MSN: NURSE ANESTHESIA

The Nurse Anesthesia Concentration is one of the Master’s degree programs in the School of Nursing (SON) which is housed in the College of Health, Education, and Professional Studies (CHEPS). CHEPS is one of four colleges within UTC’s Graduate School. The Master of Science in Nursing (MSN) degree, Nurse Anesthesia Concentration is a 27-month integrated program that requires full-time study. Upon completion of all didactic and clinical requirements with a specialization in nurse anesthesia, the graduate will be eligible to take the National Certification Examination (NCE) offered by the National Board on Certification & Recertification of Nurse Anesthetists (NBCRNA).

The program of study is comprised of core courses that cover research and theoretical considerations of advanced practice nursing practice, and professional and economic issues associated with today’s healthcare environment. The specialty specific courses address the basic and advanced principles and practices of anesthesia with heavy emphasis on physiology, pathophysiology, and pharmacology. This program of study prepares registered nurses for specialty practice in administering anesthesia to pediatric, adult, geriatric, emergency, and obstetrical patients whose physical status categories range from healthy individuals to those with multi-system problems. Specialty practice includes assessment and pre-operative evaluation of patients, perioperative planning, anesthetic monitoring, management and support of vital systems to ensure and maintain physiological norms and to provide optimal conditions for a variety of diagnostic and surgical procedures.

The clinical anesthesia practicum courses begin in the first fall semester and continue throughout the duration of the program. Clinical learning experiences allow integration and application of theoretical and scientific foundations and development of skills essential for safe administration of anesthesia care. Students begin to administer anesthesia under constant supervision of clinical CRNA and/or anesthesiologist preceptors. As the student’s knowledge and clinical acumen increase, supervision may be exclusively by a CRNA, by the combination of a CRNA and anesthesiologist, or solely by an anesthesiologist.

The Nurse Anesthesia program is fully accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) until May 2022. The address of the COA is 222 S. Prospect Avenue in Park Ridge, IL 60068. The phone number is (847) 692-7050 and the fax is (847) 692-6968.

American Association of Nurse Anesthetists Code of Ethics for CRNAs
Preamble: Certified Registered Nurse Anesthetists practice nursing by providing anesthesia and anesthesia related services. They accept the responsibility conferred upon them by the state, the profession, and society. The American Association of Nurse Anesthetists has adopted this Code of Ethics to guide its members in fulfilling their obligation as professionals. Each member of the American Association of Nurse Anesthetists has a personal responsibility to uphold and adhere to these ethical standards.

1. Responsibility to Patients
   Certified Registered Nurse Anesthetists (CRNAs) preserve human dignity, respect the moral and legal rights of health consumers, and support the safety and well being of the patient under their care.
   1.1 The CRNA renders quality anesthesia care regardless of the patient’s race, religion, age, sex, nationality, disability, social or economic status.
   1.2 The CRNA protects the patient from harm and is an advocate for the patient’s welfare.
   1.3 The CRNA verifies that a valid anesthesia informed consent has been obtained from the patient or legal guardian as required by federal or state laws or institutional policy prior to rendering a service.
   1.4 The CRNA avoids conflicts between his or her personal integrity and the patient’s rights. In situations where the CRNA’s personal convictions prohibit participation in a particular procedure, the CRNA refuses to participate or withdraws from the case provided that such refusal or withdrawal does not harm the patient or constitute a breach of duty.
   1.5 The CRNA takes appropriate action to protect patients from healthcare providers who are incompetent, impaired, or engage in illegal or unethical practice.
   1.6 The CRNA maintains confidentiality of patient information except in those rare events where accepted nursing practice demands otherwise.
   1.7 The CRNA does not knowingly engage in deception in any form.
   1.8 The CRNA does not exploit nor abuse his or her relationship of trust and confidence with the patient or the patient's dependence on the CRNA.

2. Competence
   The scope of practice engaged in by the Certified Registered Nurse Anesthetist is within the individual competence of the CRNA. Each CRNA has the responsibility to maintain competency in practice.
   2.1 The CRNA engages in lifelong, professional educational activities.
   2.2 The CRNA participates in continuous quality improvement activities.
   2.3 The practicing CRNA maintains his or her state license as a Registered Nurse, meets advanced practice state statutory or regulatory requirements, if any, and maintains recertification as a CRNA.

3. Responsibilities as a Professional
   Certified Registered Nurse Anesthetists are responsible and accountable for the services they render and the actions they take.
   3.1 The CRNA, as an independently licensed professional, is responsible and accountable for judgments made and actions taken in his or her professional practice. Neither physician orders nor institutional policies relieve the CRNA of responsibility for his or her judgments made or actions taken.
   3.2 The CRNA practices in accordance with the professional practice standards established by the profession.
3.3 The CRNA participates in activities that contribute to the ongoing development of the profession and its body of knowledge.
3.4 The CRNA is responsible and accountable for his or her conduct in maintaining the dignity and integrity of the profession.
3.5 The CRNA collaborates and cooperates with other healthcare providers involved in a patient's care.
3.6 The CRNA respects the expertise and responsibility of all healthcare providers involved in providing services to patients.
3.7 The CRNA is responsible and accountable for his or her actions, including self-awareness and assessment of fitness for duty.

4. **Responsibility to Society**
   4.1. Certified Registered Nurse Anesthetists work in collaboration with the healthcare community of interest to promote highly competent, safe, quality patient care.
   4.2 Certified Registered Nurse Anesthetists collaborate with members of the health professions and other citizens in promoting community and national efforts to meet the health needs of the public.

5. **Endorsement of Products and Services**
   Certified Registered Nurse Anesthetists endorse products and services only when personally satisfied with the product's or service's safety, effectiveness and quality. CRNAs do not state that the AANA has endorsed any product or service unless the Board of Directors of the American Association of Nurse Anesthetists has done so.
   5.1 Any endorsement is truthful and based on factual evidence of efficacy.
   5.2 A CRNA does not exploit his or her professional title and credentials for products or services which are unrelated to his or her professional practice or expertise.

6. **Research**
   Certified Registered Nurse Anesthetists protect the integrity of the research process and the reporting and publication of findings.
   6.1 The CRNA evaluates research findings and incorporates them into practice as appropriate.
   6.2 The CRNA conducts research projects according to accepted ethical research and reporting standards established by public law, institutional procedures, and the health professions.
   6.3 The CRNA protects the rights and well being of people and animals that serve as subjects in research.
   6.4 The CRNA participates in research activities to improve practice, education, and public policy relative to health needs of diverse populations, the health workforce, the organization and administration of health systems, and healthcare delivery

7. **Business Practices**
   Certified Registered Nurse Anesthetists, regardless of practice arrangements or practice settings, maintain ethical business practices in dealing with patients, colleagues, institutions, and corporations.
   7.1 The contractual obligations of a CRNA are consistent with the professional standards of practice and the laws and regulations pertaining to nurse anesthesia practice.
   7.2 The CRNA will not participate in deceptive or fraudulent business practices.

Source: [http://www.aana.com](http://www.aana.com)
Rights and Responsibilities
Student Rights and Responsibilities: You are our partner in your education to be a Certified Registered Nurse Anesthetist (CRNA). As a student in the University of Tennessee at Chattanooga School of Nursing—Nurse Anesthesia Concentration, you are entitled to rights and are charged with responsibilities for your education. Your participation is essential as is your willingness to communicate your concerns and needs. As an adult learner with extensive professional and life experiences, you bring knowledge, dedication, professional expertise and maturity to this educational endeavor. It is within this context your education will be designed and your future career as a CRNA will be forged. As a student you have the right to expect:

- The freedom to pursue your educational goals. The Nurse Anesthesia Concentration will provide a highly specialized, graduate curriculum steeped in professionalism, progressive didactic instruction and a personally designed preceptored clinical experience. Students’ performance will be evaluated on established grading criteria outlined in each course syllabus.
- To be treated with respect and consideration throughout the program.
- Exposure to a variety of anesthesia techniques and experiences while in the clinical areas.
- Appropriate clinical supervision and direction throughout the program by CRNAs or Anesthesiologists.
- Reasonable time commitment throughout the program conducive to learning.
- The Program Coordinator, Assistant Program Coordinator, and Clinical Site Coordinators to serve as strong student advocates.
- Fair and accurate evaluations of your progress in the educational program and to be kept informed of your status of that progress.
- The right to freedom of expression, inquiry, and assembly subject to reasonable and nondiscriminatory Nurse Anesthesia Concentration rules and regulations regarding time, place, and manner.
- The right to inquire about and to propose improvements in policies, regulations, and procedures affecting the welfare of the students through your class representative or with the Program Coordinator.
- The right to privately confer with faculty concerning a personal grievance. If the outcome is not satisfactory, you may proceed to the next person on the organizational chain. If you feel that you have been subject to irresponsible treatment, arbitrary decisions, discrimination, or differential treatment that has resulted in dismissal from the program, you have the right to appeal and due process. Students shall have access to the accrediting agency after all grievance procedures have been exhausted at the local institution relative to student appeals.
- Confidentiality regarding exam grades, clinical experiences, and status in the program.
- The right to review your school record and to request nondisclosure of certain information. The University of Tennessee at Chattanooga abides by the requirements of the Family Educational Rights and Privacy Act.
A complete and accurate certified transcript of their student educational experiences and supporting documentation, as required, will be forwarded to the Certifying Agency in sufficient time for eligibility determination for the qualifying examination within two months of graduation.

Students have a responsibility to:

- Read the student handbooks/manuals, knowing, understanding, and acting within the Nurse Anesthesia Concentration’s, School of Nursing’s and University’s regulations, policies, and procedures.
- Properly complete all academic and clinical obligations at the Nurse Anesthesia Concentration and the University of Tennessee at Chattanooga.
- Maintain your personal physical and emotional health and to notify the Nurse Anesthesia Concentration if the student is under the care of a healthcare provider for any serious or chronic illness.
- Maintain communication with the Nurse Anesthesia Concentration regarding current licensure, certifications, address, and telephone number. Similarly, as a graduate, the student has the responsibility to complete post-graduate program evaluation of the Nurse Anesthesia Concentration and notify the Nurse Anesthesia Concentration of changes in employment status, completion of additional degrees and advanced training or certification.
- Respect and guard the confidentiality of all client/patient information.
- Maintain professional demeanor and conduct at all times.
- Treat others with respect and consideration.
- Be active in the professional nurse anesthesia organization.
- Maintain integrity and academic honesty.
- Follow the rules and policies of the clinical area to which they are assigned.
- Serve as advocates for the program and their classmates.
- Fulfill financial obligations i.e. payment of tuition, repayment of loans, etc.

Patient Rights and Responsibilities: As a member of the nurse anesthesia profession and The University of Tennessee at Chattanooga, students are held to the ethical standards of the AANA and the University. Among these standards are honesty and integrity. These standards are the basis for representation of the profession and the Nurse Anesthesia Concentration. This attitude should be conveyed to patients, faculty, and healthcare providers. As an anesthesia care provider, the student must be aware of the patient’s rights and responsibilities.

Patients have the right to:

- Appropriate anesthesia care regardless of race, creed, color, national origin, ancestry, religion, gender, sexual orientation, marital status, age, handicap, or source of payment.
- Appropriate assessment and management of pain.
- Be treated kindly and respectfully.
- 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 the intention is to deceive the patient in this regard. The student should introduce himself or herself as a “Graduate
Student Registered Nurse Anesthetist” and identify who will be supervising them during the anesthetic case.

- Expect that anesthesia services provided by students be under the supervision of a CRNA or an anesthesiologist; be consistent with the anesthesia risk for the patient, the magnitude of the anesthesia and surgery, and that the CRNA or anesthesiologist be immediately available at all times in all anesthetizing areas where students are performing anesthesia.
- Expect that the student and supervisory personnel providing their services are mentally alert and not impaired by fatigue, drugs, or other incapacitating conditions.
- Know that the attending CRNA, anesthesiologist or the responsible physician shall be kept informed of information pertaining to anesthetic management and any complication arising from that management.
- An explanation of the anesthesia choices (general, regional, MAC) along with alternatives, goals, and risks involved.
- Participate in developing the plan of care and make informed decisions about the care to be given.
- Expect that all communications and clinical records pertaining to their care will be treated confidentially.

Patients are responsible to:

- Provide accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to their health.
- Follow, as best as he or she can, instruction provided by his or her physician and other healthcare providers and ask for clarification if something is not clear to them.

**Nurse Anesthesia Outcomes**

Program Terminal Outcomes: The Nurse Anesthesia Concentration administrators and faculty have approved the following educational objectives and outcome criteria. The Nurse Anesthesia Student must:

1. Meet each of the requirements for the awarding of the MSN degree as determined by the School of Nursing, the Nurse Anesthesia Concentration, and the University.

2. Meet educational objectives that include psychomotor skills and cognitive (interpretive and problem solving) skills. These outcomes are adapted from the AANA Council on Accreditation of Nurse Anesthesia Educational Programs Standards (Standard III, C21). These skills are exemplified by the following abilities:

   A. Patient safety is demonstrated by the ability of the graduate to:

      1. Be vigilant in the delivery of patient care.
      2. Protect patients from iatrogenic complications.
      3. Participate in the positioning of patients to prevent injury.
      4. Conduct a comprehensive and appropriate equipment check.
5. Utilize standard precautions and appropriate infection control measures.

B. Individualized perianesthetic management is demonstrated by the ability of the graduate to:
   1. Provide care throughout the perianesthetic continuum.
   2. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
   3. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
   4. Provide anesthesia services to all patients, including trauma and emergency cases.
   5. Administer and manage a variety of regional anesthetics.
   6. Function as a resource person for airway and ventilatory management of patients.
   7. Possess current advanced cardiac life support (ACLS) recognition.
   8. Possess current pediatric advanced life support (PALS) recognition.
   9. Deliver culturally competent perianesthetic care throughout the anesthesia experience.

C. Critical thinking is demonstrated by the graduate’s ability to:
   1. Apply theory to practice in decision-making and problem solving.
   2. Provide nurse anesthesia care based on sound principles and research evidence.
   3. Perform a preanesthetic assessment and formulate an anesthetic care plan for patients to whom they are assigned to administer anesthesia.
   4. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
   5. Interpret and utilize data obtained from non-invasive and invasive monitoring modalities.
   6. Calculate, initiate, and manage fluid and blood component therapy.
   7. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.
   8. Pass the Council on Certification of Nurse Anesthetists’ (CCNA) certification examination in accordance with CCNA policies and procedures.

D. Communication skills are demonstrated by the graduate’s ability to:
   1. Effectively communicate with all individuals influencing patient care.
   2. Utilize appropriate verbal, non-verbal, and written communication in the delivery of perianesthetic care.

E. Professional role is demonstrated by the graduate’s ability to:
   1. Participate in activities that improve anesthesia care.
   2. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his/her practice.
   3. Interact on a professional level with integrity.
   4. Teach other.
5. Participate in continuing education activities to acquire new knowledge and improve his/her practice.

Expected Outcomes: Based upon the University of Tennessee at Chattanooga School of Nursing—Nurse Anesthesia Concentration Program Terminal Outcomes, the faculty have identified the following goals:

1. Ninety percent (90%) of the graduates will pass the National Board on Certification and Recertification of Nurse Anesthetists’ (NBCRNA) National Certification Examination on the first writing as verified by the certification report from the NBCRNA.
2. One hundred percent (100%) of the graduates will be employed as CRNAs within six months of graduation.
3. Ninety percent (90%) of the graduates will have participated in some form of continuing education within two (2) years of obtaining certification.
4. Ninety percent (90%) of the students admitted to the University of Tennessee at Chattanooga School of Nursing—Nurse Anesthesia Concentration will complete the Concentration’s course of study within 27 months.
5. Ninety-five (95%) of the respondents to the University of Tennessee at Chattanooga School of Nursing—Nurse Anesthesia Concentration’s Alumni Survey six (6) months and eighteen (18) months following graduation will evaluate their ability to perform entry-level tasks as satisfactory or above.
6. Ninety-five (95%) of the respondents to the University of Tennessee at Chattanooga School of Nursing—Nurse Anesthesia Concentration’s Graduate Employer Survey one year following graduation will evaluate the graduate’s ability to perform entry-level tasks as satisfactory or above.

**Graduation Criteria**

Criteria for graduation include (but are not limited to) the following:

1. Twenty-seven (27) months full-time academic residence.
2. Completion of required academic courses with a minimum cumulative GPA of 3.0 and completion of all clinical practicum courses.
3. A grade of “B” or greater in all didactic courses (both anesthesia and non-anesthesia).
4. A grade of “S” in all clinical practicum courses.
5. Completion of all clinical cases and clinical practice experiences mandated by the COA.
6. Current BLS, ACLS, and PALS certifications and valid current Tennessee RN license.
7. Recommendation to sit for the National Certification Examination by the Nurse Anesthesia Program Coordinator recognizing that the terminal outcome criteria of the program have been achieved.

**Certification**
In the last spring semester prior to graduation (semester 6 of the program of study), senior students will take the Self Evaluation Examination (SEE) which is administered by the National Board on Certification & Recertification of Nurse Anesthetists (NBCRNA). TheSEE has a three-fold purpose:

- To provide information to students about their progress in the nurse anesthesia program;
- To provide information to the program directors on how well their programs are preparing students with the knowledge they need for anesthesia practice; and
- To prepare students for the Certification Examination experience.

The exam is scheduled through the nurse anesthesia program. The fee is $125.00 which is payable by the student. Senior students will be provided the necessary registration information in January of each year and the specified date for registration. Students are expected to take the SEE exam no later than April 30th the year of graduation. The student is to provide the Nurse Anesthesia Program Director with a copy of his/her SEE exam results immediately upon receipt of the results and schedule a meeting with the Program Director to discuss performance on the exam. The results of the SEE will ONLY be used as feedback to the students to provide guidance on direction of preparing for the certification examination. The results will also be used as feedback to faculty for curriculum evaluation.

**Student Employment**

The Nurse Anesthesia Concentration is extremely intense both academically and clinically. It is important that the nurse anesthesia student be able to devote an average of 60 to 70 hours of time per week to their academic course work and clinical education experiences. Because of this, students enrolled in this program are strongly discouraged from working.

If students elect to work part-time during the program, they may do so as long as academic and/or clinical performances are not compromised. There cannot be any conflict in time between employment and the Nurse Anesthesia Program course or clinical responsibilities. RNs MAY NOT work the shift prior to an anesthesia clinical shift. If a student is working, he/she must confine their work as an R.N. within the scope of practice of a licensed register nurse. If the student is a Post-Master’s Certificate student who holds certification as a nurse practitioner (NP), that student must confine his/her work as an NP within the scope of their advanced practice specialty area.

No student is permitted to work as a nurse anesthetist or engage in activities that are deemed to be in the scope of advanced nursing practice as an anesthetist outside the educational training program. Any student discovered to be administering anesthesia care, except as a component of their clinical education, will be immediately dismissed from the program and will not be eligible for readmission.
Clinical Case Records

All MSN NAC students are required to maintain a record of their clinical experiences as required by the Council on Certification of Nurse Anesthetists (CCNA) and the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). The guidelines that outline the way that students can claim their clinical experiences are found in the Nurse Anesthesia Community site located on UTCOnLine Blackboard. The clinical case data is maintained in Medatrax™, an online case record management tool. All students are required to purchase access to this program during the first summer semester before clinical starts in the Fall semester of the first year. Demonstrations will be held prior to utilization. Students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g. CVL placement, regional block, etc.) that he/she actually performs. Students cannot take credit for an anesthetic case if they are not personally involved with the implementation and management of the anesthetic, or only observe another anesthesia provider manage a patient’s anesthetic care. In the situation where a student does not personally start and finish a case, it is acceptable to count the case if the student performs the induction, the emergence, or manages the case for a significant intraoperative period (i.e. more than one hour). Students CANNOT count cases where they are giving a short relief break or cases where they are assisting another provider.

1. It is the student’s responsibility to maintain an accurate and up-to-date record of clinical experiences while enrolled in the Nurse Anesthesia Concentration. At graduation from the program, this record is sent to the CCNA as part of the application to sit for the National Certification Examination (NCE). With this record and the application, the students are required to affirm that the information they are submitting is accurate, honest and current. The Council uses this record as validation they have achieved the clinical experience criteria for eligibility to take the certification exam. The Council has the right (and has done so in the past) to reject records that are inaccurate or incomplete. In particular, when case numbers do not logically add up, the record may be deemed by the Council as inaccurate and returned to the applicant for resolution.

2. The Record of Clinical Experiences is an official document of the clinical education and as such may be very important in the future should students ever need to defend themselves in a negligence action. This record may also be of value in negotiations with prospective employers as evidence of training, capabilities, and experiences. Keep in mind that this document reflects the depth and range of the individual’s clinical instruction and experience. Equally, this record could inadvertently reflect a narrow scope of experience if a student tends to limit his/her cases to a standard routine.

3. Because of the importance of this record of clinical experience, it is imperative that students complete a daily update of their clinical record. There is a 7-day lock out period in which students can no longer go back and enter or edit their clinical case experiences. The Medatrax system is used to
maintain this record. Instructions for accessing the Medatrax system and entering data will be provided by the Nurse Anesthesia Program Coordinator and/or Assistant Coordinator. This instruction manual is also available in UTC OnLine in the Nurse Anesthesia Community site.

**Clinical Supervision of Students**

Clinical supervision of students to instructors and assignments to clinical faculty are coordinated to insure patient safety. Clinical instructors bear the responsibility for proper anesthetic management of the patient. They also serve the student by being a role model, being available to render clinical assistance in the operating room suite or other areas where anesthesia services are required, appraising the student of clinical responsibilities, and providing constructive criticism and evaluation of the student. The following applies to all SRNAs and clinical sites.

1. Clinical oversight of SRNAs in the clinical area will not exceed two (2) students to one (1) CRNA or anesthesiologist.
2. Clinical supervision of students is restricted to CRNAs and/or anesthesiologists with staff privileges who are immediately available in all clinical areas where anesthesia services are required.
   a. Graduate registered nurse anesthetists (GRNAs) or physician residents may not be assigned as a clinical preceptor for the student.
   b. Instruction/supervision by anesthesiology assistants is NOT allowed.
3. Students in the program may not follow the instructions of the surgeon regarding anesthetic management of the patient unless the anesthesia clinical instructor assigned to that student has explicitly approved the action.
4. No student should start or end anesthesia without a CRNA or anesthesiologist present in the operating room.

**Student Clinical Assignment Requirements**

Student clinical assignments are consistent with COA requirements and supervised by the Clinical Coordinator on site. The clinical curriculum provides students with opportunities for experiences in the perioperative process that are unrestricted, and promote their development as competent safe nurse anesthetists. The Clinical Coordinator assigns students to cases in the clinical areas based on the following.

- Student’s knowledge and ability
- Physical status of the patient
- Complexity of the anesthetic and/or surgical procedure
- Experience of the instructor
  1. At no time can supervision ratio exceed two (2) students to one (1) clinical instructor.
  2. When a student is assigned to a patient, the student completes an anesthetic care plan and reviews this with the clinical instructor prior to induction of anesthesia to that patient.
3. In the event that a clinical instructor is assigned two students and the condition of either patient is such that a 1:1 assignment should be made, the clinical instructor is to notify the individual making assignments (prior to the induction of anesthesia to either patient), of the situation and ask for a review and possible re-assignment from as 2:1 to a 1:1 ratio.

Time Commitment
The Program will limit the Nurse Anesthesia Students’ commitment to the program to a reasonable number of hours to ensure patient safety and promote effective nurse anesthesia student learning. The nurse anesthesia students’ commitment of the program averages 60 to 70 hours per week. Students are responsible for units of didactic instruction in the event of an absence from the classroom. It is expected that course work will be completed as assigned. Schedules for the clinical practicum courses do not follow the academic calendar. Students can expect to be assigned to normal clinical days Monday-Friday as well as call experiences on weeknights and weekends.

Student Call Experience Policy
Program philosophy and accreditation guidelines require that student nurse anesthetists have a broad base of clinical experience. This includes the opportunity for participation in call experiences. Call experience as defined by the Council on Accreditation is: A planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5PM and before 7AM, Monday through Friday, and on weekends. Assigned clinical duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases. Students in the Chattanooga cohort will begin on-call duties in their Spring semester, Year 1 during NURS5620. Tupelo cohort students begin the call experience on July 1st in their Summer semester, Year 2 during NURS5640. Call experiences are continued through the remainder of the program in the clinical practicum courses. These added responsibilities will provide students with experience in emergency situation cases. Expectations for on-call experiences are outlined below but not limited to the following.

1. Call experiences will be scheduled at the two primary clinical sites, Erlanger Baroness Hospital, and North Mississippi Medical Center.
2. Weekday calls are generally 3PM to 7AM except for students with a scheduled afternoon class. Students will be off the day immediately following a call shift. Saturday and Sunday calls will be either 7AM to 7PM or 7PM to 7AM. Students are off either the Friday before the weekend call and either the Monday or Tuesday following the weekend call. There is a minimum of a 10-hour rest period between times in the clinical area.
3. Students must be prepared while on call for all surgical emergencies, codes, emergency airway management, and schedule changes.
4. Responsibilities during call experience will include:
   a. Setting up emergency surgery rooms as needed.
   b. Checking trauma rooms for complete and up-to-date setup.
   c. Finishing the remainder of the day's scheduled cases as assigned.
   d. Answering all STAT pages with the CRNA or Anesthesiologist call person.
   e. Participating in any emergency surgical procedures, as assigned.
   f. Seeing any assigned post-operative rounds including postoperative pain rounds.
   g. Participating in emergency deliveries and cesarean sections, as assigned.
   h. The supervising CRNA/MD will determine the degree of participation on a case-by-case basis.

5. The supervision CRNA and/or MD will accompany the student to all Code Blue calls.

6. During emergency surgery or delivery, the students will:
   a. See the patient and evaluate preoperatively in conjunction with the staff on call.
   b. Prepare the room.
   c. Obtain special equipment pertaining to that particular case.
   d. Participate in that case, as designated by the supervising CRNA/MD. The CRNA/MD will determine the degree of participation on a case-by-case basis.

7. As students progress in clinical courses, they are expected to take on increasing responsibility in the management of emergency surgery.

8. Students are expected to function to the level of their ability; however, students will not be expected or required to perform beyond their clinical and academic level in the program.

9. Students are evaluated by all preceptors (CRNA and/or MD) they work with during the call experience.

10. The Call Anesthesiologist or CRNA has responsibility for determining the experiences that are assigned to the student on call using the following guidelines:
    a. Students are primarily responsible to the Call Anesthesiologist/CRNA.
    b. Students must report to Call Anesthesiologist/CRNA at the start of the call shift.
    c. The students’ primary responsibilities are involvement in anesthesia for surgery, obstetrics and responding to airway emergencies in the hospital.
    d. If a labor and delivery emergency arises and students are involved in a non-obstetric case, the Call Anesthesiologist/CRNA will determine the students’ case assignment.

11. Schedules will be available one month prior to call and students are responsible for ensuring complete coverage for all times that they are scheduled.

12. When weekday call duties (3PM – 7AM) interfere with students’ class schedule, students must report to the OR directly following class.

13. A qualified CRNA or Anesthesiologist is always available to supervise students when they are “on call”.

Clinical Release Time
The purpose of this policy is to delineate required clinical attendance for students enrolled in the NAC. The student must fulfill all time commitments associated with clinical courses to receive University credit for these. All student registered nurse anesthetists (SRNAs) are provided twenty (20) days of excused Clinical Release
Time during the 24-month clinical component of the program. The SRNA uses this excused release time when release from clinical responsibilities is necessary. Examples for use of such time include, but are not limited to sick leave, physician appointments, and vacation requests. The first 10 days of clinical release time are designated for the first clinical year that begins in September and stops at the end of July. In the last clinical year, from August 1st until June 30th, the remaining 10 days of clinical release are available for use. There is no carry over of unused days from year one (1) to year two (2). Second year SRNAs are NOT released from their clinical responsibilities during the last summer semester prior to graduation (July and August). Procedure to Request Clinical Release Time is as follows.

1. To request scheduled excused clinical release time:
   a. The request must be submitted in writing to the NAC secretary no later than 12:00 noon on the Thursday of the week prior to the desired scheduled time off.
   b. The secretary compares the request with the permanent clinical rotation schedules.
      i. A maximum of one student per day per class level will be granted clinical release time at the primary clinical sites (Erlanger Health Systems and North Mississippi Medical Center).
      ii. Students assigned to outlying clinical sites are required to obtain approval in writing from the respective Clinical Site Coordinators for the requested clinical release time before submitting the written request to the Nurse Anesthesia program office.
   c. The Assistant Program Administrator of the NAC or designated representative will then approve or disapprove the request within two (2) business days.
   d. A copy of the approved/disapproved request will be kept on file in the NAC office and a copy provided to the student.
   e. Approved requested clinical release time will be noted on the permanent clinical rotation schedule that is maintained in the NAC office

2. Unscheduled clinical absence due to illness:
   a. If a student is not able to report for an assigned clinical day due to illness, the student must notify the following people No later than one (1) hour prior to the scheduled shift:
      i. SRNAs assigned at one of Erlanger Hospital campuses:
         1. Call the anesthesiologist on call (pager #5900)
      ii. SRNAs assigned to another site (i.e. NMMC, Memorial Hospital) will notify the Clinical Site Coordinator at the individual site.
      iii. The Nurse Anesthesia Concentration secretary leaving voice mail message at (423) 778-7760.
      iv. NAC Assistant Program Director via email and leave a voice mail message at (423) 778-5773.
v. If the student is unable to contact anesthesia faculty, students may call the NAC Program Director.
b. Students must document the time of clinical site notification and the name of the facility personnel to whom the message was given.
c. The SRNA is to submit a Sick Leave form to the NAC secretary within two (2) business days following return to the assigned clinical site and/or campus.
   i. Failure to submit the required Sick Leave form within two (2) business days following return to the assigned clinical site and/or campus will result in an additional one (1) day of being deducted from the individual's Clinical Release Time bank.
d. Sick days are deducted from the Clinical Release Time balance as follows:
   i. One (1) sick day for every day missed from a clinical assignment that is not considered a call day.
   ii. Two days are deducted for sick leave the occurs on a scheduled call day
      1. Call day is considered any weekend shift or scheduled call (3P to 7A) on a weekday (M-F).
e. Two or more consecutive sick days requires documentation from a physician or student health.
f. Failure to notify the Clinical Site, Clinical Site Coordinator, AND the Nurse Anesthesia Office and faculty may result in:
   i. Additional one (1) day deducted from the student’s Clinical Release Time bank
   ii. Clinical probation
   iii. Failure of the clinical practicum
3. Procedure for unexpected clinical absence with 24 hr or less notification is as follows.
a. This procedure is for unexpected need for time off not necessarily related to student illness.
b. Absence on a scheduled clinical day will be deducted from the Clinical Release Time bank and will follow the unscheduled clinical absence for illness procedure outlined above.
c. Deduction from the Clinical Release Time bank follows the same guidelines outlined in the sick day procedure.
d. Submission of paperwork for the time off follows the same procedure outlined in the sick day procedure as is the consequence of not submitting the form within the required timeframe.
4. Any SRNA who has absences from a scheduled clinical practicum in excess of the 20 approved days will have to make-up the excess time at the discretion and convenience of the administrative faculty. No SRNA will be eligible for graduation until this clinical practicum deficit has been removed. This may necessitate registration for an additional clinical semester.
Bereavement Time: A student may be excused from clinical for three (3) days in the event of the death of an immediate family member. A call day or routine clinical day will be considered the same in this instance with the absence from either day being recorded as one (1) day of excused clinical leave. These three (3) days will not be charged against the twenty (20) days of excused clinical release time delineated in the Clinical Release Time Policy. Procedure is as follows.

1. The student must immediately notify the Clinical Site Coordinator at the clinical site to which he/she is assigned, the NAC Coordinator and/or Assistant Coordinator, and the NAC secretary.
2. When the student returns to the campus, he/she is required to complete an excused absence leave form. This is to be returned to the NAC secretary; a copy will be maintained in the student’s file in the NAC office.
3. The student is also responsible for contacting professors of didactic courses to make arrangements for classes and/or assignments missed.

Urgent/Emergent Clinical Leave: The purpose of this policy is to define the procedure students are to follow if an urgent/emergent situation requires that they either suddenly leave the clinical area or require immediate excused leave from their clinical responsibilities. The definition of urgent/emergent leave is the unexpected need to immediately leave clinical or be excused from clinical after a weekly clinical schedule has been posted. Examples of such situations might be family death, sudden illness, or personal/family crisis. Procedure is as follows.

1. The student is to go directly to the Clinical Site Coordinator and inform him/her of the urgent/emergent situation. The Clinical Site Coordinator will make a decision to approve or disapprove the need to leave the clinical area. If approved, the student must provide some guideline estimate of the expected date of return to clinical.
2. If the Clinical Site Coordinator is NOT available or able to be reached by telephone or pager, the student will inform the anesthesiologist who is running the board of the situation. That person will make a decision to approve or disapprove the need to leave the clinical area.
3. The student also immediately contacts the NAC Assistant Program Coordinator to inform him/her of the situation. If the NAC Assistant Program Coordinator is not immediately available, the student is to contact the NAC Program Coordinator.
4. If the urgent/emergent leave is approved, the student is to call the NAC secretary within 8 hours leaving a message that he/she has left the clinical area.

Any SRNA who has absences from a scheduled clinical practicum in excess of the 20 approved days will have to make-up the excess time at the discretion and convenience of the administrative faculty. No SRNA will be eligible for graduation until this clinical practicum deficit has been removed. This may necessitate registration for an additional clinical semester.

Swapping Scheduled Clinical Days: Students swapping scheduled clinical days after the clinical schedule is released is not encouraged but is allowed when personal schedules or needs may unexpectedly change. Procedure is as follows.

A. There is no limitation for the number of requested swaps
B. Each submitted request must represent a single day or consecutive number of days
C. The request for a swap must be submitted in writing to the anesthesia secretary on or before Thursday by noon of the week prior to the swap
D. The requested swap requires the signature of both students involved in the swap.
E. A swap cannot result in a student being in clinical more than 5 consecutive days.
F. When swapping a call shift with another student, you must take all of the call. A partial swap of call days (i.e., Sat/Sun) is not allowed.
G. If the swap includes a call day or weekend, the swap also includes the off days.
H. The procedure for requesting a swap of scheduled clinical days is as follows:
   1. The swap request paperwork is to be submitted to the NAC secretary on or before noon Thursday the week prior to the swap;
   2. the NAC secretary will compare the request with permanent clinical schedule;
   3. The Assistant Coordinator will approve or disapprove the request within 2 business days
   4. A copy of the approved/disapproved request will be kept on file in the NAC office and a copy will be given to each student involved the swap request
   5. The change will be made in the permanent clinical schedule that is maintained in the NAC office.

**Weekly Clinical Case Conferences**
The purpose of the Clinical Case Conferences and Morbidity/Mortality (M&M) Conferences is to promote the critical thinking and decision making abilities of the student registered nurse anesthetist, especially for the more complex cases. These conferences are designed to enhance clinical practicum by presentations and group discussions of pertinent anesthetic cases and events. Clinical case conference or M&M conference is held once a week and attendance is mandatory. Expectations for attendance, preparation, and participation are as follows.

1. Students are expected to arrive at conference prepared to present their patient assignment for the day. This preparation should include: a clinical summary of the patient to be anesthetized detailing the patient's ASA classification, the surgical procedure, relevant medical, surgical, and anesthetic history, current medications, pertinent laboratory studies and physical findings (i.e., anticipated difficult airway), and a summary of how all these findings may impact the management of an anesthetic and a proposed plan.
2. If a SRNA is deemed unprepared for clinical conference, he/she will be dismissed from the clinical practicum for the day, receive an unsatisfactory clinical evaluation, and an unexcused absence from clinical conference. The instructor moderating clinical conference also reserves the right to cancel the remainder of the morning conference and re-convene with all students in the afternoon to review anesthetic cases completed during that day's clinical practicum.
3. Students are allowed one (1) unexcused “skip” absence and one (1) excused absence due to illness or related circumstances from attending these conferences every six months (January – June; July-December). The absence will result in subtraction of a full day of personal/sick leave from the student’s leave bank. Any unexcused absence beyond those listed will be grounds for a “no credit” for the clinical practicum course in which the student is currently enrolled. Extenuating circumstances for absences will be handled on an individual basis.
4. For Chattanooga-based students, the following clinical assignments will be considered excused absences:
A. Case starting at 0600 or 0630 for the SRNA on call the evening before clinical conference;
B. Any case beginning before 0800 at Erlanger North for the SRNA coming on shift the morning of clinical conference;
C. Any case beginning before 0730 (CST) at Grandview Hospital;
D. An 0730 or earlier start on a CABG case;
E. For students with cases beginning at 0700 or later in the main OR, attendance is still required.
   1. Room preparation should be completed prior to conference
   2. The student will be excused early for pre-anesthetic preparation of the patient in pre-op holding
F. Students coming off call at Erlanger East are required to be at conference unless the attending anesthesiologist needs assistance with labor epidurals or patient preparation for a pending C-section.
G. Attendance is required for junior students assigned to Erlanger East for the week and for all students on rotation at both Memorial Hospital and Hamilton Medical Center.
H. Although this list is not inclusive, it is extensive and considers all clinical sites.
5. Excused absences outside those listed will be considered on a very limited

Time Commitment for PAT Assignment at Erlanger Hospital: When assigned to Pre-Admission Testing (PAT), the SRNA is responsible for performing activities as directed by the anesthesiologists of ACE. The time of committed responsibility for PAT is from 0700 until 1500 hours on days when there is no class. If class occurs on a day that you are assigned to PAT, you are responsible for PAT up to 30 minutes before class, but no later than 1500. This should give the student ample time to change clothes and arrive for class. If activities have been completed in PAT prior to the designated time of departure, the SRNA must report to the anesthesiologist running the board. The anesthesiologist will then direct the student to additional learning experiences or allow the student to leave clinical for the day. If the activities have not been completed in PAT at the designated time to leave, the student must report to the anesthesiologist running the board or ACE representative to inform them of the activities that need to be completed.

**Dress Code Policy**

It is important that the students recognize they represent not only themselves, but the University of Tennessee at Chattanooga School of Nursing, the nursing profession as a whole, and the UTC SON clinical agencies. This policy is established to require SRNAs to present the professional image consistent with community standards for an advanced practice nurse.

Students are expected to abide by specific dress code policies of the assigned facility. In addition, students are to abide by the following:
1. The UTC picture ID badge must be worn at all times and be visible.
2. Scrub uniforms provided by the clinical sites are considered company property and are not to be worn off the premises. Outside the operating room, a white lab coat with appropriate identification is to be worn over
scrubs. Remove mask, head and foot coverings and gowns prior to leaving clinical or work areas.

3. Athletic shoes may be worn but no open toe, beach or exercise type sandals are to be worn in clinical areas. Socks or hose must be worn.

4. Undergarments must be worn. They must be appropriate and unable to be discerned under clothing. They must not be visible when moving or bending.

5. Personal hygiene is basic and essential. Excessive perfume or cologne should be avoided.

6. Tattoos must be covered at all times.

7. Jewelry may only be worn conservatively. No more than 4 earring of a conservative style are permitted, maximum of 2 earrings per ear. Other than small earrings, no visible body piercings are allowed, including tongue piercing. No pendant necklaces, bangle bracelets, large dangling earrings or fashion rings may be worn.

8. Facial or tongue piercing jewelry will not be worn in the clinical area. A nude nose plug can be worn to keep piercing in nose open but nothing that is visible. No gauge (button) piercing.

9. No artificial nails are permitted. Artificial nails are defined as substances or devices applied to the natural nail to augment or enhance nails, (i.e., bonding, tips, wrappings, gels, tapes, and inlays). Nails must be kept short, clean and filed and nail polish, if used, cannot be chipped, cracked, or peeling.

10. When in the surgical suites, personal protective equipment such as goggles or face shield shall be worn when there is danger of exposure to blood or body fluids.

11. Hair must be clean and neat. Hair that is shoulder length or longer will be secured back from the face if providing clinical care. Unconventional hairstyles should be avoided. Hair should be secured and kept from falling onto the patients or equipment. Hair color must be a color that can grow naturally (ex: NO pink, green, etc). Hair accessories such as barrettes must be conservative and professional. No feathers in hair; no bandanas, etc.

12. Beards and mustaches must be kept clean and neatly trimmed, should not droop or hang over the upper lip, and covered when in the operating room.

13. Extremes in style or clothing, which may be offensive or immodest, are not appropriate. Inappropriate clothing includes: sweat suits of any type, sports apparel, halter tops, exposed cleavage, bare midriffs, crop tops, tank tops, clothing containing profanity or other inappropriate language, leggings, and facial/tongue rings and studs.

14. Failure to follow the Dress Code Policy as stated shall result in disciplinary action.