

Nurse Anesthesia Student-Faculty Handbook 2022-23

Detroit Mercy Graduate Program of Nurse Anesthesia

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undergraduate Nursing degree. The curriculum includes formative course work that culminates in a capstone clinical practicum and a doctoral project.

The faculty is committed to the service of faith and social justice and compassionate, competent nursing care especially for vulnerable populations. Faculty promote a values-based education that fosters the spiritual, intellectual, social, psychological, and ethical growth of the life-long learner. The faculty's goal is to prepare students for full participation in the specialty of nurse anesthesia and to be cognizant that, as members of the health care team, they function in the total care of the patient. Finally, the program endeavors to prepare students to seek a higher level of scientific enrichment and a greater appreciation of the behavioral disciplines for the attainment of their own optimal capability. Thus, the program seeks to prepare graduates who will lead, serve, and promote health and social justice.

The program mission exists as a further expression of the mission and vision of the School, College, and University.

McAuley School of Nursing Mission

- The mission of the McAuley School of Nursing (MSON) program is to prepare compassionate and competent baccalaureate and graduate level nurses who are committed to serve, lead, provide high quality, cost-effective and culturally sensitive health care services to diverse individuals, families, communities and

College of Health Professions (CHP) [CHP Mission](#)

- Mission -The College of Health Professions, in the Mercy and Jesuit traditions, prepares professionals to lead individuals, families, and communities to optimal health and well-being.
- Vision -The College of Health Professions is an Urban Center of academic excellence that prepares graduates to lead and serve the complex health care needs of our local and global communities and will be recognized for leadership and innovation in higher education.
- Guiding principles
 - Passion for Excellence and Lifelong Learning
 - Valuing the unique contributions of each member of the CHP
 - Integrity and Ethics
 - Social Justice and Needs of the Underserved
 - Accountability to the Community

Our Beliefs

The nurse anesthesia faculty believe that **care, competence, scientific inquiry,** and **integrity** are the heart of the profession of nurse anesthesia. **Care** denotes the respect for and advocacy that we provide the patient as a unique individual. Care values guiding practice include respect, integrity, compassion, and excellence. These values will facilitate maintaining or promoting beneficial health or well-being of patients and the communities we live and work in. **Competence** refers to the skill, knowledge of relevant scientific disciplines, and vigilance that we exercise. **Scientific inquiry** is necessary to the recognition and advancement of the nursing profession and its advanced specialties. **Integrity** is vital. The faculty expect that students are honest. This includes adhering to the CHP Honor Code; admitting mistakes; forthrightness with patients, families, and other team members; and a thorough standard of accountability with respect to controlled and other medications.

The Program seeks to educate students at a higher level of learning. It is necessary to synthesize concepts and theory and apply these in the production of a plan relevant to safe patient care in specialty nursing practice. Students are taught to analyze relationships of various phenomena. The student is expected to exercise a high level of judgment in the classroom or clinical area. The graduate program prepares students beyond the certification and bachelor's level of education, in that the graduate can evaluate clinical practice utilizing statistical analysis and research skills. The Program far exceeds minimum standards for programs of nurse anesthesia.

Faculty expectations of students are carefully enumerated in course syllabi and clinical objectives; however, in addition to these, program faculty have additional expectations. We expect that students are intellectually curious and are sensitive of the need to study independently and in depth. We expect that they will return to physiology and pharmacology, nursing science and other basic courses to make inferences. We expect that they will draw upon their experience and integrate it with newly learned information, develop concept(s)9(t 0 612 792 reW*

- University business, including releasing information to clinical preceptors and affiliate faculty without prior student consent, or as may be required by law
10. Not exploit professional relationships with students for private advantage; and refrain from soliciting the assistance of students for private purposes in a manner which infringes upon such students' freedom of choice
 11. Give appropriate recognition to contributions made by students in research, publication, service, or other activities
 12. Refrain from any activity which involves risk to the health and safety of a student, except with the student's informed consent, and, where applicable, in accordance with the University policy relating to the use of human subjects in experimentation
 13. Respect the dignity of each student individually and all students collectively in the classroom, laboratory, clinics, and other academic contexts.
 14. Classroom faculty (including guest lecturers who are CRNAs) must: be certified or recertified as a CRNA by NBCRNA, 612 792

4. The program represents itself with integrity and truthfulness in all communications.
5. It will be kept informed of program changes, accrediting agency evaluations and standards, and trends affecting nurse anesthesia education.
6. Applicants will be selected after review of their academic records, interview, and personal references.
7. Students will be aware of and follow department and institutional policies relative to patient care, personal health care habits, and in all other matters addressed in relevant policies.
8. Students will communicate with clinical instructors relative to their ability to perform procedures, throughout the perioperative period, and apply knowledge in their clinical internships.
9. Students will arrive prepared for classes, seminars, conferences, and clinical internship.

COUNCIL ON ACCREDITATION

1. It is the responsibility of the Council on Accreditation (COA) to
 - a. publish all applicable standards necessary for accreditation and successful re-accreditation
 - b. evaluate programs in their ability to meet the published standards.
 - c. identify any areas of noncompliance and to inform the program accordingly.
 - d. conduct periodic announced and unannounced site reviews to assess for compliance to published standards.
2. It is the responsibility of the Program to
 - a. assist the COA in all requirements necessary to conduct a thorough evaluation.
 - b. provide any required supportive documentation to demonstrate compliance.
 - c. provide accurate and truthful statements and documents to COA.
 - d. follow all policies and procedures published by COA.

3. PROFESSIONALISM AND INTEGRITY

Patient rounds, case preparation, reading, meeting attendance and other types of inquiry often must be performed on the student's own time. Students shall conduct themselves in a professional and respectable manner during class time, clinical time and during professional meetings and seminars.

All students should be dressed neatly and appropriately when on hospital property (no shorts, sweat suits, etc.) See the various hospitals' dress code policies and the discussion below.

Professional decorum- The Registered Nurse Anesthesia Student (RNAS or SRNA) is a representative of the specialty, the profession, the University, and the clinical affiliates. The maintenance of a professional appearance and demeanor facilitates the acceptance of the profession and the individual by patients and other health professionals. It is expected that students will assume responsibility for observing the following guidelines on professional behavior.

Backless dresses or clothing more appropriate for evening
Bib overalls, leggings, spandex or other form-fitting pants
Mini-skirts, skorts, sun dresses, beach dresses, and spaghetti-strap dresses or shirts
As a rule, revealing or tight fitting clothing is not considered professional.
Undergarments are not to be exposed at any time.

Additional guidelines

All data gathered about the patient and his/her illness, including all items within a patient's medical history, are privileged information (protected health information [PHI]).

On each clinical rotation, it is the student's responsibility to ensure that all patients seen by the student are also seen by the supervising clinician. The supervisor should also review all student notes written in medical records and countersign these documents. Countersignature by a licensed clinical instructor (CRNA or physician) is required. ***Under no circumstances should a student initiate care for any patient on any rotation without prior consultation and approval of the clinical supervisor.*** These guidelines must be strictly adhered to for the student's protection and the protection of the patients seen by students.

TITLE AND IDENTIFICATION

Role and title confusion are common problems encountered in dealing with patients, e.g., some patients identify all those wearing white coats as physicians. Students should be aware of this problem and avoid misrepresentation by politely explaining their role and position.

In professional interactions with patients and others, a student should introduce himself or herself as a Registered Nurse Anesthesia Student using the title of Mr. or Miss, Mrs., or Ms.

- Equivalent phrases are acceptable provided they clearly convey who is caring for the patient, and who is supervising the student, such as

"I am Ms. Xavier, a Registered Nurse in training with the anesthesia department. I will be working with Ms. Y, the nurse anesthetist, and Dr. Z, the anesthesiologist."

Or "I am a Registered Nurse pursuing a graduate degree in Nurse Anesthesia Student. I will be working with Ms. Y, the nurse anesthetist, and Dr. Z, the anesthesiologist."
Or similar expressions.

Students should use the designation, SRNA, following all notations in charts, records, and other medical forms.

In all professional communications, including paging or beepers, a student should introduce him or herself as a Student Registered Nurse Anesthetist or Registered Nurse Anesthesia Student. Do not use the title of Certified Registered Nurse Anesthetist.

It is more appropriate in informal or family settings to use the title of Registered Nurse Anesthesia Student. Do not use the title of Certified Registered Nurse Anesthetist.

Students may be subject to sanctions within the Program for failure to observe any of these ethical guidelines.

Scoring: Results of scoring will be available for students to review. Student rebuttals to any question(s) will only be accepted if they are typed/word processed, include a text reference from a required or recommended text for the course, and are submitted via email within 24 hours of the end of the exam. The instructor shall have two weeks to respond. Rebuttals will not be accepted for final exams unless they would change the letter grade the student received for the course.

Examination dates:

12. Recommendation from the Academic Progression Committee, based on results of a terminal evaluation, attesting that the student has met all requirements and is ready to graduate.

Deferral of Graduation

Detroit Mercy and the Nurse Anesthesia faculty reserve the right to defer a student's graduation until all requirements are met; including terminal clinical and behavioral objectives, attendance make-up days, and financial obligations. The program will not send a final transcript to the NBCRNA until all graduation requirements are met and any holds on the transcript are cleared.

SUPERVISION OF STUDENTS

- The instructor may leave the room for periods dependent on the patient's medical condition, the operative course, and their assessment of the senior's demonstrated knowledge and ability.
8. Supervision outside anesthetizing areas:
- Students may participate in educational activities involving non-anesthetizing duties of a Nurse Anesthetist. These activities may include, but are not limited to, resuscitative services, postoperative rounds, assisting in obtaining intravenous access and respiratory or pain service rotations. During the other activities listed, students may be supervised by qualified nurse anesthetists, physician anesthesiologists, other physicians, respiratory therapists, or registered nurses, provided that those accepting responsibility

Year's Day, Martin Luther King Day, Good Friday, Easter, Memorial Day, July 4th, Labor Day, Thanksgiving, Christmas Day. Vacation requests during holiday weeks may be limited to 50% of the student body.

CLINICAL TIME- ASSIGNED HOURS PER WEEK

Clinical courses begin in Year 2:

Fall term 4: 16 hours/week

Winter term 5: 16

Summer term 6: 24

Fall term 7: 32

Winter term 8: 32

Summer term 9: 32

Hours are per week and are subject to change. These hours are **SCHEDULED** hours. Students may be required to arrive earlier than their scheduled start time to prepare, and to stay after their scheduled departure when good learning experiences are available.

FLEXIBLE SCHEDULING (OPTIONAL)

Students who qualify will be considered for flexible scheduling. This privilege is usually reserved for students in their senior/third year of study. Program administration reserves the right to cancel flexible scheduling as necessary if it does not meet the needs of the clinical site, if abuse of the privilege occurs, or for presently unforeseen reasons. Students eligible for participation will be chosen based on performance in their didactic curriculum and on their clinical evaluations. All students may not be eligible. The weekly scheduled time commitment for flexible scheduling will not exceed 40 hours, averaged over a four-week period (counting class days and CAC as 8 hours, and clinical as either 8 or 12 hours). Class days will count as 8-hour days whether they exceed or are less than 8 hours of actual class time. The 12- hour shifts will be scheduled by Detroit Mercy faculty and may be on days, afternoons, or midnights.

Program administration would like to ensure that all involved understand that the purpose of a flexible schedule is to allow them more time to study, attain certain clinical experiences and to meet the needs of the anesthetizing areas of the clinical site. Students shall not be scheduled for 16-hour shifts (

CLINICAL RELEASE TIME

Requests

DNP Project Days The program recognizes that the project is labor intensive and may require work by the student during normal clinical hours which may include but is not limited to data collection, meeting with stakeholders and other unforeseen work. As a result, the student may need to meet these needs. These are not included in the students total allowable 20 days of clinical release time and may not be taken in lieu of class attendance. The student may petition for additional project days which may be granted by the Program Department C

grandparent, grandchild, great grandparent, daughter in law, son in law; or the student's spouse's parent, spouse's brother, or spouse's sister.

3. Up to one (1) scheduled day may be taken to attend a memorial service or funeral of the student's aunt, uncle, niece, nephew, or the student's spouse's grandmother or spouse's grandfather.

Should additional time be required, students may request to use time from their clinical release time or request a leave of absence.

MILITARY ABSENCE

Students who are members of the armed services of the United States who are called to active duty or required to meet reserve training obligations will be granted time for those purposes. Students must notify the program director of their military status and anticipated obligations upon enrollment in the program. Dates of upcoming military instruction or annual training (including drill periods) that may impact the school or clinical schedule shall be provided to faculty as soon as the student is aware of dates.

MISSION TRIPS

Purpose: To describe specific guidelines for students participating in medical missions in relation to requirements and expectations and to define the process for requesting leave from the regular nurse anesthesia program curricular expectations.

Students may apply for time to serve on medical mission experiences. This time is separate from, and not deducted from, the 20-day allotment of clinical release time. These trips are not part of the curriculum or clinical internship, and they are not sponsored by Detroit Mercy. The student undertakes to serve on these trips at their own risk, and the university does not insure, endorse, protect, or assume liability for any aspect of these experiences. Students are encouraged to consider all possible risks to travel for global mission experiences and take appropriate precautions. Sponsors and CRNA instructors who attend and organize such trips are a good resource for further information about specific missions.

Because these trips are not scheduled with consideration for the University calendar, they may interrupt the student's clinical assignments, therefore the student must petition for release time to participate (using schedule request processes) and sign a consent acknowledging and agreeing to this policy.

Expectations: Students allowed to participate in Global Outreach Programs have earned the opportunity to make a difference in the lives of the less fortunate and in a sense, experience the countries requires the same degree, and in many ways an enhanced degree, of detailed attention to preparation, readiness, vigilance and mental alertness to serve patients in host countries as those expected at the programs

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expectations are for each student to be compliant with the Professional Standards for Ethics and to recognize that they are a member of a team and will conduct themselves with respect and dignity at all times. The student will be expected to adhere to the destination.

Additional medical mission schedule and expectations and considerations include:

1. While on a mission, workdays are long and may lack some of the amenities a student may be accustomed to, such as timed lunches and breaks. This would require careful consideration prior to agreeing to participate in Medical Missions.
2. A mission experience is for those respectful of cultural differences and who will represent themselves as future members of their professional organization.
3. The use of social media during a mission and the use of social media. As such, while photos or videos may be useful for the student to remember the experience and share it with others the student must;

Never take a photograph that could in any way identify the patient. Patient encounters on a mission should be as respectful and adherent to United States HIPPA rules.

Be mindful of hazards of displaying photos/videos on social media. The student must be mindful of their role as an ambassador of the program, profession, and country.

This experience expects students to represent themselves among the hosts as ambassadors of the home country and program that has allowed them the privilege to experience and participate in these life changing experiences. The work during the trip is long and difficult and the need for rest and relaxation to maintain wellness is critical. The student must be mindful of these guidelines not only while delivering care, but also in activities enjoyed outside of the workday.

Any violation of the professional expectations could result in the student being returned to their home country as well as possible disciplinary action by the program.

Request for Release for Mission Trip Form is found at the end of this Handbook.

SNOW DAYS & INSTRUCTIONAL CONTINUITY

Students are strongly encouraged to sign up for the campus emergency alert system (details at my.udmercy.edu).

Students are still required to attend scheduled clinical experiences or classes that are held at the clinical site. If you do not feel that you can travel safely, please call in as usual and the day will be deducted from your allotment.

REQUIRED CONFERENCES AND MEETINGS

Attendance and participation is required at:

1. Annual celebration for the graduating class
2. Michigan Association of Nurse Anesthetists (MANA) meetings held in the metropolitan Detroit area (usually one per year in the spring; students are highly encouraged to attend other MANA conferences).
3. Detroit Mercy Senior Seminar held on an annual basis.
4. Clinical case presentations, anesthesia conferences and department meetings at their scheduled clinical site. Clinical Anesthesia Conference (CAC) day is considered a class day. A monthly student meeting is scheduled following CAC. Lectures or additional classes may be scheduled following the student meeting, **so students must keep CAC day free of other personal commitments.** During some distant specialty rotations (e.g. Gerber, Hillsdale) students may be excused from traveling back to campus for CAC meetings. Prior authorization from faculty is required.
5. Morning clinical conferences - If students are scheduled at a clinical site that holds a morning clinical conference or daily patient presentation, they are required to attend. They should also be-prepared to present their patients scheduled for surgery and review previous day's cases. A conference on Wednesday mornings for all learners rotating to the site.

Special permission for an excused absence from any of the above must be requested prior to the required commitment from the Program Director

Students will receive three (3) days maternity or paternity leave from all clinical or classroom attendance. If additional days are required, the student may request to use clinical release time, or request a leave of absence.

LEAVES OF ABSENCE

In the case of an illness that depletes the student's clinical release time, requires more than a two-week absence, or for other reasons, a personal leave of absence may be granted at the discretion of the program Chair or designee. A leave of absence is designed to cover a short and unexpected illness or emergency. Due to the cumulative nature of the curriculum, in the case of longer illnesses or elective procedures, it may be necessary for the student to resig

Student Health Insurance Students must carry health insurance throughout the program. Health insurance for students is available for purchase. Information regarding the Detroit Mercy student insurance plan is available [here](#).

The College of Health Professions as well as clinical rotations require influenza vaccine yearly, up-to-date immunization records, and have other requirements. A current list of requirements for all rotations is maintained on Typhon. The student is responsible for uploading current

- Barash et al (Eds.) Clinical Anesthesia 8th ed. 2017 (including electronic access and updates).

Detroit Mercy supplies malpractice liability coverage which applies to all health professions students.

MISCELLANEOUS EXPENSES

Prices quoted here are current at the time of last revision of this document and are subject to change without notice.

Students are responsible for all course, registration, laboratory, or other fees assessed by the University.

Students will be charged course fees for case logging and portfolio software (Typhon, currently \$100 for entire program length) and computer-administered testing software (ExamSoft, currently \$60/year).

All students are required to hold associate membership in the American Association of Nurse Anesthetists (AANA). This is currently \$200 (one-time fee which covers entire program).

Registration for required conferences (MANA Spring conference and Detroit Mercy Senior Seminar) and for optional activities (other professional conferences, extramural board review classes) ~~ku'vj g'uwf gpw'u'tgur qpukdkkx~~ (Travel to clinical sites, or travel/lodging for ~~cp{"qh'vj g'cdqyg'ku'vj g'uwf gpw'u'tgur qpukdkkx~~ (Uwf gpw'o c{"cr r n{"hqt'uw r qt v'q"cwgpf " AANA MidYear Assembly or the AANA Assembly of Didactic & Clinical Educators.

All students are required to take the Self-Evaluation Examination (SEE) during their senior year. The cost as of Apr-2022 is \$250.

Students must maintain a current license as a Registered Nurse in Michigan, and ACLS and PALS recognition throughout the program and at the time of graduation. The cost of these is the student's responsibility.

A fee must be paid to Detroit Mercy to petition for graduation. This fee is paid during the final semester of course work.

Access to a personal computer (with camera, microphone, and speakers) and off campus internet access are required. Students are required to have basic personal computing skills (keyboarding, applicable software applications, application of internet skills, etc.). Minimum technology skills required include:

- Use of Blackboard Learning Management System

- Application of Internet skills including teleconferencing (Microsoft Teams, or Zoom)

- Basic abilities in Microsoft Word, Excel, PowerPoint, and other Office 365 applications.

Note: these applications are available as a free download while a student.

Blackboard Use of Blackboard is required for most courses as well as access to clinical

Clinical Internship 1 (term 4) require 8 care plans.

Clinical Internships 2-4 (terms 5, 6, 7) require 16 care plans

Clinical Internships 5-6 (terms 7, 8) require 10 care plans

The required number of care plans above refers to care plans written to help prepare the student for clinical. In addition, care plans may be assigned as part of the learning activities in the anesthesia principles classes.

Please remember that the required per term and total number of care plans are **minimums**. The purpose of writing care plans is not to reach a numeric goal, but to help you to learn to apply principles to your practice of clinical anesthesia, individualize your care for each patient's needs, and to document your preparation for cases. Any instructor is justified in requesting a written care plan from you at any time in your education, particularly if the case is one you have never done before. The lack of a written care plan (particularly for cases for which you are a novice, or in which your clinical performance does not meet objectives for your level) often correlates with a general lack of preparedness. It is expected that students prepare a handwritten care plan for all complex cases that they do. Students may need to prepare more than one care plan per day if they are assigned to more than one complex case, regardless of other cases assigned. Complex cases include all pediatric cases, for which it is vital that you have pre-calculated the various doses and equipment sizes. Other complex cases include, but are not limited to: major vascular, neurosurgical, extraordinarily lengthy, expected high blood loss, unusual or complex positioning.

For your obstetric rotation, you will not see many of your patients in time to prepare a written plan of care. Please visit the Typhon folders for Hutzler and Beaumont-Dearborn for obstetrical care plan guidelines and requirements. One care plan per week should be prepared during your obstetric rotation.

preference or personal safety is only grounds for refusal if adequate personal protective

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direction of their career choice may be in the best
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edure listed in this Handbook in the section on

Resources

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2. A written, consistent process of controlled substance accountability will be followed by all nurse anesthesia students.
3. All controlled substances will be kept under the control of the person who signed for them; that is, on their person or kept in a locked drawer.
4. Controlled substances will not be exchanged between department members or fellow students.
5. All unused portions of drugs will be returned to the locked compartment in the anesthesia workroom after hours or to the OR Pharmacy satellite. All controlled substance wastage will follow guidelines at the site and may require a witness at the time of wastage.
6. Assays on unused portions of controlled substances, as well as audits of anesthesia and PACU records, may be conducted periodically and if suspicion warrants.
7. Random audits of written records or returned waste may be conducted as part of the QA process. This information will remain confidential until such time that intervention or discipline may be required.
8. When sufficient evidence exists that inappropriate controlled substance usage has occurred, a specific investigation will begin. Unusual trends, violations or errors will be documented and investigated by administrators in Anesthesiology, Pharmacy, Nurse Anesthesia, and the Program of Nurse Anesthesia, or their designees.

- Henry Ford Allegiance Hospital (Jackson)
- Ascension-St John Health
- Providence Hospital -Southfield
 - Providence Park - Novi
 - Genesys Regional Medical Center
 - St. John Hospital Detroit
 - St John Macomb
 - Ascension Rochester Hospital
- Munson Healthcare System
- Cadillac Hospital
 - Charlevoix Hospital
- Hillsdale Community Hospital
Gerber Memorial Hospital, Fremont MI

Students are scheduled for clinical one to two months in advance based upon student and clinical site needs. Students will not complete the rotations in the same order or at the same times as their classmates. Students may submit clinical rotation preferences during the last six months of the program.

COMMUNICATION

Critical incidents at an affiliate site shall be reported by the student to program administration at the time of the occurrence (within 48 hours). Critical incidents include, but are not limited to, any actual or potential patient injury, complication, morbidity, or mortality.

Sick calls involve notifying the clinical site and calling the program offices at 313 993 3291 and leaving a recorded message. You must call at least one hour prior to the start of your shift. The program voice mail system will record the time of the call. You must also email the CRNA faculty responsible for the schedule.

DUTIES OF CLINICAL COORDINATORS AND FACULTY AT CLINICAL SITES

Students should give the clinical coordinators at each site a written list of types of cases needed

Function as second-line problem resolution if disputes arise between students and clinical faculty
Facilitate on site visits by Detroit Mercy faculty or COA on-site review teams.
Collect daily student evaluations from clinical faculty. Assure that these are returned to students in a timely fashion.

Problems at affiliates should be resolved first with the clinical instructor, then the clinical coordinator or chief nurse anesthetist, and finally with program administration.

A list of current Clinical Coordinators, call in numbers, and email addresses are available to students (on a password-protected site, Typhon).

Maps and driving directions

Maps to the campus, its buildings, and all clinical sites are posted [here](#).

11. LIBRARY AND COMPUTER RESOURCES

The Education Committee schedules evaluation activities, ensures they are completed confidentially, communicates the results, and monitors the adequacy of measures taken to address problems. The Academic Progression Committee monitors student performance in classroom and clinical areas and makes recommendations on academic progression to the program director.

EVALUATION OF STUDENTS

Evaluation of students occurs in both the clinical and didactic areas. Evaluation of student performance in the clinical setting includes verbal evaluation, daily written evaluations, peer review during clinical anesthesia conferences, and quality of preparedness during morning conferences or CAC. Written evaluations should be completed daily summarizing the student's performance. Students will receive written evaluations starting their first day of clinical through an electronic format utilizing the Typhon system.

Daily clinical evaluations (verbal and written)
Self-evaluation of clinical competency (written- end of each term)
Summary clinical evaluations (written), and interview (end of each term)
Pass-Fail designation for clinical practice (each clinical term through graduation)
The quality of preparedness during morning conferences, CAC, seminars etc.

Students- Didactic

Written examinations
Quizzes, work sheets, patient simulations, essays
Grades assigned for courses

Clinical Faculty

Written evaluation by students annually
Written evaluation of affiliate sites by students annually
Site visits to each affiliate annually

Didactic Faculty

Written classroom evaluations by students at the end of each course
Observation and documentation by program administration as needed

Program

Seniors students in their final month complete an annual written anonymous evaluation, which must be completed before the exit interview
Graduates complete written evaluation (1 year post graduation)
Employers of graduates provided with a written evaluation tool (1 year post graduation)
Self-Study Committee/Accreditation process
Individual committees address issues pertaining to various areas
Students complete a generalized clinical evaluation annually for the clinical sites.

13. ACADEMIC PROGRESSION

GUIDELINES FOR CLINICAL PROBATION

Definition Probationary status shall be assigned when it is determined that a student fails to make satisfactory progress toward meeting clinical objectives. Directing a student to seek appropriate counseling during probation or leave of absence falls within the purview of the Academic Progression Committee. A student may be placed on probation or dismissed without probation at any time for violation of the expectations for professional decorum and ethical behavior which are delineated elsewhere in this handbook.

Guidelines Students must demonstrate safe practice in all areas of patient care, or the student is considered unsafe. Consideration for progress will be based on a review of written student evaluations obtained in the clinical area and direct communications from clinical instructors or the site clinical coordinator. When students are having difficulty in the clinical area, they are counseled by program faculty, goals and objectives are identified, and a plan is formulated with input from the student.

If at any time, it is determined that the student is not consistently meeting clinical objectives, a probationary status will be considered. If a student's satisfactory progression is questionable (for example, if a site clinical coordinator requests that the student be reassigned to a different site, or serious questions about performance are raised in written evaluations, or critical clinical incidents occur), the student will be placed on probation. Student performance is evaluated in relation to clinical objectives commensurate to their scholastic progression (e.g. junior vs. senior student). A recommendation for probation from the Academic Progression committee will be presented by the chairperson to the program chair or designee. The clinical grade of pass or fail will be recommended by the committee and additional clinical faculty will be consulted as necessary. Program administration will assign clinical probation status based on input from clinical faculty and the committee.

Letter of warning A letter of warning is a written letter which may be sent to a student for unacceptable academic or clinical progress during the semester (usually at mid-semester, but it may be generated at any time for cause). Verbal or written warnings may be sent to students identified as at-risk for board failure (National Certification Examination). A warning may come from the course instructor, or the program chair on behalf of the course instructor, with the purpose to alert the student of impending academic jeopardy in time to take corrective action. Warnings are reported to the Academic Progression Committee and program chair for informational purposes.

Clinical Probation and the Evaluation Process The student must obtain a passing grade in clinical to successfully complete the following courses: ANE 7490 General Principles of Anesthesia; ANE 7500 7510 7520 Anesthesia for Special Populations and Surgical Procedures; and ANE 7700 Regional Anesthesia. All students must attain a passing grade in clinical following all semesters. A failing grade in clinical will result when a student does not complete a probationary period successfully.

SUSPENSION

Suspension is defined as an involuntary, temporary separation from Detroit Mercy for a definite or indefinite period. I

4. Since only one probationary period is allowed, may be disl> BDC q0.00000912 0/F3 3142 792 reW* nC

The policies on substance abuse written by the clinical affiliate sites and Detroit Mercy apply to nurse anesthesia students in the educational program. Further, the program will test students for cause, will test on enrollment (with successfully passing a drug screening as a condition of enrollment for all incoming students), and will demand accountability in administering controlled substances equivalent to that demanded of staff CRNAs. (See Detroit Mercy [Alcohol and Illicit Drugs Policy in Student Handbook](#))

Requirements) shall

Performs a comprehensive pre-anesthesia H&P assessment, and utilizes these findings to formulate an individualized anesthetic plan

Interprets and utilizes data obtained from noninvasive and invasive monitoring modalities for clinical decision-making

Calculates, initiates, manages fluid, blood & blood component therapy

The recognition, evaluation and/or appropriate management of physiologic responses during anesthesia care

The recognition and appropriate management of complications occurring during anesthesia care

Domain 3: Professional Communication and Collaboration

Engages in effective communication with patients, their families/significant others, and other healthcare professionals to deliver safe, patient-centered anesthesia care.

16. CLINICAL OBJECTIVES- SPECIALTY ROTATIONS IN CARDIOVASCULAR AND OBSTETRIC ANESTHESIA

Open Heart Experience At the completion of the clinical rotation, the student will demonstrate competence in caring for the patient undergoing cardiac surgery as evidenced by the ability to:

1. Assemble appropriate monitoring equipment, I.V. fluids, drugs, etc. for open-

RNAS. Maps to McNichols campus, campus buildings, and all clinical affiliates can be found at [Maps & Clinical sites](#)

University of Detroit Mercy- Important phone numbers Contact information for the nurse anesthesia program may be found at [Contact the program](#). You may look up any Detroit Mercy employee at [Online Phonebook](#). Other important numbers include:

Bookstore 313-993-1030

Financial Aid 313-993-3150

Library 313-993-1071 (Reference desk)

Public Safety 313-993-1233

- o Emergency ó Dial 123 from any campus phone

Registrar 313-993-3313

[Personal Counseling](#) To make an appointment or for more information: Counseling

Clinic West Quad: Room 104 (313) 993-1459

18. ACKNOWLEDGEMENT