

**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE  
SCHOOL OF NURSING**

**GRADUATE PROGRAM IN NURSE ANESTHESIA**

**MANDATORY  
NURSE ANESTHESIA  
COURSE AND CLINICAL  
ACTIVITY PACKET**

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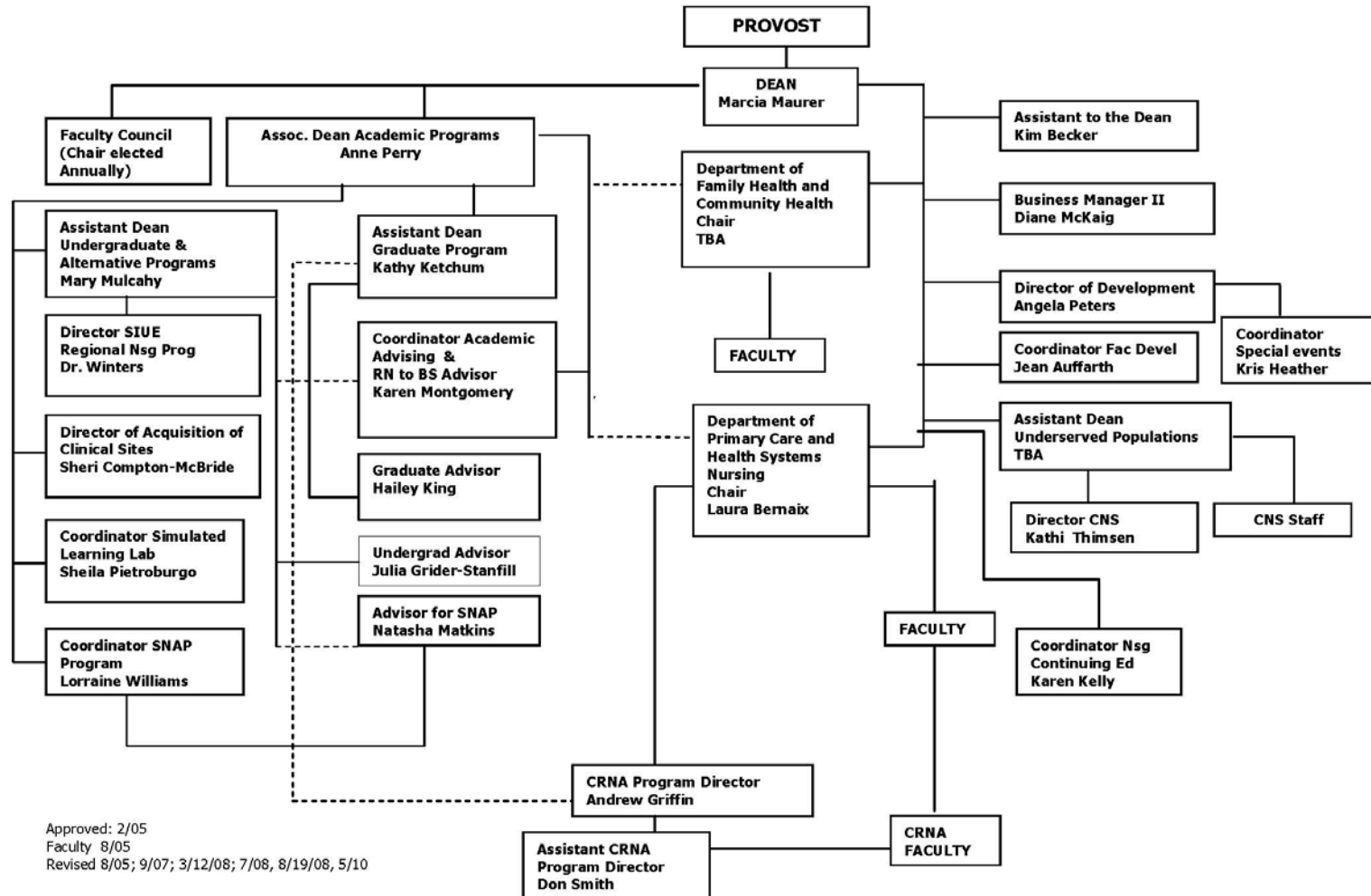
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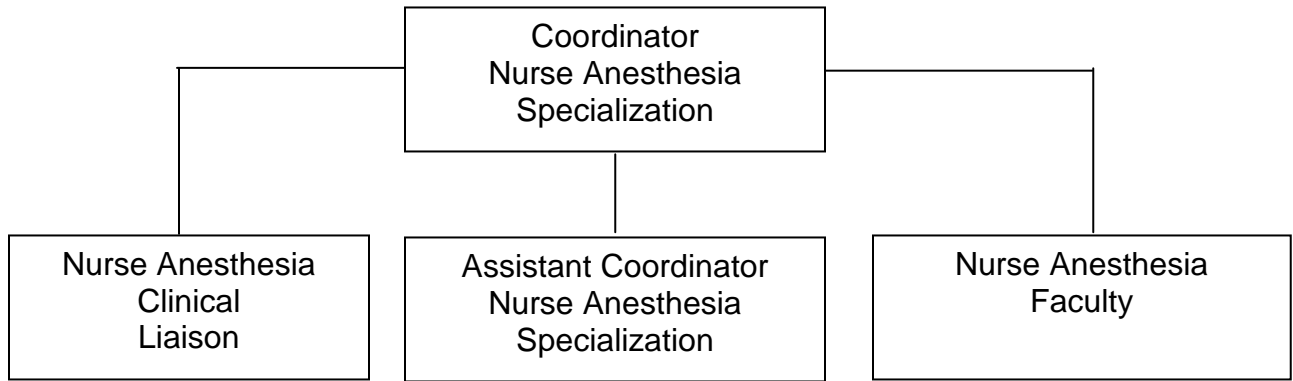
## **Nursing Faculty**

(see graduate handbook)

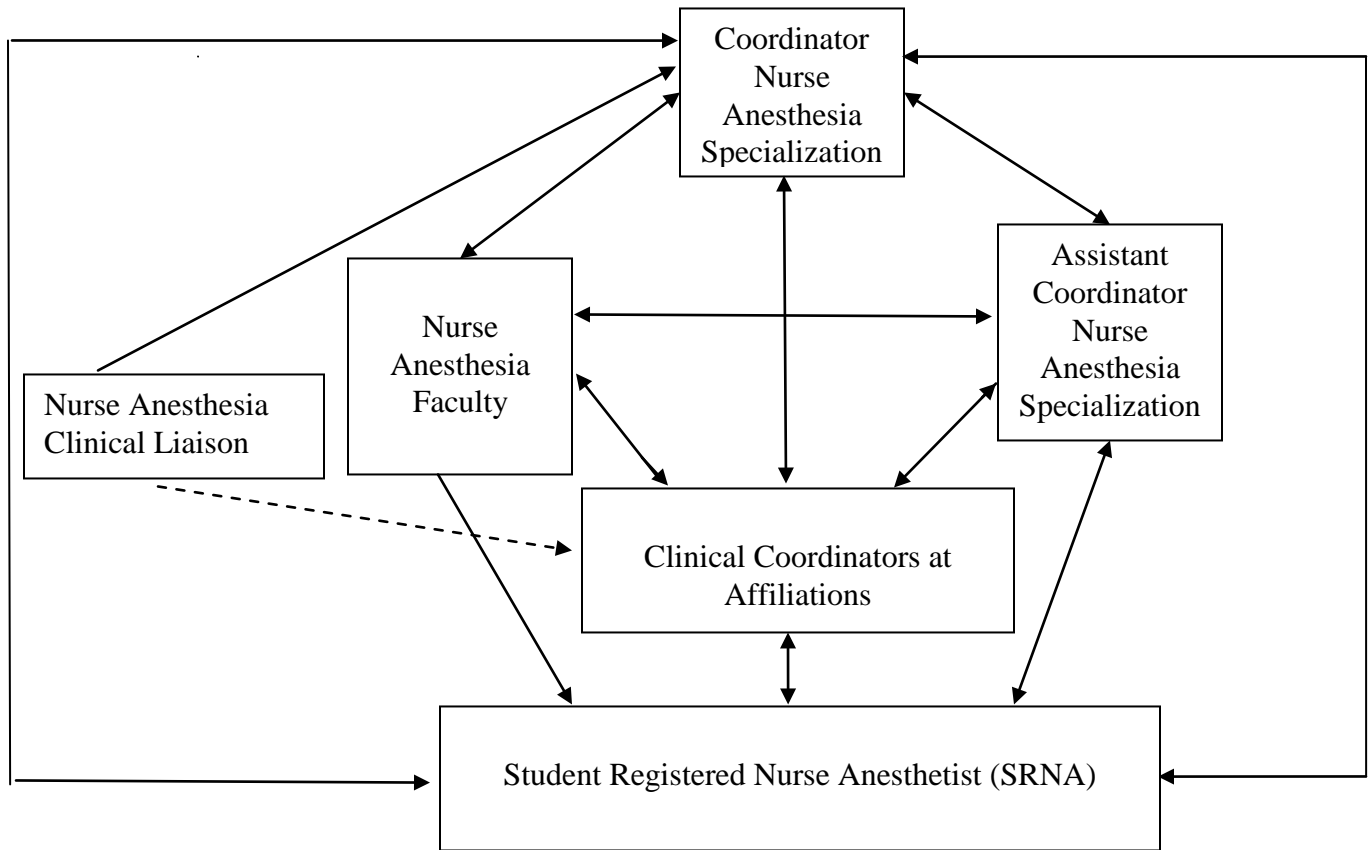
## SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE SCHOOL OF NURSING ORGANIZATIONAL CHART



### **Nurse Anesthesia Program Administrative Structure**



## Nurse Anesthesia Program Lines of Communication



**The Coordinator is directly responsible for and has the authority for administration of the Specialization of Nurse Anesthesia. The Assistant Coordinator assists the Coordinator in fulfilling these responsibilities. Clinical Coordinators report to the Specialization Coordinator. Student Registered Nurse Anesthetists have direct access to the Coordinator, Assistant Coordinator, SIUE Nurse Anesthesia Faculty, and Clinical Coordinators/designees.**

**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE**  
**SCHOOL OF NURSING**  
**GRADUATE PROGRAM IN NURSING**  
**Nurse Anesthesia Full-Time Progression**

Classes are offered if a minimum enrollment of ten students is met. If your class is not offered for the semester shown on your progression sheet, a new progression plan will be required.

		Semester Hours	Post-Master's	Clinical Hrs.
<b>Semester 1 (Summer Year One)</b>				
<b>(Minimum)</b>				
Nurs 500	Theoretical Foundations of Nursing	3	**	
PAPA420	Quantitative Analysis	3	**	
PAPA412	SPSS	<u>1</u>	**	
		<b>7</b>		
<b>Semester 2 (Fall Year One)</b>				
Nurs 514	Advanced Human Physiology	4	**	
Nurs 515	Advanced Human Pathophysiology	4	**	
Nurs 564	Chemistry and Physics Applied to Anesthesia	<u>3</u>	3	
		<b>11</b>		
<b>Semester 3 (Spring Year One)</b>				
Nurs 504	Research in Advanced Nursing Practice	3	**	
Nurs 513	Advanced Health Assessment & Practicum	4	**	90
Nurs 516	Pharmacology for Advanced Nursing Practice	3	**	
Nurs 529	Orientation to Nurse Anesthesia Practicum	2	2	90
Terminal Project (Initiate)		—		
		<b>12</b>		
<b>Semester 4 (Summer Year Two)</b>				
Nurs 563	Pharmacology Related to Anesthesia	3	3	
Nurs 565a	Theoretical Foundations of Nurse Anesthesia I	5	5	
Nurs 565b	Clinical Practicum in Nurse Anesthesia I	<u>1</u>	1	264
		<b>9</b>		
<b>Semester 5 (Fall Year Two)</b>				
Nurs 505	Health Policy and Advanced Nursing Practice	3	**	
Nurs 566a	Theoretical Foundations of Nurse Anesthesia II	5	5	
Nurs 566b	Clinical Practicum in Nurse Anesthesia II	<u>1</u>	1	512
		<b>9</b>		
<b>Semester 6 (Spring Year Two)</b>				
Nurs 507	Emerging Role in Advanced Nursing Practice	3	**	
Nurs 567a	Theoretical Foundations of Nurse Anesthesia III	5	5	
Nurs 567b	Clinical Practicum in Nurse Anesthesia III	<u>1</u>	1	512
		<b>9</b>		
<b>Semester 7 (Summer Year Three)</b>				
Nurs 568a	Theoretical Foundations of Nurse Anesthesia IV: Clinical Correlations	2	2	
Nurs 568b	Clinical Practicum in Nurse Anesthesia IV	<u>4</u>	4	440
		<b>6</b>		
<b>Semester 8 (Fall Year Three)</b>				
Nurs 569a	Theoretical Foundations of Nurse Anesthesia V: Clinical Correlations	3	3	
Nurs 569b	Clinical Practicum in Nurse Anesthesia V and Completion of Terminal Project	<u>6</u>	6	520
		<b>9</b>		
	<b>Total Credits</b>	<b>72</b>	<b>Varies by</b>	
	<b>2,428 Hours</b>		<b>Individual</b>	

**\*\*Prerequisite or Co-requisite and/or approval by the Assistant Dean**

The Nurse Anesthesia Specialization is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs. Ongoing accreditation was awarded by the Council on Accreditation of Nurse Anesthesia Educational Programs in May 2002. The next accreditation review will be in 2009. There is no binding agreement between the student and the University and School of Nursing as to the nature of the enrollment contract. The University retains the right, opportunity, and privilege to update the curriculum using varying modes of instruction, change the standards for progression, adjust the tuition and fees and modify the credit hours and course requirements.

**CLINICAL SITES**

Clinical Site	Clinical Coordinator	Anesthesia Director	Student Level	Specialty/rotation Emphasis
Anderson Hospital 6800 State Route 162 Maryville, IL 62062 <b>(non-active)</b>	<b>Currently Non-active</b>	<b>Currently Non-active</b>	III, IV, & V	General/ Thoracotomies or Pulmonary Cases
Blessing Hospital P. O. Box 7005 Quincy, IL 62305	Karen Wilson Cell 217-440-9036	Dr. Joe Meyer 217-223-8400 ex. 6330 Pg. 217-223-8400 ex. 5075 (ID # 0517)	I,II,III,IV,V	General, Neuro, O.B./ Emergency Cases & Thoracic Epidurals
Cross Roads #8 Doctors Park Road Mt. Vernon, IL 62864	Don Bertschi Hospital 618-244-5500 Cell 618-204-8710	Dr Brad Bernstein Email <a href="mailto:babmjb@pol.net">babmjb@pol.net</a>	O,I II	General, Independent practice/ Special Airway Management Techniques & Neuroskeletal
Gateway Regional Medical Center 2100 Madison Avenue Granite City, IL 62040	Neal Patterson 618-798-0066	Dr. Charles Bishop 618-798-3057	O,I II,III,IV,V	General, O.B.
Herrin Hospital 201 South 14th Street Herrin, IL 62948	Rick Boren 618-303-6541c 618-942-2171 <a href="mailto:rboren@msn.com">rboren@msn.com</a>	Dr. Kinney 618-942-2171	O,I,II,III,IV,V	General Independent practice/ Regional Anesthesia
Jersey Community Hospital 400 Maple Summit Road Jerseyville, IL 62052	John Woodward 618-946-4464c 618-498-8300 <a href="mailto:jbwcrna@mac.com">jbwcrna@mac.com</a>	John Woodward 618-946-4464c 618-498-8300	O,I,II,III,IV,V	General Independent practice/ Special Airway Management Techniques & Regional Anesthesia

Mandatory Nurse Anesthesia Course and Clinical Activity Packet

<p>John Cochran Veterans Hospital 915 North Grand St Louis, Missouri 63125 <b>(non-active)</b></p>	<p>James Hyde 314-289-6367 <b>(non-active)</b></p>	<p>Dr Robert Kennedy Robert.Kennedy5@med.va.gov 314-289-6366 <b>(non-active)</b></p>	<p>O,I,II,III,IV,V</p>	<p>General</p>
<p>Memorial Hospital Belleville 4500 Memorial Drive Belleville, IL 62223</p>	<p>Jennifer Jobe 618-257-4076</p>	<p>Dr Sander 618-257-4076</p>	<p>O,I,II,III,IV,V</p>	<p>General, Neuro Cardiac/ Vascular &amp; Anesthesia for Craniotomies and other Neuro</p>
<p>Memorial Hospital and Health System 701 North First Springfield, IL</p>	<p>Jayne Fiaush Pg 217-467-1202 Cell: 217-553-8209 <a href="mailto:Fiaush.jayne@mhsil.com">Fiaush.jayne@mhsil.com</a> or <a href="mailto:Fiaush@comcast.net">Fiaush@comcast.net</a>  Dana Flatley Pg 217-492-2540 Cell 217-691-2058 <a href="mailto:Flatly.dana@mhsil.com">Flatly.dana@mhsil.com</a></p>	<p>Lori Bruntjen-Carter, CRNA Director Memorial Medical Center Anesthesia Services 217-788-3752  Daily Coordinator 217-306-7626</p>	<p>O,I,II,III,IV,V</p>	<p>General, Neuro, Cardiac, Peds</p>
<p>Passavant Area Hospital 1600 West Walnut Jacksonville, IL</p>	<p>John Gregory 217-245-9541</p>	<p>Dr Peter Roodhouse 217-245-9541 ext 3127</p>	<p>III, IV, &amp; V</p>	<p>General, O.B.</p>
<p>Physician's Surgery Center 311 West Lincoln Suite 300 Belleville, IL 62220</p>	<p>Paul A. Darr 618-444-3666c</p>	<p>Paul A. Darr 618-444-3666c</p>	<p>III, IV, &amp; V</p>	<p>Outpatient (MACs and Fast Turnover), Pain, Independent practice</p>
<p>SSM DePaul Health Center 12203 DePaul Drive Bridgeton, Missouri 63044</p>	<p>Nick Curdt 314-322-6997</p>	<p>Dr Alan Schneider 314-344-7049 <a href="mailto:Gr_nwanesthesialtd@msn.com">Gr_nwanesthesialtd@msn.com</a></p>	<p>O,I,II,III,IV,V</p>	<p>General, Neuro, some O.B./ ECTs</p>

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<p>St. Anthony's Health Center Saint Anthony's Way P.O. Box 340 Alton, IL 62002-0340</p>	<p>Emily Dix 314-707-4120</p>	<p>Dr Figueroa 618-465-2571</p>	<p>O,I,II,III,IV,V</p>	<p>General, O.B./ Ortho</p>
<p>St Anthony's Hospital 503 North Maple Effingham, IL 62401</p>	<p>Laurie Sumpter 217-3471393</p>	<p>Dr. Sandy Hecht 217-342-2121 217-347-1361</p>	<p>III, IV, &amp; V</p>	<p>General, O.B./Regional Rotation</p>
<p>St Anthony's Medical Center 10010 Kennerly Road St Louis, Missouri 63128</p>	<p>Kristy Zimmer 314-323-8710</p>	<p>Dr Wilkinson 314-525-1969</p>	<p>O,I,II,III,IV,V</p>	<p>General, Neuro, O.B</p>
<p>St Elizabeth's Hospital 211 South Third Street Bellville, IL 62220</p>	<p>Danny Geib 618-234-2120 ext, 1823 or 1822</p>	<p>Dr Terry Brown</p>	<p>O,I,II,III,IV,V</p>	<p>General, Neuro/ Regional, Craniotomies, Pulmonary- Thoracotomies</p>
<p>St Johns Hospital 800 East Carpenter Street Springfield, IL 62769 217-544-6464</p>	<p>Rebecca Collier 217-492-7104p 217-246-5917c <a href="mailto:becjo74@hotmail.com">becjo74@hotmail.com</a></p>	<p>Dr Madala Anesthesia office 217-546-5356</p>	<p>O,I,II,III,IV,V</p>	<p>General, Neuro, Cardiac, Peds</p>
<p>St. John's Mercy Hospital 901 E. Fifth Street Washington, MO 63090</p>	<p>Robert Brand 636-390-7468 636-399-6412</p>	<p>Robert Nevett MD</p>	<p>O,I,II,III,IV,V</p>	<p>General, O.B./ Regional &amp; Ortho</p>
<p>St. John's Mercy Medical Center 615 S. New Ballas Road St. Louis, MO 63141</p>	<p>James J. Gibbons MD 314-540-6772c <a href="mailto:gibbonsjim@aol.com">gibbonsjim@aol.com</a></p>	<p>Donald Arnold MD</p>	<p>III, IV, &amp; V</p>	<p>General, Peds (select)/ Burn Cases</p>

St Joseph's Community Hospital Breese, IL <b>(non-active)</b>	<b>Currently non-active</b>	<b>Currently non-active</b>	III, IV, & V	General
Staunton Community Memorial Hospital 400 Caldwell St. Staunton IL 62088	Andy Griffin 618-281-0115c 618-635-2200	Paul A. Darr 618-444-3666	O,I,II,III,IV,V	General (Critical Access)
Touchette Regional Hospital 5900 Bond Avenue Centerville, IL 62207	Dr Brad Bernstein Email <a href="mailto:babmjb@pol.net">babmjb@pol.net</a>	Dr Brad Bernstein Email <a href="mailto:babmjb@pol.net">babmjb@pol.net</a>	I,II,III,IV,V	General, O.B./ Spinals, Emergency Cases

**AFFILIATIONS COULD BE DROPPED OR ADDED TO BEST FACILITATE THE SRNA'S LEARNING EXPERIENCES**

**The Program reserves the right to revise the number and/or capacity of clinical affiliations at any time, thereby potentially changing the location and number of sites through which the SRNAs may be required to rotate. Each individual SRNA does not rotate through all sites, but every effort is made to provide each student with a similar clinical experience.**

**THE PROGRAM RESERVES THE RIGHT TO CHANGE THE CLINICAL AND DIDACTIC FORMAT DESCRIBED HERE AS REQUIRED IN ORDER TO MEET THE EDUCATIONAL OBJECTIVES OF THE STUDENTS.**

## Academic Policies

1. Student Registered Nurse Anesthetists [hereby referred to as SRNAs] are responsible for policies in the current SIUE School of Nursing Graduate Handbook and SIUE Catalog including those described in this section that addresses specific requirements unique to the Nurse Anesthesia Specialization.
2. Students will observe the scheduled semester breaks and holidays of SIUE (see SIUE website for dates). Absence from the classroom or clinical practica may result in “incomplete” or unsatisfactory course grades and/or the deferral of graduation until the time is made up.
3. Students are responsible for all classroom material covered during any absence. Generally **NO** make-up exams are allowed.
4. The Nurse Anesthesia program recommends that students not be employed when they begin their clinical rotations. Students who chose to be employed **MUST** maintain satisfactory performance in both didactic and clinical areas. If a student does work,

### **THE STUDENT WILL NOT:**

- a. work 11-7 shift prior to a clinical day. A minimum of ten (10) hours of free time must be ascertained prior to reporting to class or clinical.
  - b. be allowed to miss a scheduled class or clinical because of work schedules.
  - c. accept employment as a nurse anesthetist or represent himself or herself as a nurse anesthetist while enrolled in the specialization.
  - d. perform any function deemed to be strictly interpreted as being within the scope of practice of a Certified Registered Nurse Anesthetist when not participating in an Nurse Anesthesia Specialization Clinical Practicum.
5. Attire and professional demeanor: Personal appearance reflects the standards of the School and University; therefore, the importance of neatness and cleanliness in the clinical setting cannot be overemphasized. **Students should dress consistent with the guidelines at the clinical site in which they are assigned.**

Street clothes may be worn outside the Operating Room under a clean white lab coat. Dress codes in the operating room suite are to be followed at all times. If scrub clothes are to be worn outside the OR, a lab coat must be worn over them unless the assigned institution policy indicates otherwise. Operating room attire may not be worn outside the hospital. The hospital policies on infection control must be followed at all times.

### **Substance Abuse Policy**

See SIUE School of Nursing policy

Students must notify the Program Coordinator if he or she is taking prescription or non-prescription drugs that have the potential to affect performance in the clinical setting.

### **Clinical Guidelines**

1. Students are expected to follow all personnel policies of the assigned clinical site.
2. All student anesthetists will be in scrubs no later than 6:00 AM unless directed otherwise by the institution clinical coordinator or designee.
3. Induction of anesthesia will not be started unless the following minimum events have occurred:
  - a. Interview, assessment, evaluation, and counseling of the patient and significant or appropriate family members.
  - b. Discussion of patient care plan and management with the instructor (CRNA or attending anesthesiologist) is mandatory.
  - c. Acquisition of equipment and drugs necessary for safe anesthetic management
4. The following procedures will be adhered to while in the OR suite:
  - a. Where appropriate, masks will be worn at all times in the operating room when sterile packs are open. SRNAs must adhere to Operating Room policy established at each clinical site.

- b. Gloves and goggles will be worn in accordance with policies at each clinical site and OSHA guidelines.
  - c. Masks should be changed, at a minimum, at the end of each procedure.
  - d. Shoe covers or dedicated shoes will be worn at all times in the operating room or in accordance with clinical affiliation policy.
  - e. Surgical hats must be worn when in the operating rooms, with all hair covered.
  - f. Hands must be washed between patients and more often as necessary.
5. All patients coming to and leaving the OR will be safeguarded by side rails and/or by a litter strap.
6. All patients will have a stethoscope, EKG, blood pressure monitor, and pulse oximeter in place during any anesthetic procedure performed by an SRNA. End-Tidal CO<sub>2</sub> and the O<sub>2</sub> analyzers must be used in all general anesthetic procedures.
7. All students are expected to see their assigned in-patients no later than the early evening of the day prior to the scheduled surgery or as dictated by the clinical site.
8. Students will be released from the clinical area by 3:30 PM on most days. If the student's case will be completed by 5:00 PM the student is expected to complete the case. The clinical coordinator or designee has the authority to negotiate whether the student will stay later than 5:00 PM to finish the case. Compensatory time can be awarded to the student if he or she elects to complete the case. The SRNA must obtain confirmation from the appropriate personnel (typically the clinical preceptor) that he/she is free to leave the facility for the day.
9. All students will follow their patients postoperatively, seeing all inpatients at least once in the first 24 hours if the student is in the clinical site. The student will document the visit using clinical affiliation guidelines. The appropriate preceptor will be notified of the patient's status.
10. Care plans are a requirement of the AANA Council on Accreditation of Nurse Anesthesia Educational Programs and serve as a meaningful educational tool. Written anesthesia care plans are to be completed on every patient to which the SRNA has been assigned for administration of

an anesthetic, or when directly involved in the anesthesia care during level I and II clinical rotation. During level III and IV clinical rotation, a daily written care plan should be done on the most complex case of the day. At level V, students are expected to complete anesthesia care plans when confronted with a new, challenging or complex clinical situation. Care plans should be given to the preceptor prior to administering the planned anesthetic. Due to the increasing number of outpatient procedures and same day admits, it may be impossible to have a complete written care plan prior to the morning of surgery. In these instances, the anesthetic plan must be discussed with the clinical preceptor before induction. The clinical preceptor will review the care plan making appropriate written comments and signing the form. The care plan serves as a means of verifying the preceptor's concurrence with the planned technique. Completed care plans are to be submitted to the SIUE Anesthesia faculty.

## **Attendance Policy**

Nurse anesthesia students are expected to demonstrate an excellent record of attendance and punctuality in the clinical area. Repeated tardiness, frequent requests for early dismissal or chronic failure to adhere to the absence policy are not acceptable and may be causes for disciplinary action.

Class attendance is similar to any other occupation. Your occupation while a student is to attend class, complete assignments in a timely fashion, and participate in the class following external preparation. Classroom preparation is designed to provide each student with basic information and foundational material to become an entry-level practitioner. Every class is important or it would not be presented.

If a student must be absent because of illness or injury, telephoning the faculty-of-record before the class begins is a minimum courtesy as a professional. Arrangements must be made to secure information presented in the class. The student continues to be responsible for all material presented.

Sufficient breaks are included in the nurse anesthesia specialization program. If there is an emergency, close contact with the faculty-of-record is essential. Students are to be present and prepared for lecture/discussion or clinical assignments at all scheduled times unless excused by the Program Coordinator or the Assistant Program Coordinator. Excused absences can be granted for illness, emergent, or special circumstances.

Frequent tardiness will affect the individual's ability to gain clarification of key instructional points and will negatively impact learning. Punctuality and preparation are key attributes of a professional and must be demonstrated consistently.

If a student misses a specific clinical experience or rotation, the experience or practicum may be rescheduled at the discretion of the Program Coordinator or Assistant Program Coordinator.

## MEETINGS

**ALL** SRNAs are REQUIRED to attend one state (Illinois or Missouri) Anesthesia meeting or Advanced Practice Nursing meeting each year (minimum total of 2). Students in their last year of study are REQUIRED to attend at least 1 of the following 3 meetings:

1. Assembly of School Faculty (typically held in late February)
  - This meeting is primarily for those interested in Nurse Anesthesia education. It is the required meeting for any student requesting a teaching elective rotation in N569b.
2. Mid-Year Assembly (typically held the 3<sup>rd</sup> week of April)
  - This meeting is primarily for those interested in Nurse Anesthesia political issues.
3. American Association of Nurse Anesthetist (AANA) Annual Meeting (typically held in August during semester break)
  - This meeting is the largest and most general meeting.

While the Nurse Anesthesia faculty work to keep costs down and to facilitate sponsorship moneys, ultimately students are responsible for transportation and accommodation expenses for the above named meetings.

## **Nurse Anesthesia Practicum**

### **Guidelines for Clinical Practicum**

The Nurse Anesthesia Specialization and all affiliating agencies are in complete compliance with the Council on Accreditation of Nurse Anesthesia Educational Programs 2004 Standards for Accreditation. The program of study has been developed to ensure that all students meet and/or exceed the minimum requirements for completion of the Nurse Anesthesia Specialization as defined by these standards, while fulfilling all of the requirements for graduation for the Master of Science degree, Nurse Anesthesia. Upon graduation, the student will meet or exceed the Council on Certification of Nurse Anesthetist's requirements for both clinical and didactic educational experiences to be eligible to sit for the National Certifying Examination.

All anesthesia clinical preceptors are Certified Registered Nurse Anesthetists (CRNAs) or anesthesiologists licensed in the appropriate jurisdictions and credentialed by the appropriate agencies to provide care to patients in the surgical, obstetrical, and critical care environments prior to becoming involved in the clinical instruction of Student Registered Nurse Anesthetists (SRNAs). The clinical preceptors are responsible for clinical instruction, including the evaluation of student performance in the clinical setting. The evaluation includes assessment of the student's acquisition of knowledge, demonstration of the student's understanding of anatomy, physiology, pathophysiology, chemistry, physics, pharmacological principles and agents, interpretation of data received from all available sources, synthesis and application of principles of anesthesia, and the demonstration of acquired technical skills.

### **Clinical Practicum Experiences**

#### **Purpose:**

Affiliation contracts have been developed to provide rich clinical experiences for the SRNAs. Clinical experiences enable the SRNA to develop increased proficiency and confidence in the selection and management of anesthetic techniques, and the management of patients care in multiple facilities including rural hospital locations. These experiences offer the student opportunities to learn additional anesthetic techniques and strategies for care in different environmental settings, among different cultural groups under varying conditions and situations.

**Objectives:**

1. Develop communication and interpersonal skills.
2. Develop autonomy and independence while identifying interdependence of all members of the care team.
3. Observe anesthesia departmental management roles and identify duties and responsibilities of all members of the anesthesia team within the facility's care model.
4. Develop skills in managing acute and chronic pain situations.
5. Develop an awareness of billing practices and requirements for reimbursement from third-party payers including government and private insurers.
6. Develop nurse anesthesia patient care skills.

**All students are expected to be present at all clinical assignments unless excused by the Program Coordinator or Assistant Program Coordinator and Clinical Coordinator for clinical site.**

All students are expected to be prepared to provide nursing care for the patient(s) to whom they are assigned and to have completed all assignments that constitute preparation for activities in which they are going to engage.

Each clinical preceptor has a right and obligation to remove a student from a clinical setting/agency if the student is not prepared for the practicum experience. Students who are repeatedly unprepared will face potential disciplinary action, failure of the course, or removal from the program of study. Students assume responsibility and are liable for their own actions. Students are also responsible for maintaining the confidentiality of patient information.

In the clinical setting/agency the Clinical Coordinator assumes responsibility for the assignment of students to all patients and clinical experiences.

Students are expected to achieve all identified minimum clinical objectives within the allotted time. In order to accomplish objectives, students are expected to attend every clinical session in its entirety. Failure to do this will jeopardize the student's progression and potential for success in the Nurse Anesthesia Specialization.

## Clinical Affiliation Criteria

While assigned to a given clinical affiliation, the SRNA will be expected to:

1. Recognize and adhere to the organizational culture of the particular facility:
  - a. Follow rules and regulations established for the agency.
  - b. Follow rules and regulations established for the affiliations.
  - c. Understand and utilize the proper "Chain of Command" in a variety of circumstances.
  - d. Become familiar with the accepted procedures for communications (telephones, beepers, computers).
  
2. Prepare the environment for safe, rapid, flexible management of the patient:
  - a. Assemble and check anesthesia equipment and monitors.
  - b. Organize the prescribed room/rooms in an efficient manner for the planned case/cases to include emergency interventions.
  - c. Become familiar with the surrounding environment to include retrieving supplies and equipment.
  - d. Become familiar with the policies and procedures that govern anesthetic care delivery.
  
3. Plan the appropriate anesthetic management pre-operatively, intra-operatively, and post-operatively:
  - a. Assess patients for classifications, organ systems, drug and fluid therapy, diagnostic and consultative study results, previous anesthesia experiences, NPO status, and full stomach.
  - b. Calculate fluid and blood replacement.
  - c. Plan for appropriate types of inductions, awake vs. rapid sequence vs. modified rapid sequence, nasal vs. oral intubations, and fiberoptic intubations.
  - d. Evaluate patient physiologic data, and planned procedures to determine the appropriate need for non-invasive or invasive monitoring.
  - e. Operate and describe routine equipment utilized in emergency cases and major surgical procedures including arterial lines, CVP, Swan Ganz catheters.
  - f. Evaluate a patient and administer anesthesia for an emergency procedure without a formal, written anesthetic management care plan.

4. Analyze the various facilities and determine information regarding the following:
  - a. Composition of the Anesthetic Care Team.
  - b. Departmental management strategies regarding policies, organizational culture, budget, finances, scheduling, inservice.
  - c. Utilization of other health care providers and support personnel.
  - d. Care and ordering of anesthesia supplies, equipment, and resources.
  - e. Care and recording policies for narcotics and other anesthesia related drugs.
  - f. Required information needed on anesthetic records, billing cards, other patient reports.
  - g. Protocols for various procedures.
  - h. Infection control protocols in various facilities.
  - i. Policies governing banked blood and blood products.

### **Conditions of Instruction and Supervised Experience**

1. The clinical affiliation site in conjunction with SIUE Nurse Anesthesia Faculty will appoint a Clinical Coordinator.
2. The Clinical Coordinator along with the Program Coordinator and Clinical Liaison will endeavor to assure that the learning objectives are met.
3. An orientation will be provided for the SRNA at the beginning of the affiliation experience. This orientation will include, but not be limited to, the affiliating institution's policies, procedures, and patient safety rules.
4. The SRNA's daily assignments will be made by the Clinical Coordinator or designee, keeping in mind the objectives of the affiliation rotation.
5. Specific requests may be made by the SRNA if a certain case type is needed to meet the Council on Accreditation minimum numbers and to meet the objectives of the affiliation.
6. Each student will receive a written evaluation of his/her clinical performance upon completion of the rotation from the Clinical Coordinator or designee.
7. Disciplinary problems will be reported to the Program Coordinator for evaluation in accordance with college policies.
8. SRNAs will comply with the existing rules and regulations of the Department of Anesthesia to which they are assigned.

## Patient Safety

The nature of clinical nursing courses is such that students are involved in the direct delivery of patient care services. The primary purpose of any course is to provide education for students. However, when direct patient care is involved in the learning experience, the safety and well-being of patients are of paramount concern. Clinical nursing courses are structured so that as students progress through the program, they are expected to demonstrate increasing competence and independence in providing nursing care to assigned patients.

Students are expected to demonstrate achievement of clinical course objectives by the end of a clinical course, completing the course of instruction in the allotted time (end of the specific semester). **IN THE UNUSUAL CIRCUMSTANCE THAT, IN THE INSTRUCTOR'S PROFESSIONAL JUDGMENT, A STUDENT IS UNABLE TO PROVIDE SAFE NURSING CARE TO PATIENTS AND, IF THIS DEFICIT IS SUCH THAT IT CANNOT BE REMEDIED DURING THE IMMEDIATE GIVEN CLINICAL TIME WITHIN THE LIMITS OF AVAILABLE FACULTY SUPERVISION, THE STUDENT WILL BE REMOVED FROM THE CLINICAL SETTING.**

Within 72 hours of the incident requiring removal of the student from any clinical facility, the Nurse Anesthesia Specialization Faculty will be convened to discuss the incident and make recommendations to the Program Coordinator regarding the student's disposition. This recommendation will be forwarded to the Graduate Student Affairs Committee, Southern Illinois University Edwardsville School of Nursing for a final decision regarding the student's status in the course. The student will not return to a clinical practicum (at any location) until the final decision is made.

## Specific Practicum Guidelines

1. There will be a CRNA or anesthesiologist immediately available to the SRNA in each anesthetizing area at all times.

*The Council on Accreditation of Nurse Anesthesia Programs interprets "immediately available" to mean that either a CRNA or anesthesiologist with staff privileges will be within the suite of rooms in which the student is performing an anesthetic and will be free to respond to a summons by the student. Lack of immediate assistance and consultation by a CRNA or anesthesiologist in all anesthetizing areas at all times when a student is administering anesthesia shall be cited as a critical weakness.*

At no time during an anesthesia clinical rotation will a SRNA be precepted by an Anesthesia Assistant or any other non-specified care provider.

2. The ratio of student to instructor in the clinical area at any given time shall not exceed 2:1 and shall be directly related to:
  - a. The student's period of enrollment in the program and his/her readiness to assume responsibility.
  - b. The physical status of the patient.
  - c. The complexity of the anesthetic and/or surgical procedure.
  - d. The ability of the instructor.
  - e. A CRNA or anesthesiologist must be physically present and directly supervising the SRNA's during induction and emergence in all pediatric cases through all phases of the program.
3. The student shall be involved in the total anesthesia management of the patients assigned to his/her care.

*Restriction of a student's clinical participation in total anesthesia management, impeding his/her opportunity to develop as a competent, safe, nurse anesthesia practitioner capable of functioning in all type of practice settings, constitute a critical weakness.*

- a. SRNA's management of the patient shall include, but not be limited to:
  - 1) Preoperative evaluation of the patient including the interview, physical assessment, and review of appropriate patient records.
  - 2) Development of a written or verbal anesthetic care plan which demonstrates that planning of the anesthesia process is occurring prior to each anesthesia administration.
  - 3) Administration of the anesthetic.
  - 4) Participation in and decision making during the anesthesia management.
  - 5) Implementation and maintenance of an accurate complete anesthesia record.
  - 6) Participation in immediate postanesthesia care.
  - 7) The conduction of post-anesthesia evaluation

- 8) Appropriate and accurate documentation of controlled substances and their return to the appropriate area.
4. Basic principles of anesthesia practice shall be identified for each clinical practice setting and included in an orientation to the practicum:
    - a. Pre- and post-anesthesia evaluation of the patient.
      - 1) Interview techniques
      - 2) Evaluation of the patient's chart
      - 3) Physical assessment of the patient
    - b. Charting
    - c. Monitoring of Vital Signs
    - d. Familiarization with basic anesthesia equipment available at the clinical site
    - e. Overview of anesthetic agents and accessory drugs available.
    - f. Departmental philosophy and ethical position relative to the provision of anesthesia care.

### **Work related injuries**

1. Any accident of injury that occurs at an affiliation clinical agency when the SRNA is assigned to that facility must be reported **immediately** to the agency's appropriate department manager (CRNA or anesthesiologist) and to one of the SIUE program faculty (program coordinator, assistant program coordinator or Clinical Liaison). The incident/injury must be reported to the University Risk Management Office with in 24 hours. The SRNA should then follow SIUE School of Nursing policy and procedure for students involved in an incident / injury in a clinical agency. The cost of any appropriate medical care or lab tests will be the responsibility of the student.
2. It is mandatory that the SRNA follow the CDC recommendations that evaluation of a needle stick or exposure to other potentially infectious materials must occur **within one hour** from the time of exposure. SRNAs are expected to comply with all applicable federal laws issued by the United States Occupational Health and Safety Administration (OSHA) regarding safety standards applicable to their domain of clinical practice.

### **Absences as a result of illness**

If a student is going to miss a clinical day due to illness, he or she is responsible for notification of all of the following individuals, no later than 6:00 am the morning of, or preferably the evening before, the scheduled assignment.

Two (2) telephone calls are required, to notify the following individuals:

- 1) Nurse Anesthesia Clinical Liaison, or Anesthesia Program Coordinator/Assistant Program Coordinator (if it is during the night and not an emergency, please email the individual and follow with a phone call at an appropriate time later the same day)
- 2) Clinical Coordinator or designee at the clinical site

## **Guidelines for Call Experience**

### **Purpose**

The growth and development of the student is aided by the selection of specific learning experiences. The purpose of the call experience is to assist the student in refining skills, and developing self-confidence and competency in the management of emergent, unscheduled procedures. These procedures often include patients who may not be ideally prepared for anesthesia and surgery, such as pediatric patients, medical and surgical emergencies, obstetrical emergencies, and trauma in patients of all ages and ASA categories.

### **Objectives**

Upon completion of the call experience the student will be able to:

1. Apply theoretical knowledge and prior clinical learning to select optimum techniques of anesthesia in the emergency surgical and obstetrical patient.
2. Participate as a member of the hospital health team in such areas as cardiopulmonary resuscitation, patient assessment, and management of critical respiratory emergencies.
3. Use effective communication skills, practicing professionalism and courtesy in anesthetist-physician, anesthetist-nurse, and anesthetist-patient interactions.

### **Time Commitment**

1. All students will rotate on call when Nurse Anesthesia Specialization Faculty, by clinical evaluation and input from clinical preceptors, determine that the student is ready to participate in the experience.
2. Students will be responsible for checking dates of call and being present for all scheduled call experiences.
3. Weekend call = 24 hour experience      7:00 AM - 7:00 AM.
4. Weekday call = 16 hour experience      3:00 PM - 7:00 AM.
5. Each student, while on call, will be supervised by either a CRNA or anesthesiologist during all procedures.

### **Clinical Affiliate Call Guidelines:**

1. The clinical site must assure patient safety, student learning, and adherence to the standards and guidelines for clinical practice. The SRNA may not take call without a CRNA or anesthesiologist physically present and immediately available when the SRNA is caring for a patient.
2. Established policies and procedures at each clinical site and agency will outline the specific call expectations of the students.
3. The Clinical Coordinator at each clinical site will clarify call room locations, break rooms, study rooms, communication procedures, attire, etc.
4. The Clinical Coordinator at each respective will adhere to the Nurse Anesthesia Specialization policy relative to the Call Experience.
5. The student will not be scheduled for a clinical call experience that exceeds 16 hours on weekdays and 24 hours on weekends without the following day (post call day) free of clinical commitments.
6. All SRNA's must have a minimum of 10 hours of non-clinical time before returning to the clinical area.
7. It is the responsibility of the staff anesthesiologist and/or CRNA to determine which emergency cases the nurse anesthesia student will participate in during the call experience.
8. The Clinical Coordinator will identify the clinical responsibilities of the student during the call experience (i.e. responses to ER, OB, and CPR/Resuscitation Team).
9. The student must notify the preceptor before **EACH AND EVERY CASE OR PROCEDURE.**
10. The Clinical Coordinator, at the respective clinical site, will ensure compliance with guidelines for supervision outlined in the Clinical Practicum Guidelines in the Nurse Anesthesia Specialization Mandatory Activity Packet.
11. No student will be scheduled for call experience on class days or the day before class during all semesters of the program.

12. The affiliating agency will provide CRNAs and anesthesiologists committed to teaching students, and study time for the SRNA to prepare for clinical assignments and responsibilities.
13. The clinical affiliation site will provide quarters for students while on in-house call at the facility without charge to the SRNA or SIUE School of Nursing.

### **Relationship to Students While Assigned to a Clinical Practicum**

1. The Program Coordinator or Assistant Program Coordinator is responsible for coordinating the clinical experiences for the SRNA:
  - a. Scheduling students for practicum experiences
  - b. Coordinating clinical experience expectations with the affiliating clinical coordinator
  - c. Making visits at affiliating agencies at a minimum of once a year while students are physically present at the agency
  - d. Reviewing each student's evaluation of the experience with the affiliating clinical coordinator at the conclusion of the student's rotation.
2. While on affiliation rotation, the SRNA will immediately notify the Program Coordinator and Assistant Program Coordinator of any problems during the affiliation. If an unacceptable daily evaluation is received, the SRNA must notify their assigned nurse anesthesia faculty advisor within 24 hours.

### **Clinical Objectives - Specialty Rotations**

#### **Cardiothoracic Anesthesia**

Upon completion of the four week rotation in Cardiothoracic Anesthesia the student will be able to:

1. Relate the major concepts of cardiac physiology as they apply to anesthesia delivery. Emphasis should be placed on the following areas:
  - a. Coronary circulation
  - b. Control of cardiac output
  - c. Factors modifying ventricular function

- d. Factors influencing myocardial oxygen balance
2. Detail the monitoring requirements for patients undergoing thoracic procedures. Special consideration should be directed to the use of central venous catheters and pulmonary artery catheters (indications, insertion techniques, complications, and data interpretation).
3. Discuss the alterations of respiratory and cardiac physiology in caring for the patient undergoing surgery in the lateral decubitus position and with an open chest.
4. Describe the indications, technique, equipment and ramifications of "one-lung anesthesia".
5. Delineate preoperative assessment and laboratory data that provide information about cardiac function and performance.
6. Describe the pathophysiology and attendant anesthetic considerations in patients with valvular heart disease, including specifically mitral stenosis, mitral regurgitation, aortic insufficiency, and aortic stenosis.
7. Understand the anesthetic considerations involved in caring for the patient with congenital heart disease involving atrial and ventricular septal defects.
8. Detail the various philosophies of premedicating patients with cardiac disease.
9. Discuss the hemodynamic consequences when the following drugs are administered in patients with cardiac disease: inhalation anesthetics, narcotics, muscle relaxants, hypnotics and tranquilizers.
10. Review the concept of cardiopulmonary bypass including arrangement of extracorporeal apparatus, physiology of coronary bypass, hemodynamic changes consequent to bypass, and patient preparation for initiation and discontinuation of bypass.
11. Relate the peri-bypass pharmacological interventions employed in the pre-pump and post-pump period with specific consideration to vasodilators, noncatecholamine inotropes and catecholamine based inotropes.
12. Understand and defend the use of antibiotic prophylaxis in certain cardiovascular disease states.
13. Appreciate the risk involved in caring for a patient who has sustained a perioperative myocardial infarction. Identify the factors that correlate with

increased risk of perioperative MI and guidelines to follow in planning the anesthetic care for patients who have experienced MI.

14. Delineate the pathophysiology and anesthetic implications of the patient with asymptomatic ischemic heart disease.
15. Assemble and calibrate equipment for pulmonary artery catheters, arterial lines and central venous pressure monitoring.
16. Efficiently insert invasive monitoring lines.
17. Utilize the fiberoptic laryngoscope to verify endotracheal tube placement.
18. Understand the principles and develop expertise in the mechanics of endobronchial tube placement for either a right or left lung procedure.
19. Assess the patient scheduled for cardiothoracic procedures.
20. Plan and implement appropriate anesthetic management for a variety of cardiothoracic procedures.

## **Pediatric Anesthesia**

Upon completion of the four-week rotation in pediatrics the student will be able to:

1. Perform a comprehensive preoperative evaluation of the pediatric patient.
2. Describe common premedicant drugs, write sample orders with the appropriate dosage and route of administration.
3. Describe the preanesthetic fluid and NPO orders and justify those decisions relative to the patient's age, physical habits, etc.
4. Relate hazards peculiar to anesthesia for infants. These should include small airway size, short trachea, funneling of larynx, small blood volume, rapid circulation time, high oxygen consumption, organ immaturity, irregularity of the signs of anesthesia, variability of response to muscle relaxants and physiological hazards such as autonomic immaturity, thermoregulatory imbalance and increased metabolic rate.
5. Select the proper size of mask, oropharyngeal airway, and endotracheal tube in both length and diameter.
6. Identify appropriate monitoring strategies and equipment for the pediatric patient.
7. Demonstrate the use of the heated humidifier in both the circle and nonbreathing systems and outline its clinical efficiency.
8. Describe methods for preservation of body temperature in an infant or child undergoing surgery giving the advantages and disadvantages of each and outline the physiologic sequelae of hypothermia.
9. Skillfully perform an inhalation induction, detailing the physical (i.e. concentration effect) and physiological principles (i.e. changes in minute ventilation and cardiac output) fundamental to safe anesthetic delivery.
10. Plan and/or implement an anesthetic technique for the following surgical procedures or disease states:
  - a. Infants under one month of age
    - (1) Intestinal obstruction
    - (2) Omphalocele
    - (3) Gastroschisis
    - (4) Diaphragmatic hernia
    - (5) Tracheoesophageal fistula

- (6) Imperforate anus
  - (7) Meningocele
  - (8) Pyloric stenosis
  - (9) Pierre-Robin syndrome
- b. Infants under one year of age
- (1) Inguinal hernia
  - (2) Cleft lip and palate repair
  - (3) Cystic hygroma and other tumors or abscesses located around the neck
  - (4) Hydrocephalus for pneumoencephalogram or shunt procedure
- c. Children greater than one year of age
- (1) Tonsillectomy and adenoidectomy
  - (2) Myringotomy
  - (3) Circumcision
  - (4) Hernia repair
  - (5) Orthopedic procedures
  - (6) Cerebral palsy
  - (7) Mental retardation
  - (8) Abdominal surgery
10. Demonstrate the skill of orotracheal or nasotracheal intubation. Identify characteristics of the pediatric airway as compared to adult airways and identify the advantages, disadvantages and indications of endotracheal intubation.
11. Calculate crystalloid replacement on the basis of patient weight, amount of exposed field, insensible water loss, length of procedure and state of hydration. Blood volume/replacement strategies will be detailed. Determine blood/fluid volumes in neonates, infants and children.
13. Describe the management of the child with croup/epiglottitis.
14. Articulate the management of a cardiac arrest in the infant/small child in the operating room.
15. Demonstrate the use of a variety of general anesthetic techniques in the pediatric patient population to include inhalation, intravenous, dissociative, and balanced anesthesia.
16. Describe the pathophysiology, predisposing factors, anesthetic management and treatment of malignant hyperthermia.

## **Obstetrical Anesthesia**

### **Purpose**

The purpose of this clinical practicum is to provide the SRNA with added educational and professional experiences in anesthesia and analgesia for the obstetrical patient, fetus, and/or neonate during all aspects of labor, vaginal delivery, or Cesarean section.

### **Overall Objectives**

In addition to the objectives outlined for the Nurse Anesthesia Specialization, the student will be able to:

1. Assess the physiologic changes peculiar to the mother and fetus during the various phases of pregnancy and labor.
2. Evaluate and interpret the direct and indirect effects of the pharmacologic agents used by anesthesia providers on the mother, fetus, and/or neonate.
3. Compare and contrast the risks and benefits of various anesthetic techniques and agents on the parturient, fetus, and/or the neonate.
4. Before administering an anesthetic to the parturient evaluate the significance of obstetrical complications and analyze the most advantageous plan for anesthetic management.

### **Specific Terminal Objectives**

Upon the completion of the rotation in obstetric anesthesia, the SRNA will be able to:

1. Outline an obstetrical preoperative visit and note how it differs from routine surgical preoperative interviews, to include classic physiologic changes associated with pregnancy.
2. Plan and or implement anesthetic plan for the administration of anesthesia for the following obstetric emergencies: abruptio placenta, placenta previa, fetal distress, retained placenta, tetanic uterine contractions, amniotic fluid embolus.
3. Provide a rational plan of anesthetic management for routine and emergency C-sections under general or regional anesthesia.

4. Describe the pharmacokinetic/pharmacodynamic profile of the following local anesthetics: lidocaine, mepivacaine, bupivacaine, tetracaine, and chlorprocaine.
5. Describe and demonstrate the technique of regional anesthetics including anatomical and physiological considerations, indications and contraindications for; continuous epidural, single-dose epidural and subarachnoid blocks.
6. Detail the specifics of infant resuscitation, including appropriate drugs and dosages.
7. Articulate the anesthetic considerations for pre-eclampsia, and eclampsia to include potential drug interactions, and pertinent physiology.
8. Describe the effects of anesthetic agents/adjuncts on uterine activity, blood flow, and the progress of labor.
9. Detail Mendelson's syndrome and treatment regimes applicable to the parturient.
10. Outline the anesthetic considerations for the pregnant patient (preterm) presenting to the anesthetist for non-obstetrical surgery. Include teratogenicity of agents, monitoring of fetus, implications of maternal hemodynamic changes.
11. Describe the etiology, physiologic course and treatment for supine hypotensive syndrome.
12. Describe the indications and contraindications for vasopressor use in the obstetrical population.
13. Discuss the systemic effects of IV analgesics/sedatives in the parturient and the newborn.

**Currently the obstetrical anesthesia experience is not accomplished through one site and is not formally assigned as a single rotation. The O.B. experience is facilitated through many clinical sites as the opportunity comes available.**

## **Clinical Evaluation of students**

Each student is evaluated daily by the clinical instructor(s) supervising the student to include all individual cases. These daily evaluations are used primarily to provide feedback to the student regarding his/her performance, and to demonstrate progression in learning. At the end of each rotation the clinical coordinator is encouraged to consult with all clinical instructors who have worked with the student and complete a summative evaluation. These evaluations are compiled by the Program Coordinator, Assistant Program Coordinator or their designee. The clinical coordinator may issue a comment card (Green=Commendation, Yellow=Unsatisfactory Performance or Red=Critical incident) related to an event or group of events if such seems warranted. A nurse anesthesia care plan must be completed for each case. Case evaluations must be turned in by Tuesday of the week following the clinical experience. All the above are taken into account when assigning a final grade for each clinical course.

## **Visit to Affiliations**

The Nurse Anesthesia Clinical Liaison, Program Coordinator or the Associate Program Coordinator will visit the affiliating institution at least once a year while students are present.

## **Records**

1. **EACH STUDENT IS RESPONSIBLE FOR KEEPING HIS/HER OWN RECORDS OF CLINICAL EXPERIENCES IN ACCORDANCE WITH ESTABLISHED REQUIREMENTS OF THE NURSE ANESTHESIA SPECIALIZATION AND SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE SCHOOL OF NURSING.**
2. **CURRENTLY A WEB-BASED CASE REPORTING SYSTEM (MEDHARBOR) IS USED. EACH SRNA WILL BE ASSIGNED A CODE WITH WHICH TO ACCESS THE SITE AND ENTER DATA. DATA MUST BE ENTERED FOR THE PRECEDING MONTH BY THE 10<sup>TH</sup> OF THE CURRENT MONTH.**
3. **THESE DATA ARE DIRECTLY SUBMITTED TO THE AANA UPON COMPLETION OF THE NURSE ANESTHESIA PROGRAM. THIS STUDENT SUBMITTED DATA PROVIDES EVIDENCE THAT THE SRNA HAS COMPLETED THE PROGRAM MINIMUM REQUIREMENTS TO ALLOW HIM OR HER TO WRITE THE CERTIFICATION EXAMINATION.**

## **Expenses**

**SRNAs are responsible for their own expenses.**

## **Attire**

1. SRNAs shall comply with the existing rules of the affiliating institution.
2. A nametag designating the student's name and status will be worn when interacting with patients or performing tasks associated with the affiliation.
3. Attire in the operating suite or labor and delivery suite will be provided and designated by the affiliating institution.

## **Lockers**

Each affiliating institution will designate an area for securing the student's personal items.

## **Evaluation Process**

Evaluation is an ongoing process by which levels of performance and progress are determined. The Nurse Anesthesia Specialization within the Graduate Program in Nursing includes ongoing assessment of all aspects of the program to insure continuing growth and development of the program, its students and faculty. All students in the program are required to complete a variety of evaluations relating to the general program, academic and clinical coursework. Evaluation forms will be distributed in person and electronically with information about timelines for submission. It is both a faculty and student responsibility to ensure that these evaluations are completed in a timely manner as prescribed by the accreditation requirements of the Council on Accreditation (COA).

## **Student Evaluation**

Evaluation of students is used to guide behavioral changes in the process of the student becoming a safe, competent, professional nurse anesthetist. Measurement of the student's ability to master skills, knowledge of procedures and attitude necessary for the safe practice of anesthesia is a vital part of the program. Strategies utilized in the evaluation include:

1. Self-Evaluation—Each student shall evaluate his/her performance on each clinical case. This self evaluation shall be documented on the Nurse Anesthesia Clinical Evaluation Form (See pages 38-39 in this Handbook). All students will complete two Self-Evaluation Exams (SEE) offered by the National Board on Certification and Recertification of Nurse Anesthetists (NBCRNA) during the program. The first one will be taken at the end of the completion of the fourth semester of study (August/September) and the second one will be completed at the end of the seventh

semester of study (August/September). The results of the first SEE exam will be used by students and faculty to identify areas needing further study. The second SEE exam results will be included as part of the formal grading process in NURS 569a, the final didactic course in the program. A cumulative scaled score equal to or higher than the average scaled score for all examinees nationally must be achieved by each student in order to successfully pass NURS 569a without further remediation (See NURS 569a Syllabus for details).

2. Care Plans - All students shall complete care plans on a daily basis. Care plans are turned in to the clinical instructor for review and comment prior to the induction of anesthesia. The care plans are also reviewed periodically by the Program Coordinator.
3. Clinical Evaluation - Each student is evaluated daily by the clinical instructor(s) supervising the student to include all individual cases. These daily evaluations are used primarily to provide feedback to the student regarding his/her performance, and to demonstrate progression in learning. At the end of each rotation the clinical coordinator is encouraged to consult with all clinical instructors who have worked with the student and complete a summative evaluation. These evaluations are compiled by the Nurse Anesthesia Clinical Liaison, Program Coordinator, Assistant Program Coordinator or their designee. Clinical grades are a percentage of the overall course grade a student achieves. In order to pass a course the student must successfully complete the clinical practicum

It is the SRNA's responsibility to provide each clinical preceptor a daily evaluation form prior to the start of cases each day and to make all possible efforts to ensure that the forms are completed by the preceptor(s). Completed clinical evaluations are attached to the care plan with both the SRNA and preceptor signatures and placed in the SRNA's file. There must be a clinical evaluation for each case in which the SRNA is involved.

4. Special Emphasis Cards – These cards are given to all clinical coordinators and available to all clinical preceptors. They may be issued to students if their performance falls well outside of the normal parameters expected for the clinical level.

A **Green Card** is issued as a special commendation related to student performance above and beyond what is expected. A **Yellow Card** represents a problem in student performance that needs to show significant improvement. A **Red Card** is issued when an incident with a student occurs that could or would have caused significant morbidity or mortality without intervention or if a student has created an unacceptable workplace environment.

Anytime a special Emphasis Card is issued, it will be followed up with further communication between the clinical coordinator and the Coordinator or the Assistant Coordinator of the anesthesia major. It will also necessitate a meeting between the student and the Coordinator or the Assistant Coordinator of the anesthesia major. Documentation of the events will be placed in the students file.

## Faculty Evaluation

Evaluation of faculty is employed to assist in the development of each faculty member, provide feedback concerning the conduct of the specialization, and aid in the ongoing process of course development and curricular improvements.

Strategies utilized in evaluation of faculty include:

1. Self-evaluation - Each member of the clinical and academic faculty shall evaluate his/her own performance in either the clinical setting, classroom or both, if appropriate. Faculty should strive to identify areas of strengths as well as areas in which there is room for improvement.
2. Didactic Faculty Evaluation - Each individual participating in classroom instruction in the Nurse Anesthesia specialization will be evaluated by the students at the end of each semester using the School of Nursing tool for student evaluation of classroom teaching.
3. Clinical Faculty Evaluation - Clinical preceptors will be evaluated by the students at the end of each clinical course and in December during their exit interview. Students will complete a Clinical Faculty evaluation form for instructors they have worked with in the clinical area. Information from these evaluations will be compiled by the Program Coordinator and reviewed by the Graduate Student Affairs Committee. A copy of the evaluation will be provided to the clinical preceptor.

## Program Evaluation

Evaluation of the program is an ongoing process designed to assess the present status of the program, determine future goals, and identify methods of achieving those goals.

Methodologies employed for program evaluation include:

1. Course evaluation - Students complete a Course Evaluation at the conclusion of each course in the Nurse Anesthesia Specialization. These evaluations are compiled by the secretarial staff, and reviewed by the Program Coordinator and Graduate Advisory Committee.
2. Student Evaluation of the Program - Annual program evaluation is conducted in December. Students are asked to provide feedback using the same tool utilized by the Council on Accreditation of Nurse Anesthesia Educational Programs in conducting accreditation review. Information obtained from these evaluations is shared with both the academic and clinical faculty, as well as the Graduate Student Affairs Committee. Goals for improving and strengthening the specialization are derived in part from student feedback via this mechanism.
3. Faculty Evaluation of the Program - Each year in December clinical and academic faculty are asked to evaluate the program using the same format employed by the Council on Accreditation of Nurse Anesthesia Educational Programs when conducting an accreditation review. Information obtained from these evaluations

is compiled by the Program Coordinator and reviewed by the Graduate Advisory Committee. Goals for improving and strengthening the specialization are derived in part from faculty feedback via this mechanism.

4. Clinical Agency Evaluation - Students and faculty shall evaluate each clinical agency where students participate in learning.
5. Self-evaluation Examination Scores (SEE) - Students will take the Self-evaluation Examination at the end of year-1 prior to starting year-2 and at the end of Year-2. Data from these exam scores along with other evaluation data will be utilized for curriculum development and in determining program effectiveness in meeting terminal objectives.
6. Employer Evaluation of Graduates - Employers of graduates of the Nurse Anesthesia Specialization will be surveyed at one-year post graduation to determine their perceptions of how well the graduate was prepared by the program for practice. Information from these evaluations will be incorporated with other feedback to develop modifications which will improve the effectiveness of the program.
7. Graduate Evaluation of Program - Graduates of the Nurse Anesthesia Specialization will be surveyed one year after completion of the program to solicit feedback regarding their perceptions of how well the program prepared them for practice.

**Formal Daily Evaluation  
and  
Expectations  
for the  
Appropriate Level**

**Nurse Anesthesia Clinical Evaluation Form**

<b>3 = Good</b>	Performance in clinical is that which is expected at the students current semester in the program
<b>2 = Below Average</b>	Performance in clinical is less than expected at the students current semester in the program.
<b>1 = Poor</b>	Performance in clinical does not meet basic minimum acceptable practice, principles and guidelines.

Objectives		1	2	3
1.	Demonstrate a working knowledge of the routine monitoring equipment required to provide anesthesia care according to established standards and guidelines.			
2.	Demonstrate working knowledge of anesthesia machines as evident by... <ul style="list-style-type: none"> <li>▶ Proper preoperative anesthesia machine check.</li> <li>▶ Proper ventilator management of the patient under general anesthesia.</li> </ul>			
3.	Demonstrate safe nurse anesthesia practice as applies to OSHA and hospital regulations.			
4.	Demonstrate adequate organizational skills as displayed in room preparation. <ul style="list-style-type: none"> <li>▶ Medication setup</li> <li>▶ Airway setup</li> <li>▶ Emergency equipment</li> <li>▶ Additional equipment required for specific cases</li> </ul>			
5.	Perform a complete preanesthetic evaluation. <ul style="list-style-type: none"> <li>▶ Recognizes significant pathology.</li> <li>▶ Recognized pharmacologic agents that may influence the choice and course of anesthesia.</li> <li>▶ Recognize abnormal test results.</li> </ul>			
6.	Formulate an appropriate nursing anesthesia care plan. <ul style="list-style-type: none"> <li>▶ Selection of anesthetic technique</li> <li>▶ Selection of agents and adjunctive drugs</li> <li>▶ Calculation of fluid requirements.</li> </ul>			
7.	Provide appropriate nurse anesthesia care. <ul style="list-style-type: none"> <li>▶ Allow the patient to express fears and concerns</li> <li>▶ Proper patient positioning for procedures.</li> <li>▶ Demonstrating basic communication skills.</li> <li>▶ Education of patient regarding type of anesthesia and risk factors.</li> </ul>			
8.	Administration of anesthetic to a patient: <ul style="list-style-type: none"> <li>▶ Induction</li> <li>▶ Selection of anesthetic agents and adjunctive drugs compatible with physical status and current drug therapy.</li> <li>▶ Monitors patient intraoperatively to maintain anesthetic depth.</li> </ul>			
9.	Demonstrate a working knowledge of the various anesthetic agents and adjunctive drugs.			
10.	Accurate completion of anesthesia records.			
11.	Safely transport the patient to the recovery room after proper evaluation of condition, report the course of anesthesia and any events that occurred or could occur to appropriate personnel.			
12.	Demonstrate nurse anesthesia skills & techniques <ul style="list-style-type: none"> <li>▶ Airway management /intubation</li> <li>▶ Recognition of potential and actual airway complications</li> <li>▶ Regional techniques</li> <li>▶ Central &amp; arterial line placement.</li> </ul>	N/A		
13.	Demonstrates appropriate professional behavior. <ul style="list-style-type: none"> <li>▶ Works affectively with preceptor and other members of OR team.</li> <li>▶ Open to constructive feedback.</li> <li>▶ Accept responsibility for his/her behavior.</li> </ul>			

**Instructor's Comments: Please comment on 1's or 2's:**

Surgery	Anesthesia Choice	ASA
1.		
2.		
3.		
4.		
5.		
6.		
7.		

\_\_\_\_\_ was evaluated while providing anesthesia for case number \_\_\_\_\_ Listed above.  
Student

\_\_\_\_\_  
 Clinical Preceptor Signature

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Facility

\_\_\_\_\_  
 Date

**Level I: At the conclusion of the third month in the clinical practicum, the student will be able to:**

1. Demonstrate a working knowledge of monitoring equipment utilized in providing anesthesia care to include:
  - A. Basic monitoring modalities for vital signs
  - B. Oxygen analyzer
  - C. Pulse oximeter
  - D. End-tidal CO<sub>2</sub> monitor
  - E. Agent Monitors
  - F. Peripheral nerve stimulators
  - G. Spirometer
  - H. Ventilator alarms.
2. Demonstrate an understanding of the physical laws of electricity as they apply to safe anesthesia practice.
3. Organize equipment:
  - A. Organize and set up the following equipment and supplies prior to the induction of anesthesia:
    - (1) Anesthesia machine
    - (2) Anesthetic agents and accessory drugs
    - (3) Equipment for airway management
    - (4) Appropriate intravenous equipment and fluids
  - B. Organize all equipment and material to initiate an intravenous infusion
4. Perform a preanesthetic evaluation, assigning the appropriate physical status classification:
  - A. Demonstrating basic communication skills, both verbal and non-verbal
  - B. Recognizes significant pathology that impacts on the anesthetic management of the patient
  - C. Recognizes EKG abnormalities
  - D. Recognized pharmacologic agents that may influence the choice and course of anesthesia
  - E. Recognize abnormal and normal laboratory data and their importance with respect to the anesthesia plan
5. Formulate an appropriate anesthesia care plan for an ASA Class I or II patient incorporating physiologic principles based on preoperative assessment, conference with clinical faculty and proposed surgical procedures.
6. Appropriately provide anesthesia nursing care to an ASA Class I or II patient during the perioperative period.
  - A. Properly identifying the patient
  - B. Allow the patient to express fears and concerns demonstrating understanding and compassion
  - C. Successfully perform IV catheter insertion
  - D. Apply basic monitoring equipment and recognize gross abnormalities
  - E. Properly position the patient for anesthesia and surgery.
7. Appropriately administer an intravenous and/or inhalation anesthetic to an ASA Class I or II patient:
  - A. Induce the patient, safely utilizing intravenous or inhalation techniques
  - B. Selection of anesthetic agents and adjunctive drugs compatible with patient's physical status and current drug therapy
  - C. Demonstrate proper airway management with a mask
  - D. Perform uncomplicated oral and nasal intubations
  - E. Recognize airway obstruction and implement measures to correct obstruction
  - F. Monitor patient intraoperatively to maintain anesthetic depth
8. Demonstrate a working knowledge of the various anesthetic agents and adjunctive drugs including signs of anesthetic depth, minimal alveolar concentration (MAC), mechanism of action, side effects, dosage and elimination.
9. Calculate the fluid requirements of an ASA Class I or II patient and apply physiologic principles in evaluating fluid and electrolyte status and blood loss before, during and after anesthesia and surgery.
10. Record all pertinent information accurately and legibly on anesthesia records.
11. Safely transport the patient to the recovery room after proper evaluation of condition, report the course of anesthesia and any events that occurred or could occur to appropriate personnel.
12. Demonstrate a basic understanding of the use of mechanical ventilators intra-operatively and post-operatively.
13. Conduct a post anesthesia visit within 72 hours documenting pertinent information.
14. Accept responsibility for his/her own behavior.

**Level II: At the conclusion of the sixth month in the clinical area the student will, in addition to refining Level I objectives be able to:**

1. Demonstrate an understanding of all monitoring equipment utilized in providing anesthesia care to include:
  - A. Basic monitoring modalities for vital signs
  - B. Oxygen analyzer
  - C. Pulse oximeter
  - D. End-tidal CO<sub>2</sub> monitor
  - E. Agent Monitors
  - F. Peripheral nerve stimulators
  - G. Respirometer
  - H. Ventilator alarms
  - I. Arterial lines
  - J. Central Venous Catheters
  - K. Pulmonary artery catheters
  - L. Doppler ultrasound
  
2. Appropriately provide anesthesia nursing care to an ASA Class I, II and III patient during the perioperative period:
  - M. Properly identifying the patient
  - N. Allows the patient to express fears and concerns. Demonstrates understanding and compassion
  - O. Successfully perform IV catheter insertion
  - P. Apply basic monitoring equipment and recognize gross abnormalities
  - Q. Properly position the patient for anesthesia and surgery
  
3. Appropriately administer an intravenous and/or inhalation anesthetic to an ASA Class I, II, or III patient:
  - R. Induce the patient safely, utilizing intravenous or inhalation techniques
  - S. Selection of anesthetic agents and adjunctive drugs is compatible with patients physical status and current drug therapy
  - T. Demonstrate proper airway management with a mask
  - U. Perform uncomplicated oral and nasal intubations
  - V. Recognize airway obstruction and implement measures to correct obstruction
  - W. Monitors patient intraoperatively to maintain anesthetic depth
  
4. Demonstrate increasing proficiency in the administration of general anesthesia exercising sound clinical judgment in adjusting the anesthetic to meet patient needs and surgical requirements.
  
5. Demonstrate beginning competency in the administration and management of regional anesthesia. Including but not limited to: SAB, brachial plexus block and IV regional techniques
  
6. Discuss theories of anesthesia uptake, distribution and elimination explaining how specific disease states modify these principles.
  
7. Understands the need for cooperation with medical and nursing staff.

**Level III: At the conclusion of the tenth month in the clinical area the student will, in addition to continuing to refine the skills identified in Levels I and II objectives will be able to:**

1. Demonstrate synthesis of didactic instruction with clinical application:
  - A. Identification of problems and implementation of appropriate interventions during anesthetic management of ASA Category I, II, III, and IV patients
  - B. Accurately assess and manage the perioperative needs of the patient
  - C. Evaluate and integrate laboratory data in developing the anesthesia care plan
  - D. Demonstrates increasing skill in minimizing or correcting airway difficulties with minimal assistance
  - E. Demonstrate refinement of skills in the utilization of mechanical ventilation during the perioperative course
2. Discuss the anatomic and physiologic principles during case reviews identifying situations in which anesthesia care must be modified for the following types of clinical problems in both adult and pediatric clients:
  - A. Cardiovascular disease
  - B. Respiratory disease
  - C. Central nervous system disease
  - D. Peripheral vascular disease
  - E. Hepato-renal disorders
  - F. Endocrine disorders
  - G. Neurologic disorders
3. Recognize advantages and disadvantages of specific methods and techniques as they apply to the patient's physical status and proposed surgical procedure.
4. Demonstrate increasing proficiency in the administration and management of regional anesthesia (SAB, brachial plexus block and IV regional techniques).
5. Interpret ECG abnormalities and identify appropriate intervention.
6. Administer physiologically sound anesthesia for ASA Category I, II, III, and IV patients, utilizing techniques that are compatible with the condition of the patient:
  - A. Integrates learning from other areas of medicine and nursing into a plan for anesthesia care
  - B. Demonstrates sound clinical judgment, based on scientific principles when confronted with problems during the anesthetic process
  - C. Justifies and provides rationale for selection of anesthetic techniques, methods and procedures
  - D. Understands principles and indications for complex monitoring systems
  - E. Formulates and initiates a plan to terminate anesthesia and safely emerges the patient with minimal assistance
  - F. Performs complicated oral and nasal intubations with minimal assistance.

**Level IV: At the conclusion of the fourteenth month in the clinical area the student will, in addition to continuing to refine the skills identified in Levels I, II and III objectives will be able to:**

1. Demonstrate self-confidence in providing anesthesia care.
2. Accept constructive criticism from instructors, peers and other members of the health care team.
3. Administer physiologically sound anesthesia for all ASA Classification patients, utilizing techniques that are compatible with the condition of the patient:
  - A. Integrates learning from other areas of medicine and nursing into a plan for anesthesia care
  - B. Demonstrates sound clinical judgment, based on scientific principles when confronted with problems during the anesthetic process
  - C. Justifies and provides rationale for selection of anesthetic techniques, methods and procedures
  - D. Understands principles of and indications for complex monitoring systems
  - E. Formulates and initiates a plan to terminate anesthesia and safely emerges the patient with minimal assistance
  - F. Performs complicated oral and nasal intubations with minimal assistance
4. Demonstrates increasing skill in the administration of a variety of regional techniques to include epidural analgesia and anesthesia.
5. Perform skillfully and diversely during emergency and stressful situations.
6. Formulate, implement and evaluate a plan of anesthesia care for the obstetrical patient.
  - A. Applies knowledge of the physiology of pregnancy when determining anesthetic requirements and selecting techniques for vaginal delivery and cesarean sections
  - B. Analyzes complications of labor and delivery and their impact on anesthetic management
  - C. Integrates learning from other areas of medicine when evaluating and treating anesthetic complications and problems associated with OB anesthesia
7. Provide physiologically sound anesthesia for an increasingly diverse population of patients recognizing the special needs of each group to include:
  - A. Adults
  - B. Geriatrics
  - C. Pediatrics
  - D. All ASA categories
  - E. Emergencies

**Level V: At the conclusion of the eighteenth month in the clinical area the student will, in addition to continuing to refine the skills identified in Levels I, II, III, and IV objectives will be able to:**

1. Utilize deductive reasoning when solving problems during the anesthetic process.
2. Demonstrate knowledge of the anesthesiologists' responsibilities during emergencies inside and outside the operating room.
3. Demonstrate proficiency in intubation of both the adult and pediatric patient.
4. Exercise creativity in the planning of anesthesia care.
5. Apply advanced principles and knowledge of pharmacology in anesthetic practice.
6. Select and implement appropriate means of ventilation that meet the individual respiratory needs of the patient.
7. Evaluate the effectiveness of respiratory therapy for which the anesthesiologist is responsible.
8. Understand and utilize pulmonary function tests and blood gas analysis in the anesthetic management of patients.
9. Perform skillfully when managing the special anesthetic requirements of the patient who presents for emergency surgery.
  - A. Identifies the unique problems associated with providing anesthesia care to the emergency patient
  - B. Formulates and implements an appropriate plan of care for emergency surgery
  - C. Recognizes potential complications in the emergency patient that may occur perioperatively
10. Utilizes principles of safe anesthesia practice when functioning in areas outside the operation suite.
11. Comprehensively assesses patient preoperatively in preparation for anesthesia and surgery.
12. Develop an anesthetic care plan that reflects an understanding of anatomy, physiology, and pathology as it relates to the underlying disease state and identify implications for anesthetic management.
13. Administer a safe, physiologically sound anesthetic utilizing a wide variety of general and regional techniques.
14. Manage respiratory care outside the operating suite.
15. Assume responsibility for continuing education in anesthesia by attendance at conferences and seminars.

## CRITICAL INCIDENT REPORT

The focus of this card is an incident that could or would have caused significant morbidity or mortality without intervention or has created an unacceptable workplace environment.

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Student Name

---

Preceptor Signature

Date

---

Signature of Site Clinical Coordinator

**Please attach a written explanation of the incident and mark the appropriate box on the back.**

**Please mark the appropriate incident and attach a written explanation.**

- PRE-OP EVALUATION
- ROOM SETUP
- AIRWAY MANAGEMENT
- DRUGS
- FLUIDS
- INTRA-MANAGEMENT
- MACHINES
- BREATHING CIRCUITS
- UNPROFESSIONAL BEHAVIOR
- UNRECOGNIZED/MIS-MANAGED OTHER PROBLEMES

**COMPLETE ALL SIGNATURES ON REVERSE**

**This is a copy of the Critical Incident Report Card.  
It will be printed on Red paper**





**American Association  
of  
Nurse Anesthetist  
(AANA)**

**2004**

**Minimum Required  
Clinical Experiences**

## Appendix

The minimum number of anesthesia cases is 550.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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### PATIENT PHYSICAL STATUS

Class I		
Class II		
Classes III & IV	100	
Class V		5
<b>TOTAL CASES</b>	<b>550</b>	<b>650</b>

### SPECIAL CASES

Geriatric 65 + years	50	100
Pediatric		
Pediatric 2 to 12 years	25	75
Pediatric (less than 2 years)	10	25
Neonate (less than 4 weeks)		5
Trauma/Emergency (E)	30	50
Ambulatory/Outpatient	100	
Obstetrical management	30	40
Cesarean delivery	10	15
Analgesia for labor	10	15

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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OTHER

Intravenous catheter placement	100	
Mechanical ventilation	200	
Pain management (acute/chronic)		10
Alternative airway management techniques (total of 1 & 2)	10	40
1) Fiberoptic techniques <sup>3</sup> (total of a, b & c)	5	15
a) Actual placement		
b) Simulated placement		
c) Airway assessment		
2) Other techniques	5	25

<sup>3</sup> Simple models and simulated experiences may be used to satisfy this requirement.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
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POSITION CATEGORIES

Prone	20	
Lithotomy	25	
Lateral	5	
Sitting	5	

ANATOMICAL CATEGORIES <sup>1</sup>

Intra-abdominal	75	
Extrathoracic	15	
Extremities	50	
Perineal	15	
Extracranial	15	
Intracranial	5	20
Oropharyngeal	20	
Intrathoracic	15	40
Heart	5	10
Lung	5	
Neck	5	10
Neuroskeletal	20	
Vascular	10	20

<sup>1</sup> Count all that apply.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
----------------------	------------------------	---------------------------

METHODS OF ANESTHESIA

General anesthesia	350	
Induction, maintenance, and emergence		
Intravenous induction	200	
Inhalation induction	10	25
Mask management	25	40
Laryngeal mask airways (or similar devices)	25	40
Tracheal intubation		
a. Oral	200	
b. Nasal		10
Total intravenous anesthesia	10	25
Emergence from anesthesia	200	
Regional techniques		
Management	30	
Administration <sup>2</sup> (total of a, b & c)	25	
a. Spinal		50
b. Epidural		50
c. Peripheral		40
Monitored anesthesia care	25	50

<sup>2</sup> Students must have experience in each category.

CLINICAL EXPERIENCES	Minimum Required Cases	Preferred Number of Cases
----------------------	------------------------	---------------------------

PHARMACOLOGICAL AGENTS

Inhalation agents	200	
Intravenous induction agents	200	
Intravenous agent - muscle relaxants	200	
Intravenous agent - opioids	200	
Intravenous agent - other	50	

ARTERIAL TECHNIQUE

Arterial puncture/catheter insertion	25	
Intra-arterial BP monitoring	25	

CENTRAL VENOUS PRESSURE CATHETER

Placement <sup>3</sup> (total of a & b)	5	10
a. Actual		
b. Simulated		
Monitoring	15	

PULMONARY ARTERY CATHETER

Placement		5
Monitoring		10

<sup>3</sup> Simple models and simulated experiences may be used to satisfy this requirement.