic interview with some guidance from CRNA/MD <input type="checkbox"/> Identifies pertinent medical problems requiring specific anesthetic considerations <input type="checkbox"/> Participates in formulating anesthetic care plan based on preanesthetic assessment date; submits one written care plan per day
Basic Knowledge	<input type="checkbox"/> Demonstrates appropriate utilization of resources for gaining additional knowledge and information <input type="checkbox"/> Demonstrates increasing familiarity with anesthetic agents and techniques through verbalization and performance
Judgment & Reasoning	<input type="checkbox"/> Demonstrate basic ability to choose appropriate anesthetic technique/agents based on patient history and assessment <input type="checkbox"/> Demonstrates some independence in decision-making based on sound reasoning and rationale <input type="checkbox"/> Demonstrates consistent ability to develop new ideas through application of existing knowledge and experiences <input type="checkbox"/> Demonstrates ability to recognize personal limitations due to inexperience, and consults with CRNA/MD appropriately
Reaction to Stress	<input type="checkbox"/> Demonstrates appropriate prioritization based on situation at hand <input type="checkbox"/> Demonstrates ability to function calmly and effectively in stressful situations <input type="checkbox"/> Demonstrates effective and appropriate communication with other anesthesia team members while stressful situations
Response to Direction	<input type="checkbox"/> Demonstrates flexibility and willingness to change behavior or pain <input type="checkbox"/> Demonstrates ability to accept criticism and constructive suggestions
Industry, Reliability & Professionalism	<input type="checkbox"/> Demonstrates self-direction in completing assignments & seeking new ones <input type="checkbox"/> Demonstrates reliability in completing assignments & seeking new ones <input type="checkbox"/> Demonstrates punctuality & timeliness in attendance & assignments <input type="checkbox"/> Exhibits professionalism & courtesy among patients & co-workers <input type="checkbox"/> Exhibits effective communication skills while interacting with patients & co-workers <input type="checkbox"/> Demonstrates willingness to collaborate & cooperate with peers & other staff

Comments:

Student _____

Date _____

Associate Director _____

Date _____

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

Student _____

Date _____

**UPMC HAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY
Evaluation Form – Practicum 4 & 5 (10-17 Months)**

Technical Skills	<input type="checkbox"/> Demonstrates adeptness and familiarity with all anesthesia/OR equipment <input type="checkbox"/> Demonstrates consideration and care when handling anesthesia/OR equipment <input type="checkbox"/> Performs room set up independently, without omitting essential items or delaying case <input type="checkbox"/> Demonstrates organization and efficiency in room set up and case management
Invasive & Regional	<input type="checkbox"/> Demonstrates proper technique and adeptness in line placement; includes all equipment <input type="checkbox"/> Demonstrates proper technique in setting up equipment for regional anesthetic <input type="checkbox"/> Performs regional techniques with some assistance
Airway	<input type="checkbox"/> Demonstrates ability to manage any mask airway <input type="checkbox"/> Demonstrates ability to recognize and correct airway obstruction <input type="checkbox"/> Identifies airway structures & performs intubations with infrequent assistance from CRNA/MD <input type="checkbox"/> Assures adequate patient ventilation at all times
Records	<input type="checkbox"/> Completes anesthesia record accurately and legibly <input type="checkbox"/> Demonstrates timeliness and efficiency in charting <input type="checkbox"/> Demonstrates correct technique for correcting errors on chart
Patient Assessment	<input type="checkbox"/> Performs preanesthetic interview/assessment independently <input type="checkbox"/> Identifies all pertinent medical conditions requiring specific anesthetic consideration and/or intervention <input type="checkbox"/> Formulates care plan appropriately and communicates plan to CRNA/MD <input type="checkbox"/> Completes written care plan in a timely manner (prior to case, if at all possible)
Basic Knowledge	<input type="checkbox"/> Demonstrates understanding of physiology/pathophysiology as related to anesthesia <input type="checkbox"/> Demonstrates familiarity with all anesthetic agents while planning and managing case <input type="checkbox"/> Demonstrates appropriate utilization of resources for gaining knowledge and information
Judgment & Reasoning	<input type="checkbox"/> Demonstrates ability to perform accurate ongoing assessment of patient needs <input type="checkbox"/> Demonstrates independence in decision-making based on sound reasoning and rationale <input type="checkbox"/> Exhibits accurate application of previously gained knowledge to situation at hand <input type="checkbox"/> Demonstrates ability to recognize personal limitations due to relative inexperience, and consults with CRNA/MDA appropriately
Reaction to Stress	<input type="checkbox"/> Demonstrates appropriate prioritization based on situation at hand <input type="checkbox"/> Exhibits capability to function calmly and effectively in stressful or emergency situations <input type="checkbox"/> Demonstrates effective and appropriate communication with other anesthesia team members while in stressful or emergency situations
Response to Direction	<input type="checkbox"/> Demonstrates flexibility and willingness to change behavior or plan <input type="checkbox"/> Demonstrates ability to accept criticism and constructive suggestions from CRNA/MDA
Industry, Reliability & Professionalism	<input type="checkbox"/> Demonstrates flexibility and willingness to change behavior or plan <input type="checkbox"/> Demonstrates self-direction, reliability, and accountability in completing assignments and seeking new ones <input type="checkbox"/> Demonstrates punctuality and timeliness in attendance and assignment completion <input type="checkbox"/> Exhibits professionalism and courtesy among patients and co-workers <input type="checkbox"/> Exhibits effective communication skills while interacting with patients and co-workers <input type="checkbox"/> 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".

Student _____ Date _____				
UPMCHAMOT SCHOOL OF ANESTHESIA/GANNON UNIVERSITY Evaluation Form – Practicum 6 (18-21 months)				
TECHNICAL SKILLS				
Demonstrates expertise with anesthesia/OR equipment	S	NI	U	NA
Demonstrates consideration and care when handling anesthesia/OR equipment	S	NI	U	NA
Performs room set up independently and efficiently, including all essential equipment	S	NI	U	NA
Performs safety check routinely	S	NI	U	NA
Demonstrates organization and efficiency in room set up and case management	S	NI	U	NA
INVASIVE & REGIONAL				
Demonstrates expertise in placing IV and arterial lines, includes all necessary equipment	S	NI	U	NA
Assists CRNA/MDA in placement of central invasive monitors (Swan-Ganz, CVP)	S	NI	U	NA
Exhibits proficiency in setting up for and performing regional anesthetics	S	NI	U	NA
AIRWAY				
Demonstrates expertise in managing all mask airways	S	NI	U	NA
Performs safe and smooth intubations consistently, rarely requiring assistance	S	NI	U	NA
Assures adequate patient ventilation at all times	S	NI	U	NA
RECORDS				
Completes anesthesia record accurately and legibly	S	NI	U	NA
Demonstrates timeliness and efficiency in charting	S	NI	U	NA
Demonstrates correct technique for correcting errors on chart	S	NI	U	NA
PATIENT ASSESSMENT				
Conducts thorough pre-anesthetic interview/assessment independently	S	NI	U	NA
Identifies all pertinent medical conditions requiring specific anesthetic consideration and/or intervention	S	NI	U	NA
Formulates care plan appropriately and independently, and communicates plan to CRNA/MDA	S	NI	U	NA
Completes written care plan in a timely manner (prior to case if possible)	S	NI	U	NA
BASIC KNOWLEDGE				
Demonstrates comprehensive understanding of physiology/pathophysiology as related to anesthesia	S	NI	U	NA
Demonstrates expertise in the use of all anesthetic agents	S	NI	U	NA
JUDGMENT & REASONING				
Demonstrates expertise and vigilance in performing ongoing assessment of patient needs	S	NI	U	NA
Demonstrates independence in decision-making bases on sound reasoning and rationale, consulting with CRNA/MDA appropriately	S	NI	U	NA
Exhibits consistent ability to apply previously gained knowledge to present situation	S	NI	U	NA
Demonstrates ability to recognize personal limitations and consults with CRNA/MDA appropriately	S	NI	U	NA
REACTION TO STRESS				
Demonstrates ability to set priorities appropriately	S	NI	U	NA
Exhibits capability to function calmly and effectively in stressful situations	S	NI	U	NA
Demonstrates effective and appropriate communication with other anesthesia team members, even in stressful situations	S	NI	U	NA
RESPONSE TO DIRECTION				
Demonstrates flexibility and willingness to change behavior or plan	S	NI	U	NA
Demonstrates ability to accept criticism and constructive suggestions from CRNA/MDA	S	NI	U	NA
INDUSTRY, RELIABILITY & PROFESSIONALISM				
Demonstrates conscientiousness and discretion while interacting with patients and others	S	NI	U	NA
Demonstrates self direction, reliability, and accountability in completing assignments and seeking new ones	S	NI	U	NA
Demonstrates eagerness to learn from experience, and invites suggestions/criticisms	S	NI	U	NA
Demonstrates punctuality and timeliness in attendance and assignments	S	NI	U	NA
Exhibits professionalism and courtesy among patients and co-workers	S	NI	U	NA
Exhibits effective communication skills while interacting with patients and co-workers	S	NI	U	NA
Demonstrates willingness to collaborate and cooperate with peers and other staff	S	NI	U	NA
COMMENTS:				

Student _____ Associate Director _____ Date _____

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

UPMC Hamot School of Anesthesia/Gannon University
Alumni Evaluation – TEAMS SURVEY ONE YEAR POST GRADUATION

1. Year of Graduation *

2. Who is your employer (name and location)? *

3. Describe your employment setting and clinical practice. *

4. How many employers have you had since graduation? *

5. How would you describe yourself as a CRNA? *

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert

6. Are you currently involved in professional activity at the local, state or national level? *

7. Did the quality of the didactic curriculum adequately prepare you for your career as a certified nurse Anesthetist? *

- Yes
- No

8. Please comment/explain. *

9. Did the quality of the clinical curriculum adequately prepare you for your career as a certified nurse anesthetist? *

- Yes
- No

10. Please comment/explain. *

11. Did the quality of the research curriculum adequately prepare you for your career as a certified nurse anesthetist? *

- Yes
- No

12. Please comment/explain. *

13. Are you currently pursuing additional education? *

- Yes
- No
- Maybe

14. Please comment/explain. *

15. Please list the strengths of the program. *

1 = greatest strength; list up to five

1.	
2.	
3.	
4.	
5.	

16. Please list the weaknesses of the program. *

1 = biggest weakness; list up to five

1.	
2.	
3.	
4.	
5.	

17. Recommendations, suggestions, and comments relative to the educational preparation of CRNAs at UPMC Hamot School of Anesthesia/Gannon University. *

18. Date of completing evaluation. *

19. Please provide your current contact information (full name, address, phone number, and email address). *

18. Please provide your department head or chief CRNA name and email. *

UPMC Hamot School of Anesthesia/Gannon University
Alumni Evaluation – TEAMS SURVEY THREE YEARS POST GRADUATION

1. Year of Graduation *

2. Are you an active practicing CRNA? *

- Yes
- No

3. Describe your employment setting and clinical practice. *

4. How would you describe yourself as a CRNA? *

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert

5. Do you feel clinically comfortable in your present position? *

- Yes
- No
- No longer practicing

6. Have you or are you continuing your education? *

- Yes
- No

7. Who is your employer (name and location). *

8. Describe your employment setting and clinical practice. *

9. How many employers have you had since graduation? *

10. Are you currently involved in professional activity at the local, state, or national level? *

11. If you are, please comment/explain. *

12. Please list the strengths of the program. *

1 = greatest strength; list up to five

- 1.
- 2.
- 3.
- 4.
- 5.

13. Please list the weaknesses of the program. *

1 = biggest weakness; list up to five

- 1.
- 2.
- 3.
- 4.
- 5.

14. Recommendations, suggestions, and comments relative to the educational preparation of CRNAs at UPMC Hamot School of Anesthesia/Gannon University. *

15. Date completing evaluation. *

16. Please provide your current contact information (full name, address, phone number, and email address). *

17. Please provide your department head or chief CRNA name and email. *

UPMC Hamot School of Anesthesia/Gannon University
Alumni Evaluation – TEAMS SURVEY GRADUATE EMPLOYER EVALUATION

1. Employee's Name (UPMC Hamot graduate). *

2. Institution or Corporation Name *

3. Evaluator/Supervisor Name and Title. *

4. Date of completing evaluation. *

5. Describe your clinical setting and practice *

6. Communication/Cooperation *

1 = less than satisfactory; 4 = exceptional

- 1
- 2
- 3
- 4

7. Judgement/Critical Thinking *

1 = less than satisfactory; 4 = exceptional

- 1
- 2
- 3
- 4

8. Knowledge/Organization & Planning*

1 = less than satisfactory; 4 = exceptional

- 1
- 2
- 3
- 4

9. Patient Assessment*

1 = less than satisfactory; 4 = exceptional

- 1
- 2
- 3
- 4

10. Case Management*

1 = less than satisfactory; 4 = exceptional

- 1
- 2
- 3
- 4

11. Technical Skills*

1 = less than satisfactory; 4 = exceptional

- 1
- 2
- 3
- 4

12. How would you describe the graduate? *

- Novice
- Advanced Beginner
- Competent
- Proficient
- Expert

13. Recommendations, suggestions, and comments relative to the educational preparation of Graduates at UPMC Hamot School of Anesthesia/Gannon University. *