OREGON HEALTH & SCIENCE UNIVERSITY

School of Nursing

Nurse Anesthesia Program

Preceptor Manual

2013 - 2014

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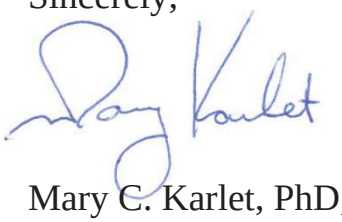
Introduction

A message from the OHSU Nurse Anesthesia Program Administration to our Clinical Partners,

It is a distinct honor to have the quality and diversity of clinical practice sites affiliated with our Nurse Anesthesia Program. The dedication to teaching by the CRNA and Physician clinical faculty has afforded our students a strong foundation to enter the profession as safe Anesthesia Providers. Our students are the future of the nurse anesthetist profession and they have been extremely fortunate to receive the gift of your mentorship, guidance, patience, and wisdom. As the Program Administration, we are keenly aware that without your expertise and generous spirits, we would not have a program. It is a through you that our program is successful and we are profoundly grateful to you.

Recently we have witnessed the cycle of education complete a full circle as our program graduates have started to precept students, lead seminar courses, and become clinical coordinators. Thank you for all you have given to OHSU School of Nursing Nurse Anesthesia Program. We are truly indebted to you and hold each of you in the highest regard.

Sincerely,



Mary C. Karlet, PhD, CRNA
Program Director
OHSU Nurse Anesthesia Program

FACULTY AWARDS

James G. Hilliard M.S., C.R.N.A.
2008
Clinical Instructor of the Year

Douglas E. Arditti M.N., M.S.N., C.R.N.A., F.N.P
2008
Didactic Instructor of the Year

James R. Ernest M.S.N., C.R.N.A.
2009
Clinical Instructor of the Year

John J. Nagelhout, Ph.D., C.R.N.A., F.A.A.N.
2009
Didactic Instructor of the Year

Randy J. Cima, C.R.N.A.
2010
Clinical Instructor of the Year

Douglas E. Arditti M.N., M.S.N., C.R.N.A., F.N.P
2010
Didactic Instructor of the Year

Kevin W. Field, M.S.N.A., C.R.N.A.
2011
Clinical Instructor of the Year

Bryan J. Read, M.S.N., C.R.N.A.
2011
Didactic Instructor of the Year

Jeffery F. Kopecky, M.A.E, C.R.N.A.
2012
Clinical Instructor of the Year

Laura A. Devlin, M.S., C.R.N.A.
2012
Didactic Instructor of the Year

Every year the graduating class recognizes a member of the Nurse Anesthesia Program Clinical Faculty and Didactic Faculty to be commended for making outstanding efforts and service in contributing to their education.

OHSU School of Nursing Nurse Anesthesia Program

Clinical Excellence Award

Patrick D. Langan
Class of 2008

Linda A. Carter
Class of 2009

Todd L. Hixson
Class of 2010

Heather S. McMillen
Class of 2011

Nina J. Weber
Class of 2012

The Student Award for Clinical Excellence is given to a graduate who consistently demonstrated a superior level of clinical knowledge and skill during their nurse anesthesia study. This individual is noted to surpass their clinical instructors' expectations, 'go the extra mile' and exemplify a strong commitment to patient care and teamwork. The honoree is decided upon by votes cast by the Clinical Instructors, Clinical Coordinators and Didactic Faculty.

OHSU School of Nursing Nurse Anesthesia Program

Agatha Hodgins Memorial Award

Dayna B. Cary
Class of 2008

Quynh N. Le
Class of 2009

Dixie S. Mills
Class of 2010

Julie A. Bigler
Class of 2011

Daniel E. Smith
Class of 2012

The Agatha Hodgins Memorial Award is given to the Graduate Nurse Anesthetist whose dedication to excellence throughout their course of their nurse anesthesia education is exemplary. The award honors the memory of Agatha Hodgins (1877-1945), founder and first president of the American Association of Nurse Anesthetists. A true leader in the field of anesthesiology, Miss Hodgins was a visionary force in the establishment of the profession of nurse anesthesia. The honoree is decided upon by votes cast by the Clinical Instructors, Clinical Coordinators and Didactic Faculty.

Program Information

Overview Nurse Anesthesia Program

Vision, Mission, and Values

The Nurse Anesthesia Program vision, mission, and values statements reflect those of the University and the School of Nursing:

> **Vision**: To be recognized leaders in collaborative nurse anesthesia care that is expert, compassionate and just.
> **Mission**: Leadership in advanced practice nursing and anesthesia care through thoughtful innovation in healing, teaching and discovery.
> **Values**: We value integrity, respect, social justice, diversity, collaboration, and the science, art, and heart of nurse anesthesia care.

The NAP has a further defined mission. The NAP recognizes the growing community health needs within Oregon, the Northwest, and across the United States. The NAP strives to maintain high standards in educating qualified registered nurses in the advanced practice field of nurse anesthesia. The program endeavors to provide the Student Registered Nurse Anesthetist (SRNA) with a solid foundation of scientific knowledge, clinical skills, and accountability, with a progressive, yet, comprehensive, understanding of the components of clinical judgment.

The Nurse Anesthesia Program (NAP) is the most recently established Advanced Practice Nursing program in the OHSU School of Nursing. In response to the local, regional and national needs, the program admitted its' first cohort of SRNA's in 2005. This initial cohort completed the program in 2008. The program was established in conformance with the standards and criteria of the Council on Accreditation of Nurse Anesthesia Educational Programs. Applications for Admission to the program are taken in the fall, with a mid-November deadline. Personal interviews for qualified applicants are usually held in February.

The focus of the program is upon excellence in clinical performance and evidence based practice. Clinical experiences are obtained at a variety of outstanding clinical sites, both in the Portland metro area as well as outside of the vicinity of Portland. The sites in or near to Portland include OHSU Hospital, the Portland Veteran's Administration Medical Center, Kaiser South Interstate Same Day Surgery Center, Kaiser Sunnyside Hospital, Providence Newberg Medical Center, Peace Health Southwest Washington Medical Center (Vancouver, WA), Silverton Hospital, and the Willamette Valley Medical Center.

All students rotate outside the Portland metro area to Three Rivers Community Hospital (Grants Pass, OR) and Tampa General Hospital (Tampa, FL). Some students will also rotate to Curry

General Hospital (Gold Beach, OR), Good Shepherd Medical Center (Hermiston, OR), Samaritan Pacific Communities Hospital (Newport, OR), Providence Hood River Medical Center, Prosser Medical Center (Prosser, WA), University of Washington Medical Center, and Children's Hospital and Regional Medical Center (Seattle, WA). Expenses associated with travel and housing at distant sites are primarily the student's responsibility.

The 27-month program of study is rigorous and highly clinically focused. The OHSU academic calendar is based upon four quarters per year. Typically the students begin the course of study in late September and complete the program in early December. In the first year, students receive a firm foundation in relevant basic and anesthesia science along with intensive simulation experience. The second year begins a five quarter sequence of clinical rotations designed to expose the student to a variety and depth of anesthesia experience. Throughout the second year students attend 3 to 4 seminars each quarter to foster the integration of advanced evidence-based nurse anesthesia content into their clinical practice.

OHSU Nurse Anesthesia Program Terminal Objectives

(As adopted from the Standards for Accreditation of Nurse Anesthesia Educational Programs, Council on Accreditation of Nurse Anesthesia Educational Programs, January 2013)

At the completion of the OHSU Nurse Anesthesia Program, the graduate will demonstrate the following terminal skills, knowledge, and competencies in the areas of patient safety, perianesthetic management, critical thinking, communication, and the professional role.

a. Patient safety is demonstrated by the ability of the graduate to:
   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 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 (see Glossary: Culturally competent).
10. Perform a comprehensive history and a physical assessment.

c. Critical thinking is demonstrated by the graduate's ability to:

1. Apply knowledge 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 anesthesia 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 noninvasive 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 individuals influencing patient care.
2. Utilize appropriate verbal, nonverbal, 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 or her practice.
3. Interact on a professional level with integrity.
4. Teach others.
5. Participate in continuing education activities to acquire new knowledge and improve his or her practice.
6. Demonstrate knowledge of wellness and chemical dependency in the anesthesia profession through completion of content in wellness and chemical dependency.

Important Phone Numbers

Pager for Urgent Contact:
503 202 7133 – OHSU pager # 11942

Program Director:
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Associate Dean for Practice Graduate & Clinical Programs
Carol Howe
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Nurse Midwifery Oregon Health & Science University School of Nursing
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The Benefits of Precepting Students

We understand that having a student takes extra time and organization, and increases your own responsibilities within your clinical practice. Nonetheless, we hope that you will discover many benefits to working with our students both professionally and personally. Many preceptors have found that working with students challenges them to expand their own base of knowledge and discover new ideas. Students often bring information about recent research and a desire to gather information that you have not had time to seek out given your busy clinical practice. Additionally, you will gain teaching and mentoring skills, and enjoy the satisfaction of watching your students grow and develop into safe, effective, and successful practitioners.

We would like to extend the opportunity to you to become an Affiliate Faculty member of the OHSU School of Nursing NAP. This faculty status offers you access to the OHSU library resources which many CRNA's have found to be an invaluable professional resource. Your current Curriculum Vitae is required for us to complete your application. Please contact our administrative coordinator at vecchie@ohsu.edu for the details about obtaining an affiliate faculty appointment.

Accepting Students into your Practice

Initial contact between your clinical facility and the NAP typically occurs between the Chief CRNA at your facility and the NAP Program Director. Evaluation of your clinical facility includes obtaining information about the type of cases and anesthesia services provided at your site, case volumes and the type of anesthetics administered. The individual who will act as Clinical Coordinator for your facility submits their CV to the NAP. An on-site visit to further review your facility is performed by the NAP faculty. A current contract between OHSU and your clinical facility must exist to ensure an appropriate agreement of expectations of both parties as well as liability coverage for the student. The Clinical Placement Contract is coordinated by the OHSU Clinical Contracts & Placement Coordinator and the appropriate administrator at your clinical facility. No student placements will take place without these documents.

After completion of the aforementioned steps, the OHSU NAP submits a Clinical Site Application to the Council on Accreditation of Nurse Anesthesia Educational Programs for approval of your clinical site. This process usually takes 30 to 60 days. Once the NAP receives written approval from the COA, we can begin to schedule the rotation of SRNA's at your site.

Expectations and Strategies for Preceptors

The goal of each clinical rotation is for the student to learn and better their skills in practicing anesthesia. Having the students be taught by highly skilled clinical preceptors that are willing and able to share their knowledge and expertise not only benefits the students, it also benefits the Nurse Anesthesia Profession as a whole, as the students will be better prepared to enter into practice.

OHSU SCHOOL OF NURSING NURSE ANESTHESIA PROGRAM

CLINICAL PRECEPTOR QUALIFICATIONS and RESPONSIBILITIES

In order to ensure OHSU Student Registered Nurse Anesthetists (SRNA's) are appropriately supervised during clinical experiences, Clinical Preceptors (CRNA's or Anesthesiologists) must meet the following requirements:

- Possession of formal education for professional practice in the specialty area of anesthesia or hold national certification in the specialty of anesthesia.
- Hold a current, unencumbered license and clinical qualifications in the state in which they practice.
- Must not be the employment supervisor for the student being precepted.
- Be able to provide adequate and appropriate supervision of students.

In addition to the requirements, the Clinical Preceptor should also:

- Demonstrate competency in the field of anesthesia.
- Participate in continuing education activities to strengthen their ability to provide clinical instruction for nurse anesthesia students.
- Possess knowledge about the teaching-learning process.

The Clinical Preceptor is responsible for:

- Supervision of the SRNA during all phases of anesthesia care: pre-operative assessment, intraoperative administration of and management of anesthesia, and patient evaluation and care in the postoperative period.
- Supervision of the SRNA in all anesthesia related activities, such as, but not limited to: documentation in the medical record and response to urgent/emergent situations throughout the clinical facility.
- Discussion of the development of and the rationale behind the anesthetic plan of care.
- Provision of appropriate learning opportunities for the SRNA.
- Evaluation of and participation in constructive discussion regarding the SRNA's clinical performance.
- Encouragement of the SRNA to initiate open dialogue about anesthesia, critically think and develop independent actions.
- Serve as a first line resource for the SRNA in the event a matter related to clinical instruction or clinical evaluation occurs.
- Informing the Site Clinical Coordinator, Assistant Program Director or Program Director of pertinent SRNA performance.

Preceptor Strategies:

SUGGESTIONS FOR CLINICAL PRECEPTOR SELF-EVALUATION

Few would argue that self-assessment is a valuable tool. We respectfully suggest that each preceptor periodically assess their own performance as a clinical instructor to enhance teaching effectiveness and promote student learning. Consider the following statements as you reflect upon your personal clinical teaching style:

As a Clinical Preceptor, I:

- Allow the student to present their plan of care and explain their decisions/conclusions.
- Involve the student in decision making processes.
- Am available when appropriate.
- Allow the student adequate time to accomplish tasks.
- Explain and demonstrate (if needed) new or difficult procedures.
- Demonstrate confidence in and respect for the learner.
- Remain calm and flexible in the clinical setting.
- Become actively involved in problem solving with the student.
- Relate clinical situations to theoretical knowledge.
- Demonstrate clinical competence and professionalism.
- Quiz students appropriately.
- Inform the student before changing the anesthetic plan.
- Encourage independent thinking and develop autonomous action (as appropriate).
- Evaluate the student fairly and counsel the student constructively in a timely manner.
- Avoid humiliating the student, whether in public or private conversation.
- Act as a role model and provide positive encouragement.
- Introduce and verbally support the student to all others in the clinical setting.
- Answer questions in a non-defensive manner.
- Admit my own limitations honestly.

One validated clinical tool for preceptors is The One Minute Preceptor (OMP). This is used across many of our NP programs at OHSU and across the country in both nursing and medical schools. This approach balances the need for students to learn, provides effective teaching and allows for keeping up the pace needed in clinical practice. It allows preceptors to both teach and be a clinician. The five basic skills are outlined below and more detail is included in **Appendix B**, where other helpful articles may be found.

1. The student presents their **ANESTHESIA CARE PLAN**
2. Preceptor **PROBES FOR EVIDENCE** for rationale supporting the plan of care
3. Preceptor chooses **TEACHING POINTS** and/or reinforces a general concepts
4. Preceptor provides **APPROPRIATE FEEDBACK**
5. Preceptor **CORRECTS MISTAKES**

Additional useful articles may be found at:

http://www.son.washington.edu/faculty/preceptors/tips.asp

The NAP Program of Study **(Appendix A – A Sample POS is provided; adjustments may be made on an annual basis**) lists the clinical practica and theory courses by quarter for the entire 27 month program. **Appendix A** also lists the clinical learning goals for each clinical practicum. These tools will aid the preceptor in identifying the student's expected skill level and goals to be achieved during their current rotation.

Clinical Coordinator and Orientation:

The Clinical Coordinator (or designee) at each clinical site should provide an orientation to the site for the new student. A sample orientation checklist is in **Appendix C.** A solid orientation should provide the student with an understanding of the practice, the facility, documentation and expectations for the student within your facility.

Preceptors, or an equally qualified designee, must be physically present at the clinical site when the student is there. The preceptor, or equally qualified designee, will co-sign all medical records and necessary perioperative documentation. Students who are already licensed in another advanced practice specialty (i.e., FNP) must be supervised as unlicensed anesthesia practitioners.

All Oregon State Board of Nursing guidelines and policies regarding preceptorship and the students scope of practice must be followed (**Appendix E** and at http://www.oregon.gov/OSBN/).

Expectations of SON Faculty

Communication with the Clinical Site

- Communication with each clinical site coordinator occurs at a minimum of once per term, more often as needed.
    - Evidence of the ongoing communication is documented either by printed email or on an OHSU NAP Clinical Site Communication form.
    - Responsibility for the quarterly communication rests with the NAP faculty and the NAP Administrative Coordinator.
    - The Communication Plan is developed annually prior to the start of the Fall Term. The Plan details who will be responsible for contacting each Clinical Site Coordinator **(Appendix F).**
        - A spreadsheet is developed by the Administrative Coordinator to track the communications.
    - Pertinent information is disseminated at the NAP Faculty meetings.

Clinical Site Visits

- An on-site visit to each clinical site is performed annually by an OHSU Nurse Anesthesia Faculty member.
- The visit is documented on the OHSU NAP site visit form and kept on file in the NAP office.
- Criteria assessed during each annual on-site clinical site visit include:
    - Verification that the objectives of the clinical rotation are being met.

- Observation of the student's in the clinical setting.
- Validation that the student formative evaluations are being completed.
- Ensuring that effective, ongoing communication occurs between the site and the program.
- Remediation and resolution of identified issues is achieved.

Faculty Support

- The Nurse Anesthesia Program Faculty is available for and expected to support the Clinical Coordinators and Clinical Preceptors as needed. Please do not hesitate to call at any time if you have questions or concerns, related to students, the NAP or any educational issues in general.
- If you are uncertain of who to call, please call the NAP digital pager at 503-202-7133.

Monitoring Student Progress

The progression of each Nurse Anesthesia student is monitored from the first term of coursework through completion of the degree requirements. The major components of the evaluative process related to clinical progression include:

- Quarterly Clinical Experience Record review
- Review of Anesthesia Care Plans and Daily Clinical Worksheets
- Formative and Summative Clinical Evaluation review

Quarterly Clinical Experience Record review

Faculty review each student's cumulative case totals in the Typhon electronic case record book on a quarterly basis. This review helps to ensure the students are progressing toward the case totals required by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) and National Board On Certification & Recertification Of Nurse Anesthetists (NBCRNA).

Review of Anesthesia Care Plans and Daily Clinical Worksheets

Written care plans and clinical worksheets are other mechanisms that are utilized to assess a student's integration of didactic knowledge into clinical practice. During the Basic (NURS 509CA & NURS 509CB) and Advanced Anesthesia Lab (NURS 509CC & NURS 509CD) courses, student complete a select number of in-depth care plans (**Appendix G – insert Anesthesia Care Plan template)** with documented rationale for planned anesthetic interventions based on actual or simulated patient case scenarios.

Clinical worksheets are abbreviated plans of care **(Appendix H – insert Daily Clinical Worksheet**) that are utilized by students as a guide to their anesthesia care during their real time clinical experiences. SRNAs are required to complete a clinical worksheet for each patient during their Basic and Advanced Anesthesia Lab courses (NURS 509CB, NURS 509CC & NURS 509CD). During the initial Advanced Clinical Practicum course (NURS509CE), SRNAs are required to complete a clinical worksheet for a

least the first case of each day and for any assigned case that is new, challenging or complex. Throughout the remainder of the SRNAs clinical practicum courses, clinical worksheets are always completed if an SRNA is assigned to administer an anesthetic to a new, challenging or complex clinical situation. The clinical worksheet serves as a mechanism for the clinical preceptor to assess the student's level of understanding and preparation to deliver an anesthetic for the student's assigned clinical case(s)

Formative and Summative Clinical Evaluation review

Undoubtedly, the evaluation process is an integral part of the educational experience. Clinical faculty evaluate each SRNA's clinical performance by providing verbal feedback, written evaluations submitted via the Typhon NAST, and by peer review as part of clinical anesthesia conferences (morbidity and mortality review). Daily clinical evaluations submitted by clinical preceptors can be viewed on-line by the SRNA in Typhon. It is the shared responsibility of the clinical preceptor and the SRNA to ensure that the daily clinical evaluations are completed in a timely fashion and that verbal feedback is provided at the completion of each clinical day.

Students meet with program faculty and/or the site's Clinical Coordinator at the end of each term for a summative clinical evaluation. All SRNAs complete a written self-evaluation prior to the quarterly evaluation meeting. During this meeting, the SRNA's self-evaluation is reviewed as well as a final summary derived from all clinical evaluation data submitted for the term. This summary is written by program faculty or the student's clinical coordinator. Students and faculty are encouraged to add any written comments to the evaluation summary form during the end of quarter summative evaluation meeting. At any time during the quarter, if clinical evaluations indicate that an SRNA is in need of improvement or is not meeting expected clinical learning goals, a meeting is scheduled with program and pertinent clinical faculty. The goal of the meeting is aimed at determining the need for remediation and/or probation and developing a plan of action. Subsequent meetings are held as deemed necessary.

Evaluation of Students

Every quarter, the Student Registered Nurse Anesthetists meet with the Nurse Anesthesia Program Faculty to review all of their clinical evaluations that they have received for the current clinical course. Their progress is reviewed and discussed, and the students set goals for the next quarter. The purpose for this meeting is so that faculty may closely monitor the students clinical progression.

The Students of the OHSU School of Nursing Nurse Anesthesia Program are required to be evaluated by their Clinical Preceptors. There are separate policies for first year and second year students. The first year students are required to be evaluated at least once for each day they spend in clinical; the second year students are required to be evaluated at least once per week, for each week they spend in clinical.

See Appendix I for the Formative and Summative Clinical Evaluation of SRNA Performance Policy and Procedure.

All evaluation data is entered into the Typhon Nurse Anesthesia Student Tracking database (Typhon NAST).

The Typhon NAST is a web database system that gathers and compiles all of the students evaluation data. It was designed to be easy to use while capturing specific data utilized by the program. Each preceptor should have access to Typhon by a unique Sub-Administrator username and password. It is a requirement for preceptors to evaluate students, and with a Sub-Administrator account, they can quickly complete the evaluation online. The Clinical Coordinator at each site can assist any preceptor that does not have a Typhon account and can enter evaluations into Typhon on behalf of the preceptor. If the clinical coordinator is not immediately available, the preceptor may fill out a paper evaluation and the clinical coordinator enter the evaluation into the Typhon system at a later date.

See Appendix J for the instructions on how to access the online Typhon evaluations

See Appendix K for the hard copy of the 1st year evaluation form

See Appendix L for the hard copy of the 2nd year evaluation form

It is the responsibility of the student to make sure they receive enough evaluations to be compliant with the evaluation policy. If the student struggles to obtain enough evaluations, they are to seek help by following the communication chain of command: Preceptor, Clinical Coordinator, Clinical Course Faculty, and Program Director.

OREGON HEALTH & SCIENCE UNIVERSITY ~ SCHOOL OF NURSING

Nurse Anesthesia Program of Study

Master of Nursing Degree Program - Full-Time Plan - PORTLAND CAMPUS

YEAR 1	Fall Term		Winter Term			Spring Term			Summer Term		
Course		CR	Course		CR	Course		CR	Course		CR
			NURS 713	Evaluating Evidence for Advanced Nursing Practice	3	NURS 515B	Advanced Physiology & Pathophysiology II	3	NURS 537	Professional Issues for Nurse Anesthetists	3
NURS 517	Health Assessment/ Physical Diagnosis for Advanced Practice Nursing	4	NURS 515A	Advanced Physiology & Pathophysiology I	3	NURS 519	Principles of Pharmacology and Prescribing for APRN's	3	NURS 534	Advanced Principles of Anesthesia II	4
NURS 531	Basic Principles of Anesthesia I	4	NURS 532	Basic Principles of Anesthesia II	4	NURS 533	Advanced Principles of Anesthesia I	4	NURS 509 CD	Advanced Principles of Anesthesia II Lab	2
NURS 509 CA	Basic Principles of Anesthesia I Lab	1	NURS 509 CB	Basic Principles of Anesthesia II Lab	1	NURS 509 CC	Advanced Principles of Anesthesia I Lab	1			
NURS 535*	Pharmacology of Anesthetic Agents I	3	NURS 536*	Pharmacology of Anesthetic Agents II	3						
	TOTAL	12		TOTAL	14		TOTAL	11		TOTAL	9
										TOTAL YEAR 1	46

YEAR 2	Fall Term		Winter Term			Spring Term			Summer Term		
Course		CR	Course		CR	Course		CR	Course		CR
NURS 700	Concepts of Comprehensive Care for Advanced Practice Nursing	3	NURS 509CF	Advanced Clinical Practicum in Anesthesia II	12	NURS 509CG	Advanced Clinical Practicum in Anesthesia III	12	NURS 509CH	Advanced Clinical Practicum in Anesthesia IV	12
NURS 509CE	Advanced Clinical Practicum in Anesthesia I	6									
	TOTAL	9		TOTAL	12		TOTAL	12		TOTAL	12
										TOTAL YEAR 2	45

YEAR 3	Fall Term	
Course		CR
NURS 509CI	Advanced Clinical Practicum in Anesthesia V	12
	TOTAL	12
TOTAL YEAR 3		12
TOTAL PROGRAM CREDITS		103

Appendix B

: Clinical Learning Goals

OHSU SRNA CLINICAL LEARNING GOALS

YEAR ONE

	NURS 509CB - Winter Year 1	**NURS 509CC -** Spring Year 1	**NURS 509CD -** Summer Year 1
	Under direct supervision and with assistance from clinical preceptors, the beginning student registered nurse anesthesia (SRNA) will gain experience and/or develop beginning level skills in the following areas:	**Under direct supervision and with assistance from clinical preceptors, the beginning student registered nurse anesthesia (SRNA) will gain experience and/or develop beginning level skills in the following areas:**	**Under direct supervision and/or with assistance from clinical preceptors *if needed*, the beginning student registered nurse anesthesia (SRNA) will gain experience and/or develop beginning level skills in the following areas:**
1. OR/Work Station Preparation			
	• Students should perform the following: anesthesia machine check-out procedure, airway equipment set-up, and an anesthesia cart set-up.	• Students should perform the following: anesthesia machine check-out procedure, airway equipment set-up, and an anesthesia cart set-up.	• Students should be able to perform the following morning room set-up procedures independently: anesthesia machine check-out procedure, airway equipment set-up, anesthesia cart set-up.
	• Students should meet with their preceptors as early as needed to assist them with setting up their assigned OR workstation.	• Students should meet with their preceptors as early as needed to assist them with setting up their assigned OR workstation.	
2. Pre-operative Evaluation			2. Pre-operative Evaluation and Development of the Anesthesia Care Plan
	• Observe and assist clinical preceptors with the pre-operative evaluation process as well as pre-operative patient preparation.	• Observe and assist clinical preceptors with the pre-operative evaluation process as well as pre-operative patient preparation.	• Each day students are assigned to clinical they should prepare a written plan of care for one of their scheduled cases. The care plan should be reviewed with the clinical preceptor prior to the scheduled case. This care plan should be uploaded to the

			Typhon system, and may be reviewed electronically with the preceptor if the clinical site has adequate computer access to allow this to occur. If not, the student should bring a copy of the care plan with them for their preceptor to review.
	• Provide rationale based on didactic knowledge when participating in the development of an anesthesia care plan.	• Provide rationale based on didactic knowledge when participating in the development of an anesthesia care plan.	• Students should arrive to their assigned clinical site prepared to discuss with their clinical preceptors pertinent pre-operative data, and a plan of care for their assigned patients.
			• Provide rationale based on didactic knowledge when participating in the development of an anesthesia care plan.
			• Perform and/or assist the clinical preceptor with the pre-operative evaluation process as well as pre-operative patient preparation.
3. Induction of General Anesthesia			
	• Assist with induction sequencing for general anesthesia.	• Assist with induction sequencing for general anesthesia.	• Assist with induction sequencing for general anesthesia.
4. Airway Management			
	• Practice basic techniques: bag-mask ventilation, oral & nasal airway insertion, LMA insertion, and endotracheal intubation.	• Practice basic techniques: bag-mask ventilation, oral & nasal airway insertion, LMA insertion, and endotracheal intubation.	• Practice basic techniques: bag-mask ventilation, oral and nasal airway insertion, LMA insertion, and endotracheal intubation. • Acquire beginning level familiarization with alternative airway management techniques: e.g., intubating LMAs, light wand, fiberoptic intubation, etc.
5. Maintenance of Anesthesia			
	• Acquire beginning level familiarization with the maintenance phase	• Acquire beginning level familiarization with the maintenance phase	• Acquire beginning level familiarization and proficiency managing the

	of anesthesia under the guidance of the clinical preceptor.	of anesthesia under the guidance of the clinical preceptor.	maintenance phase of anesthesia under the guidance of the clinical preceptor.
6. Emergence Phase of Anesthesia			
	• Assist the clinical preceptor during emergence from general anesthesia.	• Assist the clinical preceptor during emergence from general anesthesia.	• Acquire beginning level familiarization and proficiency managing the emergence phase of anesthesia under the guidance of the clinical preceptor.
	• When indicated, verbalizes principles regarding the fundamentals of the reversal of neuromuscular blockade as well as assessing readiness for extubation.	• When indicated, verbalizes principles regarding the fundamentals of the reversal of neuromuscular blockade as well as assessing readiness for extubation.	
7. Documentation of Anesthetic			7. Neuraxial Anesthesia
	• For beginning students, it is recommended charting remain the primary responsibility of the preceptor to allow the SRNA to focus completely on patient care. Responsibility may be shifted to the SRNA as deemed appropriate by the clinical preceptor.		• Acquire practice and beginning level proficiency in neuraxial anesthesia techniques (e.g., subarachnoid block, epidural block).
8. Familiarization with Patient Flow During the Perioperative Period			8. Documentation of Anesthesia Care
	• Acquire an understanding of the overall 'flow' of patient care in the pre-operative, peri-operative, and post-operative phases of anesthesia care.		• Students will assume greater responsibility for documenting the anesthesia care that they provide.
9. Familiarization with the OR Environment			9. Familiarization with Patient Flow During the Perioperative Period
	Acquire an understanding of the diversity of roles and responsibilities of other OR team members as well as expected behaviors and protocols required to ensure superior peri-		• Demonstrate an understanding of the overall 'flow' of patient care in the pre-operative, peri-operative, and post-operative phases of

	operative care.		anesthesia care.
10. Professional Behavior			10. Familiarization with the OR Environment
.	Interact with patients and their families as well as members of the peri-operative care team in a professional and considerate manner.		• Demonstrate an understanding of the diversity of roles and responsibilities of other OR team members as well as expected behaviors and protocols required to ensure superior peri-operative care.
	Demonstrate willingness to receive and utilize feedback from instructors, surgeons and other OR team members.		11. Professional Behavior
	Provide feedback concerning the clinical rotation to Clinical Coordinators, CRNA clinical preceptors, and to NAP program faculty as appropriate.		• Interact with patients and their families as well as members of the peri-operative care team in a professional and considerate manner.
			• Demonstrate willingness to receive and utilize feedback from instructors, surgeons and other OR team members.
			• Provide feedback concerning the clinical rotation to Clinical Coordinators, CRNA clinical preceptors, and to NAP program faculty as appropriate.

OHSU NAP CLINICAL LEARNING GOALS

YEAR TWO

	NURS 509CE - Fall Year 2	**NURS 509CF -** Winter Year 2	**NURS 509CG** - Spring Year 2
	Under direct supervision, the novice student will demonstrate basic level of knowledge and skills in the care of ASA Classification type I and II patients in the following areas:	**With continual guidance the novice student will demonstrate basic level of level of knowledge and skills in the care of ASA Classification type I and II patients in the following areas:**	**With moderate guidance the advanced beginner student will demonstrate basic level of knowledge and skills in the care of ASA Classification type I, II, III, IV, and V patients in the following areas:**
1. Pre-operative assessment and development of an anesthesia care plan.			
	• Performs a pre-anesthetic assessment, including development of an active problem list which is pertinent to the development the anesthetic care plan.	• Performs a pre-anesthetic assessment, including development of an active problem list which is pertinent to the development the anesthetic care plan.	• Performs a pre-anesthetic assessment, including development of an active problem list which is pertinent to the development the anesthetic care plan.
	• Develops an anesthetic care plan for each assigned case (either written or verbal) and reviews this with their clinical preceptor in a cogent, well-organized manner.	• Develops an anesthetic care plan for each assigned case (either written or verbal) and reviews this with their clinical preceptor in a cogent, well-organized manner.	• Develops an anesthetic care plan for each assigned case (either written or verbal) and reviews this with their clinical preceptor in a cogent, well-organized manner.
2. Equipment selection and preparation.			
	• Completes without assistance, an anesthesia machine check-out and ensures that all needed monitoring and anesthesia equipment is functioning properly.	• Completes without assistance, an anesthesia machine check-out and ensures that all needed monitoring and anesthesia equipment is functioning properly.	• Completes without assistance, an anesthesia machine check-out and ensures that all needed monitoring and anesthesia equipment is functioning properly.
	• Independently sets-up the anesthesia cart for general, regional, and MAC cases.	• Independently sets-up the anesthesia cart for general, regional, and MAC cases.	• Independently sets-up the anesthesia cart for general, regional, and MAC cases.
	• Anticipates and prepares for subsequent cases to	• Anticipates and prepares for subsequent cases to	• Anticipates and prepares for subsequent cases to

	maximize efficiency and facilitate timely turn-over of OR.	maximize efficiency and facilitate timely turn-over of OR.	maximize efficiency and facilitate timely turn-over of OR.
	• Procures any needed invasive monitors, warming devices, airway equipment, positioning devices when preparing for a case.	• Procures any needed invasive monitors, warming devices, airway equipment, positioning devices when preparing for a case.	• Procures any needed invasive monitors, warming devices, airway equipment, positioning devices when preparing for a case.
3. Airway evaluation and management.			
	• Performs multi-parameter airway assessment (Mallampati class, TMD, inter-incisor distance, upper lip bite test, neck ROM, etc.).	• Performs multi-parameter airway assessment (Mallampati class, TMD, inter-incisor distance, upper lip bite test, neck ROM, etc.).	• Performs multi-parameter airway assessment (Mallampati class, TMD, inter-incisor distance, upper lip bite test, neck ROM, etc.).
	• Shows increasing expertise in airway management using a broad variety of techniques as deemed appropriate for the patient and/or surgery.	• Shows increasing expertise in airway management using a broad variety of techniques as deemed appropriate for the patient and/or surgery.	• Shows increasing expertise in airway management using a broad variety of techniques as deemed appropriate for the patient and/or surgery.
4. Selection and use of monitoring modalities.			
	• Demonstrates correct technique for placement of noninvasive and invasive monitors as indicated by the patient's needs, planned procedure, and required position.	• Demonstrates correct technique for placement of noninvasive and invasive monitors as indicated by the patient's needs, planned procedure, and required position.	• Demonstrates correct technique for placement of noninvasive and invasive monitors as indicated by the patient's needs, planned procedure, and required position.
	• Performs basic trouble-shooting of monitors and/or seeks appropriate assistance when problems are encountered.	• Performs basic trouble-shooting of monitors and/or seeks appropriate assistance when problems are encountered.	• Performs basic trouble-shooting of monitors and/or seeks appropriate assistance when problems are encountered.
5. Rationale, selection and use of pharmacologic agents.			
	• Verbalizes rationale for drug selection, appropriate dosage and use of pharmacologic agents, drug	• Verbalizes rationale for drug selection, appropriate dosage and use of pharmacologic agents, drug interactions, side	• Verbalizes rationale for drug selection, appropriate dosage and use of pharmacologic agents, drug interactions, side

	interactions, side effects, and adverse effects/contraindications.	effects, and adverse effects/contraindications.	effects, and adverse effects/contraindications.
6. Induction, maintenance and emergence sequencing.			
	• Demonstrates correct sequencing during different phases of the anesthetic.	• Demonstrates correct sequencing during different phases of the anesthetic.	• Demonstrates correct sequencing during different phases of the anesthetic.
	• Maintains vigilance and responds to changes in the patient's condition.	• Maintains vigilance and responds to changes in the patient's condition.	• Maintains vigilance and responds to changes in the patient's condition.
	• Implements needed interventions to help facilitate or optimize conditions for the surgical procedure.	• Implements needed interventions to help facilitate or optimize conditions for the surgical procedure.	• Implements needed interventions to help facilitate or optimize conditions for the surgical procedure.
	• Maintains verbal contact with patient during induction, emergence and other critical portions of anesthetic care of the awake or semiconscious patient.	• Maintains verbal contact with patient during induction, emergence and other critical portions of anesthetic care of the awake or semiconscious patient.	• Maintains verbal contact with patient during induction, emergence and other critical portions of anesthetic care of the awake or semiconscious patient.
7. Accurate and timely documentation.			
	• Ensures thorough documentation of anesthesia care including pre-operative, intra-operative, and post-operative elements.	• Ensures thorough documentation of anesthesia care including pre-operative, intra-operative, and post-operative elements.	• Ensures thorough documentation of anesthesia care including pre-operative, intra-operative, and post-operative elements.
8. Fluid management and patient positioning			
	• Selects and implements appropriate fluid management for patients during the pre-operative, peri-operative, and post-operative periods.	• Selects and implements appropriate fluid management for patients during the pre-operative, peri-operative, and post-operative periods.	• Selects and implements appropriate fluid management for patients during the pre-operative, peri-operative, and post-operative periods.
	• Determines when blood component therapy is needed and selects, administers, and monitors therapy consistent with current 'state of the science.'	• Determines when blood component therapy is needed and selects, administers, and monitors therapy consistent with current 'state of the science.'	• Determines when blood component therapy is needed and selects, administers, and monitors therapy consistent with current 'state of the science.'

	• Identifies patient positioning requirements for surgical cases and when appropriate, directs members of the OR team during positioning to ensure optimal protection of the patient and any attached monitoring equipment or invasive lines.	• Identifies patient positioning requirements for surgical cases and when appropriate, directs members of the OR team during positioning to ensure optimal protection of the patient and any attached monitoring equipment or invasive lines.	• Identifies patient positioning requirements for surgical cases and when appropriate, directs members of the OR team during positioning to ensure optimal protection of the patient and any attached monitoring equipment or invasive lines.
9. Interpretation of pertinent lab data.			
	• Correctly identifies when intra-operative lab work is needed and obtains specimens in a timely and correct fashion.	• Correctly identifies when intra-operative lab work is needed and obtains specimens in a timely and correct fashion.	• Correctly identifies when intra-operative lab work is needed and obtains specimens in a timely and correct fashion.
	• Determines the appropriate intervention(s) indicated by lab results.	• Determines the appropriate intervention(s) indicated by lab results.	• Determines the appropriate intervention(s) indicated by lab results.
10. Monitored anesthesia care (MAC) /Regional Anesthesia.			
	• Performs an accurate assessment of the feasibility for MAC and/or regional anesthesia and develops a plan of care which takes into consideration both the patient and the planned surgical procedure.	• Performs an accurate assessment of the feasibility for MAC and/or regional anesthesia and develops a plan of care which takes into consideration both the patient and the planned surgical procedure.	• Performs an accurate assessment of the feasibility for MAC and/or regional anesthesia and develops a plan of care which takes into consideration both the patient and the planned surgical procedure.
	• Develops an appropriate alternative plan to convert to another anesthetic technique in the event that MAC and/or regional anesthesia proves inadequate.	• Develops an appropriate alternative plan to convert to another anesthetic technique in the event that MAC and/or regional anesthesia proves inadequate.	• Develops an appropriate alternative plan to convert to another anesthetic technique in the event that MAC and/or regional anesthesia proves inadequate.
11. Continuity of care in the perioperative setting.			
	• Accurately assesses post-operative needs of patients, including O_2 therapy,	• Accurately assesses post-operative needs of patients, including O_2 therapy,	• Accurately assesses post-operative needs of patients, including O_2 therapy,

	pharmacotherapy, diagnostic and laboratory tests, treatments, and consults.	pharmacotherapy, diagnostic and laboratory tests, treatments, and consults.	pharmacotherapy, diagnostic and laboratory tests, treatments, and consults.
	• Provides a complete and thorough report to nursing staff including: problem list and allergies, procedure, intra-operative course, complications, antibiotics, fluid balance, labs, and plans for post-operative care (including pain management).	• Provides a complete and thorough report to nursing staff including: problem list and allergies, procedure, intra-operative course, complications, antibiotics, fluid balance, labs, and plans for post-operative care (including pain management).	• Provides a complete and thorough report to nursing staff including: problem list and allergies, procedure, intra-operative course, complications, antibiotics, fluid balance, labs, and plans for post-operative care (including pain management).
	• Writes PACU orders and post –operative notes.	• Writes PACU orders and post –operative notes.	• Writes PACU orders and post –operative notes.
	• Performs timely patient follow-up with appropriate documentation.	• Performs timely patient follow-up with appropriate documentation.	• Performs timely patient follow-up with appropriate documentation.
12. Professional behavior			
	• Interacts with patients and their families as well as members of the peri-operative care team in a professional and considerate manner.	• Interacts with patients and their families as well as members of the peri-operative care team in a professional and considerate manner.	• Interacts with patients and their families as well as members of the peri-operative care team in a professional and considerate manner.
	• Demonstrates willingness to receive and utilize feedback from instructors, surgeons and other OR team members.	• Demonstrates willingness to receive and utilize feedback from instructors, surgeons and other OR team members.	• Demonstrates willingness to receive and utilize feedback from instructors, surgeons and other OR team members.
	• Provides feedback concerning the clinical rotation to Clinical Coordinators, CRNA clinical preceptors, and to NAP program faculty as appropriate.	• Provides feedback concerning the clinical rotation to Clinical Coordinators, CRNA clinical preceptors, and to NAP program faculty as appropriate.	• Provides feedback concerning the clinical rotation to Clinical Coordinators, CRNA clinical preceptors, and to NAP program faculty as appropriate.

OHSU NAP CLINICAL LEARNING GOALS

YEAR TWO - YEAR THREE

	NURS 509CH - Summer Year 2	**NURS 509CI -** Fall Year 3
	With minimal guidance the advanced beginner student will demonstrate basic level of knowledge and skills in the care of ASA Classification type I, II, III, IV, and V patients in the following areas:	**With little prompting, the student will demonstrate competence in the care of ASA Classification type I, II, III, IV, and V patients in the following areas:**
1. Pre-operative assessment and development of an anesthesia care plan.		
	• Performs a pre-anesthetic assessment, including development of an active problem list which is pertinent to the development the anesthetic care plan.	• Performs a pre-anesthetic assessment, including development of an active problem list which is pertinent to the development the anesthetic care plan.
	• Develops an anesthetic care plan for each assigned case (either written or verbal) and reviews this with their clinical preceptor in a cogent, well-organized manner.	• Develops an anesthetic care plan for each assigned case (either written or verbal) and reviews this with their clinical preceptor in a cogent, well-organized manner.
2. Equipment selection and preparation.		
	• Completes without assistance, an anesthesia machine check-out and ensures that all needed monitoring and anesthesia equipment is functioning properly.	• Completes without assistance, an anesthesia machine check-out and ensures that all needed monitoring and anesthesia equipment is functioning properly.
	• Independently sets-up the anesthesia cart for general, regional, and MAC cases.	• Independently sets-up the anesthesia cart for general, regional, and MAC cases.
	• Anticipates and prepares for subsequent cases to maximize efficiency and facilitate timely turn-over of OR.	• Anticipates and prepares for subsequent cases to maximize efficiency and facilitate timely turn-over of OR.
	• Procures any needed invasive monitors, warming devices, airway equipment, positioning devices when preparing for a case.	• Procures any needed invasive monitors, warming devices, airway equipment, positioning devices when preparing for a case.
3. Airway evaluation and management.		
	• Performs multi-parameter airway assessment (Mallampati class, TMD, inter-incisor distance, upper lip bite test, neck ROM, etc.).	• Performs multi-parameter airway assessment (Mallampati class, TMD, inter-incisor distance, upper lip bite test, neck ROM, etc.).
	• Shows increasing expertise in airway management using a broad variety of techniques as deemed appropriate for the patient and/or surgery.	• Shows increasing expertise in airway management using a broad variety of techniques as deemed appropriate for the patient and/or surgery.
4. Selection and use of monitoring modalities.		
	• Demonstrates correct technique for placement of noninvasive and	• Demonstrates correct technique for placement of noninvasive and

	invasive monitors as indicated by the patient's needs, planned procedure, and required position.	invasive monitors as indicated by the patient's needs, planned procedure, and required position.
	• Performs basic trouble-shooting of monitors and/or seeks appropriate assistance when problems are encountered.	• Performs basic trouble-shooting of monitors and/or seeks appropriate assistance when problems are encountered.
5. Rationale, selection and use of pharmacologic agents.		
	• Verbalizes rationale for drug selection, appropriate dosage and use of pharmacologic agents, drug interactions, side effects, and adverse effects/contraindications.	• Verbalizes rationale for drug selection, appropriate dosage and use of pharmacologic agents, drug interactions, side effects, and adverse effects/contraindications.
6. Induction, maintenance and emergence sequencing.		
	• Demonstrates correct sequencing during different phases of the anesthetic.	• Demonstrates correct sequencing during different phases of the anesthetic.
	• Maintains vigilance and responds to changes in the patient's condition.	• Maintains vigilance and responds to changes in the patient's condition.
	• Implements needed interventions to help facilitate or optimize conditions for the surgical procedure.	• Implements needed interventions to help facilitate or optimize conditions for the surgical procedure.
	• Maintains verbal contact with patient during induction, emergence and other critical portions of anesthetic care of the awake or semiconscious patient.	• Maintains verbal contact with patient during induction, emergence and other critical portions of anesthetic care of the awake or semiconscious patient.
7. Accurate and timely documentation.		
	• Ensures thorough documentation of anesthesia care including pre-operative, intra-operative, and post-operative elements.	• Ensures thorough documentation of anesthesia care including pre-operative, intra-operative, and post-operative elements.
8. Fluid management and patient positioning		
	• Selects and implements appropriate fluid management for patients during the pre-operative, peri-operative, and post-operative periods.	• Selects and implements appropriate fluid management for patients during the pre-operative, peri-operative, and post-operative periods.
	• Determines when blood component therapy is needed and selects, administers, and monitors therapy consistent with current 'state of the science.'	• Determines when blood component therapy is needed and selects, administers, and monitors therapy consistent with current 'state of the science.'
	• Identifies patient positioning requirements for surgical cases and when appropriate, directs members of the OR team during positioning to ensure optimal protection of the patient and any attached monitoring equipment or invasive lines.	• Identifies patient positioning requirements for surgical cases and when appropriate, directs members of the OR team during positioning to ensure optimal protection of the patient and any attached monitoring equipment or invasive lines.
9. Interpretation of		

pertinent lab data.		
	• Correctly identifies when intra-operative lab work is needed and obtains specimens in a timely and correct fashion.	• Correctly identifies when intra-operative lab work is needed and obtains specimens in a timely and correct fashion.
	• Determines the appropriate intervention(s) indicated by lab results.	• Determines the appropriate intervention(s) indicated by lab results.
10. Monitored anesthesia care (MAC) /Regional Anesthesia		
	• Performs an accurate assessment of the feasibility for MAC and/or regional anesthesia and develops a plan of care which takes into consideration both the patient and the planned surgical procedure.	• Performs an accurate assessment of the feasibility for MAC and/or regional anesthesia and develops a plan of care which takes into consideration both the patient and the planned surgical procedure.
	• Develops an appropriate alternative plan to convert to another anesthetic technique in the event that MAC and/or regional anesthesia proves inadequate.	• Develops an appropriate alternative plan to convert to another anesthetic technique in the event that MAC and/or regional anesthesia proves inadequate.
11. Continuity of care in the perioperative setting.		
	• Accurately assesses post-operative needs of patients, including O_2 therapy, pharmacotherapy, diagnostic and laboratory tests, treatments, and consults.	• Accurately assesses post-operative needs of patients, including O_2 therapy, pharmacotherapy, diagnostic and laboratory tests, treatments, and consults.
	• Provides a complete and thorough report to nursing staff including: problem list and allergies, procedure, intra-operative course, complications, antibiotics, fluid balance, labs, and plans for post-operative care (including pain management).	• Provides a complete and thorough report to nursing staff including: problem list and allergies, procedure, intra-operative course, complications, antibiotics, fluid balance, labs, and plans for post-operative care (including pain management).
	• Writes PACU orders and post – operative notes.	• Writes PACU orders and post – operative notes.
	• Performs timely patient follow-up with appropriate documentation.	• Performs timely patient follow-up with appropriate documentation.
12. Professional behavior		
	• Interacts with patients and their families as well as members of the peri-operative care team in a professional and considerate manner.	• Interacts with patients and their families as well as members of the peri-operative care team in a professional and considerate manner.
	• Demonstrates willingness to receive and utilize feedback from instructors, surgeons and other OR team members.	• Demonstrates willingness to receive and utilize feedback from instructors, surgeons and other OR team members.
	• Provides feedback concerning the clinical rotation to Clinical Coordinators, CRNA clinical preceptors, and to NAP program faculty as appropriate.	• Provides feedback concerning the clinical rotation to Clinical Coordinators, CRNA clinical preceptors, and to NAP program faculty as appropriate.

Appendix B: The One Minute Preceptor

The One Minute Preceptor – 5 Microskills

The One-Minute Preceptor method consists of a number of skills that are employed in a stepwise fashion at the end of the learner's presentation. Each step is an individual teaching technique or tool, but when combined they form one integrated strategy for instruction in the health care setting.

1. **Get a Commitment**: Asking students how they interpret the data is the first step in diagnosing student learning needs. Asking for their interpretation first helps the student feel more responsibility for the patient's care while enjoying a collaborative role.
   Examples: What do you think is going on with this patient? What other information do you need? What would you like to accomplish in this visit?
2. **Probe for Evidence**: Students problem solve logically based on their knowledge and data base. Asking them to reveal their thought process allows you to find out what they know and identify any gaps.
   Examples: What were the findings that lead you to our conclusion? What else did you consider? What kept you from that choice?
   Pitfalls: This is not list making or grilling about the problem (what are the signs and symptoms of schizophrenia?). It is not passing judgment (no it's not that, don't you have any other ideas?). It is not asking for more data (what do you know about the patient's family?).
3. **Teach General Rules**: Instruction is more transferable if it is offered as a general rule or a guiding metaphor. Students value approaches that are stated as more general approaches for a class of problems or as key features.
   Examples: Patients who hear voices are not always psychotic; it helps to probe for the circumstances and find out how the patient interprets his symptoms.
   Pitfalls: answering the question "it's not psychosis it is…" or giving an idiosyncratic, unsupported personal opinion.
4. **Provide Positive Feedback**: Reinforce competencies so that they become established
   Examples: You didn't jump into solving her problem but kept an open mind until the patient revealed the deeper issue concerning her mood" or "your sensitivity to the patient's finances will certainly enhance your relationship and perhaps increase her medication adherence"
   Pitfalls: General praise such as "that was great" or "You did that really well"
5. **Correct Mistakes**: Mistakes left unattended have a good chance of being repeated. By allowing the student the first chance to discuss what was wrong and what could be done differently in the future, you are in a better position to assess both their knowledge and standards for care.
   Examples: You may be right about the child's symptoms, but until you talk to the parents, you cannot be sure.
   Pitfalls: vague, judgmental statements "you did what?"

You can find out more about the One-Minute Preceptor and other precepting skills at:
http://www.practicalprof.ab.ca/teaching_nuts_bolts/one_minute_preceptor.html

Appendix C: Clinical Site Orientation Checklist

General Orientation

Introduction to Clinical Site

- ☐ Facility Tour
  - All Anesthetizing Locations
  - POHA and PACU
  - Student workspace(s), reference materials
  - CRNA Office
  - Break room
  - Locker room
- ☐ Dress code, ID Badge
- ☐ Scrub Access
- ☐ Building access, parking
- ☐ Phone system, computers, printers
  - Important Phone Numbers
- ☐ Staff introductions and roles
- ☐ Providers and roles
- ☐ How to contact clinical site and clinical coordinator
- ☐ Patient population served, community issues
- ☐ Documentation and Access to Patient Records
- ☐ Anesthesia Machine and Carts
- ☐ Anesthesia Workroom
- ☐ Pharmacy
- ☐ Cell Phone/Smart Phone/Use of Electronic Device Policy

Overview of Rotation

- ☐ Scope of Practice
- ☐ Dates of rotation
- ☐ SRNA Clinical Assignments
- ☐ Clinical Schedule and Hours, Call Time, Breaks
- ☐ Expectations for attendance, absences, make up days
- ☐ Clarifying clinical coordinator role

Introduction of student

- ☐ Past experience and clinical rotations completed
- ☐ Skills mastered, skills to work on
- ☐ Set goals for rotation
- ☐ Identify areas of weakness, needing extra supervision

Appendix D: OHSU Policies

Incident reporting

Oregon Health & Science University School of Nursing

Procedure: Student Incidents during Clinical/Practicum Experiences

1. If a student is injured while participating in a clinical experience or practicum:
    a. Students should report the injury immediately to the clinical preceptor and clinical instructor.
    b. If the injury occurs outside of OHSU, the clinical instructor will follow the protocol at the agency, including verification of completion of the facility's incident report forms.
    c. If the injury requires medical treatment and occurs between 8 AM and 4:30 PM Monday through Friday, the student should contact or go directly to the Student Health Service (SHS; if available) or their primary care provider. The phone number for the SHS is 503-494-8665 *(substitute contact information for regional campuses).*
    d. If the injury requires treatment and occurs outside of the hours that the SHS is open, students may:
        i. Go to the Student Health Service the following day if follow-up care is needed.
        ii. Contact the on-call SHS physician at 494-8311 for triage (*substitute contact information for regional campuses).*
        iii. Go to the OHSU ED if the injury is an emergency.
        iv. Contact their primary care provider for treatment.
        v. ** Please note that students must use their personal health insurance for any treatment, and that injuries sustained at OHSU as a student are not covered by Workers' Compensation.
    e. **If the injury occurs at OHSU and whether or not medical treatment is necessary**, students are required to report any work related incident, injury, exposure or condition via the Worker & Student Injury Reporting System (WSIRS) within 24 hours. (Please see attachment 1 for WSIRS navigational assistance.)
    f. The clinical instructor is responsible for notifying the clinical coordinator and program director or campus associate dean and completing the SON Student Incident Tracking Form.
2. If a student experiences a **blood or body fluid exposure** such as a needle stick, scrape, cut, splash, or other exposure while participating in a clinical experience or practicum:
    a. Students should report the exposure immediately to the preceptor, clinical instructor, and unit manager.
    b. If the exposure occurs at OHSU:
        i. The student and clinical instructor should follow the procedure for blood/body fluid exposures and clean the wound thoroughly.
        ii. The student should contact or go directly to the OHSU Student Health Service.
        iii. If after hours, the student should go the OHSU ED within 6 hours of the exposure (regardless of student's insurer). The student should be sure to let the ED staff know that they are a student so that the charges are put on the industrial account.

iv. If the student is initially seen in the ED, he/she should report to the Student Health Service on the next business day for follow-up. There is no charge to the student for blood and body fluid exposure follow-up.
v. The hospital will provide an assessment of the exposure source at no cost to the source.

c. If the exposure occurs outside of OHSU:
    i. The student and clinical instructor should follow the protocol for blood and body fluids exposure at the agency, including urgent care and completion of incident report forms.
    ii. Initial evaluation of the student and the source patient are usually done at the site according to their policy. If the facility does not the ability to provide immediate care, evaluation should be done by an appropriate professional provider outside of the facility.
    iii. If immediate care is available at the student's local campus or primary care provider, the student should seek evaluation as soon as possible, preferably in less than 6 hours.
    iv. If immediate care is not available at the clinical agency, contact the SHS (494-8665) or the Student Health Service physician after hours (494-8311). *(Substitute contact information for regional campuses.)*
    v. In Portland, the student should report to the OHSU Student Health Service on the next business day for follow-up with the clinical agency/facility. If evaluated at a local campus facility or a primary care provider, the student should follow-up as directed with the clinical agency/facility.
    vi. There is no charge to the student for blood and body fluid exposure follow-up with SHS. If treatment requires a referral outside of SHS the student will be responsible to use their personal health insurance and will incur any associated fees according to their insurance policy.

d. **If the exposure occurs at OHSU and whether or not medical treatment is necessary**, students are required to report any work related incident, injury, exposure or condition via the Worker & Student Injury Reporting System (WSIRS) within 24 hours.

e. The clinical instructor is responsible for notifying the course coordinator and program director or campus associate dean and completing the SON Student Incident Tracking Form.

3. If a student is involved in a **medication error or patient injury**:

a. Students should report the incident immediately to the preceptor and clinical instructor.
b. The student, preceptor, and clinical instructor should follow the agency procedures to ensure the safety of the patient/client based on the nature of the incident.
c. If the incident occurs outside of OHSU, the student and faculty should follow the agency protocol for reporting the incident.
d. **If the incident occurs at OHSU**, students are required to submit a report a report on the Patient Safety Net prior to the end of the clinical shift. The report must be initiated by the preceptor or faculty; the student will not be able to log in independently, but must be present to complete the documentation.
e. The clinical instructor is responsible for notifying the course coordinator and program director or campus associate dean and completing the SON Student Incident Tracking Form.

4. Copies of the SON Student Incident Tracking Form should be sent to the course coordinator, program director or campus associate dean, and the appropriate Senior Associate Dean. A compiled report of incidents will be submitted to Academic Operations annually.

Approved by Academic Operations 3/11/2013
Approved by Risk Management 3/20/2013

Oregon Health & Science University School of Nursing
Student Incident Tracking Form

Student Name: **Date/Time of Incident:**

Clinical Faculty Name:

Course: **Program:** **Campus:**

Site where incident occurred:

Type of incident:

- ☐ **Student Injury**
- ☐ **Student Blood/Body Fluid Exposure**
- ☐ **Medication Error**
- ☐ **Patient Incident**
- ☐ **Other:**

Brief description of incident (including use of protective gear if appropriate):

Follow-up Action:

- ☐ **Faculty debriefed incident with student (preferably within 24 hours), including recommendations for future prevention.**

Name of Person Completing Report: **Date of Report:**

Submit this form by email to:

Course Coordinator
Program Director or Campus Associate Director
Senior Associate Dean for Student Affairs & Diversity

Note: Data will be compiled anonymously and reported quarterly for SON systems improvement.

Code of Conduct

The OHSU Code of Conduct guides the behavior and performance of members of the Oregon Health & Science University community. The OHSU Board of Directors, the OHSU Foundation and Doernbecher Children's Hospital Foundation boards of directors, and the OHSUMG Board of Directors have approved this Code of Conduct. It has been adopted as policy and all OHSU Members are held to its standards. As with other OHSU policies, those who violate the Code of Conduct are subject to disciplinary action.

Please perform a Google Search for 'the OHSU Code of Conduct' to access the document.

OHSU School of Nursing Code of Conduct

OHSU and the School of Nursing seek excellence in instruction, research, clinical, and public services. OHSU and SON recognize and value the diversity of their members and support the right of all people to live and learn in a safe and respectful environment that promotes the free and diverse expression of ideas. These policies and procedures are designed to protect such freedoms and the fundamental rights of others.

These procedures occur under the authority of and may be subject to review and amendment by the SON Dean or the Dean's designee. The provisions of these rules apply to all matriculated students, non-matriculated students taking SON courses, and University-sponsored or recognized student organizations and activities on University owned or controlled property or any other location. In addition to these rules, students must comply with the OHSU Code of Conduct and all other applicable University policies.

All matters pertaining to Code of Conduct violations are kept confidential to the extent appropriate under the circumstances. All records/materials regarding a case will be kept in locked files in the SON in accordance with the OHSU retention schedule. Disciplinary actions will be noted in the student's academic file that is retained in the SON for one year past last date of attendance. Dismissals are recorded on the student's official transcript.

Because after graduation nursing students may be licensed to practice nursing and are required to assume responsibility for the life and welfare of other human beings, every nursing student is expected to demonstrate competence and patterns of behavior that are consistent with professional responsibilities and are deserving of the public's trust. All students are required to sign an agreement to abide by the guidelines contained in the Student Code of Conduct and Responsibility Code (the "Code") at the time of admission. A student, group of students, or student organization whose conduct is determined to be inconsistent with the standards as described in this Code is subject to disciplinary action.

Students and faculty are expected to report to the School of Nursing Conduct Officer any unethical or proscribed conduct that violates this Code. A Statement of Violation of the Student Code of Conduct & Responsibility for reporting unethical or proscribed conduct is available on the SON website or can be obtained from the Student Conduct Officer. Any charge should be submitted as soon as possible after the event takes place, preferably within 14 calendar days of the event. Pending decision on a complaint, a student is entitled to all of the rights and privileges of a student in good standing. The Associate Dean for Academic Affairs (in consultation with the University Office of Academic and Student Affairs and the OHSU Legal Department) may suspend the student pending decision on a conduct violation when there is clear and convincing evidence that the individual's presence at the University constitutes a substantial threat to health, personal safety, or property, or is otherwise in the best interest of the SON, the University, the student, or other students, faculty or staff.

The Code will be applied without regard to age, ability, ethnicity, sex, race, disability, religion, political affiliation, sexual orientation, or any other basis protected by state, local, or federal law. Each case is considered individually, and informal resolution of student conduct complaints will be sought whenever possible. When Conduct issues are brought to the attention of the Student Conduct Officer, that person will investigate the matter to determine whether there are reasonable grounds to believe that the complaint is well founded. If reasonable grounds are not found, the SON Student Conduct Officer will dismiss the

charges. If reasonable grounds are found or if the student accepts responsibility for the conduct, the student is informed of the matter charged, with reference to the specific section of this Code allegedly violated. The student is given the option to have the case heard and a disciplinary decision made by the SON Student Conduct Officer or to have a hearing before the full committee. Once informed of this option, the student has 7 calendar days to submit a written request for a hearing. Failure to file a timely request for a hearing shall result in the loss of this option.

If the student chooses to have the SON Student Conduct Officer hear the case, the student will be given an opportunity to explain the behavior and will be informed of the evidence supporting the charge. In addition, the SON Student Conduct Officer may involve additional relevant individuals and review other information that is pertinent to the allegation(s). The SON Student Conduct Officer will determine, based upon a preponderance of the evidence, whether a Code violation exists. Subsequent to that determination, the student will receive written notice confirming the matter charged and the sanction, if any, as well as the right to appeal the decision.

Students have the right to request access to evidence collected by the SON regarding a possible Code of Conduct violation. Examples of evidence that may be released include the written statements by witnesses or complainants related to the alleged violation, applicable OHSU & SON policies, and formal or electronic correspondence between the SON and the student. Requests for access to the evidence are directed to the SON Conduct Officer or the SON Senior Associate Dean for Academic Affairs.

Conduct prohibited by OHSU (OHSU policy 02-30-010)

1. Conviction of a felony, a class A misdemeanor or of a crime involving moral turpitude (which shall include, but not be limited to, sex or drug related crimes) while attending the University or prior thereto if the conviction was not disclosed (if the application process required disclosure) in applying to the University for admittance;

2. Obstruction or disruption of teaching, research, patient care, administration, disciplinary procedures, or other institutional activities, including the institution’s public service functions or other authorized activities;

3. Obstruction or disruption interfering with freedom of movement, either pedestrian or vehicular, on institutionally- owned or controlled property;

4. Possession or use of firearms, explosives, dangerous chemicals, or other dangerous weapons or instrumentalities on institutionally-owned or controlled property, unless expressly authorized by law, Board or University policies (absence of criminal penalties is not considered express authorization);

5. Detention or physical abuse of any person or conduct that may threaten harm to or endanger any person on any institutionally-owned or controlled property;

6. Malicious damage, misuse, or theft of institutional property, or the property of any other person where such property is located on institutionally-owned or controlled property, or, regardless of location, is in the care, custody, or control of the University;

7. Refusal while on institutionally-owned or controlled property to comply with an order of the President or appropriate authorized official to leave such premises because of conduct proscribed by OHSU policies or procedures or when such conduct constitutes a risk to personal safety, property, or disruption of patient care, educational, research, outreach or other University activities on such premises;

8. Unauthorized entry to or use of institutional facilities, including buildings, offices and grounds;
9. Illegal use, possession, sale or distribution of drugs on institutionally owned or controlled property (absence of criminal penalties is not considered express authorization);

10. Inciting others to engage in any of the conduct or to perform any of the acts prohibited herein. Inciting means that advocacy of proscribed conduct that calls on the person or persons addressed for imminent action and, coupled with a reasonable apprehension of imminent danger to the functions and purposes of the University, including the safety of persons, and the protection of its property;

11. Conduct prior to enrollment at OHSU which was not disclosed and which could have resulted in a decision not to admit the person; or

12. Misrepresentation or false statements made in an application process

Additional conduct prohibited by the School of Nursing

1. Violating state or federal laws or regulations or SON or OHSU policies, (including the OHSU Code of Conduct),

2. Violating professional standards as described in the OHSU Code of Conduct and the SON Catalog /Student Handbook

3. Engaging in academic dishonesty, cheating, or fraud, including but not limited to: a) plagiarism, from the work of others, including work by other students or from published materials without appropriate citation, b) the buying and selling of course assignment and research papers, c) performing academic assignments (including tests and examinations) for other persons, d) unauthorized disclosure and receipt of academic information, e) allowing students to copy answers from exams or assignments, f) using disallowed materials or methods for exams or assignments, g) working with others when the assignment indicates the work is to be independent, and h) falsification of research data;

4. Knowingly producing false evidence or false statements, making charges in bad faith against any other person, or making false statements about one's own behavior related to education or professional matters;

5. Falsifying or misusing University, SON, or clinical records, permits, or documents;

6. Exhibiting behavior disruptive to the learning process or to the academic or community environment;

7. Failing to report observed unethical or proscribed behavior;

8. Taking food, medications, patient belongings or materials from clinical settings without approval or authorization;

9. Not questioning a medical order when in doubt.

Oregon Health & Science University
School of Nursing

Bloodborne Pathogen Exposure Procedures

Updated 3/15/04

All Nursing Students: Exposure to HIV, Hepatitis B, Hepatitis C, or Other Blood Borne Pathogens – What Action to Take

There is a national trend to increase protection to health care workers against blood borne pathogens. The Occupational Safety and Health Act (OSHA 29 CFR 1910) rules direct health care agencies to provide protection and education to their employees. Schools of Nursing are being rightfully required by our clinical agencies to provide assurances that our students have a level of protection and education similar to the health care agency. Each year several blood borne pathogen-training sessions are offered at each SON campus for students who are at risk of exposure in clinical settings. As well, many students, who are already licensed registered nurses or CNA's may have access to this training through their employers.

Yearly blood borne pathogen training is mandatory

Listed below are guidelines to follow if a needle stick or exposure to other blood borne pathogens occurs:

Student Responsibility if Exposed to Contaminated Body Fluids

On Campus

1. Clean your wound immediately with disinfectant soap.

Notify your clinical faculty and the clinical unit head.
Portland students: go to or call the OHSU Student Health Service at 503/494-8665.
Ashland students: go to or call the SOU Student Health office at 541-552-6163
LaGrande students: go to or call the EOU Student Health Office at 541-962-3524
Klamath Falls students: go to or call the OIT Student Health office at 541-885-1800
Regional students: go to the closest Emergency Room for assessment regarding the exposure. Your major medical insurance will be billed.

The clinical faculty completes the SON Incident Report, that can be obtained from the Associate Dean for Practice Development's office 503/494-3397 and is available on the OHSU SON intranet website at: http://ozone.ohsu.edu/HealthSystems/admin/1-07.htm

While the details of your contacts with the Student Health Service unrelated to your clinical incident at your campus will be held in strict confidence by the Student Health Service, your clinical faculty will notify Marna Flaherty-Robb, Associate Dean for Practice Development and Integration (503/494-3369) at the School of Nursing that a blood borne pathogen exposure has occurred and is being followed according to protocol. Note: HIPAA dictates the confidentiality parameters related to health insurance billing.

2. After Health Service hours, go to the Emergency Department. OHSU's emergency department 503-494-7551. Students at Ashland, LaGrande and Klamath Falls, go to the site specific or defined urgency care or Emergency Department of the hospital closest to you. Your major medical insurance will be billed if you use an emergency

room. Each OHSU SON campus has arrangements for Student Health Services specific to their campus.

3. By procedure the hospital or agency should conduct an assessment of the exposure source to determine HIV, Hepatitis B, and Hepatitis C status. That assessment should be initiated well before patient discharge, and may be conducted by the employee health unit. Ask the hospital to notify you of the results by a specified time.

4. Dependent upon the results of the assessment of the patient's status and your risk, post- exposure prophylaxes (PEP) will be offered to you by the Emergency Department. PEP should begin within 2 hours of the exposure, but the ED, after assessment, may agree to begin within 24 hours. Make sure that you are fully informed of your choices.

5. Follow-up after PEP is always with the Student Health Services at your campus.

At Another Health Care Agency or Clinical Site

1. Clean your wound with disinfectant soap when possible.

2. Notify your clinical faculty, the clinical unit head, and the Student Health Service (Portland: 503-494-8665; Ashland: 541-552-6163; Klamath Falls: 541-885-1800 LaGrande: 541-962-3524). The clinical faculty completes the SoN Incident Report that can be obtained from the Associate Dean for Practice Development's office 503 494-3397.

While the details of your contact with the Student Health Service unrelated to clinically related exposures will be held in strict confidence by the Student Health Service, your clinical faculty will notify Marna Flaherty-Robb (503/494-3369) at the School of Nursing that an incident has occurred. HIPPA compliance also dictates confidentiality process in the ED.

3. After Health Service hours, go to the Emergency Department. If in Portland, go to OHSU's emergency department 503-494-7551 unless it is an unreasonable amount of travel time, in which case use the ED of the hospital nearest you.

Your major medical insurance will be billed if you use an emergency room Other than OHSU and you will be responsible for any balance after insurance pays.

4. By procedure the hospital or agency should conduct an assessment of the exposure source to determine HIV, Hepatitis B, or Hepatitis C status. That assessment should be initiated well before patient discharge, and may be conducted by the employee health unit. Ask the hospital to notify you of the results by a specified time.

5. Dependent upon the results of the assessment of the patient's status and your risk, post exposure prophylaxes will be offered to you by the Emergency Department. If not an emergency (based on # 4), contact the Student Health Service at your campus location as soon as possible.

6. Notify the Student Health Service about the incident so that they may follow-up with your care. Do this even if you do not use the Student Health Service for your own health care.

Make sure that you are fully informed of your choices.

(Keep this telephone number with you – cut & place in your wallet!)

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Ashland students: Notify your clinical faculty and the SOU Student Health Service (541-552-6163) if you think you have been exposed to a blood borne pathogen

Klamath Falls students: Notify your clinical instructor and the OIT Student Health Service (541-885-1800) if you have been exposed to a blood borne pathogen.

La Grande students: Notify your clinical instructor and the EOU Student Health Service (541-962-3524) if you have been exposed to a blood borne pathogen.

Portland students: Notify your clinical faculty and the OHSU Student Health Service (503-494-8665) if you think you have been exposed to a blood borne pathogen.

Regional students: Notify your clinical instructor and seek care at the nearest Emergency Department.

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I://ohsu/son/admin/studentwebforms/exposure precaution040217.doc

Division 52

Certified Registered Nurse Anesthetists

851-052-0000

Purposes and Definitions

(1) Purposes of these rules:

(a) To implement the provisions of ORS 678.245 to 678.285 governing the licensing of Certified Registered Nurse Anesthetists (CRNA) by the Oregon State Board of Nursing.

(b) To establish standards for safe practice for the CRNA.

(c) To serve as a guide for the Board to evaluate CRNA practice.

(d) To define the scope of practice of the CRNA.

(2) Definitions as used in these rules:

(a) "Adjuvant drug" means medications not specifically classified as anesthetics that are auxiliary or necessary to maintain safe, effective patient care during the anesthesia plan.

(b) "Anesthesia plan" means a plan of intervention by a CRNA for services within the CRNA scope of practice (851-052-0010).

(c) *"Anesthesiologist" means a physician who has completed a residency program in anesthesiology that meets or exceeds the standards adopted by the Board of Medical Examiners*. ORS 678.245(1).

(d) "Approved accrediting body" means a national organization with deemed status by the U.S. Department of Education to accredit nurse anesthesia programs, and recognized by the Oregon State Board of Nursing for purpose of identifying qualified nurse anesthesia educational programs.

(e) "Approved certifying body" means a national organization which engages in certification and/or recertification of nurse anesthetists and is approved by the Oregon State Board of Nursing for purpose of recognition of such certification.

(f) *"Certified registered nurse anesthetist" means a registered nurse licensed by the Oregon State Board of Nursing as a certified registered nurse anesthetist*. ORS 678.245(2).

(g) "Collaboration" means a process involving two or more parties working together, each responsible for his or her own particular area of expertise.

(h) "Direct supervision" means the CRNA or anesthesiologist is physically present in the facility and available to intervene if necessary.

(i) "Graduate Registered Nurse Anesthetist (GRNA)" means an individual who has graduated from an accredited nurse anesthesia program, and is eligible to receive a limited Oregon license to practice within the CRNA scope of practice prior to attaining full certification, subject to the requirements of 851-052-0020(3) and (4).

(j) "National Certification Examination" means the examination given by an approved certifying body for purpose of determining eligibility for certification.

(k) "Nurse Anesthesia Student" means a student in good standing in a nurse anesthesia program accredited by an approved accrediting body.

(l) *"Physician" means a doctor of medicine or osteopathy licensed in Oregon under ORS chapter 677*. ORS 678.245(4).

Stat. Auth.: ORS 678.245 & ORS 678.285
Stats. Implemented: ORS 678.245 & 678.285
Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98

851-052-0010

CRNA Scope of Practice

(1) Except as provided to the contrary by the rules and regulations or bylaws governing medical procedures in a hospital or ambulatory surgical center, a CRNA shall collaborate with a physician or dentist, or with other health care professionals whose scope of practice includes the authority to provide anesthesia care to a patient.

(2) *Assessment of the health status of the patient as that status relates to the relative risks associated with anesthetic management of the patient* (ORS 678.275(a)). The CRNA may:

(a) Perform and document a preanesthetic assessment and evaluation of the patient;

(b) Request and obtain consultations, laboratory and diagnostic studies;

(c) Select, obtain, order or administer pre-anesthetic medications and fluids; and

(d) Obtain informed consent or confirm that the patient has given informed consent for the services to be furnished.

(3) *Determination and administration of an appropriate anesthesia plan, including but not limited to selection, ordering and administration of anesthetic agents, airway management and monitoring and recording of vital signs, life support functions, mechanical support use, fluid management and electrolyte and blood component balance* (ORS 678.275(b)). The CRNA may:

(a) Select and initiate the anesthetic technique;

(b) Select, apply and insert invasive and non-invasive monitoring modalities;

(c) Select and provide supports for airway management;

(d) Select, obtain, order or administer anesthetic agents and adjuvant drugs;

(e) Select and provide mechanical support; and

(f) Select and provide fluids, electrolytes and blood components.

(4) *Action necessary to counteract problems that may develop during implementation of the anesthesia plan* (ORS 678.275(c)). The CRNA may:

(a) Conduct ongoing assessment to identify problems and provides corrective or preventive action;

(b) Order laboratory tests, blood gases and other necessary interventions;

(c) Select, obtain, order or administer drugs, fluid, blood and electrolyte components;

(d) Direct and implement emergency resuscitative techniques; and

(e) Provide clinical support functions.

(5) *Necessary or routine post anesthesia care* (ORS 678.275(d)). The CRNA may:

(a) Select, obtain, order or administer drugs for implementing and managing pain management techniques during the post anesthesia period, and to prevent or manage complications; and

(b) Perform post anesthesia evaluation, discharge from post anesthesia care unit, and follow-up evaluation and care.

(6) A CRNA shall practice in accordance with the bylaws, rules and regulations of the practice setting, Oregon statute, and Oregon State Board of Nursing administrative rules.

(7) The CRNA is responsible for recognizing his or her limits of knowledge and experience, and for consulting with or referring clients to other health care practitioners as appropriate.

(8) The CRNA may only provide anesthesia services within the scope of practice for which he or she is educationally prepared and for which competency has been established and maintained. Educational preparation includes academic course work, workshops or seminars, provided both theory and clinical experience are included.

Stat. Auth.: ORS 678.285
Stats. Implemented: ORS 678.255, 678.265, 678.275 & 678.285
Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98

851-052-0020

Eligibility for Licensure

(1) As of September 1, 1998, an individual shall meet the requirements and receive a license as a CRNA in order to use the title CRNA, Certified Registered Nurse Anesthetist or Nurse Anesthetist, and engage in the scope of practice of a CRNA.

(2) An applicant for licensure as a CRNA shall:

(a) Hold or obtain an active unencumbered registered nurse license in Oregon;

(b) Be a graduate of nurse anesthesia educational program accredited by an approved accrediting body;

(c) Meet the practice requirement, which is to either have:

(A) Graduated from the nurse anesthesia program within the past two years; or

(B) Practiced 850 hours as a CRNA within the two years preceding the application for licensure, including but not limited to direct care, teaching, consulting, supervision and research related to CRNA scope of practice; and

(d) Hold current full certification or recertification from an approved certifying body; or

(3) A Graduate Registered Nurse Anesthetist (GRNA) may receive a limited license to practice within the CRNA scope of practice prior to attaining full certification if the applicant:

(a) Is a graduate of an accredited nurse anesthesia educational program;

(b) Meets all requirements for CRNA licensure other than full certification;

(c) When providing anesthesia care, a GRNA shall have available for consultation a CRNA or anesthesiologist in the facility, until full certification from an approved certifying body is achieved.

(d) The limited license shall expire 9 months following the date of graduation, or on issue of the CRNA license after full certification is attained, whichever is earlier.

(4) Applicants who graduate from an approved anesthesia educational program on or after January 1, 2001 shall be required to hold a Master's degree in anesthesia practice, or in a related practice area approved by the board.

(5) If an applicant does not meet the practice requirement in 851-052-0030(2)(c), the applicant shall:

(a) Obtain a limited license as a registered nurse in the State of Oregon; or hold an active Oregon registered nurse license;

(b) Submit for Board approval, a detailed plan for supervised practice which includes objectives, names and qualifications of preceptor(s), and describes the nature of the clinical experience.

(A) If the applicant has practiced at least 850 hours within the past five (5) years, the practice plan shall provide for 850 hours of preceptorship. Documented practice hours within the past two (2) years may be recognized and may reduce the required hours, except that, in no case shall the supervised practice be less than 400 hours.

(B) If the applicant has practiced at least 850 hours within the past ten (10) years, the practice plan shall provide for 1275 hours.

(C) If the applicant has not practiced at least 850 hours within the past (10) years, the practice plan shall provide for 1700 hours, and the applicant shall pass the certification examination offered by an approved certifying body.

(c) Submit evidence of continuing education credits granted by an approved accrediting body to total 20 hours for each year out of practice, completed within the period the applicant was out of practice or concurrent with the preceptorship.

(d) Obtain a limited CRNA license for supervised practice. For purpose of this section, the limited license will be issued and valid for one (1) year from the date of issue:

(A) Upon application and payment of fee; and

(B) Board approval of the plan for supervised practice; and

(C) Evidence of provisional certification by an approved certifying body.

(e) Successfully complete the planned hours of clinical practice supervised by a CRNA or anesthesiologist. Successful completion shall be verified by a final evaluation submitted by the supervising practitioner to the Board to verify that the applicant's knowledge and skills are at a safe and acceptable level and that the number of required hours of supervised practice were completed.

(f) Obtain full certification from an approved certifying body.

(6) Revocation, suspension, or any other encumbrance of a registered nurse license, or any special authority to practice anesthesia care, in another state, territory of the United States, or any foreign jurisdiction may be grounds for denial of CRNA licensure in Oregon.

(7) The applicant shall submit all fees required by the Board with the application. The fees are not refundable. An application which remains incomplete after one calendar year shall be considered void.

Stat. Auth.: ORS 678.285
Stats. Implemented: ORS 678.285
Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98; BN 7-2013, f. 5-6-13, cert. ef. 6-1-13

851-052-0030

Renewal of CRNA License

Renewal of the CRNA license shall be on the same schedule as the renewal of the registered nurse license. The requirements for renewal are:

(1) Active license as a registered nurse in Oregon; and

(2) Current active practice as a CRNA for no less than 850 hours within the two years prior to renewal or preceptorship as established in OAR 851-052-0020(5); and

(3) Current certification or recertification by National Board of Certification and Re-Certification for Nurse Anesthesists (NBCRNA).

(4) Applications for renewal up to 60 days past the expiration date shall meet all requirements for renewal and pay a delinquent fee.

(5) The applicant shall submit the required fees with the application. Fees are not refundable. An application shall be void if not completed during the current biennial renewal cycle. Any individual whose CRNA license or national certification is expired or delinquent may not practice or represent themselves as a CRNA in Oregon, subject to civil penalty.

Stat. Auth.: ORS 678.285
Stats. Implemented: ORS 678.285
Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98; BN 5-2005, f. & cert. ef. 6-30-05; BN 7-2013, f. 5-6-13, cert. ef. 6-1-13

851-052-0040

Clinical Practicum in Oregon for Certified Registered Nurse Anesthetist Students Enrolled in a Non-Oregon Based Graduate Program

(1) A nurse anesthesia student enrolled in a Non-Oregon Based Graduate Program may not participate in a clinical practicum in Oregon without prior Board authorization.

(2) Prior authorization will be predicated upon approval of the following:

(a) A completed registration form;

(b) Verification of a current, unencumbered registered nurse license in Oregon;

(c) Verification of enrollment in a graduate program accredited by a United States Department of Education or the Council of Higher Education Accreditation approved national accrediting body;

(d) Verification of regional accreditation and/or Board of Nursing approval from the state in which the program originates;

(e) Proof of approval by the Office of Degree Authorization of the Non-Oregon Based Graduate Program;

(f) Submission of a written signed agreement between the Non-Oregon Based Graduate Program responsible for the student and the Oregon licensed preceptor;

(g) Identification of the faculty advisor accountable for general supervision from the Non-Oregon Based Graduate Program; and

(h) Identification of the Oregon licensed nurse anesthesia faculty providing direct clinical evaluation of the nurse anesthesia student.

(3) Oregon licensed preceptors are responsible for validating that the student has registered and received Board authorization prior to participating in a clinical practicum in Oregon.

(4) A nurse anesthesia student shall practice under the direct supervision of a CRNA or anesthesiologist who agrees to serve as preceptor, and general supervision of a faculty member as approved in the clinical practicum registration.

(5) Oregon faculty will be approved by the Board based on congruence of clinical scope and expertise to the student’s clinical placement.

(6) The student’s assigned preceptor may not simultaneously serve as their designated faculty of record. The faculty of record must provide on-site evaluation of both the student and the preceptor.

Stat. Auth.: ORS 678.285
Stats. Implemented: ORS 678.285
Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98; BN 7-2012, f. 5-7-12, cert. ef. 6-1-12; BN 15-2012(temp), f. & cert. ef. 11-15-12 thru 5-1-13; BN 4-2013, f. 2-28-13, cert. ef. 4-1-13

851-052-0100

Disciplinary Action on CRNA License

(1) The Board may deny, suspend or revoke the authority of a CRNA to administer anesthesia agents, including adjuvant drugs, for the causes identified in ORS 678.111(1).

(2) In addition to standards identified in 851-045-0015, the abuse of the anesthesia or authority to select, obtain, order, or administer drugs constitutes conduct derogatory to nursing standards and is defined as:

(a) Selecting, obtaining, ordering, administering, or distributing anesthesia agents or other drugs for purposes other than anesthesia care;

(b) Selecting, obtaining, ordering, administering, or distributing anesthesia agents or adjuvant drugs to an individual who is not the CRNA's client;

(c) Selecting, obtaining, ordering, administering, or distributing anesthesia agents or adjuvant drugs in an unsafe manner or without adequate instructions to the client according to acceptable and prevailing standards of practice;

(d) Selling, purchasing, trading, or offering to sell, purchase or trade any drug sample.

Stat. Auth.: ORS 678.111 & 678.150
Stats. Implemented: 678.111
Hist.: BN 9-1998, f. 7-16-98, cert. ef. 9-1-98

Appendix F: Clinical Site Communication Plan

The OHSU School of Nursing Nurse Anesthesia Program is committed to involving the Clinical Faculty in the continual improvement of the program. While this may be challenging based on the geographic proximity of the clinical sites to the school, every effort will be made to incorporate the clinical sites as much as possible.

The Clinical Site Communication Plan was developed with this in mind as a tool to track and ensure that regular communication between the Clinical Coordinators and Program Administration is ongoing.

The guideline maintains that each clinical site will be contacted by a designated NAP faculty member at least once per quarter. An assessment of student performance, NAP operation, and fulfillment of Clinical Site objectives will be performed. This regular communication will maintain a solid platform for the clinical coordinators and program faculty to discuss and resolve any concerns they may have.

Additionally, the OHSU School of Nursing Nurse Anesthesia Program will perform at least one On-Site Visit to each clinical site annually. During the on site visit, both Typhon student evaluation of the clinical site and Graduating Senior Student Exit Interview data related to the particular clinical site is discussed with the clinical coordinator.

Appendix G: Anesthesia Care Plan template

OHSU Nurse Anesthesia Program **Anesthetic Management Plan**

Student	Rotation		Date		
Scheduled Procedure	Patient	ASA	Age	Sex	
Meds	Active Problem List				
Allergies	Wt.	Ht.	IBW	ABW	BMI

Anesthetic Plan	Rationale
Primary	
Secondary	
Monitoring	

Preoperative Management	Rationale
Lab/Diagnostic Studies	
Medications	
Anesthetic Considerations	

Induction	Rationale
Medications/Agents	
Anesthetic Considerations	

Maintenance	Rationale
Medications/Agents	
Positioning	
Anesthetic Considerations	

Estimated Blood Volume (EBV)		Ventilator Settings
Estimated Red Cell Mass (ERCM)		
Estimated Red Cell Mass-target ($ERCM_{target}$)		
Allowable Red Cell Loss (ARCL)		
Allowable Blood Loss (ABL)		

Hourly Fluid Totals (ml)	1st Hour	2nd Hour	3rd Hour	4th Hour	5th Hour	6th Hour
Estimated Fluid Deficit						
Maintenance						
Insensible Loss/3rd Space						
Blood Loss Replacement						
Hourly Total						
Cumulative Total						

Emergence and Transport	Rationale
Medications	
Anesthetic Considerations	

Postoperative Management	Rationale
Medications	
Anesthetic Considerations	

Physiology/Co-Morbid Conditions and Associated Anesthetic Implications Refer to patient's active problem list, outlining associated anesthetic implications—include pertinent pathophysiology and your intended management strategies (attach separate sheet if needed).

Surgical Events and Potential Complications List events sequentially including any potential complications. Outline the pathophysiology of these events and their impact on your plan of care—include your intended management strategies (attach separate sheet if needed).

_____

Preceptor Signature

Appendix H: Daily Clinical Worksheet

OHSU Nurse Anesthesia Program Clinical Worksheet

Student	**Rotation**		**Date**	
Scheduled Procedure	**Patient**	**ASA**	**Age**	**Sex**

Meds	**Active Problem List**				
Allergies	**Wt.**	**Ht.**	**IBW**	**ABW**	**BMI**

Anesthetic Plan	Preoperative Management
Primary	**Lab/Diagnostic Studies**
Secondary	**Medications/Dosage**
Monitoring	**Anesthetic Considerations**
Induction	Maintenance
Medications/Agents/Dosage	**Medications/Agents/Dosage**
Estimated Blood Volume (EBV)	**Ventilator Settings**
Allowable Blood Loss (ABL) → HCT____%	

Fluid Totals (ml)	1st Hour	2nd Hour	3rd Hour	4th Hour	5th Hour	6th Hour
Estimated Fluid Deficit						
Maintenance						
Insensible Loss/3rd Space						
Blood Loss Replacement						
Hourly Total						
Cumulative Total						

Emergence/Transport/Postoperative Management	Notes
Medications/Dosage/Anesthetic Considerations	

Appendix I: Formative and Summative Clinical Evaluation of SRNA Performance

Policy and Procedure

Formative and Summative Clinical Evaluation of SRNA Performance

Introduction

While students in the OHSU School of Nursing Nurse Anesthesia Program participate in the clinical learning environment, they shall be evaluated by their clinical preceptors, clinical coordinator, and program faculty. At stated intervals, students will review their clinical evaluations with program faculty and make conclusions based on the aggregate data of those evaluations.

Procedure

Students are evaluated by their clinical faculty using the Typhon NAST evaluation system **(See Appendix A).**

First year students –

- Includes courses: NURS 509CB, NURS 509CC, and NURS 509CD
- Are required to obtain one clinical evaluation from their clinical preceptor for each day in clinic
- Evaluation criteria includes the following six areas:
    - Preparation
    - Basic anesthesia setup
    - Basic pre-operative evaluation
    - Basic psycho-motor Skills
    - Basic critical thinking skills
    - Professional attributes

Second year students-

- Includes courses: NURS 509CE, NURS 509CF, NURS 509CG, NURS 509CH, & NURS 309CI
- Are required to obtain one evaluation from their clinical preceptor for each day in clinic
- Will receive one weekly-summative evaluation from their clinical coordinator for every week in clinic
- Evaluation criteria includes the following seven areas:
    - Preparation
    - Pre-anesthesia assessment
    - Induction / Maintenance
    - Emergence / Post-anesthesia management
    - Anesthesia skills
    - Professional attributes

For all students-

1. It is the shared responsibility of the clinical preceptor and the SRNA to ensure that the clinical evaluations are completed in a timely fashion and that verbal feedback is provided at the completion of each day of clinical.

2. At the completion of each quarter, program faculty and/or the site's Clinical Coordinators, will complete a written summative evaluation comment based on the students preceding term's formative clinical evaluations submitted through the Typhon NAST evaluation system.

3. At the completion of each quarter, designated Nurse Anesthesia Program Faculty meet with SRNAs during a formal conference to review the student's formative evaluations, faculty summative evaluation, and student summative self evaluation.

Rationale

1. To incorporate the evaluation by the clinical faculty of the SRNAs as a means of assessing and maintaining a quality educational program for nurse anesthetists.

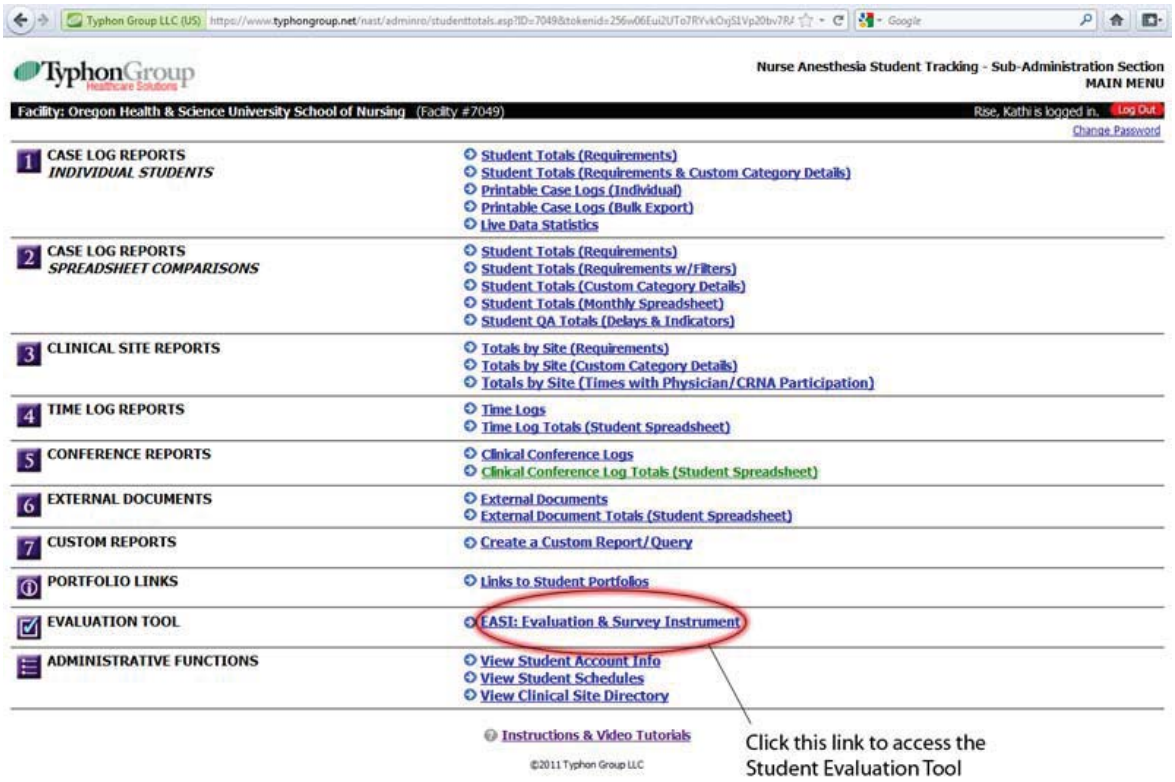
2. To ensure that clinical progression benchmarks are being met by the SRNAs.

3. To allow a mechanism of feedback for faculty to the SRNA. This feedback can be used by faculty for further course development and improving student's clinical education.

4. To identify SRNAs that are not meeting expectations in the clinical setting so that measures and actions can be taken that will result in improved clinical performance.

Appendix J: Typhon Evaluations Instructions

http://www.typhongroup.net/ohsu



https://www.typhongroup.net/nast/adminro/report-ad...d=256w06Eui2UTo7RYvkOxjS1Vp20bv7RAd4PXj0Mdq5C7049

Appendix K: 1st Year Student Evaluation Form

1st Year SRNA-Daily Clinical Evaluation Form

Completed by the **Sub-Administrators**, regarding the **Students (ALL)** , answered on a **As needed** basis.
Before beginning an evaluation, the sub-administrators will be asked to select which student they are evaluating, followed by the date of the evaluation period.

1 **Directions:** The clinical preceptor should submit an evaluation for each day that they work with a **FIRST YEAR** student.

2 Based on the following questions, please rate the student's performance. If desired, you may add specific comments as they relate to each topic.

	---1---Unsatisfactory	---2---	---3---Satisfactory	---4---	----5----Excellent	N/A
Was the SRNA punctual and prepared for the day?	○	○	○	○	○	○
Additional Comment:						
Did the SRNA perform or assist in AM preparation activities? (machine checkout, cart set-up, etc.)	○	○	○	○	○	○
Additional Comment:						
Did the SRNA perform or assist in the pre-operative evaluation of their patients?	○	○	○	○	○	○
Additional Comment:						
Was the SRNA's technical skill appropriate for their level of education?	○	○	○	○	○	○
Additional Comment:						
Did the SRNA demonstrate critical thinking appropriate for their level of education?	○	○	○	○	○	○
Additional Comment:						
Did the SRNA interact with patients and staff in a professional manner?	○	○	○	○	○	○
Additional Comment:						

(ANSWER REQUIRED FOR EACH OPTION)

3 Please add any additional comments and/or summarize your time spent working with this SRNA:

(ANSWER REQUIRED)

Submit Evaluation

Appendix L: 2nd Year Student Evaluation Form

SENIOR Clinical Practicum-Daily Evaluation Form

Completed by the **Sub-Administrators**, regarding the **Students (ALL)** , answered on a **As needed** basis.
Before beginning an evaluation, the sub-administrators will be asked to select which student they are evaluating, followed by the date of the evaluation period.

1 **Directions:** The clinical preceptor should evaluate the SRNA based on their overall performance for each day that they work with a student. Please include written comments in the box provided at the end of this evaluation form. The following performance scale should be used when rating performance:

Level 1
Identifies segments of anesthesia principles, needs direction to apply them correctly
Observes or practices clinical skills; lacks manual dexterity
Focuses entirely on own behavior, rarely on patient and/or procedure
Continuously requires supportive and directive cues (Greater than 50% of the time)

Level 2
Identifies principles, needs direction to identify application fo these concepts
Demonstrates partial lack of skills and/or dexterity in some areas
Focuses primarily on own behavior with occasional attention to the patient or procedure
Frequently requires supportive and directive cues(30-50% of the time)

Level 3
Applies principles accurately with occasional supportive cues
Demonstrates coordination but uses unnecessary energy to complete tasks
Focuses primarily on the patient or procedure, but more attention is directed to their own behavior as complexity increases
Occasionally requires a supportive or directive cue (5-30% of the time)

Level 4
Applies principles accurately at all times
Demonstrates good use of body mechanics and manual skills
Focuses on patient and procedure while completing tasks
Demonstrates the integration of knowledge and skills
Performs competently with few supportive cues (Less than 5% of the time)

2 Rate the student's performance for the following:

	Level 1	Level 2	Level 3	Level 4	N/A
Preoperative Evaluation and Patient Assessment	○	○	○	○	○
Preparation of the Anesthetic Care Plan	○	○	○	○	○
Selection, Preparation, Organization, and Care of Equipment	○	○	○	○	○
Preparation of the Patient	○	○	○	○	○
Induction Phase/Airway Management	○	○	○	○	○
Maintenance of Anesthesia	○	○	○	○	○
Emergence from Anesthesia	○	○	○	○	○
Postoperative Care of the Patient	○	○	○	○	○
Professional and Behavioral Skills	○	○	○	○	○

(ANSWER REQUIRED FOR EACH OPTION)

3 Did the student present a written or verbal anesthesia care plan? Please make a brief comment about the care plan in the space provided.

- Yes
- No

Care Plan Comments:

(ANSWER REQUIRED)

4 Additional Comments:

(ANSWER REQUIRED)

Submit Evaluation