East Carolina University College of Nursing

Nurse Anesthesia Program

Faculty Handbook
2016

2/23/2016
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ECU College of Nursing  
Nurse Anesthesia Program

This student Handbook was reviewed by the East Carolina University College of Nursing Faculty and updated on:

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Organizational Charts
East Carolina University
College of Nursing
Nurse Anesthesia Program

Faculty Handbook

2

History
Mission Statement
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History

The Nurse Anesthesia Program at East Carolina University College of Nursing is one of eight concentrations in the Master of Science in Nursing (MSN) degree program.

The College of Nursing was created by the North Carolina General Assembly in 1959 and admitted its first undergraduate students in 1960. The college has been approved by the North Carolina Board of Nursing since 1961 and accredited by the National League for Nursing (NLN), now the National League for Nursing Accrediting Commission—NLNAC, since 1964, with the most recent accreditation granting full approval until 2010. In April 2010, the college was accredited by the Commission on Collegiate Nursing Education (CCNE) granting full approval until June 2015. Currently, the college is a member of the National League for Nursing, the American Association of Colleges of Nursing (AACN), and the Southern Council of Collegiate Education for Nursing (SREB).

Since its founding, the College of Nursing has continued to grow in numbers of faculty and enrolled students. The first class of nursing students was admitted in the fall quarter of 1960. Seventeen nursing majors graduated during commencement in 1964. In 1960, there were 25 students and three faculty members. Currently, there are over 8100 graduates from the baccalaureate program employed throughout the world. Today, the College of Nursing serves 1200 students and employs more than 140 faculty and staff.

From 1967 until 2006, the college occupied the Rivers Building complete with research and instructional facilities, including a Learning Resource Center, a Concepts Integration Lab, six classrooms and 40 faculty offices. In July 2006, the college moved to the new Health Sciences Building on the west campus. This facility has expanded the College of Nursing space to include a Learning Resource Center with 40 computer work stations and 8 Concepts Integration Labs. In addition, the nursing section of the Health Sciences Building houses 12 classrooms and 125 faculty offices.

Authorization to plan a graduate program in nursing at East Carolina University was granted in 1975 by the General Administration, University of North Carolina System. The proposed Master of Science in Nursing (MSN) Program was developed and presented to the appropriate bodies for approval. Program authorization was granted in August 1977, and the first students were admitted one month later in September 1977.

In spring 2001, approval was received from the UNC Board of Governors to begin a PhD program in nursing. The first students were admitted in fall 2002 and the first doctoral degree was conferred in May 2005. The doctoral program has grown to over 30 students. Courses are taught one day each week to meet the scheduling needs of students. Approval has also been granted for the College of Nursing to offer the PhD with a BSN to PhD option. The purpose of the PhD in nursing is to prepare nurse researchers and scholars to explore, develop, and move forward the scientific bases of nursing practice and nursing education. Students are prepared to conduct research in the domains of nursing science and collaborate with other professionals on interdisciplinary projects. Upon graduation, students are ready to assume positions as researchers, administrators in public and private health care organizations, policy makers and analysts, and university faculty.

On February 8, 2013 East Carolina University College of Nursing (ECUCON) received authorization from the University Of North Carolina Board Of Governors to offer the Doctor of Nursing Practice (DNP) degree. The first cohort of 19 post masters prepared advanced practice nurses began in fall semester 2013.

The ECU College of Nursing Nurse Anesthesia Program accepted its first class of students in January 2003. The program was initiated because there was a shortage of nurse anesthetists in eastern North Carolina. Registered Nurses who left the area to attend a nurse anesthesia program frequently did not return to this community which provides health care to residents of 29 eastern rural counties. Nurses from the area who wished to attend a nurse anesthesia program often could not because of local obligations, inability to commute or to afford relocation. The ECU CON Nurse Anesthesia Program was developed and integrated as a specialty within the College of Nursing. Eight other advanced practice specialties are offered by the CON such as Nurse Midwifery, Neonatal Practitioner, and Family Nurse
Practitioner concentrations. Since advanced practice nurses share much in common with respect to a clinical theory base and practice focus, the Nurse Anesthesia Program fits in well with the existing programs. Required core courses for advanced practice nurses at the ECU CON reflect a common base, and having students from various advanced practice specialties taking core courses together contributes to the mission of providing a common foundation for practice, while also advancing knowledge and research opportunities by examining the unique aspects of each specialty. An overview of the College of Nursing’s graduate program is available at http://www.nursing.ecu.edu.

The nurse anesthesia program is a 28 month program of study. It is a didactically “front-loaded” curriculum consisting of two educational phases, designed to provide graduate level education and training that enables the student to accomplish the Program’s terminal objectives. The nurse anesthesia curriculum was designed to reflect the educational philosophy of the College of Nursing and East Carolina University.

East Carolina University College of Nursing Accreditations:

- ECU College of Nursing is accredited by the Commission on Collegiate Nursing Education (CCNE), One Dupont Circle, NW Suite 530, Washington, DC 20036; telephone 202-887-6791
- ECU College of Nursing is approved by the North Carolina Board of Nursing
- The nurse anesthesia program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs, 222 Prospect Avenue, Park Ridge, IL 60068; telephone 847-692-7050.
- The nurse-midwifery concentration is accredited by the Accreditation Commission for Midwifery Education (ACME) formerly called the American College of Nurse-Midwives, Division of Accreditation, 8403 Colesville Road, Suite 1550, Silver Spring MD 20910; telephone 240-485-1802, fax 240-485-1818

Philosophy of the College of Nursing

Vision:

East Carolina University College of Nursing (ECUCON) will be nationally recognized for innovative programs in nursing education and collaborative, interdisciplinary partnerships that improve the way health care is provided in rural underserved communities as well as for research that advances nursing science. Our intent is to improve the health and well being of citizens in the region and around the world.

Mission:

The mission of ECUCON is to serve as a national model for transforming the health of rural underserved regions through excellence and innovation in nursing education, leadership, research, scholarship and practice.

Values:

The ECUCON believes:

- All people should be treated with respect, dignity, and compassion.
• Caring relationships are the core of nursing practice.
• The profession of nursing contributes to the health and well-being of individuals, families, organizations, and communities.
• High quality education, which includes both face-to-face and online learning, transforms lives.
• Students should be prepared to actively participate in a global community.
• Nursing practice and education should occur in a diverse and inclusive environment.
• Our tradition of service learning, community engagement, and leadership provides a model for transforming the health of the region, nation, and the world.
• Knowledge development and dissemination are our responsibility and commitment.

These guiding principles form a belief system which is foundational to our BSN, MSN and PhD programs.

Purpose of the Master of Science in Nursing Degree Program

The Master of Science in Nursing program prepares graduates for advanced practice nursing and for leadership roles in a variety of community based or acute care provider agencies. The MSN program offers concentrations in: Nursing Leadership, Clinical Nurse Specialist, Adult-Gero Nurse Practitioner, Family Nurse Practitioner, Neonatal Nurse Practitioner, Nurse Anesthesia, Nurse-Midwifery, and Nursing Education. Certificate programs are available for post-master's study in all concentrations. An alternate entry option is available for individuals who have earned a baccalaureate degree in another field.

Objectives of the MSN Program

Graduates of this program are prepared to do the following:

1. Integrate theories and research from nursing and related disciplines to guide advanced nursing practice; to administer nursing systems; and to influence health policy decisions.
2. Demonstrate proficiency in the ability to critically test theory based interventions in practice, and to participate in studies which advance professional practice and expand knowledge.
3. Function independently within an interprofessional framework to provide or direct expert care that is ethical and sensitive to the needs of a culturally-diverse population.
4. Exercise nursing leadership in collaboration with professional colleagues to maintain, reformulate or refine systems of health care that are effective, efficient, and responsive to the needs of all people.
5. Demonstrate a strong professional identity characterized by commitment to continued learning, ethical decision making, scholarly work, and the capacity to effect desirable changes.
6. Acquire a sufficient knowledge of nursing theory and research on which to base doctoral study in the discipline.
7. Integrate a global health perspective in the development of visionary solutions to health care problems for all citizens but particularly for those in rural underserved areas.

The Nurse Anesthesia Program Mission is to provide the students clinical and didactic curriculum which enables them to meet graduation requirements of this program and to take the National Certification Exam so they can serve as CRNAs.
Philosophy/Additional Beliefs of the ECU CON Nurse Anesthesia Program Faculty:

Human beings are individuals with needs, values, worth, and dignity. Although many human responses may be generalized and are predictable, all humans are unique and constantly interact with the environment in efforts to achieve a balance between their own unique needs and those of society. Adaptation is a process of adaptation to the anesthesia environment.

Society is comprised of individuals, families, groups, and communities that possess dynamic structure, values, and beliefs which influence individual and group behavior. Members of society live in settings, both rural and urban, with varying levels of wellness and health care needs.

Health refers to an individual’s level of mental and physical functioning on a wellness-illness continuum, not merely the absence of disease. Health is influenced by developmental stages, by social and cultural factors, by previous experiences and self expectations, and by personal choices about lifestyle and values. We believe access to health care is a human right.

Nursing, as a discipline and a practice profession, is at once an art and a science concerned with human response to illness or potential health problems. Nursing involves caring for and about people. The goal of nursing is to assist individuals, families, groups, and communities to promote, attain, and maintain health or assure peaceful death through collaboration among clients, professional nurses, and other health care providers. Nurses are accountable to the clients they serve and are responsible for advancing nursing knowledge, critical thinking, theory, research, and lifelong inquiry.

Learning is a dynamic internal process through which individuals develop their knowledge, skills, and attitudes. Learning is a lifelong process evidenced by growth and sustained change in behavior. Learners vary in their past experiences, learning patterns, cognitive structures, motivation, interests, and life goals. Learning is facilitated by the learner’s active participation in the planning, implementation, and evaluation of their own learning experiences. Faculty in the nurse anesthesia program is dedicated to the educational development of nurses in the specialty of nurse anesthesia.

Nursing education guides the learner to attain competencies required for the practice of professional nursing. Nursing education considers the uniqueness of the learner and fosters commitment, accountability, autonomy, leadership, self-awareness, and continued professional development.

We believe that baccalaureate education in nursing is the basis for professional practice, and those equipped with this knowledge base are prepared to make sound complex clinical judgments which promote the health and well-being of clients they serve. Graduate level education prepares nurse specialists who have a global perspective, refined analytical skills, ability to synthesize theory and research, and a strong sense of professional identity. Whereas undergraduate preparation in nursing prepares nurse generalists, master’s education not only prepares specialists for advanced clinical practice and for leadership roles but is also foundational for doctoral studies. Master’s education fosters the student’s ability to provide or direct relevant clinical care to a culturally diverse population within an interdisciplinary framework which emphasizes critically based decision making.

Graduates of the Master’s program are clinical scholars who integrate the science and art of nursing as well as articulate nursing’s unique contribution in a dynamic health care environment. We believe that graduate education challenges student to think creatively in order to develop visionary alternatives appropriate to health care. The faculty subscribe to the belief that learning is process through which declarative, procedural and conditional knowledge bases are developed and refined in a developmental fashion. The faculty also believes the case-based anesthesia instruction allows students to acquire flexible knowledge structures required to apply theory to practice.
Nurse Anesthesia Program Terminal Objectives

1. Be vigilant in the delivery of patient care.

2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.)

3. Protect patients from iatrogenic complications.

4. Participate in the positioning of patients to prevent injury.

5. Conduct a comprehensive and appropriate equipment check.

6. Utilize universal precautions and appropriate infection control measures.

7. Provide care throughout the perianesthetic continuum.

8. Use a variety of current anesthetic techniques, agents, adjunctive drugs and equipment while providing anesthesia.

9. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.

10. Provide anesthesia services to patients, including trauma and emergency cases.

11. Administer and manage a variety of regional anesthetics.

12. Function as a resource person for airway and ventilatory management of patients.

13. Possess current advanced cardiac life support (ACLS) recognition.


15. Deliver culturally competent perianesthetic care throughout the anesthesia experience.

16. Perform a comprehensive history and physical assessment

17. Apply knowledge to practice in decision-making and problem solving.

18. Provide nurse anesthesia care based on sound principles and research evidence.

19. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.

20. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.

21. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.

22. Calculate, initiate and manage fluid and blood component therapy.
23. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.

24. Pass the NBCRNA National Certification Examination in accordance with NBCRNA procedures.

25. Effectively communicate with individuals influencing patient care.

26. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.

27. Participate in activities that improve anesthesia care.

28. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.

29. Interact on a professional level with integrity.

30. Teach others.

31. Participate in continuing education activities to acquire new knowledge and improve his or her practice.

32. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.

33. Provide quality nurse anesthesia care to patients from diverse cultural backgrounds, medically underserved communities and rural health care settings.
Table 1  Relationship of Master’s Program Objectives and CON Mission and Values

<table>
<thead>
<tr>
<th>Graduate Program Objectives</th>
<th>CON Mission</th>
<th>CON Values</th>
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| 1. Integrate theories and research from nursing and related disciplines to guide advanced clinical practice; to administer nursing systems; and to influence health policy decisions. | To serve through education  
To serve through research and creative activity  
To serve through leadership, practice, and partnership | • Nursing uses theory and research based knowledge in the direct and indirect delivery of care through partnerships with clients and as members of interdisciplinary teams.  
• Faculty facilitates the development of critical thinking and scientific reasoning, diversity of perspectives and making informed moral and ethical decisions.  
• Master’s and doctoral education in nursing prepares the graduate for advanced roles in nursing.  
• Graduates are clinical scholars who can integrate the science and art of nursing, articulate the unique contributions of nursing and apply knowledge in dynamic environments. |
| 2. Demonstrate proficiency in the ability to critically test theory-based interventions in practice and to participate in studies, which advance professional practice and expand knowledge. | To serve through research and creative activity | • Nursing uses theory and research based knowledge in the direct and indirect delivery of care through partnerships with clients and as members of interdisciplinary teams.                                                                                                                                                                                                                               |
| 3. Function independently within an interdisciplinary framework to provide or direct expert care that is ethical and sensitive to the needs of a culturally diverse population. | To serve through leadership, practice, and partnership | • Faculty facilitates the development of critical thinking and scientific reasoning, diversity of perspectives and making informed moral and ethical decisions.  
• Master’s and doctoral education in nursing prepares the graduate for advanced roles in nursing.  It fosters the ability to direct care to culturally relevant diverse populations within an interdisciplinary framework. |
| 4. Exercise nursing leadership in collaboration with professional colleagues to maintain, reformulate or refine systems of health care that are effective, efficient, and responsive to the needs of all people. | To serve through leadership, practice, and partnership | • Master’s and doctoral education in nursing prepares the graduate for advanced roles in nursing.  It fosters the ability to direct care to culturally relevant diverse populations within an interdisciplinary framework.                                                                                                                                                       |
### Table 1  Relationship of Master’s Program Objectives and CON Mission and Values (Continued)

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<tr>
<th>Graduate Program Objectives</th>
<th>CON Mission</th>
<th>CON Values</th>
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| 5. Demonstrate a strong professional identity characterized by a commitment to continued learning, ethical decision making, scholarly work, and the capacity to effect desirable changes. | To serve through education  
To serve through research and creative activity  
To serve through leadership, practice, and partnership | - A purpose of the nursing program is to educate individuals for professional nursing roles in a variety of health care settings, fostering within each graduate a commitment to lifelong learning and professional development.  
- The faculty believes that nursing is a dynamic profession, which is scientifically based and directed toward assisting persons wherever they are along the health care continuum.  
- A purpose of the nursing program is to transform the health of rural and underserved regions |
| 6. Acquire a sufficient knowledge of nursing theory and research on which to base doctoral study in the discipline. | To serve through education  
To serve through research and creative activity | - Nursing uses theory and research based knowledge in the direct and indirect delivery of care through partnerships with clients and as members of interdisciplinary teams.  
- Graduates are clinical scholars who can integrate the science and art of nursing, articulate the unique contributions of nursing and apply knowledge in dynamic environments. |
| 7. Integrate a global health perspective in the development of visionary solutions to health care problems for all citizens but particularly for those in rural underserved areas. | To serve through education  
To serve through research and creative activity  
To serve through leadership, practice, and partnership | - Graduates are clinical scholars who can integrate the science and art of nursing, articulate the unique contributions of nursing and apply knowledge in dynamic environments.  
- A purpose of the nursing program is to educate individuals for professional nursing roles in a variety of health care settings, fostering within each graduate a commitment to lifelong learning and professional development.  
- A purpose of the nursing program is to transform the health of rural and underserved regions |

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<th>ECU CON Graduate Program Objectives</th>
<th>Anesthesia Concentration Terminal Objectives</th>
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</table>
| 1. Integrate theories and research from nursing and related disciplines to guide advanced clinical practice; to administer nursing systems; and to influence health policy decisions | • Utilize universal precautions and appropriate infection control measures.  
• Provide nurse anesthesia care based on sound principles and research evidence. |
| 2. Demonstrate proficiency in the ability to critically test theory-based interventions in practice and to participate in studies, which advance professional practice and expand knowledge | • Participate in the positioning of patients to prevent injury.  
• Apply knowledge to practice in decision-making and problem solving.  
• Interpret and utilize data obtained from noninvasive and invasive monitoring modalities |
| 3. Function independently within an interdisciplinary framework to provide or direct expert care that is ethical and sensitive to the needs of a culturally diverse population | • Be vigilant in the delivery of patient care  
• Protect patients from iatrogenic complications.  
• Participate in the positioning of patients to prevent injury  
• Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.  
• Use a variety of current anesthetic techniques, agents, adjunctive drugs and equipment while providing anesthesia  
• Conduct a comprehensive and appropriate equipment check.  
• Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions  
• Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.  
• Administer and manage a variety of regional anesthetics.  
• Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.  
• Calculate, initiate and manage fluid and blood component therapy.  
• Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.  
• Perform a comprehensive history and physical assessment  
• Provide care throughout the perianesthetic continuum. |
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| **4.** Exercise nursing leadership in collaboration with professional colleagues to maintain, reformulate or refine systems of health care that are effective, efficient, and responsive to the needs of all people | • Function as a resource person for airway and ventilatory management of patients.  
• Function as a resource person for airway and ventilatory management of patients.  
• Possess current advanced cardiac life support (ACLS) recognition.  
• Possess current pediatric advanced life support (PALS) recognition.  
• Effectively communicate with individuals influencing patient care.  
• Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.  
• Participate in activities that improve anesthesia care. |
| **5.** Demonstrate a strong professional identity characterized by a commitment to continued learning, ethical decision making, scholarly work, and the capacity to effect desirable changes | • Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.  
• Interact on a professional level with integrity.  
• Teach others.  
• Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical  
• Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.) |
| **6.** Acquire a sufficient knowledge of nursing theory and research on which to base doctoral study in the discipline | • Participate in continuing education activities to acquire new knowledge and improve his or her practice.  
• Provide nurse anesthesia care based on sound principles and research evidence. |
| **7.** Integrate a global health perspective in the development of visionary solutions to health care problems for all citizens but particularly for those in rural underserved areas | • Provide anesthesia services to patients, including trauma and emergency cases.  
• Deliver culturally competent perianesthetic care throughout the anesthesia experience.  
• Provide quality nurse anesthesia care to patients from diverse cultural backgrounds, medically underserved communities and rural health care settings. |

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## ECU College of Nursing
### Nurse Anesthesia Program
#### Plan of Study

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<th>Didactic</th>
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<th>Summer Semester 2</th>
<th>Fall Semester 3</th>
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<td>Health Assessment for Advanced Nursing Practice NURS 6610 (3 SH)</td>
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**69 Semester Hours**

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# ECU College of Nursing

## Post Masters Certificate

### Nurse Anesthesia Program

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8/7/02, 12/31/03, 12/13/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/29/09, 12/15/10, 12/15/11, 12/20/12, 12/15/2013, 12/19/14, 12/10/15
ADMISSION CRITERIA

1. Possess a Bachelor's of Science Degree in Nursing from an NLNAC (National League for Nursing Accrediting Commission) or a CCNE, and regionally accredited program, with a GPA of 3.0 (preferred).

2. Have completed one year of critical care nursing (adult ICU).

3. Acceptable GRE score with official copy sent to the school.

4. Two professional recommendations (on forms provided by nurse anesthesia program).


7. Hold a non-restricted license to practice as Registered Nurse in North Carolina or a NCSBN compact state (Out of state students must produce a NC RN license before enrolling in clinical courses).


9. A statement describing the applicant’s interest in graduate study, career goals, and the MSN degree’s relationship to those goals.

10. Program Prerequisites:
   a. A course in statistics
   b. A course in physiology (within last five years highly recommended)
   c. A course in chemistry or biochemistry (within the last five years highly recommended)
**MSN PROGRAM REQUIRED CURRICULUM**

*Nurse Anesthesia*

Prerequisites: Basic Statistics Course
- Basic Computer Skills
- One year experience in Adult ICU
- Physiology Course within 5 Years (highly recommended)
- Chemistry or Biochemistry Course within 5 Years (highly recommended)

### Common Core Courses

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Semester Hours</th>
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<tbody>
<tr>
<td>NURS 6080</td>
<td>Theory for the Practice of Advanced Nursing</td>
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<td>NURS 6082</td>
<td>Influencing Healthcare Quality, Safety, and Policy</td>
<td>3</td>
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<tr>
<td>NURS 6083</td>
<td>Health Care Finance and Economics</td>
<td>3</td>
</tr>
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<td>Advanced Nursing Synthesis</td>
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<td>NURS 6081</td>
<td>Research for the Practice of Advanced Nursing</td>
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### Clinical Core Courses

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<tr>
<th>Course</th>
<th>Title</th>
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<td>NURS 6810</td>
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<td>Health Assessment for Advanced Nursing Practice</td>
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<td>NURS 6811</td>
<td>Anesthesia Pharmacology</td>
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<tr>
<td>NURS 6805</td>
<td>Medical Pharmacology for Nurse Anesthetists I</td>
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<td>Medical Pharmacology for Nurse Anesthetists II</td>
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<tr>
<td>PTHE 8008</td>
<td>Gross Anatomy and Lab</td>
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**Nurse Anesthesia**

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Semester Hours</th>
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</thead>
<tbody>
<tr>
<td>NURS 6812</td>
<td>Professional Aspects of Nurse Anesthesia</td>
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<td>NURS 6813</td>
<td>Chemistry and Physics of Anesthesia</td>
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<tr>
<td>NURS 6814</td>
<td>Basic Principles of Nurse Anesthesia</td>
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<td>NURS 6815</td>
<td>Advanced Principles of Nurse Anesthesia I</td>
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<td>NURS 6816</td>
<td>Advanced Principles of Nurse Anesthesia II</td>
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<td>NURS 6824</td>
<td>Advanced Principles of Nurse Anesthesia III</td>
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<td>NURS 6817</td>
<td>Clinical Correlations I</td>
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**Total** 69

4/17/02, 12/23/03, 12/21/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
# NURSE ANESTHESIA CURRICULUM PLAN 2016

## 1st Year Students

<table>
<thead>
<tr>
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<th>Spring</th>
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<tbody>
<tr>
<td>NURS 6805 Advanced Pharmacology for Nurse Anesthetists I</td>
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<td>PTHE 8008 Gross Anatomy and Lab</td>
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<tr>
<td>NURS 6810 Human Physiology for Nurse Anesthetists</td>
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<td>NURS 6814 Basic Principles of Nurse Anesthesia</td>
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<tr>
<td>NURS 6813 Chemistry and Physics of Anesthesia</td>
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<td>NURS 6817 Clinical Correlations I</td>
<td>1 NURS 6610 Health Assessment for Advanced Nursing Practice</td>
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<td>NURS 6611 Anesthesia Pharmacology</td>
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## 2nd Year Students

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<th>Spring</th>
<th>Summer</th>
<th>Fall</th>
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<tbody>
<tr>
<td>NURS 6080 Theory for the Practice of Advanced Nursing</td>
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<td>NURS 6081 Research for The Practice of Advanced Nursing</td>
<td>3 NURS 6083 Health Care Finance and Economics</td>
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<td>NURS 6815 Advanced Principles of Nurse Anesthesia I</td>
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<td>NURS 6816 Advanced Principles of Nurse Anesthesia II</td>
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<td>NURS 6818 Clinical Correlations II</td>
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## 3rd Year Students

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<tr>
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<tbody>
<tr>
<td>NURS 6812 Professional Aspects of Nurse Anesthesia</td>
<td>2</td>
<td></td>
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<tr>
<td>NURS 6082 Influencing Healthcare Quality, Safety, and Policy</td>
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<tr>
<td>NURS 6993 Advanced Nursing Syn</td>
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<tr>
<td>NURS 6823 Clinical Practicum in Nurse Anesthesia V</td>
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<tr>
<td><strong>Total</strong></td>
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</table>

**Program Total**: 69
ECU College of Nursing
NURSE ANESTHESIA PROGRAM

Requirements for Program Length

REQUIREMENTS:

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA; 222 S. Prospect Ave., Park Ridge, IL, 60068, (847) 692-7050) has determined that for nurse anesthesia programs to be accredited by that body they must be 24 months in duration. The East Carolina University College of Nursing Nurse Anesthesia Program is a 28 month, 69 semester hour program. This exceeds the current COA minimum requirement. It is the policy of this program to always meet, or exceed the COA minimum requirements for program duration.
ON OCTOBER 12, 2002
THE EAST CAROLINA UNIVERSITY COLLEGE OF NURSING,
NURSE ANESTHESIA PROGRAM OBTAINED FULL
ACCREDITATION FROM THE COUNCIL ON ACCREDITATION OF
NURSE ANESTHESIA EDUCATIONALPROGRAMS (COA; 222 S.
Prospect Ave., Park Ridge, IL, 60068,(847) 692-7050).

On November 6, 2006 we received notification from COA that we have full accreditation for ten years. Our next review is Fall 2016.
Accreditation Status

The East Carolina University College of Nursing Nurse Anesthesia Program will accurately represent and publish both the College of Nursing and the Nurse Anesthesia Program’s accreditation status. All documents related to the nurse anesthesia program recruitment, program information, and policies and procedures will reflect the accreditation status of the program and the school. The Nurse Anesthesia Program, East Carolina University College of Nursing, or any of its clinical affiliates will not knowingly distort or misrepresent the accreditation status of the school or the program. Current certificate of certification will be displayed openly in the Program Director’s office.
Procedures/Guidelines Manuals

1. The Program Director and faculty maintain a current Administrative Manual containing additional program-specific procedures/guidelines. The faculty reviews program handbooks (administrative, faculty, and student) annually. Each procedure/guideline is subject to revision, and the date on which it was reviewed is noted on the individual procedure/guideline. Each one has the approval of the Program faculty.

2. Administrative policies will be reviewed and revised as necessary on an annual basis in conjunction with the Program Director’s Meeting. Changes in administrative policies will be in accordance with University policies, and Standards and Guidelines from the Council on Accreditation of Nurse Anesthesia Educational Programs (COA; 222 S. Prospect Ave., Park Ridge, IL, 60068, (847) 692-7050).

3. The Administrative Manual, Faculty Handbook, and Student Handbook will be reviewed in their entirety annually. Pen and ink changes will be made in the interim. Students and faculty will receive copies of any updated policies.

4. The Program Director distributes a copy of the Student and Faculty Handbooks and Administrative Manual to all clinical sites. Copies are available in the Program Director’s office, and interested individuals may review them upon request.

5. Each January all nurse anesthesia students receive a copy of the Student Handbook on compact disc. This is also posted on the Nurse Anesthesia Program website. In addition, this information is reviewed with the incoming students, and they are expected to review the manual in detail.

12/15/13, 12/19/14, 12/10/15
Recruitment

Recruitment is conducted by the Program Director and the nurse anesthesia program faculty.

Recruitment Materials
The College of Nursing Recruitment Office in conjunction with the Program Director and faculty review published recruitment materials (printed and electronic) annually for currency, accuracy, consistency, and clearness.

Electronic Program information is available to the public through the following sites:

ECU website: http://www.ecu.edu
CON website: http://www.nursing.ecu.edu
NAP website: http://www.ecu.edu/cs-dhs/nursing/crna/index.cfm

The printed version of Program information is mailed upon request.

Recruitment information may include the following disclaimer:
The programs, policies, requirements, and regulations listed are continually subject to review in order to serve the needs of the University’s and College’s various regulatory bodies and to respond to the mandates of the University and the North Carolina Board of Nursing. Changes may be made without advance notification.
East Carolina University
College of Nursing
Nurse Anesthesia Program

Faculty Handbook

3

Position Descriptions
Faculty Positions

I. Director, ECU CON NURSE ANESTHESIA PROGRAM

A. Job Relationships
   1. Supervises all nurse anesthesia students and dedicated faculty members
   2. Responsible to the Chair, Department of Graduate Nursing Science

B. Definition of Position
   1. Provides direction and administrative supervision to all aspects of the nurse anesthesia program, ensuring that both the didactic and clinical phases of the program meet the educational standards and guidelines set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA; 222 S. Prospect Ave., Park Ridge, IL, 60068, (847) 692-7050).

C. Criteria and Competencies
   1. Demonstrated competency and interest in the educational process, as reflected in curriculum vitae
   2. Current certification by the National Board of Certification and Recertification for Nurse Anesthetists.
   3. A graduate degree in nursing, preferably a PhD in nursing.
   4. A minimum of 5 years as full time faculty in a nurse anesthesia program.
   5. A minimum of 5 years clinical experience as a CRNA.
   6. Current non-restricted North Carolina State License as an RN/APRN (CRNA)
   7. Broad knowledge of the accreditation process.
   8. Teaching, presentation and class organizational skills.

D. Duties and Responsibilities
   1. Coordinates all administrative responsibilities required by the ECU CON Nurse Anesthesia Program
   2. Ensures compliance with the educational Standards and Guidelines established by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA; 222 S. Prospect Ave., Park Ridge, IL, 60068, (847) 692-7050).
3. Directs the application process to the Nurse Anesthesia Program coordinating with ECU Graduate School.

4. Maintains Nurse Anesthesia Program related programmatic and student records and databases.

5. Plans meetings and committee functions and other activities essential to the program insuring compliance with accreditation standards where applicable.

6. Communicates with faculty, students, college administration, hospital administration, and the public relative to the performing of the duties of the program director.

7. Acts as Course Director or assigns this function to the following clinical core and nurse anesthesia courses:
   NURS 6811, NURS 6813, NURS 6805, NURS 6806, NURS 6812, NURS6814, NURS 6815, NURS 6816, NURS 6817, NURS 6818, NURS 6819, NURS 6820, NURS 6821 NURS 6822, NURS 6823, NURS 6824

8. Directs, assists, and evaluates the Associate Director, Director of Clinical Education, and faculty in their daily/assigned functions of the program.

9. Prepares the annual budget for the program, and oversees budget and finance activities of the program.

10. Submits annual report, directs self study process and accreditation visits for COA Accreditation.

11. Directs and coordinates all aspects of program specific evaluation including but not limited to faculty, course, and overall program evaluation.

12. Principle Investigator for HRSA NAT Grant, makes recommendations for distribution funds, and maintains required records.

13. Provides academic administrative guidance for clinical training sites via the Director of Clinical Education.

14. Serves as chair of Program Admissions, Program Director, and Program Advisory Committees.

15. Serves as voting member of ECU CON Faculty Organization, and Graduate Faculty Organization Committees, and other Committees/Task Forces as appropriate within the College of Nursing and University.

16. Serves as faculty advisor for all students in first three semesters, and then for 6-12 students per year.

17. Serves as faculty advisor to student research projects.
II. Associate Director, ECU CON NURSE ANESTHESIA PROGRAM

A. Job Relationships (Faculty Member College of Nursing)
   1. Responsible to the Director, ECU CON Nurse Anesthesia Program

B. Definition of Position
   1. Serves as Assistant to Program Director and in Director’s absence assumes the responsibilities of Director
   2. Serves as member of the Program’s Admission Committee, Program Advisory, and Program Directors Committees
   3. Serves as member of ECU CON Faculty Organization and Graduate Faculty Organization committees
   4. Spends on average one day per week administering anesthesia in the clinical area

C. Criteria and Competencies
   1. Demonstrated experience, competency and interest in both didactic and clinical education of nurse anesthetists
   2. A graduate degree in nursing
   3. Have at least six years experience as a CRNA
   4. Current and non-restricted North Carolina state license as an RN/APRN (CRNA)
   5. Current certification by the National Board of Certification and Recertification for Nurse Anesthetists
   6. Obtain and maintain professional clinical credentials

D. Duties and Responsibilities
   1. Assumes all responsibilities of Director in his/her absence
III. Director of Clinical Education

Job Relationship (Faculty Member College of Nursing)

A. Job Relationships
   1. Reports to the Program Director.

B. Definition of Position
   1. This faculty member is directly responsible for the coordination and implementation of the clinical curriculum.

C. Duties and Responsibilities
   1. Responsible for coordinating all clinical experiences of the students education
   2. Ensure that each student meets all established clinical criteria, complying with all COA and clinical site requirements
   3. Instruct and supervise student nurse anesthetists in the operating room and simulation lab; works with students having clinical difficulties.
   4. Develops a yearly clinical schedule for the students
   5. Ensure that students receive supervised clinical anesthesia experiences commensurate with their individual professional growth
   6. Ensure all student evaluation tools are used fairly and consistently
   7. Conducts annual (at minimum) site visits to all clinical training sites and confers with Clinical Coordinators
   8. Is in the clinical area three to four days per week as Course Director for NURS 6819, 6820, 6821, 6822, and 6823. Assigns grades for these courses.
   9. Reviews daily clinical evaluations with students and initiates documentation and student counseling relative to deficiencies.
   10. Meets with clinical coordinators and instructors as needed to coordinate remediation for students having clinical deficiencies.
   11. Spends on average one day per week administering anesthesia in the clinical area
   12. Chair Clinical Education Evaluation Committee, and confers with Clinical Advisory Groups
   13. Member of the Nurse Anesthesia Admission, Program Director, and Program Advisory Committees
   14. Oversees the completion of the applications for the certification examination when the student’s have met graduation criteria
   15. Member of ECU College of Nursing Faculty Organization Committee and Graduate Faculty Organization Committee
16. Serves as faculty advisor for 6-12 students per year

D. Criteria and Competencies

1. Demonstrated experience, competency and interest in both didactic and clinical education of nurse anesthetists
2. A graduate degree in nursing
3. Have at least six years experience as a CRNA
4. Current and non-restricted North Carolina license as a RN/APRN (CRNA)
5. Current recertification by the National Board of Certification and Recertification for Nurse Anesthetists
6. Obtain and maintain professional clinical credentials for clinical practice as CRNA
IV. CRNA Faculty Member

A. Job Relationship
   1. Responsible to the Director, ECU CON Nurse Anesthesia Program

B. Definition of Position
   1. Provides didactic and clinical instruction to nurse anesthesia students, ensuring that both phases of the program meet the educational standards and guidelines set forth by the Council on Accreditation of Nurse Anesthesia Educational programs (COA; 222 S. Prospect Ave., Park Ridge, IL, 60068, (847) 692-7050).

C. Criteria and Competencies
   1. Demonstrated competency and interest in the educational process, as reflected in curriculum vitae
   2. A graduate degree in nursing
   3. Four to six years experience as a CRNA
   4. Current and non-restricted North Carolina license as RN/APRN (CRNA)
   5. Maintain certification by the National Board of Certification and Recertification for Nurse Anesthetists
   6. Obtain and maintain professional clinical credentials for clinical practice as CRNA

D. Duties and Responsibilities
   1. Instruct and supervise student nurse anesthetists in the art and science of anesthesia practice
   2. Spends on average one day per week administering anesthesia in the clinical area
   3. Course coordinator for one didactic and clinical course per semester.
   4. Provides instruction in simulation lab using high fidelity simulators and task trainers
   5. Develops syllabi, prepares and delivers lectures and exams
   6. Serves as a faculty advisor for 6-12 students per year
   7. Member of the Nurse Anesthesia Admission, Program Director, and Program Advisory Committees
   8. Member of ECU College of Nursing Faculty Organization Committee and Graduate
Faculty Organization Committee

E. Miscellaneous Duties
   1. Assists in planning/implementing graduation events
V. Clinical Coordinator

A. Job Relationships

1. Supervises nurse anesthesia students and clinical instructors
2. Responsible to the Director of Clinical Education, ECU College of Nursing, Nurse Anesthesia Program and the Chief of the Anesthesia Department (or his delegate)
3. Acts as liaison with the Chairman of the Department of Anesthesia or his delegate, and the Nurse Anesthesia Program Director.

B. Definition of Position

1. Oversees clinical site compliance with the Educational Standards and Guidelines published by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA; 222 S. Prospect Ave., Park Ridge, IL, 60068, (847) 692-7050).
2. Provides direction for the clinical instructors
3. Insures individualization of clinical learning for each student within departmental limitations

C. Criteria and Competencies

1. Demonstrated competency and interest in the educational process
2. A graduate degree in an appropriate field of study is required
3. Have at least four years experience as a CRNA
4. Current and non-restricted North Carolina state license as RN/APRN (CRNA)
5. Current certification by the National Board of Certification and Recertification for Nurse Anesthetists
6. Obtain and maintain professional clinical credentials for practice as CRNA

D. Duties and Responsibilities

1. Instruct and supervise student nurse anesthetists in the art and science of anesthesia practice
2. Ensure all student evaluation tools are used fairly and consistently
3. Ensure that students receive supervised clinical anesthesia experiences commensurate with their individual professional growth. At VMC the Director of Clinical Education is responsible for daily assignments.
4. Ensure that the clinical site complies with all the required COA and Program Standards and Guidelines
5. Acts as liaison between the Program Director and Chairman of the Department of Anesthesia or his delegate at the clinical sites

6. Coordinates with director of clinical education to provide an orientation to clinical students at the clinical site
VI. Clinical Preceptor

A. Job Relationships

1. Supervises the nurse anesthesia students, working with the staff nurse anesthetists to ensure continuity of training
2. Responsible to the Clinical Coordinator, Chief CRNA and Chairman of the Department of Anesthesia or his delegate

B. Definition of Position

1. Assists the Clinical Coordinator in the execution of duties that provide learning experiences of nurse anesthesia students in their clinical training
2. Assists the Clinical Coordinator in ensuring that each student meets the certification requirements established by the Council on Accreditation of Nurse Anesthesia Programs (COA; 222 S. Prospect Ave., Park Ridge, IL, 60068, (847) 692-7050).

C. Criteria and Competencies

1. Demonstrated competency and interest in the educational process
2. Certified as a CRNA
3. Maintain a current and non-restricted North Carolina license as an RN/APRN (CRNA)
4. Obtain and maintain professional clinical credentials

D. Duties and Responsibilities

1. Assist the Clinical Coordinator with responsibilities concerning the ECU CON Nurse Anesthesia Program
2. Instruct, teach, and supervise students in the art and practice of anesthesia
3. Assist the Clinical Coordinator in the evaluation of student performance, growth patterns and potential, via submission of written daily evaluations to the Director of Clinical Education
VII. Director, Anesthesia Concepts Integration Lab (ACIL)

A. Job Relationships (Faculty Member College of Nursing)
   1. Responsible to the Director, ECU CON Nurse Anesthesia Program

B. Definition of Position (0.2 FTE)
   1. Provides anesthesia simulation support to CRNA Faculty (includes scenario development and implementation
   2. Provides student instruction in procedural aspects of anesthesia delivery using task trainers and high fidelity simulators
   3. Provides oversight of ACIL. Makes recommendations for maintenance, purchase, and upgrades of equipment and supplies

C. Criteria and Competencies
   1. Demonstrated experience and interest in didactic and clinical education of nurse anesthesia students
   2. A graduate degree in nursing
   3. At least 5 years experience as a CRNA
Administrative Position Descriptions

VIII. Program Assistant (SPA position)

A. Job Relationships

1. Performs a variety of administrative and office management duties that relieve the Program Director, Associate Director and faculty of executive business matters
2. Answers directly to the Program Director

B. Definition of Position

1. Interfaces with applicants to the program and provides them with accurate materials and information concerning application
2. Schedules appointments for the Program Director, Associate Director and faculty as requested
3. Answers telephone and disseminates calls appropriately
4. Maintains a neat and orderly office
5. Maintains applicant files and communicates with each applicant relative to the application process and the collection of applicant materials
6. Interfaces with personnel at the ECU College of Nursing and Graduate School relative to graduate application process
7. Maintains records of current RN licenses, CPR, ACLS, PALS for students enrolled in the program – informs students and Program Director in writing two months in advance of expiration
8. Maintains updated documents on all students enrolled in the program, including didactic and clinical transcripts
9. Organizes course materials and evaluations for easy maintenance of pertinent materials
10. Assists Program Director, Associate Director, and faculty in processing printing and storage of daily evaluations, classroom material, and clinical schedules
11. Maintains an ongoing list of anesthesia related library books owned by the program and ECU libraries; updates this annually
12. Assists in the acquisition of new and updated materials from the library
13. Helps the Program Director, Associate Director and faculty members keep the student study areas neat and useful to students
14. Secretarial Activities
a. Types correspondences as requested and responds independently to requests of a routine nature
b. Assists Program Director, Associate Director and faculty in processing, printing and storage of case reports, case conferences, classroom material and clinical schedules
c. Assists the Program Director in the preparation and submission of required graduation information to the National Board of Certification and Recertification of Nurse Anesthetists.
d. Types examinations, handouts and other such materials as requested by the Program Director, Associate Director and faculty
e. Prepares classroom for teaching, including ensuring requested audiovisual aids are in the classroom and working properly
f. Assists in coordination of graduation events with Program Director and Class President
g. Assists in compilation of student, faculty and course evaluations etc.
h. Prepares candidate profiles for review by the Nurse Anesthesia Admission Committee
i. Sets interview dates following communication with the Program Director and schedules interviews with applicants
j. Assists Program Director, Associate Director, faculty and students with paperwork for initiation and reimbursement for official travel
k. Take minutes at nurse anesthesia program meetings as directed

C. Position Requirements

1. Ability to deal with people in calm efficient manner
2. Self-motivation and creative in task assessment and completion
3. Typing and MS Office skills
4. Ability to speak clearly with good telephone manners
5. Ability to recognize limitations and seek assistance
6. Ability to work under pressure, handling several tasks at once
7. Able to work with minimal direct supervision
8. Elementary library skills

East Carolina University
College of Nursing
Nurse Anesthesia Program

Faculty Handbook

4

Committees
Program Committee Structure

Program Advisory Committee

- Representatives include a public member/consumer, a student, the Program Director/Associate Directors, and members from the ECU CON and SOM.
- Minutes are reviewed from the following committees:
  1. Curriculum Review Committee
  2. Program Director’s Meetings
  3. Clinical Education Evaluation Committee
  4. Admissions Committee

A Summary of the Post Graduate Evaluations will also be reviewed.

Clinical Education/Evaluation Committee

1. Program Evaluations (completed semester 6)
2. Rotation Evaluation (each semester)
3. Time commitment Review (Fall)
4. Out Rotation site visits and student evaluations (each semester students there)
5. Faculty evaluations (by students) / Self evaluations (by faculty) Fall semester
6. Review Clinical Educational processes/Documents (Fall)

Clinical Advisory Groups

1. Daily evaluations (formative) that also inform Semester evaluations (summative)
2. Director of Clinical Education meets with Clinical Faculty
3. Director of Clinical Education meets with Clinical Coordinators annually, more often as necessary

NA Admissions Committee

1. Recommendations for admission
2. Record of applicant interviews

ECU CON Associate Dean Graduate Programs

ECU Graduate School Admissions

Concentration Director’s Monthly Meeting

Curriculum Review Committee

1. Student Course Evaluations
2. Student Program Evaluations
3. Admission Surveys
4. Post Graduate Evaluations

ECU CON Graduate Curriculum Committee

1. Design & management of ECU CON Graduate Curriculum
East Carolina University
College of Nursing
Nurse Anesthesia Program

Committees

1. ECU CON Nurse Anesthesia Program Admissions Committee
   a. Purpose
      The Admissions Committee receives applications that meet College of Nursing
      requirements for entry into graduate study. The Admissions Committee reviews for the
      Nurse Anesthesia Program all pertinent information, interview, and recommends to the
      ECU CON those applicants who meet minimum criteria have evidence of intellectual
      ability and preparation to successfully pursue studies in nurse anesthesia.

   b. Membership (minimum)
      - Nurse Anesthesia Program Director (Chair)
      - Nurse Anesthesia Associate Program Director
      - Nurse Anesthesia Didactic Faculty
      - Student (non-voting facilitator)
      - One Anesthesiologist (preferably two)
      - Two CRNAs (Clinical)
      - One CON Faculty Member
      - One Basic Science Faculty Member

   c. Meeting Frequency
      Yearly (May/June/July) with additional meetings as necessary

2. ECU CON Graduate Curriculum Committee
   a. Purpose
      The purpose of this College of Nursing committee is to oversee the design and
      management of a coherent and coordinated curriculum for all graduate nursing
      education. They meet as required to review and make recommendations to the College
      of Nursing Graduate Faculty Organization for the addition, deletion, or revision of
      courses and programs offered by the College of Nursing.

   b. Membership
      - Chair
      - ECU Graduate Faculty Members

   c. Meeting Frequency
      As needed
d. Minutes
   - Minutes from the Graduate Curriculum Committee shall be distributed to all members of the Graduate Curriculum Committee, and those of relevance to the nurse anesthesia program shall be given to the Nurse Anesthesia Program Director, and Faculty.

3. ECU CON Nurse Anesthesia Program Curriculum Review Committee

a. Purpose

   To review nurse anesthesia students’ course evaluations, program evaluations, and post-graduate evaluations and to propose curricula changes.

b. Membership
   - Program Director (Chair)
   - Student Members/2 from each class

c. Meeting Frequency
   Twice per year in the spring and fall semesters

d. Minutes
   Minutes are reviewed in the Nurse Anesthesia Program Directors Meeting and the Program Advisory Committee.

4. ECU CON Nurse Anesthesia Program Director’s Monthly Meeting

a. Purpose

   The purpose of this committee is to establish a forum for communication for discussions regarding policy, curriculum, and faculty issues; to discuss program and educational issues, review curriculum evaluations and to plan and institute purposeful changes with the goal of maximizing goal effectiveness. The committee receives minutes from the Admissions Committee, Curriculum Review Committee and Clinical Education Evaluation Committee. Assessment and subsequent changes are collated and reported annually to the Program Advisory Committee.

   - Evaluate Clinical and Didactic Curriculum according to COA Standards and Guidelines
   - Reviews Evaluations (Course, Program, SEE, NCE).
   - Reviews minutes from Curriculum Review Committee.
   - Reviews Clinical Curriculum.
   - Review current educational issues for relevancy and implementation
   - Review and evaluate current curriculum and program’s ongoing quality assessment
   - Review for implementation any recommendations made by the Program Advisory Committee
   - Discuss matters of mutual concern among the faculty
   - Makes required programmatic changes.
b. **Membership**
   Membership is composed of the ECU College of Nursing Nurse Anesthesia Program didactic faculty

c. **Meeting Frequency**
   The meeting is held once a month

d. **Minutes**
   Minutes from this committee provide evidence for ongoing programmatic assessment and improvement and/or shared with Program Advisory Committee.

5. **ECU CON Nurse Anesthesia Program Clinical Advisory Groups**

   a. **Purpose**
      - Review the overall clinical progress of students.
      - Gain input from clinical preceptors about student integration of didactic and clinical knowledge bases.
      - Provide input regarding individual students strengths and weaknesses.

   b. **Membership**
      - Director of Clinical Education
      - Clinical Coordinators
      - CRNA Clinical Faculty
      - Anesthesiologist Clinical Faculty

   c. **Meeting Frequency**
      - Clinical CRNAs and Anesthesiologist function in an advisory capacity to the Director of Clinical Education. The Director of Clinical Education meets frequently with preceptors at Vidant Medical Center. The Director of Clinical Education meets formally with Clinical Coordinators annually (minimum). Discussions include ongoing and formative Student Evaluations as well as updates regarding policies and procedures.
      - The Program Director meets annually with all Vidant Medical Center preceptors.
      - Input from Clinical Faculty is shared at the Program Directors Meeting.

6. **ECU CON Nurse Anesthesia Program Clinical Education and Evaluation Committee**

   a. **Purpose**
      - Promote an optimal educational environment within clinical sites.
      - Assess clinical curriculum and procedures (including rotations, site and faculty evaluations and time commitments).
      - Discuss and suggest changes in clinical curriculum.
      - To review, revise, and update clinical forms used in evaluation processes.

   b. **Membership**
      - Director of Clinical Education (Chair)
      - Clinical Faculty
      - Student (2)
c. **Meeting Frequency**
   Annually (Fall semester)

d. **Minutes**
   Minutes are available to the Nurse Anesthesia Program Directors Committee and the Program Advisory Committee for review.

### 7. ECU CON Nurse Anesthesia Program Advisory Committee

**a. Purpose**
- To provide review and input to the programs continuous self-assessment process.
- To review ongoing evaluations and data based changes.
- To review the recommendations submitted from the Clinical Education and Evaluation Committee, Curriculum Review Committee, Clinical Advisory Groups, and the Nurse Anesthesia Program Director meetings.
- To review post graduate evaluations (Graduates, Employers, & Certification Scores)
- To subject all recommendations to the scrutiny of a member of the community of interest satisfying our required accountability to that group
- To forward educational recommendations to the Nurse Anesthesia Program Faculty for feasibility and implementation, as indicated

**b. Membership**
- Program Director (Chair)
- Associate Director
- Nurse Anesthesia Program Faculty
- Clinical Coordinator(s)
- College of Nursing Dean
- College of Nursing Associate Dean for Graduate Studies
- College of Nursing Chair Department of Graduate Nursing Science
- College of Nursing Director of Unit Assessment and Evaluation
- Representative from Vidant Health Systems
- Anesthesiologist
- Public member
- Students (2 from each class)
- CON of Nursing Faculty
- Non-nursing faculty
- Program alumni

c. **Meeting Frequency**
   Annually (Fall)

d. **Minutes**
   Minutes are reviewed in the Nurse Anesthesia Program Director’s Committee.

### 8. Committee Membership

All committee members are appointed annually by the Program Director

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12,
## Committee Tools

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<th>Program Advisory Committee</th>
<th>Sample Tools</th>
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<td>Minutes from Program Directors Meetings</td>
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<td>Minutes from Curriculum Review Committee</td>
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<td>Minutes from Clinical Education and Evaluation</td>
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<td></td>
<td>Review Six Month Graduate Evaluations</td>
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<td>Review Six Month Employer Evaluations</td>
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<td>Review Certification Scores (Graduate)</td>
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<tr>
<th>Program Director Meetings</th>
<th>Sample Tools</th>
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<td>Minutes from Curriculum Review Committee</td>
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<td></td>
<td>Minutes from Clinical Education Evaluation Committee</td>
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<td>Six Month Graduate Evaluations</td>
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<td>Six Month Employer Evaluations</td>
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<td>Certification Results</td>
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<td>Alumni Evaluations (every three years)</td>
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<td>Reports from Concentration Directors Meeting*</td>
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<td>Reports from Department Meetings*</td>
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<td>Reports from Graduate Faculty Org Meetings*</td>
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<td></td>
<td>*Minutes on Sharepoint</td>
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<table>
<thead>
<tr>
<th>Clinical Education and Evaluation Committee</th>
<th>Sample Tools</th>
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<td></td>
<td>Rotation Evaluations</td>
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<td>Student Faculty Evaluations</td>
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<td>Faculty Self Evaluations</td>
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<td>Time Commitment Evaluation</td>
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3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
East Carolina University
College of Nursing
Nurse Anesthesia Program
Faculty Handbook

Grading and Testing
Grade Requirements
Academic Advisement
Outcome Criteria and Measures
Requirements for Graduation
Grade Requirements

The ECU College of Nursing Nurse Anesthesia Program will follow the following policy on grades.

PURPOSE:

This guideline provides guidance for both faculty and students in the Nurse Anesthesia Program for grading and expectations for success.

PROCEDURE:

1. Definition of Grades
   - A = Excellent
   - B = Good
   - C = Low Pass
   - I = Incomplete: Students will not be allowed to graduate with an incomplete on his or her record
   - F = Failure

2. Graduate courses with a final grade of C may be credited toward completion of the nurse anesthesia program, but any student who receives a final grade of C on courses in excess of 6 s.h. will have his or her program terminated.

3. A B average is required for graduation based on semester hours of A graded work equal to or exceeding semester hours of C work.

    Students in the Nurse Anesthesia Program are required to make a grade of B or Higher in the following courses: Those who earn a grade below B will have their program terminated.

    NURS 6814 Basic Principles of Nurse Anesthesia
    NURS 6811 Anesthesia Pharmacology
    NURS 6819 Clinical Practicum Nurse Anesthesia I
    NURS 6815 Advanced Principles Nurse Anesthesia I
    NURS 6820 Clinical Practicum Nurse Anesthesia II
    NURS 6816 Advanced Principles Nurse Anesthesia II
    NURS 6821 Clinical Practicum Nurse Anesthesia III
    NURS 6824 Advanced Principles Nurse Anesthesia III
    NURS 6822 Clinical Practicum Nurse Anesthesia IV
    NURS 6823 Clinical Practicum Nurse Anesthesia V
    NURS 6993 Advanced Nursing Synthesis
Grade Appeal Policy

The goal of this grade appeal policy is to establish a clear, fair process by which graduate students can contest a course grade that they believe has been awarded in a manner inconsistent with university policies or that has resulted from calculation errors on the part of the instructor.

If the instructor and student cannot resolve the issue, and the student wishes to pursue the matter further, he or she can follow the Grade Appeal Policy in the ECU Graduate Student Catalog

http://catalog.ecu.edu/content.php?catoid=6&navoid=378#Graduate%20Student%20Grade%20Appeals.

12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Academic Advisement

The ECU College of Nursing Nurse Anesthesia Program will follow the ECU College of Nursing policy on Academic Advisement. Students in the Nurse Anesthesia Program will also receive additional academic counseling as described below.

PURPOSE:

This guideline provides guidance for both faculty and students in the Nurse Anesthesia Program for Academic Counseling.

PROCEDURE:

1. Upon admission to the program each student will be assigned to an academic advisor who will be responsible for assisting the student in meeting the requirements of the program. Students in the Nurse Anesthesia Program will have nurse anesthesia faculty members as their academic advisors. During the first year this will be the Program Director.

2. The advisory process generally includes:
   a. An initial conference with the advisor to plan the overall program.
   b. Meetings with the advisor by appointment at least once a semester.
      i. It is the responsibility of the student to schedule this appointment
      ii. This will occur at mid-semester
   c. Students must inform their advisor of any failing grades within a week of receiving a failing grade on any assignment.
The graduate, upon completion of the program will be able to exhibit the following, either through written and/or oral examination or through behavioral demonstrations.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>MEASURE</th>
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<tbody>
<tr>
<td>1. Meet ECU Graduate School, College of Nursing, and Nurse Anesthesia</td>
<td>1. Maintain 3.0 GPA or higher</td>
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<tr>
<td>2. Meet or Exceed Council on Certification for Nurse Anesthetists</td>
<td>2. Earn a grade of B or higher in designated courses</td>
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<tr>
<td>3. Satisfy Eligibility requirements for taking the NBCRNA National</td>
<td>3. Complete 69 Semester Hours</td>
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<td>5. Monitor initial employment rates</td>
<td>5. Complete NURS 6993 Anesthesia Portfolio</td>
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<tr>
<td>6. Academic capability to pass the NCE</td>
<td>1. Monthly Case Records</td>
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<tr>
<td>7. NBCRNA Transcript</td>
<td>1. NBCRNA Transcript</td>
</tr>
<tr>
<td>8. Minimum GPA 3.0</td>
<td>1. Daily Clinical Evaluations</td>
</tr>
<tr>
<td>9. Earn a grade of B or higher in designated courses</td>
<td>1. Students’ Report</td>
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<tr>
<td>10. Pass rate NCE</td>
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<tr>
<td>11. Monitor initial employment rates</td>
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3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
**Requirements for Graduation of Students**

The ECU College of Nursing Nurse Anesthesia Program will recommend for graduation to the ECU Graduate School all students who satisfy requirements as set forth by the Nurse Anesthesia Program, and who have met all requirements for graduation set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA; 222 S. Prospect Ave., Park Ridge, IL, 60068, (847) 692-7050).

Application for graduation must be made on a form provided by the Registrar’s Office at least one semester prior to the completion of the requirements for the degree.

Graduation exercises will be held at the end of the Fall and Spring Semesters. However, degrees are also conferred at the end of the summer session.

**Nurse Anesthesia Program Requirements for Graduation**

1. Maintain 3.0 GPA or higher

2. Complete all required 69 Semester Hours of course work in Students Plan of Study
   a. If in the Post-Masters Certificate Program, must complete all required 54 Semester Hours of course work in Students Plan of Study

3. Earn a grade of “B” or higher in identified Nurse Anesthesia Program Courses

4. Meet all Council on Accreditation of Nurse Anesthesia Educational Programs requirements for graduation

5. Pass the comprehension assessment

6. Comply with all ECU, CON, and Nurse Anesthesia Program Policies and Guidelines
East Carolina University
College of Nursing
Nurse Anesthesia Program

Faculty Handbook

6

Record Retention
Student Illness
Student Work
Fraternization
Substance Abuse
Student Assignments
Liability Insurance
Clinical Supervision of Students
Clinical Evaluation of Students
Clinical Site Evaluation by Students
Confidentiality
Didactic Faculty Assignments
Evaluation of Graduates
Clinical Faculty Evaluations
Didactic Course Evaluations
Clinical Evaluations by Students
Unsatisfactory Academic/Clinical Performance
Notice on Non-Discrimination
Clinical Probation
Needle Stick/Bodily Fluids Exposure
Infection Control
Clinical Case Records
Computer Requirements
Electronic Communications Requirements
SEE Exam
Admissions
Students Conduct/Honor Code
Dress Code
Maintaining, Retention, and Disposal of Student Record

A student clinical record will be created when the student reports to ECU for orientation for the Nurse Anesthesia Program. Student files will be maintained in individual folders. To ensure that student files are secure, all files will be maintained in a locked room or locked file cabinet at all times. Each record will contain the following information (in the designated folder):

**Application / Orientation folder**

- Application materials
  - Nurse Anesthesia Application packet
    - Supplemental application
    - Admission checklist
    - Clinical experience checklist
    - Supervisor(s) and Peer(s) recommendation forms / letters
    - Student Statement
    - Science GPA calculation
  - Graduate application materials
    - Graduate application evaluation summary
    - Graduate application
    - Transcripts
    - Reference forms and letters

- Orientation materials
  - Orientation checklist
  - Privacy Act
  - Release of Information
  - Student Biographic Sheet
- AANA student membership form
- Email / Phone correspondence related to admission, application process, etc.

**Comprehensive Exam folder**

- SEE Exam(s) result(s)

**Correspondence folder**

- Emails not addressed in other folders

**Evaluations folder**

- Counseling evaluations
- Letters of Reprimand

**Grades / Planning Sheet / Registration folder**

- Grade change or removal of Incomplete form
- Semester system grades report
- Program Planning Sheet

**Hospital Compliance folder**

- Annual VMC training documentation (Infection Control, HIPAA, Environment of Care, Substance Abuse, etc.)
- AANA Liability Insurance application  

**Licensure folder**  
- Copy of RN, CPR, ACLS, PALS licenses  
- Copy of liability insurance  

**Summative Evaluation folder**  
- Summative Evaluation (NURS 6819, 6820, 6821, 6822, 6823)  

**Student Mid-Semester Advisement folder**  
- Mid-semester advisement forms  

**Travel folder**  
- Copies of checks processed for reimbursement  
- Copy of letter explaining reason for late reimbursement submission (if applicable)  
- Copy of reimbursement forms submitted

1. **The Permanent Student File**

   The permanent student file will be maintained by the ECU College of Nursing Graduate Office in locked files. It will contain the following information:
   - Name
   - SSN
   - Grades/Final NBCRNA transcript
   - All student records will be retained until the student passes the Certification Examination, except for the records that should be kept indefinitely.
   - Student records to be kept indefinitely include all records that may relate to litigation, final case records, summative student evaluations, National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) transcripts, and grievances.

2. **Retention Schedule**

   All documents not in the student’s permanent file will be maintained for ten years.
   - Files will be identified and coded by class/year and stored in a secure university site.

3. **Electronic Reports**

   Student records may be maintained electronically as long as there is the ability to create hard copies. If software programs are changed, rendering records inaccessible, the records must be converted to hard copies until disposal occurs.

   Director of Clinical Education keeps an electronic copy of all students’ cases and a final paper copy will be in the students permanent student file.

4. **Disposal of Student Records**

   Student records will be destroyed by incineration or shredding

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
STUDENT ILLNESS

1. All classes and clinical rotations are considered mandatory. Students must be able to complete all clinical rotations in order to graduate.

2. If a student calls in “sick” or is admitted to the hospital, they must immediately notify the Program Director/Associate Director. Leaving a message on voice mail is NOT sufficient. You must speak with the Director, Associate Director or a member of the Nurse Anesthesia Program. When students are scheduled in the clinical area they MUST also notify the Director of Clinical Education and the Clinical Coordinator by phone if they are not going to be in the clinical area.

3. Failure to report an illness by the student to the clinical area and to the Nurse Anesthesia Program Office constitutes an unexpected absence and is unacceptable.

4. If a student has frequent absences due to illness, he or she may be requested to see a physician at his or her expense.

5. Any physical condition that significantly interrupts the course of instruction or adversely impacts the student’s ability to carry out the tasks associated with anesthesia practice may be cause for “set-back” or dismissal from the program.

6. All unscheduled time out of clinical instruction must be made up.
Student Work Outside Committed Time

Students are encouraged to devote full-time to the study and practice of nurse anesthesia. Part time work as a Registered Nurse (RN) is discouraged during enrollment as a nurse anesthesia student.

During the 28 month Nurse Anesthesia Educational Program, students are not permitted to be employed as a nurse anesthetist by title or function. Violation of this policy will result in dismissal from the program.

1. Applicants will be counseled at the time of interview that part-time work is discouraged by the program because of the difficulty of the curriculum. Each applicant will be counseled to be financially able to commit to the program without having to work outside the program curriculum.

2. Counseling to discourage outside work shall occur during orientation sessions and following enrollment in the program.

3. If students elect to work part-time as a Registered Nurse, they will be informed that they should not work at this job on days of clinical or didactic assignment for the program. There is no guarantee that students will be relieved of anesthesia related duties in time to make other work commitments.

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
APPENDIX U

EAST CAROLINA UNIVERSITY
IMPROPER RELATIONSHIPS BETWEEN
STUDENTS AND FACULTY

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/20/12, 12/15/13, 12/19/14, 12/10/15
East Carolina University does not condone amorous relationships between students and employees. Members of the University community should avoid such liaisons, which can harm affected students and damage the integrity of the academic enterprise. Further, sexual relationships between unmarried persons can result in criminal liability. In two types of situations, University prohibition and punishment of amorous relationships is deemed necessary: (1) When the employee is responsible for evaluating or supervising the affected student. (2) When the student is a minor, as defined by North Carolina law. The following policies shall apply to all faculty and students of the University.

A. Prohibited Conduct
   1. It is misconduct, subject to disciplinary action, for a University employee, incident to any instructional, research, administrative or other University employment responsibility or authority, to evaluate or supervise any enrolled student of the institution with whom he or she has an amorous relationship or to whom he or she is related by blood, law or marriage.
   2. It is misconduct, subject to disciplinary action, for a University employee to engage in sexual activity with any enrolled student of the institution, other than his or her spouse, who is a minor below the age of 18 years.

B. Definition of Terms
   1. "Amorous relationship." An amorous relationship exists when, without the benefit of marriage, two persons as consenting partners (a) have a sexual union or (b) engage in a romantic partnering or courtship that may or may not have been consummated sexually.
   2. "Related by blood, law or marriage" means:
      a. Parent and child
      b. Brother and sister
      c. Grandparent and grandchild
      d. Aunt and/or uncle and niece and/or nephew
      e. First cousins
      f. Step-parent and step-child
      g. Husband and wife
      h. Parents-in-law and children-in-law
      i. Brothers-in-law and sisters-in-law
      j. Guardian and ward
   3. "Evaluate or supervise" means
      a. To assess, determine or influence (1) one's academic performance, progress or potential or (2) one's entitlement to or eligibility for any institutionally conferred right, benefit or opportunity, or
      b. To oversee, manage or direct one's academic or other institutionally prescribed activities.

C. Corrective Action
   Violations of the provisions of Section A shall be addressed in accordance with remedial measures prescribed by the University; if disciplinary action is brought against an affected employee, it shall be conducted in accordance with existing institutional policies and procedures prescribed for prosecuting misconduct charges against members of the class of employment of which the affected employee is a member.

Approved: Administrative Memorandum #360
18 March 1996
The Board of Governors of The University of North Carolina

Appendix U-3
Policy on Impairment and Chemical Substance Abuse

POLICY:

1. Rationale: Our philosophy regarding student substance abuse revolves around protecting the public’s health and assisting the student in recovery. To ensure patient safety, comply with clinical facility policies and the North Carolina Board of Nursing policy [21 NCAC 36.0320(d)], and assist students in recovery, the College of Nursing (CON) has adopted a substance abuse policy.

2. Policy: The CON will be responsible for appropriately identifying and referring students who are abusing substances to Student Health Services and Center for Counseling and Student Development. The student is accountable for his/her own recovery process.

3. Informed consent: As a condition of admission to the Nursing Program, students are required to comply with this policy and submit a written statement of informed consent.

4. Definitions: A nursing student is any full-time or part-time student admitted to the CON which includes all degree programs. Substance abuse is the use of illegal/ un-prescribed substances or alcohol that impairs performance when engaging in any learning activity: classes, laboratory and/or delivery of patient care.

PROCEDURE:

A. Drug Screening Program (Section A applies to Alternate Entry MSN Students Only)

1. Admission Drug Screen. Students applying for admission to the nursing program after completing all pre-requisites are selected for admission to the CON pending a negative drug test. Admission may be denied or withdrawn for a positive drug test. The list of drugs that are tested are found in the table below.

2. Procedure for drug screening. Students will be notified of the procedure for drug screening in their admission letter (Alternate Entry MSN students only). Students must use the CON approved vendor and process for reporting drug screen results. Results will be maintained confidentially in the CON Office of Student Services. All expenses associated with drug screening are the responsibility of the student.

3. Implications of positive results. A drug screen will be presumed positive if any of the drugs listed are found in a blood or urine screen. Presumed positives will be confirmed by a second screen from the original sample. If the screen is determined to be positive, the student will be referred to the ECU Counseling and Student Development Office for evaluation to determine if there is presence or absence of abuse. The ECU Counseling and Student Development Office will notify the Dean of the CON of their evaluation. The results of all screens will be maintained as confidential in the CON Office of Student Services. Access will be limited to the student and the CON administrators for use in the hearing process or for readmission process. Screening based on Reasonable Suspicion

B. Screening Based On Reasonable Suspicion
1. A student may be subject to screening at any time when, in the judgment of a faculty member or preceptor, there is reasonable cause to suspect the student is engaged in substance abuse. Such individualized reasonable suspicion may be based on information from any source deemed reliable by the faculty member, including but not limited to:
   
i. Observed possession or use of illegal/non-prescribed substances or alcohol that impairs performance.

   ii. Observed change in appearance or behavior that is reasonably interpretable as being caused by substance abuse by CON faculty or preceptor.

2. When individualized reasonable suspicion is found to exist; the faculty begins the documentation process by completing the Faculty Report of Reasonable Suspicion of Drug/Alcohol Use Form.

3. Once reasonable suspicion is determined by a faculty member and the student has been confronted by the faculty member who documents the suspected conduct, the student will be removed from the learning environment and the faculty member will coordinate the screening procedure with Undergraduate Student Services or the Associate Dean of Graduate Studies as appropriate and will refer the student to the ECU Counseling and Student Development Office for evaluation to determine if there is presence or absence of abuse. The ECU Counseling and Student Development Office will notify the Dean of the CON of their evaluation. The student is responsible for all expenses associated with drug screening. A consent and release form will be signed by the student for drug screening. Validated copies of the drug screen results will be sent to the CON Office of Student Services.

4. Students engaging in clinical experiences outside the usual screening center business hours will be subject to that clinical agency's policy on substance abuse policy and responsible for any fees incurred associated with screening. Students must provide an official copy of results to the CON Office of Student Services.

5. Once the faculty member has confronted and removed the student from the learning environment, the faculty member shall notify the Chair and submit the Faculty Report of Reasonable Suspicion of Drug/Alcohol Use Form to the Executive Director of Student Services or the Associate Dean of Graduate Studies.

6. The Executive Director of Student Services and the Associate Dean of Graduate Studies are responsible for ensuring the student provides the necessary drug screening documents, and informing the Administrators of the CON.

7. If illegal substance abuse is substantiated by screening, the student must agree to participate in a drug education and counseling program and pay all program fees, consent to regular drug screening and other conditions and restrictions, including community service. Refusal or failure to do so shall result in suspension from enrollment for the remaining period of probation. For second or subsequent offenses involving illegal possession of controlled substances, progressively more severe penalties shall be imposed, including expulsion.

C. Voluntary admission of substance abuse
Students who voluntarily report to CON faculty or administrators that they have a substance abuse problem, will be assisted by the CON Executive Director of Services or Associate Dean of Graduate Studies to obtain services through East Carolina University Student Health Services and/or the Center for Counseling and Student Development. The CON Executive Director of Student Services or the Associate Dean for Graduate Programs as appropriate will report voluntary admission to the CON Dean. Continued participation in the program will be at the discretion of the Dean. If a positive drug screen is obtained, the student will submit to drug screens as requested by the CON and will be suspended in a manner consistent with the applicable CON and University policies and procedures.

D. Admission/Readmission after a Positive Drug Screen

A student whose admission is withdrawn or suspended from the clinical component of the CON due to a positive drug screen will be considered for readmission if among others, the following conditions are met:

a.) Submit at time of reapplication to an evaluation for substance abuse by CON approved agency and complete the prescribed treatment program.

b.) Submit to a drug screen prior to admission/readmission. A positive drug screen may result in ineligibility for admission/readmission.

c.) Submit to random drug screens as required by CON while enrolled in the program. A positive drug screen will result in permanent dismissal from the CON.

d.) Students seeking readmission must reapply in accordance with the readmission policy in the CON Student Handbook.

E. Confidentiality of Information Concerning Drug Use

Individual test results of the drug screen will not be provided to clinical agencies. No release of information will be made without the student’s written consent, unless in response to appropriate judicial process such as a subpoena or court order.
F. Appeal Policy

The student is eligible to pursue the University Appeal policy as outlined in CON Student Handbook.

G. Consequences of Permissible Drug Use

When students are prescribed medications that may impair cognitive and/or motor functions, the CON expects the student not to attend clinical or laboratory courses, while impaired by the prescribed medication. If the faculty observes changes in appearance or behavior that is reasonably interpretable as being caused by properly used prescription medications, the student will negotiate transportation from the facility and not return to those settings until the cognitive and/or motor impairment is resolved. The student will continue to be held to the course attendance policies. The student may be required to have a physician’s endorsement in writing that they are safe to practice nursing while taking a prescribed medications before being permitted to return to clinical or laboratory setting.

Table 1. List of Drugs Tested for Abuse by Drug Screen

<table>
<thead>
<tr>
<th>Drug</th>
<th>Abuse by Drug Screen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alfentanil</td>
<td>Amphetamines</td>
</tr>
<tr>
<td>Butorphanol (Stadol)</td>
<td>Barbiturates</td>
</tr>
<tr>
<td>Fentanyl</td>
<td>Benzodiazepines</td>
</tr>
<tr>
<td>Ketamine</td>
<td>Cannabinoids</td>
</tr>
<tr>
<td>MDMA (ecstasy)</td>
<td>Cocaine</td>
</tr>
<tr>
<td>Nalbuphine (Nubain)</td>
<td>Methadone</td>
</tr>
<tr>
<td>Sufentanil</td>
<td>Oxycotin (Oxycodone)</td>
</tr>
<tr>
<td>Tramadol</td>
<td>Phencyclidine</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Propoxyphene</td>
</tr>
</tbody>
</table>

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Substance Abuse Addendum

REQUIREMENTS:

The East Carolina University Policy on Substance Abuse details the University’s commitment to prevent substance abuse through education and counseling and its duty to discipline those members of the academic community who engage in illegal drug-related activities. Students, faculty members, administrators, and other employees are responsible, as citizens, for knowing about and complying the provisions of North Carolina law make it a crime to possess, sell, deliver, or manufacture those drugs designated collectively as “controlled substances” in the Article 5 of Chapter 90 in the North Carolina General Statutes. This policy is set out in Appendix B of the ECU Graduate Catalog.

1. Classes on wellness concepts will be incorporated into the student nurse anesthesia curriculum and will be given annually.

2. An educational presentation of chemical dependency will be provided at a minimum on an annual basis to all students.

3. Students will be made aware of the AANA and NCANA Peer Assistance Programs.

4. After acceptance into the ECU College of Nursing Nurse Anesthesia Program but prior to beginning class, students will be asked about prior illegal drug usage, abuse of prescription drugs, and prior intemperate alcohol use. Past users will be monitored, including but not limited to drug testing. Failure to comply with this policy will result in dismissal from the program.

5. All nurse anesthesia students will be required to submit to random or scheduled drug testing at any point in their training based on the decision of the Nurse Anesthesia Program Director. Failure to comply with this policy will result in immediate dismissal from the program.

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Student Assignments

The Nurse Anesthesia Program is responsible for clinical and didactic assignments for students of the program.

1. The Program Director, Associate Director, and Director of Clinical Education shall prepare, prior to each academic year, a clinical and didactic schedule. Each student enrolled in the program shall receive a copy of this plan.

2. A Course Schedule and syllabus with assignments shall be distributed at the beginning of each course.

3. Assignments shall be discussed at the beginning of the academic year or at the beginning of each semester. Students will be appraised that schedule changes will be kept to a minimum, but change may be necessary to offer an optimal educational experience.
Requirements for Liability Insurance

LIABILITY INSURANCE:

1. All Nurse Anesthesia Graduate Students are required to present evidence of professional liability insurance prior to enrolling in a clinical practicum course. Liability insurance of $1,000,000 each claim and $3,000,000 in aggregate is required for enrollment in all clinical nursing courses. Verification of coverage is required each semester.

2. Information about policies is available from the Program Director.

3. Liability insurance provided by an employer does not cover you as a student.

4. Failure to maintain liability insurance may result in immediate dismissal from the program.
Requirements for Clinical Supervision of Students

All students will be supervised in the clinical area in accordance with the Council on Accreditation of Nurse Anesthesia Educational Program’s Standards and Guidelines for Accreditation of Nurse Anesthesia Educational Programs and by the policies established by the ECU College of Nursing Anesthesia Program.

While in the clinical area:

1. Students shall be supervised by a CRNA or anesthesiologist with staff privileges in a ratio not to exceed 2 students to 1 clinical instructor.
   a. Individual Hospitals may require 1:1 supervision ratio
   b. It is never appropriate for a nurse anesthetist student to be supervised by an Anesthesia Assistant (AA), resident anesthesiologist, or graduate nurse anesthetist.

2. A Student in Semesters 4-7 may be left alone for short periods of time in the operating room at the discretion of the supervising CRNA or anesthesiologist during the maintenance of anesthesia as long as the responsible CRNA or anesthesiologist does not leave the operating suite, is immediately available to summons from the student, and remains in appropriate OR attire.

3. No student shall be left alone with a patient who is unstable, during a critical surgical procedure (i.e. aneurysm clipping, unclamping of the aorta, going on or off bypass), or during an anesthetic event such as induction, intubation, emergence, or extubation.

4. It is the responsibility of the student assigned to any location for the first time to inform their staff CRNA of this, and request that their anesthesia set-up, including machine set-up, related supplies and equipment be checked by the CRNA.
   a. This must be documented by the CRNA on the students daily evaluation

5. The faculty of the ECU College of Nursing Nurse Anesthesia Program shall monitor the progress of each individual student. Whenever student progress is deemed unsatisfactory, the CRNA or anesthesiologist or the Clinical Coordinator for the site will notify the Director of Clinical Education, who will confer a conference with the student.

Effective Immediately
4/25/13, 5/24/13, 12/15/13, 12/19/14, 12/10/15
Requirements for Clinical Supervision of Students
In Non-anesthetic Situations

All students will be supervised in the clinical area in accordance with the Council on Accreditation of Nurse Anesthesia Educational Program’s Standards and Guidelines for Accreditation of Nurse Anesthesia Educational Programs and by the policies established by the ECU College of Nursing Nurse Anesthesia Program.

While in the clinical area:

1. Supervision of students for nonanesthetic situations will be restricted to CRNAs and physician credentialed experts. Supervision in management of patient airways and resuscitation in nonanesthetic situations will not exceed a ration of 1 student to 1 clinical instructor.
Clinical Evaluation of Students

The Nurse Anesthesia Program will evaluate all students’ clinical performance in a timely fashion. Students shall evaluate themselves using appropriate evaluation forms and evaluation intervals.

1. A daily clinical evaluation will be completed by the assigned clinical faculty using ECU Clinical Evaluation tool. These will be placed in the locked evaluation box at Vidant Medical Center or handed directly to the student.

2. The Director of Clinical Education shall complete a summative evaluation at the end of each semester (and more frequently as needed).

3. The clinical grade will be determined by the Director of Clinical Education from review of daily clinical evaluations.

4. Students shall complete a self-evaluation at the end of semesters 4-7 and submit this evaluation to the Director of Clinical Education.

5. All evaluations completed on any student shall be reviewed by the Director of Clinical education. Comments, data, and/or recommendations shall be discussed with the student.
ECU College of Nursing
Nurse Anesthesia Program

Guidelines for SRNA Daily Clinical Documentation

1. Care plans and evaluation forms will be completed and ready for review by the clinical preceptor each morning prior to the first case.

2. The student should list “planned cases” and the preceptor’s last name on the evaluation forms.

3. Students should make every attempt to receive written feedback (evaluation) at the end of the clinical day.

4. ALL care plans will be turned into the Director of Clinical Education each week.

5. Each Friday in class students will match their clinical evaluation (both those in their possession and those the director of Clinical Education has) with the appropriate care plan (staple these together).
   a. In the rare event that a student has a missing evaluation, they should notify the Director of Clinical Education.

6. Completion of all clinical documentation is an important aspect of clinical education. Missing care plans and/or evaluations will be reflected in clinical grades.

7. Clinical days with written evaluations must exceed 80%. A return rate of < 80% of clinical evaluations is unsatisfactory and may result in additional clinical days to fulfill this requirement.
ECU College of Nursing
Nurse Anesthesia Program

Guidelines for Room Preparation

1. Students should arrive in the OR each morning in time to prepare for the day. This includes gathering appropriate equipment and preparation of medications.

2. Preparation of medications is a time when students need to be very vigilant. Students should make every attempt not to engage in conversation or extraneous activities (no head phones) while preparing the room for the day.
Clinical Site Evaluation by Students

All ECU College of Nursing Nurse Anesthesia Program students shall evaluate clinical sites using appropriate evaluation forms and evaluation intervals.

1. Review and update of procedures for evaluation by students in clinical sites shall be accomplished by the Clinical Education Evaluation Committee on an annual basis.

2. Student evaluation of affiliated sites shall be completed each semester (ideally) and annually at a minimum, and reviewed with the Director of Clinical Education and recommendations made to the Program Director.

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Confidentiality

The Nurse Anesthesia Program will adhere to appropriate standards of confidentiality.

1. Information concerning students’ progress in the program shall be disseminated only to faculty of ECU Nurse Anesthesia Program who have a need of such information to determine assignments for the student’s benefit, and the College of Nursing Associate Dean of Graduate Programs.

2. Student records shall be kept in a locked area unless attended by a staff or faculty member from the Nurse Anesthesia Program.

3. Faculty discussions of a student’s performance with another student or uninvolved faculty member will not be condoned by the Program.

4. The Nurse Anesthesia Program will abide by the ECU policy for the administration of student records which is in accordance with provisions of the Family Educational Rights and Privacy Act of 1974 (P.L. 93-380) (Refer to ECU Graduate Catalog).
Didactic Faculty Assignments

1. Program Director, Associate Director, or CRNA Faculty will be named coordinator for specific courses within the curriculum.

2. Faculty from outside the program may be contracted to provide lectures within their areas of expertise. Faculty will be contacted by the Program Director and dates for classes confirmed.

3. Each contracted lecturer will receive an outline documenting the topic, date and time.

4. Faculty will be made aware of the resources available to facilitate their preparation.

5. Faculty will be made aware of the evaluation process for each course and teaching instructor.
Evaluation of Graduates

1. Evaluation forms will be mailed approximately 6 months after graduation to all graduates. During the same time, evaluation forms will be sent to employers.

2. The returned forms will be reviewed and summarized, and a formal report of these evaluations will be discussed in the Program Director's meeting and the Program Advisory Committee.
Clinical Faculty Evaluation

1. Clinical instructor evaluations occur annually: a sample of clinical faculty will receive self evaluations, and students will evaluate these faculty.

2. The faculty evaluations will be collected and summarized.

3. Clinical instructor evaluations will be reviewed by the Director of Clinical Education and in the Program Directors Meeting.

4. Clinical faculty evaluations will be shared with the clinical coordinator, and counseling will be made available to all clinical faculties upon request.
Didactic Course Evaluation by Students

1. Students will complete a course/instructor evaluation on each course to include clinical courses each semester.

2. The course evaluation summaries are shared with the appropriate course director.

3. The Course Evaluations will be reviewed with student representation in the Curriculum Review Committee. Recommendations for changes will be considered at Program Director’s Meeting.

4. Summaries of recommendations and changes subsequently made/not made will be shared with the Program Advisory Committee

12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Clinical Evaluation of Students

The Nurse Anesthesia Program will evaluate all students’ clinical performance in a timely fashion. Students shall evaluate themselves using appropriate evaluation forms and evaluation intervals.

1. A daily clinical evaluation will be completed by the assigned clinical faculty using ECU Clinical Evaluation tool. These will be placed in the locked evaluation box at Vidant Medical Center or handed directly to the student.

2. The Director of Clinical Education shall complete a summative evaluation at the end of each semester (and more frequently as needed).

3. The clinical grade will be determined by the Director of Clinical Education from review of daily clinical evaluations.

4. Students shall complete a self-evaluation at the end of semesters 4-7 and submit this evaluation to the Director of Clinical Education.

5. All evaluations completed on any student shall be reviewed by the Director of Clinical education. Comments, data, and/or recommendations shall be discussed with the student.

12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Notification of Unsatisfactory Academic/Clinical Performance

1. Students are required to inform the CRNA Faculty Advisor within one week of any failing didactic grade received.

2. Students will schedule a meeting with the course instructor whenever they receive a failing grade.

3. Students MUST inform the Director of Clinical Education immediately of any failed clinical day.

4. Students will be notified of outcomes associated with failure to receive a passing grade, which in some situations could place them on academic probation, and/or result in possible dismissal from the program.

5. Recommendations on student support resources available will be made.
Notice of Non-Discrimination

The full-text of this policy is available at:
http://www.ecu.edu/cs-acad/oed/policies.cfm

East Carolina University is committed to equality of opportunity and does not discriminate against applicants, students, employees, or visitors based on race/ethnicity, color, creed, national origin, religion, sex, sexual orientation, age, veteran status, political affiliation, genetic information, or disability.

East Carolina University supports the protections available to members of its community under all applicable federal laws, including Titles VI and VII of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; Section 504 and 508 of the Rehabilitation Act of 1973, as amended; the Age Discrimination in Employment Act of 1967, as amended; the Pregnancy Discrimination Act of 1978; the Civil Rights Restoration Act of 1988; the Americans with Disabilities Act of 1990, as amended; and Executive Order 11246 of 1965, as amended; the N.C. General Statutes Section 126-16, as amended and other applicable federal and state laws.

In compliance with Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act of 1990, as amended, accommodations of the disabled extend to student programs, employment practices, elimination of physical barriers, and special assistance to disabled students and employees within the University.

This nondiscrimination policy covers admission, readmission, access to, and treatment and employment in University programs and activities, including, but not limited to, academic admissions, financial aid, any services, and employment.

Internal Complaint Resolution Procedures for Formal Complaints of University Prohibited Harassment or Discrimination

If you believe you have been harassed or discriminated against based on a protected class prohibited in the University’s Notice of Nondiscrimination Policy (i.e., “Prohibited Harassment or Discrimination”), you may first try to resolve the issue by talking with your supervisor. If you are not satisfied with the outcome of that discussion or do not feel comfortable talking with your supervisor about the issue, please follow the general steps for resolution outlined below:

1. An employee or student alleging harassment or discrimination based on a protected class prohibited in the University’s Notice of Nondiscrimination should report the alleged harassment directly to East Carolina University’s Associate Provost for Equity and Diversity, who also serves as the Title IX Coordinator and ADA/Section 504 Compliance Officer, within 30 calendar days of the alleged harassing or discriminatory action. [Please note: Complaints of prohibited harassment or discrimination against students should be reported directly to the Dean of Students Office.]

2. Written complaints outlining the nature of the alleged harassment or discrimination should be submitted via the online Grievance Reporting Form available at the following web address: http://www.ecu.edu/oed. Please select the link entitled, “Submit a Grievance” in the Protected Class Grievances section. Grievance Reporting Forms submitted via this process are transmitted directly to the Office for Equity and Diversity to:

   LaKesha Alston
   Associate Provost for Equity and Diversity
   East Carolina University Suite G-406, Old Cafeteria Building
   Greenville, North Carolina 27858

3. Once a written complaint is received, the Associate Provost will review the complaint. The Associate Provost will confirm receipt of the complaint and provide any guidance regarding appropriate next steps in the review to the person who filed the complaint.

4. A determination based on the findings from the Associate Provost’s investigation of the allegations will be communicated in writing to the employee or student who filed the complaint, the individual(s) who responded to the complaint and the divisional vice chancellor within approximately sixty (60) calendar days from receipt of the written complaint.
5. If an employee or student is not satisfied with the determination based on the findings from the Associate Provost for Equity and Diversity, the individual has thirty (30) calendar days from the date he or she received written notification of the determination made to submit a letter or intent to appeal to:

LaKesha Alston
Associate Provost for Equity and Diversity
East Carolina University Suite G-406, Old Cafeteria Building
Greenville, North Carolina 27858

6. Any act by a University employee or student of reprisal, interference, restraint, penalty, discrimination, coercion, retaliation, or harassment against an employee or student for using the applicable policies responsibly interferes with free expression and openness and violates University policy. Accordingly, members of the University community are prohibited from acts of reprisal and/or retaliation against those who file complaints, are involved as witnesses, or otherwise try to responsibly use University policies.

7. Information regarding the rights and responsibilities of the complainant, the respondent(s), and any witnesses is available in the Office of Equity and Diversity.

8. Additional information regarding discrimination and harassment prevention and resolution, to include helpful definitions is available by visiting: http://www.ecu.edu/oed.

9. The above procedures are intended to provide a general outline of the process followed in resolution of formal complaints of harassment/discrimination. University policy includes multiple grievance procedures that are followed based on the parties involved (i.e. students, faculty, staff, EPA non-faculty, etc.). Additional information is available in the ECU Faculty Manual, the ECU EEO Plan, and the ECU Student Handbook online. The Office for Equity and Diversity will consult and advise about specific procedural matters when necessary.

Any student who has an issue or concern in regard to his or her rights under Title IX may inquire first with the Dean of Students Office. Any member of the University community desiring information or having a complaint or grievance in regard to these provisions should contact the Associate Provost for Equity and Diversity, who also serves as the Title IX Coordinator and ADA/Section 504 Compliance Officer, LaKesha Alston, Office for Equity and Diversity, Suite G-406 Old Cafeteria Building, East Carolina University, Greenville, NC 27858-4353. Telephone 252-328-6804. Internet: www.ecu.edu/oed.
Addendum to Notice of Non-Discrimination

In addition to the East Carolina University Notice of Non-Discrimination, the Nurse Anesthesia Program does not discriminate against applicants, students, employees, or visitors based on race/ethnicity, color, creed, national origin, religion, sex, sexual orientation, marital status, age, veteran status, political affiliation, genetic information, disability, or any protected class.
Clinical Probation

1. Students who receive unsatisfactory daily clinical performance evaluations relative to their position in the clinical curriculum will be notified in a timely manner that they are being placed on clinical probation.

2. Students will be given warnings that a failing course grade is possible, which would result in dismissal from the nurse anesthesia program.

3. The clinical probation letter will describe the clinical performance concerns along with suggestive remediation and timeline for satisfactory remediation.

4. The letter will also specify outcomes if remediation does not occur within the specified timeline.

5. The letter will be discussed with the student in a conference with the Director of Clinical Education and Program Director.

6. The student will have the opportunity to read and sign the letter/contract. This student signature indicates that they only read the contract and is not by itself an indication the student agrees with the contract.

7. The contract is given to the student and the original becomes part of the student’s permanent record.

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Needle Stick and Bodily Fluids Exposure

1. All needle sticks and exposure to blood or body fluid must be reported to the chief CRNA, instructor, and Director of Clinical Education.

2. Following reporting of a needle stick or exposure to blood or body fluid, the student must report to Employee/Occupational Health Department of the VHS site for preliminary screening and counseling. Also they must report the exposure to ECU Student Health Services.

12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Infection Control

1. Clinical faculty and students are required to complete educational modules on infection control and HIPPA requirements annually.

2. Knowing and practicing infection control procedures, and adhering to HIPPA requirements are the responsibility of all student nurse anesthetists and their clinical faculty.

3. Students/Faculty are required to comply with all health systems infection control and HIPPA policies at all times.

4. Students who do not comply with this requirement may be dismissed from the program.

12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Maintaining Clinical Case Records

1. Clinical case records are maintained through Medatrax.

2. Students must enter their cases and experiences at least weekly.

3. The Director of Clinical Education will review students’ clinical case records weekly to facilitate their obtaining required case types.

4. Students who fail to comply with this requirement may receive a failed clinical grade for the clinical course.

5. Repeated failures to comply with this requirement may result in immediate dismissal from the Nurse Anesthesia Program.
Computer Requirements

1. To make more efficient use of faculty and students’ time, the Program utilizes the latest technology in teaching and learning. The students are required to be computer literate in word processing upon entering the Program. They must have access to a personal computer that is compatible with the College of Nursing requirements. The computer must be capable of sending and receiving email and conducting Internet searches. Students will be expected to access course syllabi, outlines and handouts through Blackboard. A home high speed internet service provider is highly recommended.

2. Students in the Nurse Anesthesia Program should comply with the College of Nursing Guidelines for laptop use in the classroom, online student conduct, and social media use by students. (College of Nursing Graduate Student Handbook)
Guiding Principles for Social Media Use

- Students are encouraged to utilize social media with knowledge that there are risks.
- Information can take on a life of its own.
- Inaccuracies can become “fact”.
- The public’s trust in nurse anesthetists can be compromised.
- “Branding” of self can undermine an individual’s nurse anesthesia career.
  - You are negatively branded by the use of slang, inappropriate language, and grammar.
- Content once posted or sent can be disseminated to others.

Guidelines for Online Professional or Personal Activity with Social Media

1. Carefully consider criteria for approval of any person you allow access to your site. Remember anyone who accesses your site can read all information posted.
2. You are legally liable for what you post on your site and your posts on the site of others. Individual bloggers have been held liable for proprietary, copyrighted, defamatory, libelous, or obscene commentary as defined by the courts.
3. Think archival systems. Search engines can research posts years after the publication dates. Archival systems save information including deleted postings.
4. Monitor your mood while posting. It is wise to delay posting until you are calm and clear-headed.
5. You will have an opportunity to provide feedback in the appropriate venue on the course and faculty at the end of each course. Therefore, social media platforms are considered inappropriate locations to provide this feedback.
6. You are “branding” yourself with each posting as well as representing ECU CON, nursing, and the nurse anesthesia profession.
7. Employers and recruiters are looking for social media activity when reviewing résumés for job opportunities.
8. Take advantage of privacy settings and seek to separate personal and professional information online.
Use of Electronic Communication in Clinical Area

1. Text messaging, use of other social media/web activities (e.g. Facebook) by students, shall never occur while administering an anesthetic.

2. If a student is found in non-compliance with this requirement, he or she will be placed on clinical probation immediately.

3. If violation of this requirement continues, dismissal will be recommended by the Program Director.

4. Students should refrain from engaging in activities that abandon or minimize vigilance while providing direct patient care.
Self-Evaluation Examination

1. Students in the ECU CON Nurse Anesthesia Program are required to take the Self-Evaluation Examination (SEE) administered by the National Board of Certification and Recertification of Nurse Anesthetists (NBCRNA), during the second and third year of the program.

2. Students are responsible for paying for this exam.
Admissions Process

1. Each applicant who requests one will be mailed a brochure, and application addendum packet as well as instructions for applying to the program.

2. All applicants who meet minimal requirements for an interview and who have completed the application process will be invited to interview with the Admissions Committee.

3. Interviewed applicants will be notified as soon as possible after interview of the Admission Committee’s decision.

4. At the time of applicant selection, the admissions committee will generate a list of alternate qualified applicants for use by the program to fill positions made available by applicants who decline offered positions.
Student Conduct/Honor Code

1. Student enrolled at ECU are expected to uphold at all times standards of integrity and behavior that will reflect credit upon themselves, their families, and East Carolina University. Students are also expected to behave with propriety and to respect the rights and privileges of others. They are expected to abide by the laws of the city, state, and nation, and by all rules and regulations of East Carolina University. Failure to do so may result in separation from the University.

2. Graduate students are subject to the academic integrity policy of the University:

   "Academic integrity is expected of every East Carolina University student. Academically violating the Honor Code consists of the following: cheating, unauthorized aid or assistance or the giving or receiving of unfair advantage on any form of academic work; plagiarism, copying the language, structure, ideas, and/or thoughts of another and adopting those as one’s original work; falsification, statement of untruth, either spoken or written, regarding any circumstances relating to academic work; and attempting any act which if completed would constitute an academic integrity violation."

   (Procedures governing academic integrity violations are described in the ECU Student Handbook)
Dress Code

DRESS CODE:

1. When in the clinical area students must abide by clinical facility rules regarding dress and grooming. Students must maintain a clean and well groomed appearance. Operating room shoes must be clean and in good repair.

2. **Shoes** - closed toe and heel. Shoes must be neat and clean. Leather athletic shoes acceptable if they have no color (i.e. labels, stamps, etc.). No open backed clogs may be worn.

   **Name pin** - worn on left side just above insignia and be visible at all times.

   **Hair Style and Beards** – Hair: simple, neat, clean, off the collar, and away from the face and well controlled. No hair extensions, hair ornaments, decorative caps or scarves. Minimal head coverings worn for religious beliefs are acceptable but must allow the student to use a stethoscope and other medical instruments and must not interfere with client examinations. Principles of infection control must be followed.

   Beards: men must be clean-shaven or have beard neat and trimmed.

   **Jewelry** – one ring each hand maximum.

   **Earrings** - **One pair** of small stud earrings worn in the lower ear lobes may be allowed at faculty discretion and according to clinical setting. No other visible body piercing, studs/jewelry allowed including tongue studs, nose rings, eye brow jewelry and pinna or tragus jewelry.

   **Cosmetics** - minimal and subtle. No fragrances.

   **Fingernails** - No artificial nails, extensions or nail polish. Short, clean nails only.

   **Tattoos** – no visible body tattoos

   Use of cell phone for phone or texting is **strictly forbidden** in clinical settings while caring for patients.

3. Street clothes may be worn in patient areas outside the operating room under a clean white lab coat (refer to the ECU College of Nursing Undergraduate Dress Code). Dress codes in the OR suite are enforced by the OR supervisor and must be adhered to.
Terminal Objectives

Clinical Semester Objectives

Terminal Objectives:
1. Be vigilant in the delivery of patient care.
2. Refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, etc.)
3. Protect patients from iatrogenic complications.
4. Participate in the positioning of patients to prevent injury.
5. Conduct a comprehensive and appropriate equipment check.
6. Utilize universal precautions and appropriate infection control measures.
7. Provide care throughout the perianesthetic continuum.
8. Use a variety of current anesthetic techniques, agents, adjunctive drugs and equipment while providing anesthesia.
9. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
10. Provide anesthesia services to patients, including trauma and emergency cases.
11. Administer and manage a variety of regional anesthetics.
12. Function as a resource person for airway and ventilatory management of patients.
13. Possess current advanced cardiac life support (ACLS) recognition.
15. Deliver culturally competent perianesthetic care throughout the anesthesia experience
16. Perform a comprehensive history and physical assessment
17. Apply knowledge to practice in decision-making and problem solving.
18. Provide nurse anesthesia care based on sound principles and research evidence.
19. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
20 Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
21. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
22. Calculate, initiate and manage fluid and blood component therapy.
23. Recognize and appropriately respond to anesthetic complications that occur during the perioperative period.
24. Pass the Council of Certification of Nurse Anesthetists’ (CCNA) certification examination in accordance with CCNA policies and procedures.
25. Effectively communicate with individuals influencing patient care.

26. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.

27. Participate in activities that improve anesthesia care.

28. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.

29. Interact on a professional level with integrity.

30. Teach others.

31. Participate in continuing education activities to acquire new knowledge and improve his or her practice.

32. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency

33. Provide quality nurse anesthesia care to patients from diverse cultural backgrounds, medically underserved communities and rural health care settings.

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Semester Four Clinical Objectives

1. Be punctual for all assignments, present a proper professional bearing and appearance, listen to and follow directions, ask appropriate questions, and demonstrate eagerness to learn.

2. Complete all anesthetic records neatly, accurately, and legibly, to insure documentation of constant vigilance.

3. Accept and benefit from constructive criticism.

4. Identify patient's physical and psychological status characteristics that impact the anesthetic care plan and anesthetic management.

5. After a careful preoperative evaluation, identify the various ASA (physical status) classifications, and begin to assign them correctly to all patients.

6. Begin developing a rational anesthetic care plan for each case management based on physical status, surgical needs, patient desires, sound physiologic principles, and safe anesthetic practice prior to presenting the case to staff members.

7. Present appropriate anesthetic care plans to the staff member in person or by telephone, adhering to department policies.

8. Demonstrate a developing understanding of minimally acceptable standards of the patient's physical and psychological status for readiness prior to anesthesia and surgery.

9. Begin utilizing laboratory, radiological, and consultative services appropriately to assist preoperative patient evaluation, and notify the staff member of any abnormal values.

10. Consistently demonstrate by responses to questions and discussion that didactic preparation has taken place prior to each case.

11. Independently set up all appropriate anesthesia equipment and perform machine checks, giving consideration to possible complications and emergency situations.

12. Independently set up the anesthesia cart with drugs and equipment, giving consideration to possible complications and emergency situations.

13. Demonstrate the ability to choose the correct mask size and proper application to insure a tight fit on patients having normal appearing facial anatomy.

14. Recognize signs of upper airway obstruction, and with staff guidance, institute proper measures to relieve the obstruction.

15. Verbally list the steps to be taken if the patency of the airway is lost: jaw thrust, head extension, use of artificial airway aids such as the oral and nasal airways, intubation, and emergency cricothyroidotomy or tracheotomy.

16. Demonstrate the insertion of oral and nasal airways to insure patency of the airway without causing trauma or untoward responses from the patient.

17. Support ventilation with the use of a positive pressure bag and mask apparatus on the majority of patients with normal appearing anatomy.

18. Recognize possible complications with the use of the bag and mask apparatus, face straps, and oral or nasal airways.

19. Begin to recognize potentially difficult intubations prior to anesthesia, and with staff assistance, develop an appropriate plan for securing the airway.

20. Begin to demonstrate the proper use of the straight and curved laryngoscope blades when intubating patients with normal appearing facial anatomy.

21. List the potential complications of endotracheal intubation, as well as their prevention and treatment.
22. Perform those examinations required to establish the proper placement of an endotracheal tube: auscultate the lungs for equal bilateral breath sounds, auscultate over the stomach, visualize equal and bilateral chest wall movement, verify position of the endotracheal tube at the patient’s teeth, and verify exhaled carbon dioxide with an end-tidal carbon dioxide monitor.

23. Perform successful oral intubations without complications on the majority of patients with normal appearing upper airway anatomy.

24. Verbalize the correct criteria for extubation.

25. Successfully perform venous cannulation of peripheral vessels in adult and adolescent patients.

26. Consistently employ the appropriate monitors for ASA I and II patients based on physical status, surgical procedure, and anesthetic technique.

27. Demonstrate the technical ability to prepare for use, calibrate, and institute all monitors chosen for the surgical procedure, and interpret patient data.

28. Begin demonstrating a consistent pattern of vigilance, resulting in the minute-to-minute knowledge of the patient’s vital signs (blood pressure, heart rate, respiratory rate, and temperature), degree of muscle relaxation, depth of anesthesia, blood loss, state of oxygenation, fluid status, urine output, cardiac rhythm, and delivered anesthetic concentration.

29. Communicate all changes in the patient’s status during the course of the anesthetic to the staff member.

30. Discuss with the staff member preoperatively, and present a written care plan on every patient showing: fluid replacement, allowed blood loss, ventilator settings, and dosage of planned drugs.

31. Verbally describe the principles of applied pharmacology for each drug used during the course of the anesthetic.

32. Verify patient positioning in order to satisfy surgical requirements, demonstrating an understanding of the principles and hazards of positioning under anesthesia.

33. Verbally demonstrate knowledge of the anatomy and physiology related to the administration of major nerve blocks.

34. Begin performing major nerve blocks on ASA I and II patients, demonstrating acceptable technical dexterity, and strict adherence to aseptic technique.

35. Begin developing a rapport with patients that result in patient reassurance and a minimum of apprehension.

36. Verify informed consent on all patients and document with an appropriate notation on each patient’s anesthesia record.

37. Perform pre-anesthesia teaching on all patients.

38. Attend department of anesthesia conferences as another learning tool.

39. Be able to calculate, initiate and manage fluid and blood component therapy.

40. Identify and correct anesthetic equipment malfunctions.

41. Utilize universal precautions and appropriate infection control modalities.

42. Demonstrate personal and professional integrity and ability to interact on a professional level.

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Semester Five Clinical Objectives

Students will continue to develop personal and professional growth. The student will:

1. Complete all anesthesia records neatly, accurately, and legibly, to insure documentation of constant vigilance.

2. Assess patients thoroughly by the evaluation of history, physical examination, and review of current disease process.

3. Develop an appropriate anesthetic care plan that is based on sound physiological and anesthetic principles, demonstrating an understanding of the patient’s needs and surgical requirements.

4. Assess anesthetic implications of consultative, radiologic, and laboratory data.

5. Prepare equipment, drugs, and monitors appropriately before intended use.

6. Demonstrate intellectual understanding of the pharmacodynamics and pharmacokinetics of all anesthetic agents and adjunctive drugs.

7. Demonstrate constant vigilance of the surgical field, patient responses to anesthesia and surgery, fluid and electrolyte needs, and respond appropriately to changes.

8. Manage fluid, blood, and electrolyte requirements for the surgical patient, demonstrating advanced planning by routinely calculating baseline data.

9. Identify potentially difficult airways, developing appropriate plans to obtain and maintain those airways.

10. Perform routine oral intubations successfully with straight or curved laryngoscope blades, and begin to perform either asleep or awake nasal intubations.

11. Demonstrate an understanding of anatomic and anesthetic concepts when using a local anesthetic to topicalize the upper airway.

12. Demonstrate ongoing learning, accepting a greater role in planning and managing the proposed anesthetic.

13. Demonstrate didactic development through classroom participation, test scores, written papers, and responses to spontaneous questions.


15. Positively accept critical observations from the staff.

16. Demonstrate the ability to work harmoniously with all members of the health care team.

17. Exhibit a consideration for, and an appreciation of the legal implications of anesthesia practice, as demonstrated in the patient assessment, preparation for and maintenance of anesthesia.

18. Demonstrate a growing self reliance and self confidence in patient interactions through effective communication, in order to establish trust.

19. Demonstrate an understanding of the anatomy, principle concepts, indication,
contraindications, and complications of the following:
   a. Airway management, including intubation
   b. Peripheral intravenous line access
   c. Central intravenous line access
   d. Arterial line placement
   e. All regional anesthesia techniques

20. Verbalize the criteria for extubation, performing all extubations proficiently.

21. Perform a thorough respiratory assessment and function as a resource person for airway management.

22. Demonstrate proficiency in the use of a variety of current anesthetic techniques, agents, adjunctive drugs and equipment while performing anesthesia.

23. Discuss current monitoring standards and demonstrate an understanding of the basic function of the devices used.

24. Demonstrates the importance of and remain vigilant at all times.
Semester Six Clinical Objectives

Upon completion of semester six the student will demonstrate additional growth in the proficiency of preoperative assessment, anesthetic preparation, anesthesia equipment setup, airway management, anesthetic management, invasive and noninvasive patient monitoring, and regional anesthesia. Specifically, the student will:

1. Independently set up all appropriate anesthesia equipment and perform machine checks, giving consideration to potential complications and emergency situations.
2. Independently set up anesthesia cart with drugs and equipment, giving consideration to potential complications and emergency situations.
3. Demonstrate increasing sophistication and skills in anesthesia practice.
4. Consistently develop an appropriate anesthetic care plan based on surgical requirements, patient's needs, sound physiological and anesthetic principles prior to consultation with the staff member.
5. Determine additional studies or consultations required for optimal preoperative anesthesia assessment.
6. Demonstrate constant vigilance of the surgical field, patient responses to surgery and anesthesia, fluid and electrolyte needs, and respond appropriately to changes.
7. Master all standard anesthetic technical skill requirements in airway management, intravenous and arterial line placement.
8. Refine regional anesthetic skills; be able to critically evaluate nerve blocks, especially those nerve groups inadequately anesthetized, and determine appropriate intervention.
9. Demonstrate ongoing learning, accepting a greater role in planning anesthesia management.
10. Be aware of personal limitations, requesting assistance when appropriate.
11. Positively accept critical observations from the staff.
12. Demonstrate flexibility and adaptability in anesthetic management.
13. Demonstrate the ability to safely take a patient through the emergence stage of an anesthetic, including the reversal of muscle relaxants, and extubation.
14. Develop beginning abilities to function independently.
15. Maintain increasing degrees of composure during stressful situations.
16. Demonstrate increasing organization in class and case assignments, and personal reading assignments.
17. Continue to demonstrate the ability to work harmoniously with all members of the health care team.
18. Demonstrates the ability to provide general/regional anesthesia for patients of all ages and ASA classifications for a variety of surgical procedures, both elective and emergent, keeping the patients physiologic parameters within acceptable limits.

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Semester Seven Clinical Objectives

Upon completion of semester seven the student will demonstrate additional growth in the proficiency of preoperative assessment, anesthetic and equipment setup, airway management, invasive and noninvasive patient monitoring, and regional anesthesia. The student will demonstrate adequate knowledge, judgment, and skills necessary to assume independent responsibility for patient care in an anesthetic practice. Specifically, the student will:

1. Demonstrate increasing sophistication and skills in anesthesia practice, and the ability to function independently.
2. Demonstrate increasing flexibility and adaptability in anesthetic management.
3. Consistently develop a rational anesthetic care plan based on the patient’s physical status, surgical needs, patient desires, sound physiological principles, and safe anesthesia practice for all ages and ASA classifications of patients.
4. Demonstrate the ability to appropriately respond to changing physiological parameters, and make sound judgment decisions.
5. Demonstrate correct use of the fiberoptic bronchoscope.
6. Master all major regional anesthesia skills.
7. Demonstrate the ability to maximize learning opportunities, and benefit from constructive criticism.
8. Demonstrate awareness of the patient’s psychosocial needs, and intervene when necessary to meet those needs.
9. Demonstrate by proficient clinical application and response to appropriate interrogation a thorough understanding of the physical and chemical properties and actions of all anesthetic drugs currently used.
10. Demonstrate knowledge of and compliance with departmental Quality Improvement plans and related documentation.
11. Demonstrate, through preoperative planning and clinical performance, a continuing increase level of knowledge and understanding of anesthetic principles and practice.
12. Demonstrate the ability to function independently in all but the most difficult cases.
13. Develop an appropriate anesthetic care plan that reflects the ability to properly assess patients, and identify potential as well as established anesthetic implications.
14. Demonstrate emergency case management, demonstrate the ability to rapidly assess patients, and identify potential as well as established anesthetic implications.
15. Adapt previously learned skills to new situations when confronted with new techniques or procedures.
16. Perform all skill tasks of anesthesia practice proficiently: peripheral and central intravenous lines, arterial lines, regional blocks, and airway management.
17. Demonstrate self confidence, reliability, integrity, and professionalism.
18. Seek constructive evaluations from the staff members, and use this information to improve abilities and enhance performance.
19. Maintain all anesthesia records in compliance with departmental standards; conforms to Quality Improvement plans.
20. Communicate effectively with all members of the health care team.

21. Appropriately establish rapport and trust with patients.

22. Demonstrate the ability and skill to manage all patient ASA classifications on all surgical services.

23. Meet the eligibility requirements of the Council on Certification of Nurse Anesthetists for taking the certification examinations.

24. Demonstrate understanding and appropriate utilization of complex monitoring.


26. Function as a resource person for the entire health care team.

27. Demonstrate an understanding of issues related to anesthesia practice and a clinical practice commensurate with an in-depth knowledge of professional ethics and medical law as they pertain to the practice of anesthesia.

28. Demonstrate an understanding of quality management issues and participate in quality management activities within the department.

29. Demonstrate an understanding of patient safety by instituting measures to prevent iatrogenic complications.
East Carolina University
College of Nursing
Nurse Anesthesia Program
Faculty Handbook

8

Evaluation Process
All Program Evaluations
Program Assessment Process

Through the program’s evaluation process, committee structure, and faculty meetings the program is routinely evaluated and changes are made to ensure that the Nurse Anesthesia Program is in the forefront of nurse anesthesia education and training.

The formal evaluation process is composed of numerous facets to evaluate all aspects of the program. The mission statement is reviewed every year for applicability in the Program Director Committee meeting.

1. **Didactic Evaluations**
   - Student end of course evaluations are completed each semester. These include questions regarding course and instructors.
   - Comprehensive review of didactic curriculum is completed at the end of each semester using student input.
   - Didactic faculty complete annual evaluations of the program.
   - Results of these assessments are reviewed in the Program Director’s meetings and implemented changes are reported to the Program Advisory Committee.

2. **Clinical Evaluations**
   a. Daily Evaluations (student’s clinical)
      - Evaluations are based on semester objectives
      - Completed by the staff assigned to the student for each day in the operating room
      - Results are entered into a spreadsheet so that trends in performance can be detected
      - Evaluations are reviewed by Director of Clinical Education weekly
   b. Student Self-Evaluations
      - Same format as daily evaluation but completed by each student
      - Completed at the end of Semesters IV – VII
      - Results are compared to daily evaluations and included in student counseling
   c. Clinical Summative Evaluations
      - A review of the student’s performance in the clinical area each semester IV – VII; includes recommendations for advancement
      - Accomplished by Director of Clinical Education
      - Completed at the end of semesters IV – VII
      - Recommendations for advancement into the next semester will be based on these findings
      - Evaluations will be maintained as a permanent part of the student’s file
   d. Mid-semester Counseling
Students meet with faculty advisors at least once a semester in semesters IV through VII
A review of the student’s performance takes place – used to identify trends and counsel students
Evaluations are a permanent part of the student’s file

e. Clinical Site and Rotation Evaluation
- Clinical Site and Rotation Evaluation are completed by students at end of each semester
- Results are reviewed with faculty, the Director of Clinical Education, and reviewed in the Program Director’s meetings.

f. Faculty Evaluations / Faculty Self-Evaluations
- Clinical Faculty are evaluated by students, and complete a self-evaluation, on their instructional techniques, communication, service as a role model and ability to encourage and motivate students
- Completed in Semester VI by students and faculty
- Results from student evaluations are shared in the Program Director’s Meeting, Clinical Education and Evaluation Committee and with the Clinical Coordinators.

g. Time Assessment
- An annual assessment will be conducted of student hours. Evaluation of student hours - Hours reported for actual time spent doing cases, studying, preparing, and participating in classes
- Completed by students in Semester VI or VII
- Results reviewed in the following committees: Program Director's Monthly Meeting, Clinical Education and Evaluation Committee, and Program Advisory Committee

h. Program Evaluation
- Comprehensive survey of the program, including ethical conduct, student evaluation process, instruction, facilities, and time commitment is completed once per year by students in Semesters VI or VII
- Results are reviewed in the Clinical Education and Evaluation Committee, the Program Director’s monthly meetings and in the Program Advisory Committee
- Student evaluations of each clinical course are completed at the end of each course and are reviewed by the Clinical Education and Evaluation Committee, in the Program Director’s meeting and the Program Advisory Committee

3. Post Graduate Evaluations

Six-Month Graduate and Employer Evaluations
- Evaluations are based on the terminal objectives – are sent to the graduate for self evaluation and to the employer for comment on the abilities and practice of the graduate
- Sent to the graduate and the employer about six months after graduation
• Results are reviewed in the Program Director’s and Program Advisory Committee meetings
• Results are used in the evaluation of program outcomes criteria, and ongoing assessment and improvement

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/29/09, 12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
## Daily Clinical Evaluation

**ECU College of Nursing Nurse Anesthesia Program**  
**NURS 6819 Clinical Practicum I**

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<th>STUDENT:</th>
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**Cases**

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### 1. Preoperative Assessment

- A. Performs airway assessment and correctly assesses level of difficulty.
- B. Correctly categorizes patients according to ASA guidelines.

### 2. Anesthetic Preparation

- A. Accurately performs equipment checks.
- B. Demonstrates knowledge of the proper setup and function of anesthesia equipment.
- C. Prepares routine monitoring equipment for each anesthetic.
- D. Prepares for a basic general anesthetic as planned.

### 3. Intraoperative / Perioperative Management

- A. Implements routine monitoring for each patient.
- B. Uses proper technique during laryngoscopy and intubation for routine cases.
- C. Evaluates and maintains mask airway on routine cases, using proper technique and airway adjuncts.
- D. Discusses proper positioning for routine general, spinal and epidural anesthesia to prevent patient injury.

### 4. Professional Development

- A. Arrives on time and takes initiative in seeking learning experiences.
- B. Keeps legible and complete anesthetic records.
- C. Accepts constructive criticism.
- D. Demonstrates personal and professional integrity and interacts on a professional level.
- E. Delivers culturally appropriate care.

Practices at expected level for position in program  
[ ] Yes  [ ] No

**COMMENTS:**

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Preceptor Signature:  
Date:  

Student Signature:  
Date:  

**Dates:**  
3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/29/09, 12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
### ECU College of Nursing
### Nurse Anesthesia Program
### DAILY CLINICAL EVALUATION

**STUDENT:** ____________________  **PRECEPTOR:** ____________________  **DATE:** ____________

Cases _________________________________________________________________________________

4 = Excellent  3 = Meets Expectations  2 = Below Expectations  1 = Unacceptable  N/O = Not Observed

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1. **Preoperative Assessment**
   - A. Performs preoperative interview completely and assigns physical risk
   - B. Assesses problems that impact anesthesia care; orders appropriate labs.

2. **Anesthetic Preparation**
   - A. Develops a rational anesthetic plan based on ASA status, surgical needs, sound physiologic principles and safe practice
   - B. Selects appropriate equipment; performs APSF and manufacturer checks.
   - C. Knowledgeable in the setup and function of anesthesia equipment

3. **Intraoperative / Perioperative Management**
   - A. Becoming proficient with IV cannulation.
   - B. Uses proper technique during laryngoscopy and intubation.
   - C. Regional anesthesia reflects choice of proper technique, basic knowledge of anatomy and correct local anesthetic choice and dose.
   - D. Monitoring: Vigilant, consistent with ASA/AANA standards, understands and applies safety guidelines in clinical practice.
   - E. Utilizes universal infection control procedures.
   - F. Calculates, initiates, manages fluid and blood component therapy.
   - G. Positions patients to prevent injury.
   - H. Demonstrates basic knowledge of anesthetic and adjunctive drugs, including dose, drug classification and basic anesthetic implications.

4. **Professional Development**
   - A. Punctual for assignments, eager to learn.
   - B. Record keeping is appropriate, legible and complete.
   - C. Accepts constructive criticism well.
   - D. Delivers culturally appropriate care.
   - E. Demonstrates personal and professional integrity; interacts on a professional level.

Practices at expected level for position in Program  ○ Yes  ○ No

**COMMENTS:**

Preceptor Signature: ____________________  Student Signature: ____________________  

Date: ____________________  Date: ____________________

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/29/09, 12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
## ECU College of Nursing Nurse Anesthesia Program

### Daily Clinical Evaluation

**NURS 6821 Clinical Practicum III**

**STUDENT:** ______________  **PRECEPTOR:** ______________  **DATE:** ______________

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**4 = Excellent**  **3 = Meets Expectations**  **2 = Below Expectations**  **1 = Unacceptable**  **N/O = Not Observed**

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<tr>
<td><strong>1. Preoperative Assessment</strong></td>
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<tr>
<td>A. Identifies physiological derangements that impact on anesthetic care</td>
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<tr>
<td>B. Correctly categorizes patients according to ASA guidelines</td>
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<td>C. Verifies minimally acceptable standards of preoperative preparation</td>
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<td>D. Performs thorough respiratory assessment. A resource for airway management.</td>
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<tr>
<td><strong>2. Anesthetic Preparation</strong></td>
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<tr>
<td>A. Develops a rational anesthetic plan based on sound physiologic principles and safe practice.</td>
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<tr>
<td>B. Selects appropriate equipment; performs APSF and manufacturer recommended machine checks.</td>
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<td>C. Takes appropriate action when with anesthesia equipment malfunction.</td>
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<tr>
<td><strong>3. Intraoperative / Perioperative Management</strong></td>
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<tr>
<td>A. Demonstrates proficient airway skills utilizing a variety of laryngoscopes.</td>
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<td>B. Recognizes potentially difficult intubations.</td>
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<td>C. Identifies and verifies extubation criteria.</td>
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<td>D. Performs common regional anesthetics with good technique and results utilizing good knowledge of anatomy.</td>
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<td>E. Utilizes appropriate monitoring skills consistent with ASA status, always vigilant.</td>
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<td>F. Uses a variety of anesthetic techniques, agents, adjunctive drugs and equipment</td>
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<tr>
<td><strong>4. Professional Development</strong></td>
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<tr>
<td>A. Maintains legible, complete anesthetic record.</td>
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<tr>
<td>B. Communicates effectively with perioperative team using appropriate verbal, nonverbal and written communication</td>
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<tr>
<td>C. Interacts on a professional level demonstrating personal / professional integrity.</td>
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<tr>
<td>D. Delivers culturally appropriate care.</td>
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</tbody>
</table>

Practices at expected level for position in Program  ☐ Yes  ☐ No

**COMMENTS:**

Preceptor Signature: ____________________________  Student Signature: ____________________________

Date: ____________________________  Date: ____________________________

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/29/09, 12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
# Daily Clinical Evaluation

**ECU College of Nursing**  
**Nurse Anesthesia Program**  
**DAILY CLINICAL EVALUATION**  
**NURS 6822 Clinical Practicum IV**

<table>
<thead>
<tr>
<th>STUDENT:</th>
<th>PRECEPTOR:</th>
<th>DATE:</th>
</tr>
</thead>
</table>

**Cases**

4 = Excellent  
3 = Meets Expectations  
2 = Below Expectations  
1 = Unacceptable  
N/O = Not Observed

<table>
<thead>
<tr>
<th></th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Preoperative Assessment</strong></td>
<td></td>
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<tr>
<td>A. Thoroughly assesses medical problems, therapy, and tests that impact on the delivery of safe, quality anesthesia care.</td>
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<tr>
<td>B. Develops safe, workable anesthetic plans consistent with the patients' medical status.</td>
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<tr>
<td><strong>2. Anesthetic Preparation</strong></td>
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<tr>
<td>A. Selects appropriate equipment, performs APSF and manufacturer recommended machine checks.</td>
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<tr>
<td><strong>3. Intraoperative / Perioperative Management</strong></td>
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<tr>
<td>A. Demonstrates sophistication in airway management.</td>
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<tr>
<td>B. Demonstrates proficiency in regional anesthesia.</td>
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<tr>
<td>C. Practices vigilance with regard to surgical environment, protecting patient from iatrogenic complications.</td>
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<tr>
<td>D. Performs anesthetic induction, maintenance and emergence within acceptable physiologic parameters.</td>
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<tr>
<td>E. Maintains composure and responds appropriately to stressful situations.</td>
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<tr>
<td><strong>4. Professional Development</strong></td>
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<tr>
<td>A. Exhibits abilities for independent practice.</td>
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<tr>
<td>B. Demonstrates self-directed, ongoing learning; aware of own limitations.</td>
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<tr>
<td>C. Actively participates in quality improvement activities (conferences, M&amp;M, accurate record-keeping).</td>
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<tr>
<td>D. Seeks and benefits from constructive criticism.</td>
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<tr>
<td>E. Demonstrates an understanding of and practices with an in-depth knowledge of professional ethics and medical law as a nurse anesthetist.</td>
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<tr>
<td>F. Communicates Effectively with perioperative team using appropriate verbal, nonverbal and written communication.</td>
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<tr>
<td>G. Delivers culturally appropriate care.</td>
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</tbody>
</table>

Practices at expected level for position in Program:  
[ ] Yes  
[ ] No

**COMMENTS:**

**Preceptor Signature:**  
*Date:_________*  
**Student Signature:**  
*Date:_________*

---

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/29/09, 12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15

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Faculty Handbook  
119
ECU College of Nursing
Nurse Anesthesia Program
DAILY CLINICAL EVALUATION
NURS 6823 Clinical Practicum V

STUDENT: ___________________  PRECEPTOR: ___________________  DATE: ______________

Cases: ________________________________

<table>
<thead>
<tr>
<th>4</th>
<th>3</th>
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<th>N/O</th>
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</thead>
<tbody>
<tr>
<td>1. Preoperative Assessment</td>
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</tr>
<tr>
<td>A. Anesthesia plan is safe, workable and consistent with the patient’s medical and psychological status.</td>
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<tr>
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<th>3</th>
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<th>N/O</th>
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<tbody>
<tr>
<td>2. Anesthetic Preparation</td>
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<tr>
<td>A. Understands and utilizes complex monitoring appropriately.</td>
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<th>4</th>
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<th>N/O</th>
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<tbody>
<tr>
<td>3. Intraoperative / Perioperative Management</td>
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<tr>
<td>A. Provides general and regional anesthesia to patients of all ages and conditions for a variety of surgical problems, including trauma, and emergent procedures, keeping the patient’s responses within the acceptable standards.</td>
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<th>N/O</th>
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<tbody>
<tr>
<td>4. Professional Development</td>
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<tr>
<td>A. Demonstrates the ability to be an independent practitioner.</td>
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<thead>
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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/O</th>
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<tbody>
<tr>
<td>B. Demonstrates professional and personal integrity and the ability to interact on a professional level at all times.</td>
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<th>4</th>
<th>3</th>
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<th>N/O</th>
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<tbody>
<tr>
<td>C. Demonstrates self-directed learning.</td>
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<th>3</th>
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<th>N/O</th>
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<tbody>
<tr>
<td>D. Demonstrates ability to act as a resource person for the healthcare team.</td>
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<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/O</th>
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<tbody>
<tr>
<td>E. Demonstrates an understanding of and practices with an in-depth knowledge of professional ethics and medical law as a nurse anesthetist.</td>
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<th>3</th>
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<th>N/O</th>
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<tbody>
<tr>
<td>F. Incorporates research into daily anesthetic practice.</td>
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<table>
<thead>
<tr>
<th>4</th>
<th>3</th>
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<th>N/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>G. Delivers culturally appropriate care.</td>
<td></td>
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</tbody>
</table>

Practices at expected level for position in Program:  ☐ Yes  ☐ No

COMMENTS:

Preceptor Signature: ___________________  Student Signature: ___________________

Date: ___________________  Date: ___________________
Levels of Practice for Clinical Performance

Daily evaluations are based on Clinical Practicum objective that progressively increase in scope and difficulty. Students will be evaluated in context of those objectives.

1.0 Level of practice is unacceptable

- Unable to apply didactic knowledge to clinical application
- Rudimentary psychomotor clinical skills inconsistent with clinical training
- Requires constant verbal/physical cues (75-100% of time)
- Requires supervision inconsistent with level of training

2.0 Level of practice is inconsistent with expectations

- Inconsistently applies didactic knowledge to clinical practice
- Psychomotor skills are inconsistent
- Requires constant verbal/physical cues (50-75% of time)
- Requires frequent supervision

3.0 Meets expectations for level of training

- Applies didactic knowledge to clinical practice
- Consistently performs required psychomotor skills
- Requires only occasional verbal/physical cues (25-50% of time)
- Supervision requirements appropriate for level of training

4.0 Exceeds level of expectation

- Uses acquired knowledge, analyzes information and makes correct clinical decisions
- Psychomotor skills consistently performed above level of expectation
- Requires minimal supporting cues (0-25% of time)
- Requires minimal supervision

For NURS 6819, 6820, 6821, 6822, and 6823: Students will pass clinical courses by meeting or exceeding levels of expectation (Level 3 and 4) for each criteria, each day in the clinical area. It is possible that at the beginning of a semester a student may not meet expectations (Level 1 and 2) for each criteria, however, consistent improvement throughout the semester must be demonstrated, i.e. their performance can not reflect a pattern of lack of progression, and they must meet or exceed levels of expectation for all criteria by the end of the semester.
# CURRICULUM

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>UNDECIDED</th>
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<tbody>
<tr>
<td>Program philosophy is fulfilled in implementation of program</td>
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<tr>
<td>Program objectives are met effectively</td>
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<tr>
<td>Program content provides me with information needed to practice anesthesia</td>
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<tr>
<td>Program design is adequate to fulfill my educational needs</td>
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<tr>
<td>Clinical cases and experiences are outstanding</td>
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<tr>
<td>I am encouraged to develop as an independent practitioner</td>
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<tr>
<td>Didactic instructors are accessible</td>
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<tr>
<td>Program Administration is accessible</td>
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**Comments:**

_____________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________

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_________________________________________________________________________________________________________________________________________
East Carolina University College of Nursing  
Nurse Anesthesia Program  
Student Evaluation of Program

<table>
<thead>
<tr>
<th>INSTRUCTION / INSTRUCTOR</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>UNDECIDED</th>
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<tbody>
<tr>
<td>Clinical teaching is outstanding</td>
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<tr>
<td>Clinical supervision is always available either in the room or nearby</td>
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<tr>
<td>I receive instruction in using anesthesia equipment safely and effectively</td>
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<tr>
<td>I receive instruction in using monitoring equipment safely and effectively</td>
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<tr>
<td>Instructional equipment used by my teachers is effective</td>
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<tr>
<td>Nurse Anesthetists are effective teachers (clinically)</td>
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<tr>
<td>Physician Anesthesiologists are effective teachers (clinically)</td>
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<tr>
<td>Other instructors are effective teachers (non-anesthesia)</td>
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<tr>
<td>CRNA Didactic lectures facilitate meeting stated course outcomes</td>
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<tr>
<td>Anesthesiologists Didactic lectures facilitate meeting stated course outcomes</td>
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Comments:
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Class of __________
### EVALUATION

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>UNDECIDED</th>
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<tbody>
<tr>
<td>Instructors evaluate students fairly and in a manner that helps them improve their skills / performance</td>
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<tr>
<td>Students have an opportunity to evaluate the program/provide input</td>
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<tr>
<td>Evaluation results are used to effect positive change</td>
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<tr>
<td>Program listens to students’ concerns when clinical instruction is evaluated</td>
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<tr>
<td>Student counseling is helpful</td>
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<tr>
<td>Faculty provides support and guidance in the development of critical judgment skills.</td>
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### PRE and POST ANESTHESIA ASSESSMENT

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<tr>
<th>Task</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>UNDECIDED</th>
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</thead>
<tbody>
<tr>
<td>I perform a preanesthesia assessment on each patient I anesthetize</td>
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<tr>
<td>I develop an anesthesia care plan on each patient I anesthetize and discuss it with my instructor</td>
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<tr>
<td>I make postanesthesia rounds on each patient I anesthetize</td>
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<td>(Exception: Ambulatory care / early discharges)</td>
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<tr>
<td>ETHICAL PRACTICE</td>
<td>STRONGLY AGREE</td>
<td>AGREE</td>
<td>DISAGREE</td>
<td>STRONGLY DISAGREE</td>
<td>UNDECIDED</td>
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<tr>
<td>Recruitment information accurately portrayed the program</td>
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<td>Patients are informed as to whom will be providing their anesthesia care</td>
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<tr>
<td>Dealings among program faculty and students are equitable, confidential and unbiased.</td>
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<tr>
<td>I receive appropriate supervision and instruction by a CRNA or anesthesiologist during my clinical experience (1:1 / 2:1)</td>
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<tr>
<td>The educational environment is conducive to learning.</td>
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<tr>
<td>Students are not being exploited</td>
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<tr>
<td>Patients are not being exploited</td>
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<tr>
<td>There is no evidence of discriminatory practice in this program</td>
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<thead>
<tr>
<th>STUDENT SERVICES</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>UNDECIDED</th>
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</thead>
<tbody>
<tr>
<td>Students accessibility to CRNA faculty advising is:</td>
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<tr>
<td>Student accessibility to basic science faculty is:</td>
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<td>Library resource for students are current and accessible:</td>
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<tr>
<td>Student Health Services are accessible:</td>
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</tbody>
</table>
PART II: TIME COMMITMENT

1. What Face-to-Face classroom course(s) are you taking?
   a) - Name of course: ____________________________________________________________
       - How much prep work does this course require? _____________ (hours)
       Comments: __________________________________________________________________

   b) - Name of course: ____________________________________________________________
       - How much prep work does this course require? _____________ (hours)
       Comments: __________________________________________________________________

2. What Distance-Education course(s) are you taking?
   a) - Name of Course: ____________________________________________________________
       - How much offline time does this course require? _____________ (hours)
       - How much online time does this course require? _____________ (hours)
       Comments: __________________________________________________________________

   b) - Name of Course: ____________________________________________________________
       - How much offline time does this course require? _____________ (hours)
       - How much online time does this course require? _____________ (hours)
       Comments: __________________________________________________________________
PART III

Do you have any comments you wish to make? (Important: Please comment on any item that you marked as “disagree” or “strongly disagree.”) Print legibly in black ink.

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3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 2/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
**Employer Evaluation of Graduate**

Name of Graduate: ___________________________________________  Date: ______________________

**Section I:** Using the key below, please circle the number which most appropriately corresponds to this graduate's ability and/or performance in each of the following areas. Then circle the number which most corresponds to the importance of the skill to your work site.

<table>
<thead>
<tr>
<th>Ability</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td>3 = Above Average</td>
<td>3 = Very Important</td>
</tr>
<tr>
<td>2 = Average</td>
<td>2 = Somewhat Important</td>
</tr>
<tr>
<td>1 = Below Average</td>
<td>1 = Not Important</td>
</tr>
<tr>
<td>N/A = Unable to evaluate</td>
<td>N/A = Unable to evaluate</td>
</tr>
</tbody>
</table>

1. Conducting a preanesthetic assessment
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

2. Performing a physical examination
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

3. Determining from health data and physical examination if pathology exists that may have implications for anesthesia and surgery
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

4. Consulting with a physician for assistance in planning anesthetic management if the management of the patient's pathology is beyond own capabilities
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

5. Writing or recommending pre-operative medication orders
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

6. Using general anesthetic techniques compatible with the pathological condition of the patient
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

7. Administering a spinal anesthetic
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

8. Managing a patient who has a spinal anesthetic
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

9. Administering an epidural anesthetic
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

10. Managing a patient who has an epidural anesthetic
    - Ability: 4 3 2 1 N/A
    - Importance: 4 3 2 1 N/A

11. Administering a Brachial Plexus Block
    - Ability: 4 3 2 1 N/A
    - Importance: 4 3 2 1 N/A

12. Administering an Ankle Block
    - Ability: 4 3 2 1 N/A
    - Importance: 4 3 2 1 N/A
13. Administering an Intravenous Regional Block (Bier Block)  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate  

14. Administering a competent and rational anesthetic for a pediatric patient (under two years of age)  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate  

15. Administering a competent and rational anesthetic for a pediatric patient (over two years of age)  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate  

16. Administering a competent and rational anesthetic for Intracranial surgical case  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate  

17. Administering a competent and rational anesthetic for a major vascular surgical case  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate  

18. Administering a competent and rational anesthetic for an intrathoracic surgical case  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate  

19. Administering a competent and rational anesthetic for a surgical case requiring a hypotensive anesthetic technique  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate  

20. Administering a competent and rational general anesthetic for a Cesarean section  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate  

21. Administering a competent and rational regional anesthetic for a Cesarean section  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate  

22. Administering a Continuous Lumbar Epidural for management of labor pain  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate  

23. Administering a competent and rational anesthetic for an emergency case  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate  

24. Administering a competent and rational anesthetic for a trauma case  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate  

25. Performing a rapid sequence induction  
   Ability: 4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Unable to evaluate  
   Importance: 4 = Extremely Important, 3 = Very Important, 2 = Somewhat Important, 1 = Not Important, N/A = Unable to evaluate
<table>
<thead>
<tr>
<th></th>
<th>Ability</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>26.</td>
<td>Performing an <strong>awake intubation</strong> (either blind or fiberoptic)</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>27.</td>
<td>Performing an inhalational induction (<strong>mask induction</strong>)</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>28.</td>
<td>Maintaining an <strong>inhalational anesthetic by mask</strong></td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>29.</td>
<td>Performing an <strong>arterial cannulation</strong></td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>30.</td>
<td><strong>Interpreting blood gas</strong> results</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>31.</td>
<td><strong>Inserting a central venous catheter</strong></td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>32.</td>
<td>Monitoring <strong>central venous pressure</strong></td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>33.</td>
<td><strong>Inserting a Swan-Ganz</strong> Catheter</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>34.</td>
<td>Monitoring <strong>Swan-Ganz</strong> pressures</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>35.</td>
<td>Protecting the <strong>patient</strong> from anesthesia complications by using scientific <strong>positioning principles</strong></td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>36.</td>
<td>Evaluating the <strong>postanesthetic course</strong> of a <strong>patient</strong></td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>37.</td>
<td>Function as a <strong>resource person</strong> in <strong>cardio-pulmonary resuscitation</strong></td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>38.</td>
<td>Function as a <strong>resource person</strong> in perioperative <strong>fluid therapy</strong></td>
<td>4 3 2 1 N/A</td>
</tr>
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<td>39.</td>
<td>Function as a <strong>resource person</strong> in the management of <strong>postoperative respiratory care</strong> of a patient (including patients on ventilators)</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>40.</td>
<td>Teaching others (dentists or allied health personnel) about anesthesia</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>41.</td>
<td>Complying with the national fire and <strong>safety standards</strong></td>
<td>4 3 2 1 N/A</td>
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<tr>
<td>42.</td>
<td>Judging professional <strong>strengths and weaknesses</strong> (especially with regards to performance and competence) and taking appropriate steps aimed at improving weak areas of practice</td>
<td>4 3 2 1 N/A</td>
</tr>
<tr>
<td>43.</td>
<td>Providing Culturally Competent Care</td>
<td>4 3 2 1 N/A</td>
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</table>
44. **Advancing patient care by initiating intraprofessional** or interprofessional collaboration and **consultation**

45. Identifying researchable clinical problems

46. **Evaluating research methods** and implementing valid findings to improve anesthesia practice, education, and/or administration

47. Functioning within appropriate legal requirements as a CRNA – accepting responsibility and accountability for their actions

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<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
<td>4</td>
</tr>
</tbody>
</table>

**COMMENTS:** What do you see as the main strengths of this graduate: ________________________________

_______________________________

________________________________

________________________________

________________________________

________________________________

**COMMENTS** (how does this CRNA compare with others of the same year group?) ________________________________

________________________________

Do you find this graduate deficient in any areas? ________________________________

________________________________

________________________________

________________________________

Would you rehire this person? ________________________________

________________________________

________________________________

Are there any additional skills/competencies you would like to see in our graduates? ________________________________

________________________________

________________________________

Signature of Evaluator

________________________________

Position/Title

________________________________

Hospital

________________________________

<table>
<thead>
<tr>
<th>Hospital Size (# of beds)</th>
<th>Number of Operating Rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 2/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15</td>
<td></td>
</tr>
<tr>
<td>Number of surgical procedures/year</td>
<td>Number of obstetrics/year</td>
</tr>
<tr>
<td>5/2/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 2/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15</td>
<td></td>
</tr>
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</table>
### Graduate Evaluation

**Name of Graduate:** ___________________________________________  
**Date:** ______________________

**Section I:** Using the key below, please circle the number which most appropriately corresponds to your ability and/or performance in each of the following areas. Then circle the number which most corresponds to the importance of the skill to your work site.

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1. Conducting a preanesthetic assessment
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

2. Performing a physical examination
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

3. Determining from health data and physical examination if pathology exists that may have implications for anesthesia and surgery
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

4. Consulting with a physician for assistance in planning anesthetic management if the management of the patient’s pathology is beyond own capabilities
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

5. Writing or recommending pre-operative medication orders
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

6. Using general anesthetic techniques compatible with the pathological condition of the patient
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

7. Administering a spinal anesthetic
   - Ability: 4 3 2 1 N/A
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8. Managing a patient who has a spinal anesthetic
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

9. Administering an epidural anesthetic
   - Ability: 4 3 2 1 N/A
   - Importance: 4 3 2 1 N/A

10. Managing a patient who has an epidural anesthetic
    - Ability: 4 3 2 1 N/A
    - Importance: 4 3 2 1 N/A

11. Administering a Brachial Plexus Block
    - Ability: 4 3 2 1 N/A
    - Importance: 4 3 2 1 N/A

12. Administering an Ankle Block
    - Ability: 4 3 2 1 N/A
    - Importance: 4 3 2 1 N/A
13. Administering an Intravenous Regional Block (Bier Block) 4 3 2 1 N/A

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14. Administering a competent and rational anesthetic for a pediatric patient (under two years of age) 4 3 2 1 N/A 4 3 2 1 N/A

15. Administering a competent and rational anesthetic for a pediatric patient (over two years of age) 4 3 2 1 N/A 4 3 2 1 N/A

16. Administering a competent and rational anesthetic for Intracranial surgical case 4 3 2 1 N/A 4 3 2 1 N/A

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22. Administering a Continuous Lumbar Epidural for management of labor pain 4 3 2 1 N/A 4 3 2 1 N/A

23. Administering a competent and rational anesthetic for an emergency case 4 3 2 1 N/A 4 3 2 1 N/A

24. Administering a competent and rational anesthetic for a trauma case 4 3 2 1 N/A 4 3 2 1 N/A

25. Performing a rapid sequence induction 4 3 2 1 N/A 4 3 2 1 N/A

26. Performing an awake intubation (either blind or fiberoptic) 4 3 2 1 N/A 4 3 2 1 N/A
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<thead>
<tr>
<th></th>
<th>Ability</th>
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<tbody>
<tr>
<td>27. Performing an inhalational induction (mask induction)</td>
<td>4 3 2 1 N/A</td>
<td>4 3 2 1 N/A</td>
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<td>28. Maintaining an inhalational anesthetic by mask</td>
<td>4 3 2 1 N/A</td>
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<td>31. Inserting a central venous catheter</td>
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<td>4 3 2 1 N/A</td>
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<td>32. Monitoring central venous pressure</td>
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<td>4 3 2 1 N/A</td>
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<td>4 3 2 1 N/A</td>
</tr>
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<td>37. Function as a resource person in cardio-pulmonary resuscitation</td>
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<td>4 3 2 1 N/A</td>
</tr>
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<td>39. Function as a resource person in the management of postoperative respiratory care of a patient (including patients on ventilators)</td>
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44. **Advancing patient care by initiating effective intraprofessional** or interprofessional collaboration and **consultation**

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45. Identifying researchable clinical problems

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46. **Evaluating research methods** and implementing valid findings to improve anesthesia practice, education, and/or administration

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</tbody>
</table>

47. Function within appropriate legal requirements as a CRNA - accepting responsibility and accountability for your actions

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48. Writing the certification exam

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<tr>
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</tbody>
</table>

**COMMENTS:** (Please comment on what you believe were the strengths of your program)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

How do you compare with other CRNAs of the same year group?  
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**SUGGESTIONS** (How program could be improved)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Would you attend this Nurse Anesthesia Program again, or recommend it to others?  
______________________________________________________________________________
______________________________________________________________________________

Signature of Graduate  
______________________________________________________________________________

Hospital  
______________________________________________________________________________

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 2/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
East Carolina University
College of Nursing
Nurse Anesthesia Program

Faculty Handbook

Rights and Responsibilities
Student Rights and Responsibilities

Applicants have a right to expect:

1. That materials and conferences aimed at recruitment shall be factual, fairly presented and contain detailed information pertaining to the program content, graduation requirements and students’ rights and responsibilities written in clearly understandable language.

2. Fair and non-discriminatory practices in the selection process of the program.

Students have a right to expect:

1. That upon acceptance into an accredited program of nurse anesthesia, they will be provided that quality of education necessary to fulfill the objectives of the program.

2. That they will not be exploited relative to time commitment of pay for profit of the conducting institution.

3. The enrollment in a program of nurse anesthesia is equivalent to the signing of a contract between the student and the program and that the rights and responsibilities of each party of the contract are fully understood and complied with, and student failure to achieve the goal within the time frame expected of which he/she enrolled is based on valid, reliable data information from evaluations, viewed objectively and fairly, and reviewed as may be required by due process mechanisms when contested.

4. Fair and accurate evaluations of their progress in the educational program and to be kept informed of the status of the progress.

5. Access to transcripts of their academic and clinical achievements and upon their request have verified copies furnished to institutions, agencies, other programs of nurse anesthesia, or others specified by the student or graduate.

6. That a complete and accurate official student transcript will be forwarded to the National Board of Certification and Recertification of Nurse Anesthetists in a timely manner so that the graduate may take the certification examination within a reasonable amount of time provided all requirements have been met.
Rights of the Patients

1. Patients have the right to know who is administering their anesthesia, who will be supervising the administration of the anesthetic and the relationship between the two. No practice shall be engaged in which is intended to deceive the patient in this regard.

2. Patients have the right to expect that those anesthesia services provided by students will be under the supervision of a CRNA or an anesthesiologist, consistent with the anesthesia risk of the patient, the magnitude of the anesthesia and surgery, and the educational level of the student. At all times a CRNA or anesthesiologist shall be immediately available in all anesthetizing areas where students are performing anesthesia.

3. Patients have a right to expect that the student and supervisory personnel providing their services are mentally alert and not impaired by fatigue, drugs or other incapacitating conditions.

4. The patient's surgeon, or responsible physician, shall be kept informed pertaining to the anesthetic management and any complications arising from that management.

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Faculty Rights and Responsibilities

1. Faculty have the right to expect:
   - That both clinical and didactic assignments will be appropriately made and under equitable circumstances.
   - That opportunity for professional growth and development will be provided.
   - To participate fully in policy making decisions (if full-time faculty) and to be represented in actions resulting from those decisions.
   - That provisions will be made to allow an equitable amount of time for class or other assignment preparation as part of on-duty time for pay purposes.
   - That students will fulfill their responsibilities relative to the educational venture.
   - That student, peer and superior evaluations of individual faculty members will be fair and unbiased.
   - The due process mechanisms will be afforded in all matters relative to appeals.

2. Faculty shall receive fair and equitable pay and benefits for their assigned responsibilities and their commitment.

3. Faculty shall be held accountable for assigned or assumed responsibilities, both as to quantity and quality of performance.

4. Faculty members will provide reasonable notice of resignation time to allow recruitment, employment and orientation of replacement to prevent interruption of continuity of the program.

5. Faculty are responsible for information regarding due process procedures which can be found in the ECU Faculty Handbook.
Rights and Responsibilities of the Accrediting Agency

The accrediting agency has the right to expect:

1. Full intent to comply with requirements for accreditation by those conducting institutions seeking accredited status.

2. Honest, candid and complete discussions and open evaluations pertaining to the strengths and weaknesses of the educational program in those areas covered by the accrediting process and with those persons representing the accrediting agency.

3. Faithful representation of the actual accredited status and of any communication between the COA and its agents and the program and/or institution regarding accrediting matters that the program and/or institution makes public.

The accrediting agency has the responsibility to:

1. Enforce established educational standards and accreditation requirements and procedures consistent with:
   - Insuring quality education for students for purposes that the education is sought.
   - Assuring the protection of consumer and public interest relative to the educational product.
   - Responsiveness to the concerns and interested of the community of interests and the participating programs.

2. Provide fair, unbiased evaluation of educational programs.

3. Afford accredited status only to those programs meeting specified criteria.

4. Allow due process relative to adverse decisions in matters of accreditation.

5. Maintain and publish a list of accredited programs, the actual status of the accreditation and the date of the next scheduled review of that status.

6. Fulfill all requirements specified in complying with federal criteria for accrediting agencies.

7. Maintain confidentiality of matters of a confidential nature coming to the attention of the accrediting agency in the fulfillment of its responsibilities.

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
Rights and Responsibilities of the Affiliating Institution

The affiliating institutions have a right to expect:

1. Definition of the purposes and objectives for which the affiliation is arranged, along with the policies and procedures required to fulfill those objectives.

2. Definition of the rights and responsibilities of students and visiting faculty members.

3. Definition of the quality of services expected of students, visiting faculty and of faculty or personnel employed by the affiliating institution.

4. To be kept informed pertaining to any changes of the educational program which may impact on the affiliating institution or any problem arising which could conceivably impact adversely on the affiliating institution.

5. Schedule of students being sent to the affiliating institution.

Responsibilities:

The affiliating institution has the responsibility to provide those experiences and resources contracted for in the affiliating agreement, and to provide notice when possible, of intent to dissolve affiliating agreement in time to allow the conducting institution to acquire additional resources as required to assure the quality of their education program and accreditation requirements.
Rights and Responsibilities of the Conducting Institution

The Conducting Institution has the right to expect:

1. That the director of the program will act as its agent in the conduct of the program, thereby representing its interests while fulfilling the objectives to the program within the context of the rights of students, faculties, represented professions society and patients who are used for educational purposes.

2. That the program philosophy and objectives will be consistent with the philosophy and objectives of the conducting institution.

3. To be kept informed pertaining to program and student progress.

4. That changes in program philosophy, objectives, policies, etc., will be cleared through the appropriate administrator.

5. That any matter having the capability of reflecting adversely on the conducting institution will be referred to the appropriate administrator for recommendations and action.

6. That the director and faculty members will meet or exceed prescribed standards of performance in the fulfillment of their responsibilities, and in the event of an inability to advance to allow other means to be arranged to fulfill required responsibilities.

7. That resignation of the director and/or faculty members will afford sufficient notice to allow recruitment, employment and orientation for a replacement to prevent discontinuity in the educational program.

8. That students approved for graduation by the faculty of the program and recommended to the National Board of Certification and Recertification of Nurse Anesthetists for certification will be a fair reflection of the quality education provided.

The conduction institution has the responsibility to:

1. Supervise the conduct of the program of anesthesia and assure:
   - Quality of education and fulfillment of program objectives and accreditation requirements.
   - Compliance with policies and regulations of the conducting institution consistent with nondiscriminating and due process practices.
   - Compliance with federal, state, or local laws, policies and regulations.
   - Economic and efficient operation.
   - Non-exploitation of students and faculty and/or patients used for educational purposes.

2. Provide necessary resources (money, personnel, supplies and services, equipment) required for operation to fulfill program objectives consistent with that information pertaining to the program that is in the public domain and with accreditation requirements.
East Carolina University
College of Nursing
Nurse Anesthesia Program

Faculty Handbook

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Academic/Clinical Problems

Grievances
Due Process
ECU College of Nursing  
Nurse Anesthesia Program  

Academic/Clinical Problems

Students who have concerns about daily performance evaluations and/or didactic grades may discuss concerns with the Program Director, Associate Director, or Director of Clinical Education by making an appointment during the Nurse Anesthesia Program office hours.

Clinical and didactic performance will be reviewed, at a minimum, by the Program Director, Associate Director and Director of Clinical Education. Problems recognized as significant by the Nurse Anesthesia Program faculty shall be handled through the following process:

Didactic Performance Problems:

Graduate courses with a final grade of C may be credited toward completion of the program, but any student who has a final grade of C on courses totaling in excess of six semester hours will have his or her program terminated. Students are required to maintain a 3.0 GPA once 9 semester hours are attempted. Those who have less than 3.0 are put on probation by the Graduate School. A GPA of 3.0 is required for graduation based on semester hours of A graded work equal to or exceeding semester hours of C work.

Students in the Nurse Anesthesia Program are required to make a grade of B or Higher in the following courses: Those who earn a grade below B will have their program terminated.

- NURS 6814 Basic Principles of Nurse Anesthesia
- NURS 6811 Anesthesia Pharmacology
- NURS 6819 Clinical Practicum Nurse Anesthesia I
- NURS 6815 Advanced Principles Nurse Anesthesia I
- NURS 6820 Clinical Practicum Nurse Anesthesia II
- NURS 6816 Advanced Principles Nurse Anesthesia II
- NURS 6821 Clinical Practicum Nurse Anesthesia III
- NURS 6824 Advanced Principles Nurse Anesthesia III
- NURS 6822 Clinical Practicum Nurse Anesthesia IV
- NURS 6823 Clinical Practicum Nurse Anesthesia V
- NURS 6993 Advanced Nursing Synthesis

Clinical Performance Problems:

Students who receive unsatisfactory daily clinical evaluation(s) must notify the Director of Clinical Education. The problem will be documented with suggestions for correcting the performance, and the consequences of continued poor or unacceptable performance, as soon as possible after the event(s) that precipitated the evaluation(s). The purpose of such a report is to notify the student of clinical weaknesses and unsatisfactory performance and recommend remedies in a timely fashion for improvement. The student will be given the opportunity to read
and sign the report. The student’s signature indicates only that the student has read the summary and is not by itself an indication that the student agrees with the statement. Such notification also gives the student a warning that a failing semester grade is possible, and allows the student the opportunity to correct or modify their performance. The student will have an opportunity to receive a copy of the summary with the original evaluation being placed in the student’s file. Students will be counseled at scheduled sessions to review progress after such documentation.

Unsatisfactory clinical performance may be considered for (but not limited to):

a. documented unsatisfactory clinical or didactic performance
b. continued inconsistent clinical performance
c. inability to correlate didactic knowledge with clinical practice
d. poor technical abilities
e. inability to work with supervisors or peers
f. lack of empathy for patients
g. inability to cope with stress of practice, including inability to handle emergencies
h. poor communication skills with patients and/or anesthesia members
i. failure to progress in clinical performance
j. repeated tardiness
k. unexcused absences
l. insubordination or displays disrespect for supervisors or faculty
m. poor attitude toward learning and/or constructive criticism (i.e. evaluation process)
n. personal unethical conduct

ANY ACT DOCUMENTED OR TREATED AS UNSAFE PRACTICE MAY RESULT IN IMMEDIATE DISMISSAL FROM THE PROGRAM

Unsafe practice is defined as:

1. an act or specific behavior which threatens or has the potential to threaten the physical, emotional, mental, or environmental safety of the client, a family member or substitute familial person, the student him or herself, another student, a faculty member, or other health care provider or

2. any act or behavior which:
   1. violates the North Carolina Nursing Practice Act, Article 9 of chapter 90 of the North Carolina General Statutes (NCGS 90-171.37; 90-171.44) (Violations will be reported to the Board of Nursing) or
   2. violates the Code for Nurses of the American Nurses’ Association (available at http://www.nursingworld.org)
   3. violates the Standards of Nursing Practice of the American Nurses’ Association or
   4. constitutes nursing practice for which a student is not authorized or educated at the time of the incident.
Probation or dismissal may be recommended by the Program Director for (but not limited to):

a. failure to maintain required certifications and licenses  
b. failure to abide by hospital policies and procedures  
c. failure to maintain liability insurance  
d. failure to maintain grade requirements  
e. continued inconsistent clinical performance  
f. abuse of drugs or alcohol  
g. repeated tardiness  
h. unexcused absences  
i. poor communication skills with patients and/or anesthesia members  
j. inability to cope with stress, including patient emergencies  
k. inability to work with supervisors or peers  
l. unethical conduct  
m. poor attitude toward learning and/or constructive criticism (i.e. evaluation process)  
n. insubordination or disrespect for faculty

Student Appeal for Dismissal From a College of Nursing Graduate Program

Students who wish to appeal a decision for dismissal from a College of Nursing Graduate Program should consult the College of Nursing Graduate Student Handbook and ECU Graduate Catalog http://catalog.ecu.edu/content.php?catoid=6&navoid=378%20-%20Graduate%20Student%20Graduate%20Appeals#Graduate%20School%20Appeals%20Procedu

3/23/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 12/13/07, 10/30/08, 12/30/09, 12/30/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
East Carolina University
College of Nursing
Nurse Anesthesia Program

Faculty Handbook

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Academic Calendar
### Spring 2016 Student Application/Processing Deadlines

**Spring Semester 2016**
(Actual class days: 13 Mondays, 15 Tuesdays, 14 Wednesdays, 14 Thursdays, 14 Fridays.
Effective class days: 14 Mondays, 14 Tuesdays, 14 Wednesdays, 14 Thursdays, 14 Fridays.)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 30, Friday</td>
<td>Early registration for special populations begins at 1:00 pm.</td>
</tr>
<tr>
<td>November 2, Monday</td>
<td>Registration for Spring Semester 2016 begins.</td>
</tr>
<tr>
<td>January 8, Friday</td>
<td>Advising and schedule adjustments.</td>
</tr>
<tr>
<td>January 11, Monday</td>
<td>Classes begin; schedule changes.</td>
</tr>
<tr>
<td>January 15, Friday</td>
<td>Last day for registration and schedule changes (drop and add) by 5:00 pm.</td>
</tr>
<tr>
<td>January 18, Monday</td>
<td>State Holiday (no classes).</td>
</tr>
<tr>
<td>January 26, Tuesday</td>
<td>Census Day (Official enrollment count taken at 5:00 pm).</td>
</tr>
<tr>
<td>March 6-13, Sunday – Sunday</td>
<td>Spring Break.</td>
</tr>
<tr>
<td>March 14, Monday</td>
<td>8:00 am - Classes resume.</td>
</tr>
<tr>
<td>March 14-18, Monday-Friday</td>
<td>Advising for Summer Sessions and Fall Semester 2016.</td>
</tr>
<tr>
<td><em>March 16, Wednesday</em></td>
<td>Last day for undergraduate students to withdraw from term-length courses or withdraw from school without grades by 5:00 pm. Block courses may be dropped only during the first 60% 50% of their regularly scheduled class meetings.</td>
</tr>
<tr>
<td>March 18, Friday</td>
<td>Early registration for special populations begins at 1:00 pm.</td>
</tr>
<tr>
<td>March 21, Monday</td>
<td>Last day for graduate students to drop courses without grades by 5:00 pm.</td>
</tr>
<tr>
<td>March 21, Monday</td>
<td>Registration for Summer Sessions and Fall Semester 2016 begins.</td>
</tr>
<tr>
<td><em>March 22, Tuesday</em></td>
<td>Last day to submit thesis to the Graduate School for completion of degree in this semester. Information now included on the Student Application/Processing Deadlines Calendar.</td>
</tr>
<tr>
<td>March 25-27, Friday-Saturday</td>
<td>State Holiday (no classes)</td>
</tr>
<tr>
<td>April 14, Thursday</td>
<td>Undergraduate students last day to remove incompletes given during Fall Semester 2015</td>
</tr>
<tr>
<td>April 26, Tuesday</td>
<td>State holiday makeup day. Classes which would have met on Friday, March 25, will meet on this day so there will effectively be the same number of Fridays and Tuesdays as every other weekday during the semester; Tuesday classes will not meet.</td>
</tr>
<tr>
<td>April 26, Tuesday</td>
<td>Graduate students last day to remove incompletes given during Spring Semester and/or Summer Session 2015.</td>
</tr>
<tr>
<td>April 26, Tuesday</td>
<td>Classes end. Last day for submission of grade replacement requests.</td>
</tr>
<tr>
<td>April 27, Wednesday</td>
<td>Reading day.</td>
</tr>
<tr>
<td>April 28, Thursday</td>
<td>Final examinations begin.</td>
</tr>
<tr>
<td>May 5, Thursday</td>
<td>Exams for Spring Semester close at 4:30 pm.</td>
</tr>
<tr>
<td>May 6, Friday</td>
<td>Commencement.</td>
</tr>
<tr>
<td>May 7, Saturday</td>
<td>Grades due at 4:30 p.m.</td>
</tr>
</tbody>
</table>

Students in semesters I through III also adhere to Brody School of Medicine calendar

### Summer Session 2016

#### 11-Week Summer Session

(Actual class days: 9 Mondays, 11 Tuesdays, 9 Wednesdays, 11 Thursdays, 10 Fridays, 1 day for final examinations)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 18, Friday</td>
<td>Early registration for special populations begins at 1:00 pm.</td>
</tr>
<tr>
<td>March 21, Monday</td>
<td>Registration for 11-Week Summer Session begins.</td>
</tr>
<tr>
<td>May 13, Friday</td>
<td>New student registration; schedule changes.</td>
</tr>
<tr>
<td>May 16, Monday</td>
<td>Classes begin; schedule changes.</td>
</tr>
<tr>
<td>May 17, Tuesday</td>
<td>Last day for registration and schedule changes (drop and add) by 5:00 pm.</td>
</tr>
<tr>
<td>May 17, Tuesday</td>
<td>Census Day (Official enrollment count taken at 5:00 pm).</td>
</tr>
<tr>
<td>May 30, Monday</td>
<td>State Holiday (no classes).</td>
</tr>
<tr>
<td>June 21-22, Tuesday and Wednesday</td>
<td>Midsummer Break (no classes).</td>
</tr>
<tr>
<td>June 29, Wednesday</td>
<td>Last day for undergraduate students to withdraw from term-length courses or withdraw from school without grades by 5:00 pm. Block courses may be dropped only during the first 60% of their regularly scheduled class meetings.</td>
</tr>
<tr>
<td>July 4, Monday</td>
<td>State Holiday (no classes).</td>
</tr>
<tr>
<td>July 5, Tuesday</td>
<td>Last day for graduate students to drop courses without grades by 5:00 pm.</td>
</tr>
<tr>
<td>July 28, Thursday</td>
<td>Classes end. Last day for submission of grade replacement requests.</td>
</tr>
<tr>
<td>July 29, Friday</td>
<td>Final examinations.</td>
</tr>
<tr>
<td>August 1, Monday</td>
<td>Grades due at noon</td>
</tr>
</tbody>
</table>
## Fall Semester 2016

(Actual class days: 14 Mondays, 14 Tuesdays, 14 Wednesdays, 14 Thursdays, 14 Fridays. Effective class days: 14 Mondays, 14 Tuesdays, 14 Wednesdays, 14 Thursdays, 14 Fridays)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 18, Friday</td>
<td>Early registration for special populations begins at 1:00 pm.</td>
</tr>
<tr>
<td>March 21, Monday</td>
<td>Registration for Fall Semester 2016 begins.</td>
</tr>
<tr>
<td>August 22, Monday</td>
<td>Classes begin; schedule changes.</td>
</tr>
<tr>
<td>August 26, Friday</td>
<td>Last day for registration and schedule changes (drop and add) by 5:00 pm.</td>
</tr>
<tr>
<td>September 5, Monday</td>
<td>State Holiday (no classes).</td>
</tr>
<tr>
<td>September 13, Tuesday</td>
<td>Census Day (Official enrollment count taken at 5:00 pm).</td>
</tr>
<tr>
<td>October 8-11, Saturday-Tuesday</td>
<td>Fall Break.</td>
</tr>
<tr>
<td>October 12, Wednesday</td>
<td>8:00 am - Classes resume.</td>
</tr>
<tr>
<td>October 21, Friday</td>
<td>Last day for undergraduate students to withdraw from term-length courses or withdraw from school without grades by 5:00 pm. Block courses may be dropped only during the first 60% of their regularly scheduled class meetings.</td>
</tr>
<tr>
<td>October 26, Wednesday</td>
<td>Last day for graduate students to drop courses without grades by 5:00 pm.</td>
</tr>
<tr>
<td>October 28, Friday</td>
<td>Early registration for special populations begins at 1:00 pm.</td>
</tr>
<tr>
<td>October 31, Monday</td>
<td>Registration for Spring Semester 2017 begins.</td>
</tr>
<tr>
<td>November 5, Saturday</td>
<td>Last day to apply as an undergraduate student for the Spring Semester.</td>
</tr>
<tr>
<td>November 23-27, Wednesday-Sunday</td>
<td>Thanksgiving Break.</td>
</tr>
<tr>
<td>November 28, Monday</td>
<td>8:00 am - Classes resume.</td>
</tr>
<tr>
<td>November 28, Monday</td>
<td>Undergraduate students last day to remove incompletes given during Spring and/or Summer Session 2016.</td>
</tr>
<tr>
<td>December 5, Monday</td>
<td>Graduate students last day to remove incompletes given during Fall 2015.</td>
</tr>
<tr>
<td>December 5, Monday</td>
<td>Classes end. Last day for submission of grade replacement requests.</td>
</tr>
<tr>
<td>December 6, Tuesday</td>
<td>Reading day.</td>
</tr>
<tr>
<td>December 7, Wednesday</td>
<td>Final Examinations begin.</td>
</tr>
<tr>
<td>December 14, Wednesday</td>
<td>Exams for Fall Semester close at 4:30 pm.</td>
</tr>
<tr>
<td>December 16, Friday</td>
<td>Commencement.</td>
</tr>
<tr>
<td>December 16, Friday</td>
<td>Grades due at 4:30 p.m.</td>
</tr>
</tbody>
</table>
East Carolina University
College of Nursing
Nurse Anesthesia Program

Faculty Handbook

12

Preparation for Graduation
ECU College of Nursing
Nurse Anesthesia Program

Requirements for Graduation of Students

The ECU College of Nursing Nurse Anesthesia Program will recommend for graduation to the ECU Graduate School all students who satisfy requirements as set forth by the Nurse Anesthesia Program, and who have met all requirements for graduation set forth by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA; 222 S. Prospect Ave., Park Ridge, IL, 60068, (847) 692-7050).

Application for graduation must be made on a form provided by the Registrar's Office at least one semester prior to the completion of the requirements for the degree.

Graduation exercises will be held at the end of the Fall and Spring Semesters. However, degrees are also conferred at the end of the summer session.
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