# Table of Contents

1. **Organization**
2. **History**
   - Mission Statement
   - Program Philosophy
   - Program Objectives
   - Program Design
   - Accreditation
   - Requirements for Accreditation Status
3. **Curriculum**
   - Requirements for Program Length
   - Admission Criteria
   - Master Schedule
   - Textbook List
   - Terminal Objectives
   - Semester Objectives
4. **Admission Fees and Tuition**
   - AANA Associate Membership
   - Self-Evaluation Examinations (SEE)
   - Professional Liability Insurance
5. **Comprehensive Examination**
6. **Information for Students**
   - Confidentiality
   - Procedures/Guidelines Manuals
   - Recruitment
   - Clinical Faculty Evaluation
   - Didactic Course Evaluation by Students
   - Clinical Evaluation of Students
   - Notification of Unsatisfactory Academic/Clinical Performance
   - Notice of Non-Discrimination
   - Communication
   - Student Conduct/Honor Code
   - Computer Requirements
   - Guiding Principles for Social Media
   - Dress Code
   - Financial Aid
   - Health Forms Documentation
   - Health Insurance Requirements
   - Student Illness
   - Substance Abuse
Requirements for Clinical Background Check
Student Misconduct Policy
Student Assignments
Academic Advisement
Clinical Supervision of Students
Clinical Supervision of Students in Nonanesthetic Situations
Clinical Evaluation of Students
Guidelines for SRNA Daily Clinical Documentation
Guideline for Room Preparation
Requirements for Clinical Educations
Academic/Clinical Problems
Grade Requirements
Liability Insurance
Clinical Site Evaluation by Students
Clinical Probation
Needle Stick/Bodily Fluid Exposure
Infection Control
Clinical Case Records
Electronic Communication Requirements
SEE Exam
Admissions
Requirements for Student Committed Time
Excused, Unexcused Absences, Voluntary Withdrawal
License and Credentials
Compliance with Federally Mandated Policies
Student Work Outside Committed Time
Improper Relationship Between Students and Faculty

7. Rights and Responsibilities
8. Evaluation
   Clinical Evaluation Form per Semester
   Specialty Rotation Evaluation Form
   Levels of Practice
   Student Evaluation of Program
   Employer Evaluation
   Post Graduate Evaluation
   Clinical Case Records
   Care Plans

9. Graduation
   Graduation Criteria
   Requirements for Graduation

10. Academic Calendar

3/26/02, 12/31/03, 12/23/04, 9/2/05, 10/19/06, 10/30/08, 12/29/09, 12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/2015
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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DISCLAIMER

THE INFORMATION CONTAINED IN THIS HANDBOOK CANNOT BE CONSIDERED AS AN AGREEMENT OR CONTRACT BETWEEN INDIVIDUAL STUDENTS AND THE EAST CAROLINA UNIVERSITY COLLEGE OF NURSING NURSE ANESTHESIA PROGRAM. THE PROGRAM RESERVES THE RIGHT TO REVISE STATEMENTS, POLICIES, CURRICULUM, FEES AND CALENDARS AS NECESSARY.
East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

2

History
Mission Statement
Program Philosophy
Program Objectives
Program Design
Accreditation
Requirements for Accreditation Status
History

The Nurse Anesthesia Program at East Carolina University College of Nursing is one of nine 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 College of Nursing (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](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 practice 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 seeking a maximum level of human functioning. Nurse anesthetists assist patients’ physical and psychosocial 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 are 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 that 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 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.
### 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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</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. | 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. |
<p>| 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. |</p>
<table>
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<tr>
<th>Graduate Program Objectives</th>
<th>CON Mission</th>
<th>CON Values</th>
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</thead>
</table>
| 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 |
### Table 2  Relationship of ECU CON Graduate Program Objectives and Nurse Anesthesia Program Terminal Objectives

<table>
<thead>
<tr>
<th>ECU CON Graduate Program Objectives</th>
<th>Anesthesia Concentration Terminal Objectives</th>
</tr>
</thead>
</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. |
### 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.
Model for Nurse Anesthesia Education
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 EDUCATIONAL
PROGRAMS (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.
ECU College of Nursing
Nurse Anesthesia Program

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.
East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

3

Curriculum
Requirements for Program Length
Admission Criteria
Master Schedule
Textbook List
Terminal Objectives
Semester Objectives
**MSN PROGRAM REQUIRED CURRICULUM**

*Nurse Anesthesia*

Prerequisites:  
Basic Statistics Course Required  
Basic Computer Skills  
One year experience in Adult ICU  
Physiology Course Required (within five years highly recommended)  
Chemistry or Biochemistry Course Required (within five years highly recommended)

**Common Core Courses**

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<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>
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<td>NURS 6083</td>
<td>Health Care Finance and Economics</td>
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<td>NURS 6993</td>
<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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<td>Human Physiology for Nurse Anesthetists</td>
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<td>NURS 6610</td>
<td>Health Assessment for Advanced Nursing Practice</td>
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<td>NURS 6811</td>
<td>Anesthesia Pharmacology</td>
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<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**

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<tr>
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<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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**Total** 69

4/17/02, 12/23/03, 12/21/04, 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

Student Handbook 26
## Nurse Anesthesia Curriculum Plan 2015

### 1st Year Students

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<tr>
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**Program Total**: 69

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

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.
ECU College of Nursing
Nurse Anesthesia Program

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 is required
     b. A course in physiology required (within five years highly recommended)
     c. A course in chemistry or biochemistry required (within the five years highly recommended)
# ECU College of Nursing
## Nurse Anesthesia Program
### Plan of Study

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<tr>
<th>Didactic</th>
<th>Summer Semester 2</th>
<th>Fall Semester 3</th>
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| Sem HRS | 12 | 9 | 11 | 8 | 9 | 10 | 10 |

69 Semester Hours

10/2/02, 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, 12/15/13, 12/19/14, 12/10/15
## ECU College of Nursing
### Post Masters Certificate
### Nurse Anesthesia Program

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<tbody>
<tr>
<td></td>
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| Sem HRS | 12 | 9 | 8 | 5 | 6 | 7 | 7 |

### 54 Semester Hours

4/17/02, 12/21/04, 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
2016 Textbook List for Nurse Anesthesia Program

REQUIRED TEXTS:


SUGGESTED TEXTS:


STUDENTS FOUND THIS USEFUL (SPRING 2016). Available online through Laupus Library


Dorsch JA, Dorsch SE. A Practical Approach to Anesthesia Equipment. Philadelphia: Lippincott Williams & Wilkins; 2010


This is a list of suggested textbooks. Many are available on-line, without cost, through the Laupus Library. Please check with the course director for the textbooks that are required each semester.

11/29/04, 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
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.

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.
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 and cultural 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.
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 physical, psychological, and cultural 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 physical, psychological, and cultural 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 persona 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.
**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

Student Handbook

4

Admission Fees and Tuition
Self-Evaluation Examinations (SEE)
AANA Associate Membership
Professional Liability Insurance
### ECU College of Nursing
#### Nurse Anesthesia Program
#### Spring 2015 Student Fees and Expenses

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<tr>
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**Subtotal:** $14,522.61  
**Subtotal:** $56,092.52

**Additional Program Fees:**
- Educational/Tech Fee: $1,197.00
- Health Service Fee: $822.25
- University Fee: $5,572.00
- Clinical Course Fee: $750.00

**Subtotal:** $8,341.25  
**Subtotal:** $8,341.25

**Total Program Costs (7 semesters):**
- Tuition: $14,522.61
- Additional Fees: $8,341.25

**Miscellaneous:**
- Clinical Assessment Fee: $47.50
- Health Insurance
- Two Lab Coats
- Ear Piece: $59.00
- Stethoscope
- Calculator: $1,200.00
- Textbooks
- Student Self-Evaluation Exam: $125.00
- AANA Membership: $200.00
- National Certification Exam
- Liability Insurance: $550.00

**Tuition Differential for all NURS Course:** $2,181.50

**Final Program Costs:** $31,945.36

**Miscellaneous:**
- Clinical Assessment Fee: $47.50
- Health Insurance
- Two Lab Coats
- Ear Piece: $59.00
- Stethoscope
- Calculator: $1,200.00
- Textbooks
- Student Self-Evaluation Exam: $125.00
- AANA Membership: $200.00
- National Certification Exam
- Liability Insurance: $550.00

**Tuition Differential for all NURS Courses:** $2,181.50

**Final Program Costs:** $73,515.27

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**Fees and expenses are subject to change without notice**

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
Additional Fees (subject to change without notice)

1) Self-Evaluation Examination
   Students will be required to take this exam (current cost $125.00 per exam) twice. Typically students find they benefit by taking this exam twice.

2) AANA Associate Membership
   Students will be encouraged to join the American Association of Nurse Anesthetists Associate Membership Program. The Cost is $200.00 and provides subscription to the AANA Journal, The AANA Bulletin, and eligibility to serve on one of the Councils associated with the AANA or The AANA Education Committee. Students will also be encouraged to maintain membership in other professional organizations.

3) National Certification Examination
   Students will pay an examination fee of $725.00 (fee subject to change) made payable to the Council on Certification in March of the third year. The check will accompany the Transcripts for Certification Examination which is mailed by the Program. This examination is given by appointment made by the student with testing centers.

4) Professional Liability Insurance
   Students will be required to purchase this insurance (see Policy on Liability Insurance) prior to enrolling in clinical practicum courses. This may be purchased through the AANA.
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.
East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

5

Comprehensive Examination
East Carolina University
College of Nursing

Comprehensive Examination

All graduate programs at East Carolina University require students to successfully complete a comprehensive assessment. The assessment may include a comprehensive examination (written and/or oral), a research project, thesis, capstone course, portfolio, and/or equivalent.

NURS 6993 Syllabus

I. COURSE NUMBER: NURS 6993
II. COURSE TITLE: Advanced Nursing Synthesis
III. CREDIT HOURS: 1 semester hour
IV. ALLOCATION OF TIME: 2 hours per week
V. PLACEMENT IN CURRICULUM: Graduate Level
VI. PRE- AND/OR CO-REQUISITES:
P: NURS 6822, NURS 6824
C: NURS 6812, NURS 6823
VII. COURSE DESCRIPTION: Seminar for synthesis of graduate nursing concepts
VIII. FACULTY: Maura S. McAuliffe CRNA, PhD, FAAN
Professor and Program Director
IX. COURSE OBJECTIVES:

Through this course, the learner will:

1. Critically evaluate graduate nursing core concepts
2. Synthesize nursing concentration – related content
3. Utilize scholarly verbal and written communication skills

X. TEACHING STRATEGIES:
Written exam
Anesthesia Synthesis
Portfolio
XI. EVALUATION METHODS:

Portfolio development  
Anesthesia synthesis  
Written Exam (SEE)

Successful completion of this course fulfills the University requirement that all graduate students complete a comprehensive assessment.

Grading System:

The course grade is based on the following scale:

- A = 90 – 100   Excellent
- B = 80 – 89    Good
- F ≤ 79

The student is required to earn a grade of B or higher for satisfactory completion of this course.
Information for Students

Confidentiality
Procedures/Guidelines Manuals
Recruitment
Notice of Non-Discrimination
Communication
Student Conduct
Computer Requirements
Dress Code
Financial Aid
Health Requirement Forms Documentation
Requirements for Health Insurance
Student Illness
Substance Abuse
Requirements for Criminal Background Checks
Student Misconduct
Student Assignments
Academic Advisement
Clinical Supervision of Students
Clinical Supervision of Students in Non-anesthetic Situations
Clinical Evaluation of Students
Requirements for Clinical Education
Academic/Clinical Problems
Grade Requirements/Grade Appeal Process
Requirements for Liability Insurance
Clinical Site Evaluation
Clinical Probation
Needle Stick/Bodily Fluid Exposure
Infection Control
Maintaining Clinical Case Records
Electronic Communication Requirements
SEE Exam
Admissions
Student Committed Time/Vacations
Excused/Unexcused Absences/Voluntary Withdrawal
Student Transfers
Licenses and Credentials
Compliance with Federally Mandated Policies
Student Work Outside Committed Time
Improper Relationships between Students and Faculty
ECU College of Nursing
Nurse Anesthesia Program

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).
ECU College of Nursing  
Nurse Anesthesia Program

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

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 clinical coordinators, and counseling will be made available to all clinical faculties upon request.
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
ECU College of Nursing
Nurse Anesthesia Program

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.

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  

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 799A and 845 of the Public Health Service Act; the Equal Pay Act 1963, as amended; the Age Discrimination in Employment Act of 1967, as amended; the Rehabilitation Act of 1973, as amended; the Pregnancy Discrimination Act of 1978; the Civil Rights Restoration Act of 1988; the Vietnam Era Veteran’s Readjustment Assistance Act of 1974; the Civil Rights Act of 1991 and the Americans with Disabilities Act of 1990, as amended; Title II of the Genetic Information Non-discrimination Act of 2008; 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:

LaKeshia 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 for 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, LaKeshia 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.
ECU College of Nursing

Nurse Anesthesia Program

**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.
ECU College of Nursing
Nurse Anesthesia Program

Communication

1. It is the responsibility of the student to inform the program within two business days of any change in address or phone number.

2. It is the responsibility of the student to inform the AANA within two business days of any change in address.

3. Students are required to use their ECU e-mail account for email communications with the program and faculty.
East Carolina University College of Nursing
Nurse Anesthesia Program

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 and in the ECU Faculty Manual.)
ECU College of Nursing
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 must 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)
ECU College of Nursing
Nurse Anesthesia Program

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.
East Carolina University
College of Nursing
Nurse Anesthesia Program

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.
The ECU College of Nursing, Nurse Anesthesia Program will make every effort to assist students in the continuation of their education.

1. Through the use of federal and state funds, as well as contributions from its many friends and alumni, East Carolina University makes every effort to assist students in the continuation of their education. The staff of the university Office of Student Financial Aid assists students in obtaining funds from the source best suited to the individual’s needs.

2. Two main types of financial assistance are available to qualified students: gift aid, consisting of grants and scholarships, and long term educational loans.

3. Because the primary aim of financial aid programs is to provide assistance to students who, without aid, would be unable to continue their education, most of the funds are awarded on the basis of financial need. However, in its efforts to strive for excellence, the university offers assistance to some talented students based on merit rather than need.

4. The University participates in federal programs which provide funds on the basis of financial need as follows:
   - Federal Pell Grant
   - Federal Supplemental Educational Opportunity Grant
   - Federal Parent Loan Program
   - Federal Perkins Loan
   - Federal Stafford Student Loan Program
   - Nursing Student Loan

5. Information pertaining to the application process, types of aid available, and academic requirements may be obtained from the East Carolina University Office of Student Financial Aid.

6. Student loans are available through the AANA for catastrophic events. Students should contact the AANA office in Park Ridge, IL for information.

7. The College of Nursing also offers scholarships for select qualified students (see CON Student Handbook for CON scholarship application).

Additional sources of funding can be found at [www.ecu.edu/cs-acad/ugcat/expenses.cfm](http://www.ecu.edu/cs-acad/ugcat/expenses.cfm), [www.aana.com](http://www.aana.com), and NC Master’s Nurse Scholars program at [www.cfnc.org](http://www.cfnc.org).
ECU College of Nursing
Nurse Anesthesia Program

HEALTH FORMS DOCUMENTATION

Student Health Services requires that the Report of Medical History form be on file prior to a student attending classes. The College of Nursing requires that entering nursing students have a complete physical examination, within the past six (6) months, prior to the beginning of any clinical practicum experiences. As part of the health information submitted, a statement from the student’s physician or practitioner must attest to their emotional and physical ability to carry out nursing functions. Near the bottom of page 2 of the physical form there is a block that says —Only for Students Admitted to a Health Sciences Program.— This block must be completed by the health care provider to meet a requirement of the North Carolina Board of Nursing. MSN students must have all updated immunization records on file in the College of Nursing Office of Student Services prior to clinical practicum experiences.

Students must provide evidence annually of a negative TB test. A two-step PPD test or TB Gold Test are acceptable methods to indicate that a student is negative for TB. If a student has a positive TB test, the student must provide evidence of adherence to a treatment plan or the student may elect to have a chest X-ray.

Students are required to comply with the Center of Disease Control (CDC) guidelines concerning prophylaxis for hepatitis B. The CDC recommends that health science students who may handle needles, syringes and/or blood more frequently than once per month be immunized against hepatitis B. One to two months after completion of the three shot series, students are required to have a titer drawn. If the titer is negative, the student must complete a second series of the Hep B vaccine. Following the second series of shots, a second titer is drawn. If this tier is positive it indicates immunity however if it is negative the student is considered a nonresponder and no further action is needed.

Students are also required to have immunizations or a titer for chicken pox (varicella). If the student’s varicella titer is negative, 2 doses of varicella vaccine are required. Please remember that a person can have chicken pox and still have a negative titer due to a light case. The ECU Student Health Center can draw the varicella titer. It is also necessary to make sure that you are immunized against rubella and rubeola. Tetanus/diphtheria and/or TDAP (preferred) vaccines must be current (within the past 10 years). We suggest you contact your healthcare provider or the Student Health Service to receive these important immunizations and/or titers.

Students are required to adhere to University and/or Clinical Agency requirements for Flu Shots

Students who do not submit all required health documentation on time will be dismissed from clinical until health requirements (including CPR and liability insurance coverage) are met. Students who must miss a clinical day due to not adhering to policy may be at risk for failing clinical.

Students are required to complete all College of Nursing required documentation for clinical placement. For any questions regarding immunizations, physical exam forms, or any pre-admission testing, see the College of Nursing Graduate Student Handbook.

12/23/03, 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, 12/15/13, 12/19/14, 12/10/15
ECU College of Nursing
Nurse Anesthesia Program

Health Insurance Requirements

In accordance with the University requirements, all ECU students enrolled in campus based degree seeking programs and enrolled in at least 6 hours of credit must have health insurance coverage, either through the UNC System plan, or have requested and received a waiver for personal/private insurance. Students, who have questions regarding their health insurance, should be referred to the Student Health Center’s website for further information. http://www.ecu.edu/studenthealth/.

Health insurance coverage is a mandatory requirement for enrollment in the College of Nursing.
ECU College of Nursing
Nurse Anesthesia Program

**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.
ECU College of Nursing  
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

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. 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.
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 impaired due to 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 for the Graduate Program 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 for the Graduate Program.

6. The Executive Director of Student Services and the Associate Dean for the Graduate Program 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 for the Graduate Program 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>Category</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>Oxycontin (Oxycodone)</td>
</tr>
<tr>
<td>Tramadol</td>
<td>Phencyclidine</td>
</tr>
<tr>
<td>Alcohol</td>
<td>Propoxyphene</td>
</tr>
</tbody>
</table>
ECU College of Nursing  
Nurse Anesthesia Program  

Substance Abuse  

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 Committees.  
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.
ECU College of Nursing
Nurse Anesthesia Program

Requirements for Criminal Background Check

In order to comply with clinical agency contractual requirements and to provide the public with nurses and nursing students who demonstrate personal and professional behaviors consistent with the standards of the nursing profession, the College of Nursing may require all students to undergo a Criminal Background Check (CBC).

Satisfactory results of a criminal background check are required for admission and progression in the nursing program. Refusal to provide consent for investigation will result in exclusion from nursing courses and termination from the program. Criminal background information released to the College of Nursing will be used only for purposes of assisting in making decisions about admission and/or continued matriculation in the College of Nursing. If the background check includes information that the student claims is untrue or inaccurate, these concerns or issues must be addressed by the student. It is the responsibility of the student to resolve these issues. Students are to be advised that pending charges, convictions and/or prayer for judgment rulings may render the student ineligible for clinical placement. Additionally, pending charges during enrollment may result in receiving an incomplete for a clinical course and possible expulsion from the program if a conviction is made. The progression guideline remains in effect.

The CBC must be performed by a qualified vendor selected by the CON and will meet the following criteria:

- CBC must cover the past 10 years, or the time period since the student’s 18th birthday, whichever is less. International students must include the time since they entered the United States or the past 10 years, whichever is less.

- CBC must cover all states where the student has lived or worked during the last 10 years or since turning 18 years of age.

CBC must address all felony and misdemeanor crimes (except minor traffic related violations). The student will provide a paper copy of the criminal background check directly to the College.

In addition, students must sign a —Release to Share Criminal Background Check Information and Agreement to Report Future Felony or Misdemeanor Convictions— form, which allows the College to share information obtained in the CBC with clinical agencies for the purpose of securing a clinical placement as part of the student’s educational experience. Students must agree to report any felony or misdemeanor charges and convictions (excluding minor traffic related violations), which occur during their enrollment in the College of Nursing to the Executive Director of Student Services. Failure to submit a comprehensive report within 5 (five) school days will be considered a violation of academic integrity and may serve as grounds for dismissal from the College of Nursing.
The College agrees to use the student information only for the process of obtaining educational placements for students in clinical agencies. In the event that the CBC reveals an event of concern, the Concentration/Program Director will discuss the issue directly and immediately with the student, prior to sharing the information with the clinical agency. The clinical agency makes the final decision about whether a student will be placed at that site. The Associate Dean for Graduate Programs will hear student appeals of administrative actions taken as a result of CBC findings.

Criminal background information will be maintained in a secure file with access limited to personnel of the Office of Student Services and the Associate Dean for Graduate Programs. The results will be maintained in a separate file from the student’s academic file and will be destroyed once the individual is no longer in the nursing program.
CON faculty members have academic, legal, and ethical responsibilities to protect the public, health care community and property from unsafe nursing practices. It is within this context that undergraduate and graduate students risk disciplinary action and/or dismissal from the CON for conduct which threatens or has the potential to threaten property or the safety of a client, a family member or substitute familial person, the student him/herself, a faculty member, or other health care provider.

I. Student Awareness

Within courses, counseling, official information materials, and other instructional forums of the College of Nursing, students will be provided with the documents and statements referred to below. All nursing students are expected to be familiar with this policy and are further expected to perform in accordance with these requirements. This policy does not pertain to general clinical behaviors exhibited by a student related to specific course requirements. Unsatisfactory performance in that regard will be reflected in the final grade.

II. Definition: misconduct in this policy 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:
   a. violates the North Carolina Nursing Practice Act, Article 9 of chapter 90 of the North Carolina General Statutes (Violations will be reported to the board of nursing) (NCGS 90-171.37; 90-171.44) or
   b. violates the Code for Nurses of the American Nurses’ Association (available at http://www.nursingworld.org)
   c. violates the Standards of Nursing Practice of the American Nurses’ Association or
   d. constitutes nursing practice for which a student is not authorized or educated at the time of the incident.

III. Investigation and Evaluation of Student Misconduct

1. The Nurse Anesthesia Program will follow the policies outlined in the College of Nursing Graduate Student Handbook for MSN, DNP, & PhD Programs.
ECU College of Nursing  
Nurse Anesthesia Program  

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.
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.

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. After the first two semesters, 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.
ECU College of Nursing
Nurse Anesthesia 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.
ECU College of Nursing
Nurse Anesthesia Program

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 ratio of 1 student to 1 clinical instructor.
ECU College of Nursing
Nurse Anesthesia Program

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.
Guidelines for SRNA Daily Clinical Documentation

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

2. You will list “planned cases” and the preceptor’s last name on the evaluation forms.

3. You 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 you will match your clinical evaluation (both those in your possession and those the director of Clinical Education has) with the appropriate care plan (staple these together).
   a. In the rare event that you have a missing evaluation, you should notify the Director of Clinical Education.

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

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.

3/19/2015, 12/10/15
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.

12/10/15
ECU College of Nursing
Nurse Anesthesia Program

Requirements for Clinical Education

1. While a student in any of the clinical nurse anesthesia courses you are required to abide by all ECU College of Nursing policies including attire/grooming policies. These are in your student handbook. You must also abide by all hospital or SurgiCenter policies.

2. You must be in your assigned operating room in sufficient time to prepare the room for the day’s surgical cases and be ready to begin administration of anesthesia by 0700.

3. On the 4th Wednesday of each month there is an Anesthesia Department meeting at Vidant Medical Center from 0700-0800. When you are scheduled at this rotation you are required to attend these meetings. This means that you will need to have your assigned operating room ready prior to attending the morning department meeting.

4. At the end of each clinical day you must clean up your room and then get your assignment for the following day. If your room finishes before 1500 you should look for an additional educational experience. You should try to find another room to assist in. You may ask the Clinical Coordinator or a clinical faculty member to assist you.

5. You need inform the Director of Clinical Education by 0530 (by telephone) if you are sick and will not be in the clinical area. This includes those times when you are at Ahoskie, Edenton, the Pain Clinic, the SurgiCenter, or any other assignments. All “sick-days” are deducted from the allowed “personal days” off.

6. While in semesters 4-7 you are allowed 10 “personal days” off. These cannot be taken while you are on specialty rotations. Attendance in all didactic classes remains mandatory. To request “personal days off” you must complete the “Request for Vacation/Time-off” form 4 weeks in advance. The Director of Clinical Education will approve or deny the requested days.

7. You must inform the Director of Clinical Education within 24 hours of any “failed day” in the clinical area.

8. You must inform the Director of Clinical Education within 24 hours if the patient you provided anesthesia for experience any of the following:

- Reintubation for any reason
- Dental trauma
- Spinal Headache
- Wet tap during epidural placement
- Drug reaction
- Drug error
- Transfusion Error
- Unanticipated Communication Problem
- Unanticipated hospital admission
- Wrong site procedure
- Unplanned ICU admission
- Major anesthetic complication
- Patient Death
- Dismissal of student from the operating room
- Any student evaluation ≤ 2
9. Non-compliance with the above requirements will be reflected in your clinical grade and could result in dismissal from the program.
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):

1. documented unsatisfactory clinical or didactic performance
2. continued inconsistent clinical performance
3. inability to correlate didactic knowledge with clinical practice
4. poor technical abilities
5. inability to work with supervisors or peers
6. lack of empathy for patients
7. inability to cope with stress of practice, including inability to handle emergencies
8. poor communication skills with patients and/or anesthesia members
9. failure to progress in clinical performance
10. repeated tardiness
11. unexcused absences
12. insubordination or displays disrespect for supervisors or faculty
13. poor attitude toward learning and/or constructive criticism (i.e. evaluation process)
14. personal unethical conduct
15. unprofessional behavior

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):

1. failure to maintain required certifications and licenses
2. failure to abide by hospital policies and procedures
3. failure to maintain liability insurance
4. failure to maintain grade requirements
5. continued inconsistent clinical performance
6. abuse of drugs or alcohol
7. repeated tardiness
8. unexcused absences
9. poor communication skills with patients and/or anesthesia members
10. inability to cope with stress, including patient emergencies
11. inability to work with supervisors or peers
12. unethical conduct
13. poor attitude toward learning and/or constructive criticism (i.e. evaluation process)
14. 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 Associate Dean for Graduate Studies for information about the appeals process and ECU Graduate Catalog http://catalog.ecu.edu/content.php?catoid=6&navoid=378%20-%20Graduate%20Student%20Grade%20Appeals%20School%20Appeals%20Procedure

4/27/02, 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

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
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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 undergraduate 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 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
East Carolina University College of Nursing
Nurse Anesthesia Program

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.
ECU College of Nursing
Nurse Anesthesia Program

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.

3/22/02, 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
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.
ECU College of Nursing
Nurse Anesthesia Program

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. The student must also report the exposure to ECU Student Health Services.
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.
Maintaining Clinical Case Records

1. Clinical case records are maintained through Meditrax.

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.
ECU College of Nursing
Nurse Anesthesia Program

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.
ECU College of Nursing
Nurse Anesthesia Program

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 will be registered to take the SEE exam in the second year of the program.

3. Students are responsible for paying for this exam.

4. Students may take the exam more than once.

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

**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 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.
ECU College of Nursing
Nurse Anesthesia Program

Requirements for Student Committed Time

The ECU College of Nursing Nurse Anesthesia Program will not expose students to an unreasonable amount of time committed to study, class, or clinical practicum.

1. The Program Director shall periodically review the master didactic plan upon its completion and evaluate the number of class hours per week and projected study time necessary for each hour of class.

2. Study time shall be calculated as 2 hours of study per hour of lecture class and 1 hour of study time per hour of laboratory time. Laboratory time is defined as classes scheduled for “hands-on” with monitors, machines, models, and other equipment.

3. Classes designated as “orientation” will be awarded no study time as these classes have no associated examination or grade. These will be hours used to review the students’ handbooks, policies related to the program, orientation to the library, and clinical areas.

4. Classes will be scheduled such that students will be able to get to the clinical practicums in time for preoperative visits if required.

5. Clinical sites will be discouraged from keeping students routinely beyond their regularly scheduled day; however, for continuity of patient care this may be done. However, students will not be asked to stay more than two additional hours.

6. When enrolled in the first four semesters, students will adhere to the ECU Graduate Catalog Academic Calendar and the Brody School of Medicine Calendar. During semesters 4 – 7 students will be allowed observed holiday time and 10 days of vacation. Vacation days should be submitted to and approved by the Director of Clinical Education 30 days in advance.

7. Students will record their Clinical Time Commitment on case records which will be reviewed monthly by the Director of Clinical Education.

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
Excused Absences
The Program Director may at his/her discretion grant excused absences for unexpected circumstances. Students who are not taking classes for more than two consecutive semesters will have their program terminated. They may reapply by repeating the entire admissions process.

Unexcused Absences
Unexcused absences may be deemed a cause for dismissal.

Voluntary Withdrawal
Any student wishing to withdraw from the program should request an appointment with the Program Director to submit a written request for withdrawal. If a student wishes to reenter the program following the voluntary withdrawal, he or she must reapply and repeat the entire admissions process. Readmission is contingent on Admission Committee recommendations and availability of clinical positions.

Graduation Deferral
A student who has not completed the curriculum in 28 months may have a graduation deferred until all work is completed. Deferral of graduation is at the discretion of the Program Director.

Time Limitations for Completing Program
“The time limit for completing all credit (including transfer credit) in nondoctoral programs is six years. Student petitions for time extensions for completion of degrees will be received and acted upon by the Administrative Board of the Graduate School pursuant to favorable written recommendations of schools or departments concerned. The Administrative Board is empowered to establish the length of time for extensions that are granted and to specify conditions governing time extensions that student petitioners must meet.” (ECU Graduate Catalog)

To initiate this process, please confer with the Nurse Anesthesia Program Director.
ECU College of Nursing
Nurse Anesthesia Program

Student Transfer

ECU Graduate School Requirements

Up to one third of the credit hours in a graduate degree program may be earned in any regionally accredited college or university. Students must provide course syllabi for requested transfer courses. These will be evaluated/approved for equivalent content by Nurse Anesthesia Program Director and then approved by College of Nursing Associate Director of Graduate Programs. No credit hours completed as part of a previously earned master's degree can be counted toward a second master's degree. See Graduate School Catalog Policy on Transfer of Credits.

http://catalog.ecu.edu/content.php?catoid=9&navoid=578#Courses

Transfers from other anesthesia programs are discouraged and are not usually possible.
ECU College of Nursing
Nurse Anesthesia Program

Requirements for Maintaining Licenses and Credentials

1. All students are required to have the following current licenses / certifications:
   a. An unrestricted license as a Registered Nurse in North Carolina
   b. ACLS provider or instructor
   c. PALS provider or instructor

2. It is the student’s responsibility to keep these licenses / certifications current while enrolled in the Nurse Anesthesia Program.

3. It is the students’ responsibility to ensure that copies of these are given to the Nurse Anesthesia Program Assistant.

4. Failure to maintain current required licenses and certifications is cause for 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, 12/29/09, 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

Requirements for Compliance with Federally Mandated Policies

All students are required to comply with any federally mandated policies about student loans.
ECU College of Nursing
Nurse Anesthesia Program

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.
APPENDIX U
EAST CAROLINA UNIVERSITY
IMPROPER RELATIONSHIPS BETWEEN STUDENTS AND FACULTY
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
East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

7

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:

3. 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.

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

5. 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.

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

7. 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.

8. That a complete and accurate official student transcript will be forwarded to the National Board of Certification and Recertification for 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.
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 is 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 Council on Accreditation 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 ought.
   - 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.
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 requires 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 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 for Nurse Anesthetists for certification will be a fair reflection of the quality education provided.

The conducting 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

Student Handbook

8

Evaluation

Clinical Evaluation Form per Semester
Levels of Practice
Student Evaluation of Program
Employer Evaluation of Graduate
Post Graduate Evaluation
Clinical Case Records
Care Plans
### Daily Clinical Evaluation

**ECU College of Nursing Nurse Anesthesia Program**

**DAILY CLINICAL EVALUATION**

**NURS 6819 Clinical Practicum I**

**STUDENT:** __________________________  **PRECEPTOR:** __________________________  **DATE:** __________

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:**

Preceptor Signature: __________________________  Student Signature: __________________________
Date: __________________________  Date: __________________________

12/23/03, 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, 12/15/13, 12/19/14, 12/10/15
ECU College of Nursing  
Nurse Anesthesia Program  
DAILY CLINICAL EVALUATION  
NURS 6820 Clinical Practicum II  

STUDENT: ____________________  
PRECEPTOR: ____________________  
DATE: ____________________  

Cases ____________________

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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: ____________________  
Date: ____________________  

Student Signature: ____________________  
Date: ____________________  

12/23/03, 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, 12/15/13, 12/19/14, 12/10/15  

Student Handbook  119
ECU College of Nursing Nurse Anesthesia Program  
DAILY CLINICAL EVALUATION  
NURS 6821 Clinical Practicum III

STUDENT: ___________________  PRECEPTOR: ___________________  DATE: ____________

Cases ______________________

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

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<thead>
<tr>
<th>1. Preoperative Assessment</th>
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<th>3</th>
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<tbody>
<tr>
<td>A. Identifies physiological derangements that impact on anesthetic care</td>
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<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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2. Anesthetic Preparation

| A. Develops a rational anesthetic plan based on sound physiologic principles and safe practice. |   |   |   |   |     |
| B. Selects appropriate equipment; performs APSF and manufacturer recommended machine checks. |   |   |   |   |     |
| C. Takes appropriate action when with anesthesia equipment malfunction. |   |   |   |   |     |

3. Intraoperative / Perioperative Management

| A. Demonstrates proficient airway skills utilizing a variety of laryngoscopes. |   |   |   |   |     |
| B. Recognizes potentially difficult intubations. |   |   |   |   |     |
| C. Identifies and verifies extubation criteria. |   |   |   |   |     |
| D. Performs common regional anesthetics with good technique and results utilizing good knowledge of anatomy. |   |   |   |   |     |
| E. Utilizes appropriate monitoring skills consistent with ASA status, always vigilant. |   |   |   |   |     |
| F. Uses a variety of anesthetic techniques, agents, adjunctive drugs and equipment |   |   |   |   |     |

4. Professional Development

| A. Maintains legible, complete anesthetic record. |   |   |   |   |     |
| B. Communicates effectively with perioperative team using appropriate verbal, nonverbal and written communication |   |   |   |   |     |
| C. Interacts on a professional level demonstrating personal / professional integrity. |   |   |   |   |     |
| D. Delivers culturally appropriate care. |   |   |   |   |     |

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

COMMENTS:

Preceptor Signature: ___________________  Student Signature: ___________________
Date: ___________________  Date: ___________________

12/23/03, 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, 12/15/13, 12/19/14, 12/10/15

Student Handbook  120
ECU College of Nursing  
Nurse Anesthesia Program  
DAILY CLINICAL EVALUATION  

NURS 6822 Clinical Practicum IV  

STUDENT: ___________________  PRECEPTOR: ___________________  DATE: ____________

Cases ________________________

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<td>1. Preoperative Assessment</td>
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<td>2. Anesthetic Preparation</td>
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<td>3. Intraoperative / Perioperative Management</td>
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<td>4. Professional Development</td>
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Practices at expected level for position in Program  ☐ Yes  ☐ No

COMMENTS:

Preceptor Signature: ___________________  Student Signature: ___________________

Date: ___________________  Date: ___________________

12/23/03, 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, 12/15/13, 12/19/14, 12/10/15
ECU College of Nursing  
Nurse Anesthesia Program  
DAILY CLINICAL EVALUATION  

NURS 6823 Clinical Practicum V

STUDENT: ___________________  PRECEPTOR: ___________________  DATE: ____________

Cases: ____________________________

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<tbody>
<tr>
<td><strong>1. Preoperative Assessment</strong></td>
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<tr>
<td>A. Anesthesia plan is safe, workable and consistent with the patient’s medical and psychological status.</td>
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<td>B. Demonstrates the ability to develop and integrate the anesthetic plan for all ASA classifications.</td>
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<td><strong>2. Anesthetic Preparation</strong></td>
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<td>A. Understands and utilizes complex monitoring appropriately.</td>
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<td>B. Interprets and integrates data required for optimal preoperative anesthetic assessment.</td>
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<td><strong>3. Intraoperative / Perioperative Management</strong></td>
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<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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<tr>
<td>B. Performs the motor skills of anesthesia (regional, intubations etc) with skill and sophistication.</td>
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<td><strong>4. Professional Development</strong></td>
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<tr>
<td>A. Demonstrates the ability to be an independent practitioner.</td>
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<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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<tr>
<td>C. Demonstrates self-directed learning.</td>
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<tr>
<td>D. Demonstrates ability to act as a resource person for the healthcare team.</td>
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<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. Incorporates research into daily anesthetic practice.</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: ___________________  Student Signature: ___________________

Date: ____________  Date: ____________

12/23/03, 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, 12/15/13, 12/19/14, 12/10/15
ECU College of Nursing
Nurse Anesthesia Program

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 cannot 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></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>Program philosophy is fulfilled in implementation of program</td>
<td></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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3/23/02, 12/31/03, 12/23/04, 8/31/05, 10/19/06, 12/13/07, 10/30/08, 12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14, 12/10/15
<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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</thead>
<tbody>
<tr>
<td>Clinical teaching is outstanding</td>
<td></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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### EVALUATION

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY AGREE</th>
<th>AGREE</th>
<th>DISAGREE</th>
<th>STRONGLY DISAGREE</th>
<th>UNDECIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instructors evaluate students fairly and in a manner that helps them improve their skills / performance</td>
<td></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>
<td></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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</table>

### PRE and POST ANESTHESIA ASSESSMENT

<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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</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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<tr>
<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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<td>---------------------------------------------------------------------------------</td>
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<tr>
<td>Recruitment information accurately portrayed the program</td>
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<tr>
<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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</table>

<table>
<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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<tr>
<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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</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 does this course require? __________ (hours)
      - How much online 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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________________________________________________________
ECU College of Nursing, Nurse Anesthesia Program
Greenville, NC 27834

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>
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<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 4 3 2 1 N/A 4 3 2 1 N/A
2. Performing a physical examination 4 3 2 1 N/A 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 4 3 2 1 N/A 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 4 3 2 1 N/A 4 3 2 1 N/A
5. Writing or recommending pre-operative medication orders 4 3 2 1 N/A 4 3 2 1 N/A
6. Using general anesthetic techniques compatible with the pathological condition of the patient 4 3 2 1 N/A 4 3 2 1 N/A
7. Administering a spinal anesthetic 4 3 2 1 N/A 4 3 2 1 N/A
8. Managing a patient who has a spinal anesthetic 4 3 2 1 N/A 4 3 2 1 N/A
9. Administering an epidural anesthetic 4 3 2 1 N/A 4 3 2 1 N/A
10. Managing a patient who has an epidural anesthetic 4 3 2 1 N/A 4 3 2 1 N/A
11. Administering a Brachial Plexus Block 4 3 2 1 N/A 4 3 2 1 N/A
12. Administering an Ankle Block 4 3 2 1 N/A 4 3 2 1 N/A
### ECU College of Nursing, Nurse Anesthesia Program
Greenville, NC  27834

<table>
<thead>
<tr>
<th>13. Administering an Intravenous Regional Block (Bier Block)</th>
<th>Ability</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td></td>
<td>3 = Above Average</td>
<td>3 = Very Important</td>
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<td></td>
<td>2 = Average</td>
<td>2 = Somewhat Important</td>
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<tr>
<td></td>
<td>1 = Below Average</td>
<td>1 = Not Important</td>
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<tr>
<td></td>
<td>N/A = Unable to evaluate</td>
<td>N/A = Unable to evaluate</td>
</tr>
<tr>
<td>14. Administering a competent and rational anesthetic for a pediatric patient (under two years of age)</td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td>15. Administering a competent and rational anesthetic for a pediatric patient (over two years of age)</td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td>16. Administering a competent and rational anesthetic for Intracranial surgical case</td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td>17. Administering a competent and rational anesthetic for a major vascular surgical case</td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td>18. Administering a competent and rational anesthetic for an intrathoracic surgical case</td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td>19. Administering a competent and rational anesthetic for a surgical case requiring a hypotensive anesthetic technique</td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td>20. Administering a competent and rational general anesthetic for a Cesarean section</td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td>21. Administering a competent and rational regional anesthetic for a Cesarean section</td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td>22. Administering a Continuous Lumbar Epidural for management of labor pain</td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td>23. Administering a competent and rational anesthetic for an emergency case</td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td>24. Administering a competent and rational anesthetic for a trauma case</td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
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<tr>
<td>25. Performing a rapid sequence induction</td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
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<tr>
<td></td>
<td>Ability</td>
<td>Importance</td>
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<tr>
<td></td>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
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<td>3 = Above Average</td>
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<td>1 = Below Average</td>
<td>1 = Not Important</td>
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<td></td>
<td>N/A = Unable to evaluate</td>
<td>N/A = Unable to evaluate</td>
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</tbody>
</table>

26. Performing an **awake intubation** (either blind or fiberoptic) | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
27. Performing an inhalational induction **(mask induction)** | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
28. Maintaining an **inhalational anesthetic by mask** | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
29. Performing an **arterial cannulation** | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
30. **Interpreting blood gas results** | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
31. Inserting a central venous catheter | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
32. Monitoring central venous pressure | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
33. Inserting a Swan-Ganz Catheter | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
34. Monitoring Swan-Ganz pressures | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
35. **Protecting the patient** from anesthesia complications by using scientific positioning principles | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
36. Evaluating the **postanesthetic** course of a patient | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
37. Function as a **resource person** in cardio-pulmonary resuscitation | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
38. Function as a **resource person** in perioperative fluid therapy | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
39. Function as a **resource person** in the management of postoperative respiratory care of a patient (including patients on ventilators) | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
40. **Teaching** others (dentists or allied health personnel) about anesthesia | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
41. **Complying** with the national fire and safety standards | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
42. Judging professional strengths and weaknesses (especially with regards to performance and competence) and taking appropriate steps aimed at improving weak areas of practice | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
43. Providing Culturally Competent Care | 4 | 3 | 2 | 1 | N/A | 4 | 3 | 2 | 1 | N/A |
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

COMMMENTS: What do you see as the main strengths of this graduate: _____________________________________________________________

________________________________________________________________________________________________________________

COMMMENTS (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

3/23/02, 12/31/03, 12/23/04, 8/31/05, 10/19/06, 12/13/07, 10/30/08, 12/15/10, 12/15/11, 12/20/12, 12/15/13, 12/19/14

Hospital Size (# of beds) _______ 
Number of surgical procedures/year______

Number of Operating Rooms________

Number of obstetrics/year
# 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.

<table>
<thead>
<tr>
<th>Ability</th>
<th>Importance</th>
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<tbody>
<tr>
<td>4 = Excellent</td>
<td>4 = Extremely Important</td>
</tr>
<tr>
<td>3 = Above Average</td>
<td>3 = Very Important</td>
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<td>2 = Average</td>
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<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 3 2 1 N/A
    - Importance: 4 3 2 1 N/A
<table>
<thead>
<tr>
<th>Ability</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Excellent</td>
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</tr>
<tr>
<td>N/A = Unable to evaluate</td>
<td>N/A = Unable to evaluate</td>
</tr>
</tbody>
</table>

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
17. Administering a competent and rational anesthetic for a major vascular surgical case 4 3 2 1 N/A 4 3 2 1 N/A
18. Administering a competent and rational aesthetic for an intrathoracic surgical case 4 3 2 1 N/A 4 3 2 1 N/A
19. Administering a competent and rational anesthetic for a surgical case requiring a hypotensive anesthetic technique 4 3 2 1 N/A 4 3 2 1 N/A
20. Administering a competent and rational general anesthetic for a Cesarean section 4 3 2 1 N/A 4 3 2 1 N/A
21. Administering a competent and rational regional anesthetic for a Cesarean section 4 3 2 1 N/A 4 3 2 1 N/A
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
<table>
<thead>
<tr>
<th>Ability</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Excellent</td>
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<table>
<thead>
<tr>
<th></th>
<th>Ability</th>
<th>Importance</th>
</tr>
</thead>
<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>
</tr>
<tr>
<td>28. Maintaining an inhalational anesthetic by mask</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>29. Performing an arterial cannulation</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>30. Interpreting blood gas results</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>31. Inserting a central venous catheter</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>32. Monitoring central venous pressure</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>33. Inserting a Swan-Ganz Catheter</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>34. Monitoring Swan-Ganz pressures</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>35. Protecting the patient from anesthesia complications by using scientific positioning principles</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>36. Evaluating the postanesthetic course of a patient</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>37. Function as a resource person in cardio-pulmonary resuscitation</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>38. Function as a resource person in perioperative fluid therapy</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>39. Function as a resource person in the management of postoperative respiratory care of a patient (including patients on ventilators)</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>40. Teaching others (dentists or allied health personnel) about anesthesia</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>41. Complying with the national fire and safety standards</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>42. Judging professional strengths and weaknesses (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>
<td>4  3  2  1 N/A</td>
</tr>
<tr>
<td>43. Providing Culturally Competent care</td>
<td>4  3  2  1 N/A</td>
<td>4  3  2  1 N/A</td>
</tr>
</tbody>
</table>
44. **Advancing patient care by initiating effective intraprofessional or interprofessional collaboration and consultation**

<table>
<thead>
<tr>
<th>Ability</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 = Excellent</td>
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<table>
<thead>
<tr>
<th>Ability</th>
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<td>4</td>
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<tr>
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<td>N/A</td>
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</tbody>
</table>

45. **Identifying researchable clinical problems**

<table>
<thead>
<tr>
<th>Ability</th>
<th>Importance</th>
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</thead>
<tbody>
<tr>
<td>4</td>
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<td>1</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Ability</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
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<td>1</td>
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</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Ability</th>
<th>Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
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<td>1</td>
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</table>

48. Writing the certification exam

<table>
<thead>
<tr>
<th>Ability</th>
<th>Importance</th>
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<tbody>
<tr>
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<td>1</td>
<td>1</td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
</tr>
</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, 8/31/05, 10/19/06, 12/13/07, 10/30/08, 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

Requirements for Case Records

1. Each student is responsible for maintaining an accurate clinical case report. Records should be completed on a daily basis. The Director of Clinical Education will review the case records weekly.

2. Accuracy and promptness in reporting will be reflected in clinical grades.
# EAST CAROLINA UNIVERSITY NURSE ANESTHESIA PROGRAM

## ANESTHESIA CARE PLAN

<table>
<thead>
<tr>
<th>DATE</th>
<th>PREOP DIAGNOSIS</th>
<th>M / F</th>
<th>AGE</th>
<th>ALLERGIES</th>
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<tbody>
<tr>
<td>PROPOSED SURGERY</td>
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<tr>
<td>POSITIONING</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>PHYSICAL EXAM: B/P (RANGE)</td>
<td>P R T</td>
<td>SaO2</td>
<td>HT</td>
<td>WT kg</td>
</tr>
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<td>AIRWAY: CLASS / MO / TM</td>
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<td></td>
<td>DENTAL</td>
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<tr>
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<td>RESP:</td>
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<td>LABS:</td>
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<tr>
<td>CV:</td>
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<td></td>
<td>Hgb Hct Plat</td>
</tr>
<tr>
<td>CNS:</td>
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<td></td>
<td></td>
<td>Lytes: Na K</td>
</tr>
<tr>
<td>HEP/RENAL:</td>
<td></td>
<td></td>
<td></td>
<td>Cl CO2</td>
</tr>
<tr>
<td>ENDOCRINE:</td>
<td></td>
<td></td>
<td></td>
<td>Bun Creat</td>
</tr>
<tr>
<td>GI:</td>
<td></td>
<td></td>
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<td>Other:</td>
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<td>OTHER:</td>
<td></td>
<td></td>
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<td>BLD TYPE T&amp;C</td>
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<td>PREOP INSTRUCTIONS:</td>
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<td>EKG</td>
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<tr>
<td>PRIOR ANESTHESIA HISTORY:</td>
<td></td>
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<td>CXR</td>
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</tbody>
</table>

## ANESTHETIC IMPLICATIONS

### A. PATHOPHYSIOLOGY:

### B. SURGICAL PROCEDURE:

### C. SURGICAL POSITIONING:

### D. OTHER CONCERNS:

---

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
# PEDIATRIC ANESTHESIA WORKSHEET

Name: ___________________________  ASA: ____________
Age: _____________  Hgb/Hct: ________________
Weight: _____________ lbs  _____________ kg
Allergies: ____________________________

### Endotracheal Tube Size

\[
\text{tube size size} = \left( \frac{\text{age in years}}{4} \right) + 4 = \text{tube size} \quad \text{ID}
\]
\[
\text{tube size size} \times 3 = \text{length of tube} \quad \text{cm}
\]

<table>
<thead>
<tr>
<th>Drug</th>
<th>IV</th>
<th>mg/kg</th>
<th>ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>Propofol</td>
<td>IV</td>
<td>2.5 - 3 mg/kg</td>
<td>ml</td>
</tr>
<tr>
<td>Ketamine</td>
<td>IV</td>
<td>2 mg/kg</td>
<td>ml</td>
</tr>
<tr>
<td>Succ</td>
<td>IV</td>
<td>1 - 2 mg/kg</td>
<td>ml</td>
</tr>
<tr>
<td>Atarcurium</td>
<td>IV</td>
<td>0.5 mg/kg</td>
<td>ml</td>
</tr>
<tr>
<td>Pancuronium</td>
<td>IV</td>
<td>0.1 mg/kg</td>
<td>ml</td>
</tr>
<tr>
<td>Rocuronium</td>
<td>IV</td>
<td>0.6 mg/kg</td>
<td>ml</td>
</tr>
<tr>
<td>Vecuronium</td>
<td>IV</td>
<td>0.1 mg/kg</td>
<td>ml</td>
</tr>
<tr>
<td>Neostigmine</td>
<td>IV</td>
<td>50 - 70 mcg/kg</td>
<td>ml</td>
</tr>
<tr>
<td>Edrophonium</td>
<td>IV</td>
<td>1 mg/kg</td>
<td>ml</td>
</tr>
<tr>
<td>Lidocaine</td>
<td>IV</td>
<td>1 mg/kg</td>
<td>ml</td>
</tr>
<tr>
<td>Na Bicarb</td>
<td>IV</td>
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<td>ml</td>
</tr>
<tr>
<td>Narcain</td>
<td>IV</td>
<td>10 mcg/kg</td>
<td>ml</td>
</tr>
<tr>
<td>Reglan</td>
<td>IV</td>
<td>15 mcg/kg</td>
<td>ml</td>
</tr>
<tr>
<td>Robinul</td>
<td>IV</td>
<td>10 - 20 mcg/kg</td>
<td>ml</td>
</tr>
</tbody>
</table>

### Estimated Fluid Requirements

1 - 10 kg  \( \times \) 4 mlKg/hr = _________
10 - 20 kg \( \times \) 2 mlKg/hr = _________
> 20 kg \( \times \) 1 mlKg/hr = _________

Hourly Maintenance = _________ ml/hr
Total Deficit = _________ ml

### Estimated Blood Volume / Allowable Blood Loss

Premie 100 ml/kg
Newborn 85 ml/kg
1 yd 75 ml/kg
3-6 yd 70 ml/kg
Adult 65 ml/kg

EBV = _________ ml

ABL = _________ ml

### Equipment / Monitors

Temp: Eso / Skin:
Labs: PT

Preoedial CVP / PA
NIBP HME / Humidifier
Pulse Ox: Bair Hugger

ETCO2:
PNS: ETT: cuffed / uncuffed

### Medications

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Diagnoses / History</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position</td>
<td></td>
</tr>
<tr>
<td>Airway</td>
<td>teeth: loose / missing</td>
</tr>
<tr>
<td>MP</td>
<td>MO</td>
</tr>
<tr>
<td>TM</td>
<td>ROM</td>
</tr>
</tbody>
</table>

### Preop Meds / Treatments

Regional Anesthesia:

Plan A  Plan B

Induction  Induction
Maintenance  Maintenance
Emergence / Reversal  Emergence / Reversal
### Pediatric NPO Orders

<table>
<thead>
<tr>
<th>Age</th>
<th>0-6 months</th>
<th>6 - 12 months</th>
<th>1 - 6 years</th>
<th>&gt; 6 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formula</td>
<td>up to 4 hours</td>
<td>up to 8 hours</td>
<td>up to 8 hours</td>
<td>up to 8 hours</td>
</tr>
<tr>
<td>Clear Liquids</td>
<td>x 2 hours</td>
<td>x 4 hours</td>
<td>x 6 hours</td>
<td>x 8 hours</td>
</tr>
</tbody>
</table>

### Pediatric Developmental Milestones

<table>
<thead>
<tr>
<th>Age</th>
<th>Gross Motor</th>
<th>Fine Motor / Adaptive</th>
<th>Personal / Social</th>
<th>Language</th>
</tr>
</thead>
</table>

### PROBLEM

<table>
<thead>
<tr>
<th>PATHOPHYSIOLOGY</th>
<th>ANESTHETIC INTERVENTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*Includes breast milk.

* 50th percentiles
East Carolina University
College of Nursing
Nurse Anesthesia Program

Student Handbook

Graduation

Outcome Criteria and Measures
Requirements for Graduation
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>
</tr>
</thead>
</table>
| 1. Meet ECU Graduate School, College of Nursing, and Nurse Anesthesia Program requirements for graduation | 1. Maintain 3.0 GPA or higher  
2. Earn a grade of B or higher in designated courses  
3. Complete 69 Semester Hours  
4. Pass the comprehension assessment  
5. Complete NURS 6993 Anesthesia Portfolio |
| 2. Meet or Exceed Council on Certification for Nurse Anesthetists case requirements | 1. Monthly Case Records |
| 2. Satisfy Eligibility requirements for taking the NBCRNA National Certification Examination (NCE) | 1. NBCRNA Transcript |
| 3. Academic capability to pass the NCE | 1. Minimum GPA 3.0  
2. Earn a grade of B or higher in designated courses  
3. Pass rate NCE |
| 5. Monitor initial employment rates | 1. Students’ Report |
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.

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

Student Handbook

10

Academic Calendars
### 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 Description</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% 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>
</tbody>
</table>
| *March 22, Tuesday*           | 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.** |
| March 25-27, Friday-Saturday  | State Holiday (no classes)                                                        |
| April 14, Thursday            | Undergraduate students last day to remove incompletes given during Fall Semester 2015 |
| April 26, Tuesday             | 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. |
| April 26, Tuesday             | Graduate students last day to remove incompletes given during Spring Semester and/or Summer Session 2015. |
| April 26, Tuesday             | Classes end. Last day for submission of grade replacement requests.                |
| April 27, Wednesday           | Reading day.                                                                      |
| April 28, Thursday            | Final examinations begin.                                                          |
| May 5, Thursday               | Exams for Spring Semester close at 4:30 pm.                                       |
| May 6, Friday                  | Commencement.                                                                     |
| May 7, Saturday               | Grades due at 4:30 p.m.                                                           |

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>
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<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>
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<tr>
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<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, Saturday-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>

AANA Membership, 46
Academic Advisement, 80
Academic Calendar. See Calendar
Accreditation, 24
   Status, 24
Admission
   Criteria, 30
Appeal. See Grades
Attendance, 104
   Absence, Excused, 104
   Absence, Unexcused, 104
   Absences, 84, 104
   Tardiness, 84, 104
Calendar
   Fall 2015, 152
   Spring 2015, 150
   Summer 2015, 151
Care Plan, 135
   Form, 134
   Pediatric, 136
Center for Disease Control (CDC), 68
Certification Exam. See
   Costs, 46
   Graduation Requirement, 147
Comprehensive Exam. 46
   Assessment, 49
   Evaluation, 49
   Portfolio, 49
   Presentation, 49
   Requirements, 49
   Written Exam (SEE), 50
Computer Requirements (SEE), 50
Confidentiality, 53
Costs, Program, 46
Counseling. See Academic Advisement
Curriculum
   1st Year, 28
   2nd Year, 28
   3rd Year, 28
   Assignments, 79
   Core Courses, Clinical, 27
   Core Courses, Common, 27
   Course Schedule, 31
   Plan of Study, 31
   Plan, 2015, 28
   Post Masters Certificate, 32
   Program, 27
   Program Length, 28
   Textbooks, 33
Disclaimer, 6
Dismissal, 95, See Probation
Evaluations, 120
   Clinical, 83
   Clinical Performance, Levels, 127
   Clinical Site, 94
   Employer, 134
Graduate, Self, 138
   NURS 6819 - Clinical Practicum I, 121
   NURS 6820 - Clinical Practicum II, 122
   NURS 6821 - Clinical Practicum III, 123
   NURS 6822 - Clinical Practicum IV, 124
   NURS 6823 - Clinical Practicum V, 125
   Student, Program, 128
   Unacceptable, Clinical, 88
Expenses, 45, See Costs
   Additional, 46
   Clinical, 45
Financial Aid. See Policies
   Additional Sources, 67
   Gift Aid, 67
   Options, 67
   Scholarships, 67
   Student Loans, 107
Forms
   Care Plan, 143
   Pediatric, Care Plan, 145
Grades. See Policies, Academic
   Appeal, 92
   Case Records, 99
   Clinical, 56, 83
   Definitions, 71
   Didactic, 57, 78
   GPA, Maintained, 147
   Unacceptable, Clinical, 88
   Unsatisfactory, 58
Graduation, 146
   Application for, 148
   Case Numbers, 147
   Certification Exam, 147
   Comprehensive Exam, 47, 147
   Deferral, 104
   Measures, 147
   Outcome Criteria, 147
   Requirements, 148
   SEE Exam Requirement, 101
   Time Limitation, 104
Health Requirements, 68, See Student Health
   Hepatitis B, 68
   History, 13

Insurance
   Liability, 44, 46
   Liability, Cost, 47
   Student Health, 68

Licensure
   ACLS, 36, 100
   NC RN License, 36, 106
   PALS, 36, 106

Mission, 14
   Moonlighting. See Policies, Committed Time

Objectives,
   Clinical, Semester 4, 37
   Clinical, Semester 5, 39
   Clinical, Semester 6, 41
   Clinical, Semester 7, 42
   Master's Program, 14
   Program Fulfillment, 109

Relationship, 16
   Terminal, 16, 35
   Terminal, Master, 147

Organizational Charts, 7
   ECU, 9
   ECU College of Nursing, 10
   ECU Nurse Anesthesia Program, 11
   Univ of North Carolina, 8

Philosophy, 14

Policies
   Absences, Unexcused, 104
   Academic Advisement, 80
   Academic/Clinical Problems, 88
   Case Records, 99
   Clinical Evaluations
      Faculty, 56
      Student, 83
   Clinical Site Evaluation, 94
   Clinical Supervision, 81
   Clinical, Nonanesthetic, 81
   Committed Time, 103
   Credentials, 106
   Dress Code, 66
   Electronic Communications Clinical Area, 100

Federally Mandated, 107
Financial Aid, 67
Grades. See Grades
Graduation, 146
Honor Code, 63
Insurance, Liability, 93
Licenses, 106
Room Preparation, 85
Student Assignments, 79
Student Conduct, 63
Student Excused, 104
Student Illness, 70
Student Transfer, 105
Social Media, 65
SRNA Daily Clinical Documentation, 84
Substance Abuse, 71
Withdrawal, Voluntary, 104
Work, 108
Portfolio. See Comprehensive Exam
Prerequisites, Program, 30
   Biochemistry, 30
   Chemistry, 30
   Physiology, 30
   Statistics, 30
Probation, 95
Procedures/Guidelines 54
Purpose
   Master's Program, 15

Recruitment 55
Relationships
   Improper, 109, 111
Resignation
   Director, 115
   Faculty, 115
Responsibilities
   Faculty, 115
   Students, 113
Rights
   Faculty, 115
   Patients, 114
   Students, 113
Rights and Responsibilities, 112
   Accrediting Agency, 116
   Affiliating Institution, 117
   Conducting Institution, 119
   Faculty, 115
   Student, 113

See Exam, 44
Cost, 45
Weight, NURS 6993, 49
Student Health, 68
   Chicken Pox, 68
   Hepatitis B, 68
   Insurance, 69
   PPD, 69
   Rubella, 68

Supervision
Clinical, 81, 82
Patients, with, 114
Suspension. See Probation

Textbooks, 33
  Costs, 46
  Required Texts, 33
  Suggested Texts, 33
Transfer. See Policies, Student Transfer
Tuition. See Costs
  In-state, 46
  Out-of-State, 46

Unsafe Practice, 89
  NC Nursing Practice Act, 89

Withdrawal, 104