



**HOFSTRA NORTHWELL**  
**SCHOOL *of* NURSING**  
**AND**  
**PHYSICIAN ASSISTANT STUDIES**

# **Nurse Anesthesia Student Clinical Residency Handbook**

## **2024-2025**

**August 1, 2024**

Hofstra Northwell School of Nursing and Physician Assistant Studies

Science and Innovation Center

152 Hofstra University

Hempstead, NY 11549

516-463-7475



This handbook is prepared as a supplement to provide information to students, clinical coordinators, and faculty of the Nurse Anesthesia Program.

All policies in the School of Nursing Program [Student Handbook and University Policies and Procedures](#) supersede information in the handbook.



## Table of Contents

Resident Registered Nurse Anesthetist Attestation.....	5
Nurse Anesthesia Faculty and Staff.....	6
Overview of the Nurse Anesthesia Program.....	7
Educational Program Goals and Expected Outcomes.....	7
Accreditation.....	8
Outcome Criteria.....	9
Curriculum.....	11
Course Descriptions.....	12
Current Clinical Site Affiliations.....	14
Academic and Clinical Policies.....	16
Academic Standing for DNP Students.....	16
Clinical Time Off.....	16
Attendance Taking: Sick Time and Excused Absences.....	16
Professional Meetings.....	17
Disability Accommodations.....	17
Resources for Students on Medical Leave.....	18
Temporary Adjustments/Academic Leave of Absence.....	18
Class Preparation.....	18
Test-Taking Policy.....	18
RRNA Advisement Policy.....	19
Alcohol & Drug Policy.....	19
SELF EVALUATION EXAM (SEE).....	20
NATIONAL CERTIFICATION EXAM (NCE).....	20
Anesthesia Residency.....	21
Clinical Attire.....	21
Clinical hours.....	21



Clinical Experiences .....	22
Work Outside of the Program .....	23
Clinical Scheduling .....	23
Clinical Supervision.....	24
"On Call" Experience.....	24
Clinical Responsibilities.....	24
Clinical Events - Guidelines for Reporting.....	25
Clinical Evaluation Policies:.....	25
Care Plans.....	26
Clinical Site Orientation Checklist .....	29
SHORT CARE PLAN FORM .....	30
CLINICAL ADVERSE OUTCOME FORM.....	31
LONG CARE PLAN AND PREOPERATIVE EVALUATION FORM.....	33



## Resident Registered Nurse Anesthetist Attestation

I have received and read a copy of the Hofstra Northwell School of Nursing and Physician Assistant Studies Nurse Anesthetist Student Resident Clinical Handbook. As a Resident Registered Nurse Anesthetist enrolled in Hofstra-Northwell School of Nursing, I agree to adhere to the policies and guidelines. These policies and procedures are subject to change during the program, and I am responsible for keeping abreast of these changes. This handbook represents a supplement to, not a replacement for, the School of Nursing Student Handbook.

By signing this, I agree to abide by the Standards of Professional Conduct delineated in the Nursing Program [Student Handbook on page 13](#). The principles expressed in the Standards of Professional Conduct are to be internalized and practiced in the classroom and the clinical environment. Professional behavior is integral and is evaluated throughout the course of study. Students are required to adhere to the same high ethical professional standards required of registered nurses, nurse practitioners, and certified registered nurse anesthetists. Breaches in professionalism may result in academic sanctions, and will be reviewed by the Student Advancement Committee, and may mandate academic probation or dismissal from the program.

Upon graduation, I agree to provide my employer information to the Program Director of the Hofstra Northwell School of Nursing Program in Nurse Anesthesia. I also understand that my employer will be asked to evaluate my performance as a newly graduated nurse anesthetist approximately one year after completing the program. I understand that the results will be kept confidential and utilized to assess the program's effectiveness. As part of the Hofstra- Northwell School of Nursing plan for continuous self-assessment as required by the Council on Accreditation (COA), I agree to complete the graduate program evaluation and request employer participation in post graduate evaluation surveys.

I also agree, upon graduation, to apply for and take the National Certification Examination (NCE) administered by the National Board for Certification and Recertification of Nurse Anesthetists (NBCRNA). I understand that my Program Director must be able to attest to the fact that I have not breached any ethical or professional standards throughout my tenure in the program to complete the program and sit for the NCE.

My signature below verifies that I have read and understand the 2024-2025 Nurse Anesthesia Program Resident Handbook and that my questions have been sufficiently answered.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Overview of the Nurse Anesthesia Program

The Certified Registered Nurse Anesthetist (CRNA), Adult-Gerontology Acute Care Nurse Practitioner (AGACNP) - Doctor of Nursing Practice (DNP) program prepares graduates to provide patient-centered quality care to the adult and older adult population. The AGACNP applies evidence in practice to improve the quality of care and health outcomes. CRNAs are anesthesia professionals who safely administer approximately 50 million anesthetics to patients annually in the United States, according to the American Association of Nurse Anesthetists (AANA) as of 2023. CRNAs are healthcare professionals trained to deliver high-quality, holistic, evidence-based anesthesia and pain services. They are essential to ensuring that the surgical and obstetrical analgesia needs of patients are met.

The Doctor of Nursing Practice, Adult-Gerontology Acute Care Nurse Practitioner/Certified Registered Nurse Anesthetist is the first program in the United States to prepare Doctor of Nursing Practice (DNP) to become dually certified as Certified Registered Nurse Anesthetists (CRNAs) and Adult-Gerontology Acute Care Nurse Practitioners (AGACNPs) functioning at the highest level in clinical practice. Our innovative curriculum is designed to prepare program graduates to become full-service providers delivering comprehensive peri-anesthesia care across the lifespan.

## Educational Program Goals and Expected Outcomes

Upon successful completion of the Program, the nurse anesthesia graduate shall have acquired knowledge, skill, and competence in the following domains as well as all of the AANA COA Outcome Criteria:

**Patient Safety, Perianesthetic Management, Critical Thinking, Communication, and Professionalism**, as evidenced by the ability to:

1. Prepare graduates to become competent certified registered nurse anesthetists who integrate critical analysis from the sciences and humanities, improving health outcomes.
2. Provide a full spectrum of evidence-based anesthesia care throughout populations' lifespans to optimize health outcomes.
3. Apply and translate nurse anesthesia practice theories based on scientific knowledge and clinical expertise while integrating and improving clinical practice.
4. Demonstrate behaviors that encourage respect for diversity, acknowledge human worth and dignity, and impact the ethical, legal, and social factors of global health policy while accepting responsibility and accountability for one's own actions as a certified registered nurse anesthetist.
5. Apply technology and scientific health information to coordinate and deliver personalized healthcare across the lifespan.
6. Demonstrate clinical scholarship and analytical methods for evidence-based practice to improve professional nurse anesthesia practice and health outcomes.
7. Collaborate effectively as a leader and member of the interprofessional surgical team to maximize communication and coordination of care to achieve the best patient outcomes.
8. Foster an appreciation for the necessity of life-long learning, critical thinking, and continuing to grow personally and professionally while assuming accountability.
9. Demonstrate professionalism, accountability, and ownership as a certified registered nurse anesthetist while providing patient-centered care that recognizes diversity and respects consumer preferences.



## Accreditation

### Accreditation Status:

The Nurse Anesthesia program at Hofstra Northwell School of Nursing is 36 months long and accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

### The COA requires:

- a. The clinical curriculum provides students with unrestricted experiences in the perioperative process and promotes their development as competent nurse anesthetists. (See: Standards for Accreditation of Nurse Anesthesia Educational Programs; Standard E, criterion C.9)
- b. The clinical curriculum prepares the graduate student for the full scope of current practice in a variety of work settings and requires a minimum of 600 clinical cases and 2,000 clinical hours, including a variety of procedures, techniques, and specialty practice (Effective January 23, 2015, revised February 29, 2024, Standards for Accreditation of Nurse Anesthesia Educational Programs. p. 5)

On May 19, 2021, the program met the requirements for accreditation by the Council on Accreditation of Nurse Anesthesia Educational Programs.

Council on Accreditation of Nurse Anesthesia Educational Programs

10275 W. Higgins Rd., Suite 906

Rosemont, IL 60018-5603

224-275-9130







## Outcome Criteria

Reprinted from: [Standards for Accreditation of Nurse Anesthesia Programs Practice Doctorate](#) (effective January 23, 2015, revised February 29, 2024). The guidelines aim to equip graduates with the necessary skills to embark on a career in anesthesia. These competencies, essential for nurse anesthetists trained at the doctoral level, ensure they can deliver safe, skilled, and ethical anesthesia care during various medical procedures. Curriculum are mapped to the specific outcomes in each course. These standards, referred to as the D. Graduate Standards, outline the requirements that Nurse Anesthesia Program students must meet before graduating as follows:

**Patient Safety:** The graduate must demonstrate the ability 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. Conduct a comprehensive equipment check.
4. Protect patients from iatrogenic complications.

**Peri-anesthesia:** The graduate must demonstrate the ability to:

5. Provide individualized care throughout the perianesthesia continuum.
6. Deliver culturally competent perianesthesia care (see Glossary, "Culturally competent").
7. Provide anesthesia services to all patients across the lifespan (see Glossary, "Anesthesia services" and "Across the lifespan").
8. Perform a comprehensive history and physical assessment (see Glossary, "Comprehensive history and physical assessment").
9. Administer general anesthesia to patients with a variety of physical conditions.
10. Administer general anesthesia for a variety of surgical and medically related procedures.
11. Administer and manage a variety of regional anesthetics.
12. Maintain current certification in ACLS and PALS.

**Critical Thinking:** The graduate must demonstrate the ability to:

13. Apply knowledge to practice in decision-making and problem-solving.
14. Provide nurse anesthesia services based on evidence-based principles.
15. Perform a pre-anesthetic assessment before providing anesthesia services.
16. Assume responsibility and accountability for diagnosis.
17. Formulate an anesthesia plan of care before providing anesthesia services.
18. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
19. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
20. Calculate, initiate, and manage fluid and blood component therapy.
21. Recognize, evaluate, and manage the physiological responses coincident to the provision of anesthesia services.
22. Recognize and appropriately manage complications that occur during the provision of anesthesia services.
23. Use science-based theories and concepts to analyze new practice approaches.
24. Pass the National Certification Examination (NCE) administered by the NBCRNA.



**Communication:** The graduate must demonstrate the ability to:

25. Utilize interpersonal and communication skills that result in the effective exchange of information and collaboration with patients and their families.
26. Utilize interpersonal and communication skills that result in the effective interprofessional exchange of information and collaboration with other healthcare professionals. Standards for Accreditation of Nurse Anesthesia Programs - Practice Doctorate Editorial Revisions February 29, 2024, Page 18
27. Respect the dignity and privacy of patients while maintaining confidentiality in the delivery of interprofessional care.
28. Maintain comprehensive, timely, accurate, and legible healthcare records.
29. Transfer the responsibility for care of the patient to other qualified providers in a manner that assures continuity of care and patient safety.
30. Teach others.

**Leadership:** The graduate must demonstrate the ability to:

31. Integrate critical and reflective thinking in his or her leadership approach.
32. Provide leadership that facilitates intraprofessional and interprofessional collaboration.

**Professional Role:** The graduate must demonstrate the ability to:

33. Adhere to the Code of Ethics for the Certified Registered Nurse Anesthetist.
34. Interact on a professional level with integrity.
35. Apply ethically sound decision-making processes.
36. Function within legal and regulatory requirements.
37. Accept responsibility and accountability for his or her practice.
38. Provide anesthesia services to patients in a cost-effective manner.
39. Demonstrate knowledge of wellness and substance use disorder in the anesthesia profession through completion of content in wellness and substance use disorder (see Glossary, "Wellness and substance use disorder").
40. Inform the public of the role and practice of the CRNA.
41. Evaluate how public policy-making strategies impact the financing and delivery of healthcare.
42. Advocate for health policy changes to improve patient care.
43. Advocate for health policy change to advance the specialty of nurse anesthesia.
44. Analyze strategies to improve patient outcomes and quality of care.
45. Analyze health outcomes in a variety of populations.
46. Analyze health outcomes in a variety of clinical settings.
47. Analyze health outcomes in a variety of systems.
48. Disseminate scholarly work.
49. Use information systems/technology to support and improve patient care.
50. Use information systems/technology to support and improve healthcare systems.
51. Analyze business practices encountered in nurse anesthesia delivery settings.



## Curriculum

### DOCTOR OF NURSING PRACTICE (DNP) PROGRAM

#### MATRICULATION PLAN

MAJOR: CERTIFIED REGISTERED NURSE ANESTHETIST

SEMESTER START: FALL

STATUS: FULL-TIME

Minimum Requirement for DNP in this Major: 97.5 credit hours					
YEAR #1					
FALL SEMESTER	CREDITS	SPRING SEMESTER	CREDITS	SUMMER SEMESTER	CREDITS
NUR 201 - Advanced Pathophysiology Across the Life Span	3	NUR 202 - Advanced Health Assessment Across the Life Span	3	NAP 271 - Principles of Evidence-Based Diagnostic Testing & Co-Existing Disease Management in Nurse Anesthesia Practice	4
NUR 203 - Advanced Pharmacology and Pharmacotherapeutics Across the Life Span	3	NAP 205 - Advanced Pharmacology, Physiology, & Pharmacotherapeutics of Anesthetics	4	NAP 273 - Nurse Anesthesia Residency 1 (One day per week and 120 clinical hours)	1
NUR 313 - Ethical Foundations & Professional Issues in Healthcare	3	NAP 206 – Basic Principles of Evidence-based Anesthesia Management	2	NAP 272 - Principles of Advanced Airway Management	2
NUR 205 - Scientific Foundations: Theories and Organized leadership	3	NAP 212 – Role Transition of the Nurse Anesthetist 1: Diversity, Health and Wellness	2	NUR 304 - Population Health, Epidemiology, and Statistical Methods	3
NAP 204 - Chemistry, Biochemistry, and Physics of Anesthesia	2	NUR 308 - Health Literacy & Health Information Technology	3	NUR 262A - AGACNP II: Advanced Adult-Gerontology in Acute Care II	2
				NUR 262C - Adult Gerontology Acute Care Nurse Practitioner II (240 clinical hours)	2
<b>TOTAL CREDITS</b>	<b>14</b>	<b>TOTAL CREDITS</b>	<b>14</b>	<b>TOTAL CREDITS</b>	<b>14</b>
YEAR #2					
FALL SEMESTER	CREDITS	SPRING SEMESTER	CREDITS	SUMMER SEMESTER	CREDITS
NAP 302 - Advanced Evidence-Based Principles of Nurse Anesthesia Practice: Obstetrics, Gynecology, Gyno-urology and Pediatrics	4	NUR 410 - Doctoral Project- Developing Area of Focus (Seminar and 90 clinical Hours)	1	NUR 411 - Doctoral Project- Translating Methods & Research for Project Implementation (90 clinical hours)	1
NAP 301 - Advanced Acute and Chronic Pain Management Theories with Skills Lab	3	NAP 311 - Advanced Evidence-based Principles of Anesthesia Practice: Cardiovascular/thoracic and Neurosurgical Anesthesia	4	NUR 306 - Health Finance, Health Policy, and Economic Leadership in Complex Health Care Systems	3
NUR 218 - Applied Evidence-Based Practice & Principles of Translational Research	2	NUR 315 - Genetics, Genomics and Health Promotion	2	NAP 323 - Advanced Nurse Anesthesia Residency 4 (Three days/week and 360 clinical hours)	3
NAP 303 - Nurse Anesthesia Residency 2 (Twice/week and 240 clinical hours)	2	NAP 313 - Nurse Anesthesia Residency 3 (Three days/week and 360 clinical hours)	3	NUR 316 - Quality, Improvement Sciences, and Innovative Design Thinking	3
NUR 263A - AGACNP III: Advanced Adult-Gerontology in Acute Care III	3	NAP 312 - Professional Aspects and Role of the Nurse Anesthetist II: Socialization Business Practices, and Political Advocacy	1		
NUR 263C - Adult Gerontology Acute Care Nurse Practitioner III (180 clinical hours)	1.5	NUR 314 - Innovative Interprofessional Teaching and Learning	2		
<b>TOTAL CREDITS</b>	<b>15.5</b>	<b>TOTAL CREDITS</b>	<b>13</b>	<b>TOTAL CREDITS</b>	<b>10</b>
YEAR #3					
FALL SEMESTER	CREDITS	SPRING SEMESTER	CREDITS	SUMMER SEMESTER	CREDITS
NUR 412 - Scholarly Project Planning and Proposal (90 clinical hours)	1	NUR 413 – DNP Project Implementation and Defense (180 clinical hours)	2	NUR 400 - Clinical Independent Study Progression Hours for DNP Project (Optional)	1*
NAP 333 - Nurse Anesthesia Residency 5 (Four days/week and 480 clinical hours)	4	NAP 343 – Advanced Nurse Anesthesia Residency 1 (Four days/week and 480 clinical hours)	4	NAP 353 – Advanced Nurse Anesthesia Residency 2: Transition to Practice Immersion (Four days/week and 480 clinical hours)	4
		NUR 414 - DNP Scholarly Project Evaluation and Dissemination (90 clinical hours)	1	NAP 355 - Critical Concepts in Nurse Anesthesia Practice	1
<b>TOTAL CREDITS</b>	<b>5</b>	<b>TOTAL CREDITS</b>	<b>7</b>	<b>TOTAL CREDITS</b>	<b>5</b>



## Course Descriptions

Full course descriptions for the matriculation plan can be found on the hyperlink above.

### **List of CRNA Specific Courses:**

- NUR 201 Advanced Pathophysiology Across the Life Span
- NUR 202 Advanced Health Assessment Across the Life Span
- NUR 203 Advanced Pharmacology and Pharmacotherapeutics Across the Lifespan
- NUR 205 Scientific Foundations: Theories and Organized Leadership
- NUR 218 Applied Evidence-Based Practice & Principles of Translational Research
- NUR 262 Advanced Adult-Gerontology in Acute Care II
- NUR 263 Advanced Adult-Gerontology in Acute Care III
- NUR 304 Population Health, Epidemiology, and Statistical Methods
- NUR 306 Health Finance, Health Policy and Economic Leadership in Complex Health Care Systems
- NUR 308 Health Literacy & Health Information Technology
- NUR 313 Ethical Foundations & Professional Issues in Healthcare
- NUR 314 Innovative Inter-professional Teaching and Learning
- NUR 315 Genetic, Genomics, and Health Promotion
- NUR 316 Quality, Improvement Sciences, and Innovative Design Thinking
- NUR 410 Doctoral Project- Developing Area of Focus- Seminar
- NUR 411 Doctoral Project- Translating Methods & Research for Project Implementation
- NUR 412 DNP Scholarly Project Planning and Proposal
- NUR 413 DNP Project Implementation and Defense (seminar)
- NUR 414 DNP Scholarly Project Evaluation and Dissemination
- NAP 204 Chemistry, Biochemistry, and Physics of Anesthesia
- NAP 205 Advanced Pharmacology, Physiology, & Pharmacotherapeutics of Anesthetics



**NAP 206 Basic Principles of Evidence-Based Anesthesia Management**

**NAP 212 Role Transition of the Nurse Anesthetist 1: Diversity, Health and Wellness**

**NAP 271 Principles of Evidence-Based Diagnostic Testing & Co-Existing Disease Management in Nurse Anesthesia Practice**

**NAP 272 Principles of Advanced Airway Management**

**NAP 273 Nurse Anesthesia Residency 1**

**NAP 301 – Advanced Acute and Chronic Pain Management Theories with Skills Lab**

**NAP 302 - Advanced Evidence-Based Principles of Nurse Anesthesia Practice: Obstetrics, Gynecology, Gyno-urology and Pediatrics**

**NAP 303 Nurse Anesthesia Residency 2**

**NAP 311 Advanced Evidence-based Principles of Nurse Anesthesia Practice: Cardiovascular/thoracic and Neurosurgical Anesthesia**

**NAP 312 Professional Aspects and Role of the Nurse Anesthetist II: Socialization, Business Practices, and Political Advocacy**

**NAP 313 Nurse Anesthesia Residency 3**

**NAP 323 Advanced Nurse Anesthesia Residency 4**

**NAP 333 Nurse Anesthesia Residency 5**

**NAP 343 Advanced Nurse Anesthesia Residency 1**

**NAP 353 Nurse Anesthesia Residency 2: Transition to Practice Immersion**

**NAP 355 Critical Concepts in Nurse Anesthesia Practice**

## Current Clinical Site Affiliations

Clinical experiences follow the Council for Accreditation guidelines. <https://www.coacrna.org/wp-content/uploads/2021/03/Guidelines-for-Counting-Clinical-Experiences-Jan-2021.pdf>. Additionally, all RRNA students are held to the guidelines for graduate students' clinical standards.

Clinical site affiliations are within the Northwell Health System. Current list includes:

### Nassau County

1. **Cohen Children's Medical Center**—269-01 76th Avenue, New Hyde Park, NY 11040—is a 206-bed Level 1 Pediatric Trauma Center and multispecialty children's hospital with varied pediatric clinical experiences.
2. **Glen Cove Hospital**—101 St. Andrews Lane, Glen Cove, NY 11542—is a 147-bed hospital with robust general surgery cases, a diverse patient population, and regional opportunities.
3. **Long Island Jewish Medical Center** - 270-05 76th Avenue, New Hyde Park, NY 11040 – an 807-bed tertiary care center with dynamic clinical experiences including general, thoracic, obstetrics, regional, and vascular.
4. **Long Island Jewish (LIJ) Valley Stream** - 900 Franklin Avenue, Valley Stream, NY 11580 – a 284-bed community hospital with robust regional and general clinical experiences.
5. **North Shore University Hospital** - 300 Community Drive, Manhasset, NY 11030 – a large 1038-bed Level 1 Trauma Center with cardiac, obstetrical, general, neurosurgical, regional, vascular, on-call, and trauma experiences.
6. **Plainview Hospital**—888 Old Country Road, Plainview, NY 11803—is a 219-bed acute care community hospital offering general, regional, and pediatric experiences.
7. **Syosset Hospital** - 221 Jericho Turnpike, Syosset, NY 11791 – a 74-bed community hospital with general, regional, and pediatric clinical opportunities.

### Suffolk County

8. **Huntington Hospital** - 270 Park Avenue, Huntington, NY 11743- A 283-bed, Level 3 Trauma center providing robust general, vascular, and regional clinical experiences.
9. **Peconic Bay Medical Center**—1300 Roanoke Avenue, Riverhead, NY 11901—is a 190-bed Level 3 Trauma Center offering general and regional clinical experiences.
10. **South Shore University Hospital** - 301 East Main Street, Bay Shore, NY 11706 – a 312-bed Level 2 Trauma Center with cardiac, obstetrical, general, neurosurgical, regional, vascular, and on-call experiences.

### Queens



11. **Long Island Jewish (LIJ) Forest Hills** - 102-01 66th Road, Forest Hills, NY 11375 – a 227-bed hospital with general, thoracic, obstetrical, and on-call clinical experiences.

### **Manhattan**

12. **Lenox Hill Hospital** - 100 E 77th St., New York, New York 10075 – a 442-bed acute-care hospital offering general, cardiac, vascular, regional, and neurosurgical experiences.
13. **Manhattan Eye, Ear, and Throat Hospital (MEETH)** - 210 East 64th Street, New York, New York 10065 – an ambulatory surgical center affiliated with Lenox Hill Hospital, with general, regional, and pediatric clinical experiences.

### **Westchester**

14. **Northern Westchester Hospital** - 400 East Main Street, Mount Kisco, NY 10549 – 189-bed hospital with general and regional clinical experiences.
15. **Phelps Memorial Hospital** - 701 North Broadway Sleepy Hollow, NY 10591 – 172-bed hospital with general, orthopedic, and obstetrical anesthetic experiences available.

### **Staten Island**

16. **Staten Island University Hospital** - a 668-bed teaching hospital with two main campuses. It is a Level 1 Trauma Center and Level 2 Pediatric Trauma Center offering general, cardiac, obstetrical, trauma, vascular, neurosurgical, and pediatric experiences.  
**North Campus** - 475 Seaview Avenue, Staten Island, NY 10305  
**South Campus** - 375 Seguine Avenue, Staten Island, NY 10305

Additional sites are subject to availability.





## Academic and Clinical Policies

### Academic Standing for DNP Students

Academic standing policies and procedures are in the [Graduate Student Handbook on page 9](#)

### Clinical Time Off

Additional requested time off during clinical courses is not permitted so that the educational objectives of the clinical residency will be met upon scheduled program completion. If the student requests a day off for an unusual circumstance, approval must be granted by the program director. Specific requests for time off may be granted at the discretion of the program director based upon the educational objectives of the residency. **Missed clinical days must be made up.** Hofstra University holidays/closures are not permitted to be used to make up missed clinical days. Time off may not be granted during scheduled exams or evaluations. Any exception to this policy will be at the discretion of the program directors. Missed clinical days for professional meetings (AANA Annual Congress / NYSANA State Educational Meeting/ Midyear Assembly) will not count as missed clinical time. Holidays will not be counted as missed clinical time. Students who desire time off for specific religious holidays must submit a request in writing to the program director at least six weeks in advance.

### Attendance Taking: Sick Time and Excused Absences

Excessive sick time is a reflection of your professional reliability and may be reflected in the end of program evaluation. The program adheres to [Hofstra Faculty Policy Series #48](#)

- Students are required to notify the program director, course faculty/clinical coordinator and program coordinator on the morning of the missed clinical or academic class day.
- Students must make-up sick day(s) at the discretion of their clinical coordinator and notify the program director, faculty advisor and program coordinator of the make-up day within 48 hours.
- Sick time must be entered by the student in the Typhon NAST system. Failure to do so is grounds for probation or dismissal from the program.
- **For an excused absence**, the following require written documentation:
  - Calling out on the day preceding an examination (including Friday for Monday exam)
  - Calling out on the day of an examination
  - Calling out of clinical on the day preceding or following a legal holiday (including Friday for Monday holiday)
  - Calling out of clinical on the final day of the clinical rotation





## Professional Meetings

All nurse anesthesia residents are required to attend the August AANA national meeting in year 2 of the program and are responsible for all travel, lodging and conference costs. If there is an extraordinary circumstance in which the RRNA cannot attend in year 2, with the program director's approval the RRNA may attend in year 3. All nurse anesthesia residents are required to also attend two (2) Fall NYSANA state meetings any year within the program. RRNAs are responsible for all travel, lodging and conference costs. The nurse anesthesia resident must be in good academic and clinical standing and prior approval must be granted by the clinical site and program director for any missed clinical or classroom time. Review courses are not considered professional events.

- All conferences attended must be entered in the Typhon NAST System Time Log and Conference Record.
- A copy of the certificate of attendance must be submitted to the program coordinator for all conferences.
- Students attending the AANA meeting may only have designated days off from clinical for travel.
- Students attending the AANA meeting must verify the lectures attended (min of 20 CE hours) and submit the attendance record to the program coordinator within 2 weeks of the meeting.
- Attendance is required at the AANA opening ceremonies, student breakfast, student lunch, regional breakout sessions and college bowl. Additional event attendance may be required.
- Students attending the NYSANA meeting may only have off Friday for travel and to attend late afternoon events.
- Students attending the NYSANA meeting must verify the lectures attended (min of 8 CE hours) and submit the attendance record to the program coordinator within 2 weeks of the meeting.
- Attendance is required at the NYSANA update and NYSANA business meeting. Additional event attendance may be required.

## Disability Accommodations

Students who need accommodations for a disability should contact Student Access Services (SAS). In accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, qualified individuals with disabilities will not be discriminated against in programs or services available at Hofstra University. Individuals with disabilities are entitled to accommodations designed to facilitate full access to all programs and services. SAS is responsible for coordinating disability-related accommodations and will provide students with documented disabilities accommodation letters, as appropriate.

Please note that accommodations may require early planning and are not retroactive; please get in touch with SAS as soon as possible. All students are responsible for providing accommodation letters to each instructor and for discussing with the instructor the specific accommodations needed and how they can be best implemented in each course. For more information on services provided by the University and for submission of documentation, please contact Student Access Services, Room 107 Mack Student Center, SAS@hofstra.edu, 516-463-7075.



## Resources for Students on Medical Leave

Students who wish to request adjustments related to medical conditions or leave including pregnancy-related condition, such as opportunities to make up missed work, excused absence from class, or extensions, should contact Student Access Services, Room 107 Mack Student Center, [SAS@hofstra.edu](mailto:SAS@hofstra.edu), 516-463-7075. Students who wish to learn more about how the University supports students who are pregnant in continuing their education should contact the Title IX Officer Coordinator for Student Issues at 516-463-5841 or [StudentTitleIX@hofstra.edu](mailto:StudentTitleIX@hofstra.edu).

## Temporary Adjustments/Academic Leave of Absence

Students who experience a medical event (e.g., hospitalization) or who have a short-term health condition (longer than ten days) that they believe may require accommodations to participate in class should contact:

Student Access Services  
Room 107 Mack Student Center  
[SAS@hofstra.edu](mailto:SAS@hofstra.edu)  
516-463-7075

See additional information related to leave of absence in the [Graduate Student Handbook, Page 11](#)

Students who are ill or have other health concerns can be seen at Student Health Services (SHS) on campus at no additional charge. All health information is confidential. You can make an appointment with SHS on your Medicat patient portal or call (516) 463-6745.

Students seeking an academic leave of absence from the University (i.e., for a minimum of one full fall or spring semester) should visit our Academic Leave and Withdrawal page for more information.

## Class Preparation

Students are responsible for all assigned reading and written work. All assignments must be completed by the due date unless other arrangements have been made in advance with the course faculty. Assigned readings should be completed before class to facilitate practical classroom discussion.

All audible devices must be silenced during class time. It is unacceptable to send text messages, email, Twitter, Facebook, Snapchat, browse the web, or participate in any other social media activity during class.

## Test-Taking Policy

A personal laptop is required with the ExamSoft program downloaded. All exams must be downloaded PRIOR to arrival at the examination. Failure to download the exam prior to campus arrival will result in a loss of time to complete the examination. As a reminder, students must also follow the ethics policy in the Hofstra Northwell Graduate Nursing Student Handbook. No make-up examinations are given without prior approval of the faculty. Unexcused absences from an exam will result in a grade of zero (0).



All exams in the NAP curriculum are delivered via the National Board of Certification and Recertification (NBCRNA) format. Students are provided dry-erase boards with a marker before the exam. A calculator is enabled in the ExamSoft program. Once an exam question is answered and the exam is advanced, students cannot return to that question. All exams are timed. Students are cautioned to avoid advancing questions forward without answering, as this will not allow them to capture points for that question.

Students who score < 80% on an examination must meet with the course faculty to review unsatisfactory performance and implement a learning contract. Students should self-reflect and create an action plan using the didactic/clinical action plan form provided on Canvas. Students should submit the action plan to the assigned program advisor at their meeting. Students are to contact the faculty member to set up a meeting to review the action plan and their learning contract within 48 hours of receiving the unsatisfactory exam score. Students who score between 80-82% must complete an action plan.

## RRNA Advisement Policy

Each student is assigned a nurse anesthesia faculty advisor during the first semester in the program. The faculty advisor is available for counsel on matters concerning academic performance, professional behavior, clinical challenges, or personal issues. Advisor meetings will occur two times a semester once clinical residencies begin.

RRNAs experiencing clinical challenges or receiving an unsatisfactory clinical evaluation must notify their advisor within 24 hours of the event/evaluation. Unsatisfactory clinical performance requires self-reflection via the clinical action plan form on Canvas, and the RRNA must schedule a meeting with their advisor to discuss a clinical learning contract.

Academic challenges within a particular course should be addressed directly with the course faculty. However, the advisor may also assist and consult with the program director in these cases. Personal issues identified by students or faculty advisors that impact performance in the program must be addressed promptly. Should a student become concerned about a personal matter, they should contact their advisor. The faculty can facilitate the acquisition of services through the Division of Student Affairs. <https://www.hofstra.edu/studentaffairs/student-affairs-departments.html>

Nurse anesthesia residents having didactic, clinical, or personal issues will request a meeting with their advisor and another nurse anesthesia program member may be present. During the meeting, notes will be taken. At the end of the meeting, faculty will email the RRNA a summation of the issues and plan discussed. A copy of this email will be placed in the RRNA's file and made available as requested. It is incumbent upon the RRNA to schedule meetings regarding clinical and didactic progress. In addition, it is imperative that the nurse anesthesia resident develop a measurable (quantifiable) action plan to share with the faculty and clinical site, if relevant.

## Alcohol & Drug Policy

A nurse anesthesia student are required to comply with all Hofstra University policies related to Alcohol, and other controlled substances



Please refer to Hofstra Policy on Alcohol, Illegal Drugs, and Other Controlled Substances

<https://www.hofstra.edu/community-standards/policies.html>

## SELF EVALUATION EXAM (SEE)

- The SEE must be completed twice during the program, initially in the Spring of Year 2 and again in the Spring of Year 3.
- Students are required to achieve a 50th percentile score on their second SEE exam. NBCRNA recalibrates this score each year. Students will be made aware of the score expectation prior to taking the SEE.
- Students who do not achieve a 50th percentile score on their second SEE (Year 3) will be required to retake the SEE until they reach a passing score. The student is required to achieve a passing score to achieve a passing grade for their clinical course in the Spring semester of year 3.
- The student is responsible for covering all costs associated with the SEE. Refer to the following link for information: <https://www.nbcna.com/exams/see-resources>

## NATIONAL CERTIFICATION EXAM (NCE)

- The program administrator makes recommendations for NCE eligibility.
- Applications for the NCE will not be approved until all coursework, clinical, and SEE requirements are completed.
- The student is responsible for all fees associated with the NCE.



## Anesthesia Residency

Intensive clinical residencies using various Northwell Health hospitals and settings allow the student to assume increasing responsibilities for patient management. The focus of the residency is the integration of didactic content into real patient scenarios and the refinement of clinical reasoning and psychomotor skills. In addition, the resident is given the opportunity to demonstrate the other role components of the resident nurse anesthetist via journal club, in-service presentations, participation in research projects, etc.

Clinical Residencies are designed to provide the RRNA with a continuous opportunity to relate and integrate theoretical knowledge with clinical practice by assuming, under preceptor guidance, increasing responsibility for managing nurse anesthesia care. Applying theoretical knowledge to the realities of clinical practice is a dynamic process that enhances and enriches learning and prepares the graduate to function effectively in the specialty. The sequential design of the Hofstra Northwell Nurse Anesthesia Program provides opportunities for RRNAs to acquire the cognitive and psychomotor skills necessary to move along this continuum.

The Clinical Site Orientation Checklist needs to be completed at the beginning of every rotation and uploaded to Typhon by the end of the first clinical week by Saturday at 11:59 p.m.

### Clinical Attire

When on campus, RRNAs are expected to dress in Hofstra University Nurse Anesthesia uniform, which consists of a Navy-blue Hofstra Northwell Scrub top and bottom. The Hofstra Northwell uniform scrub or warm-up jacket is an appropriate outer layer.

Examples of inappropriate attire include:

1. Hats, caps, bandanas, hoods, or head scarves (except if considered part of religious or cultural dress).
2. Sweatpants, sweatshirts, pajamas, spandex, or exercise attire unless authorized for the simulation lab.

Attire in the clinical sites is to always be professional with a visible name badge.

Attire when visiting patients (preoperative and postoperative visits) on a clinical unit must be business professional if in street clothes. Shoe covers and OR hats must be removed when leaving the OR. Refer to the site-specific dress code when outside the OR area.

### Clinical hours

Clinical hours include time spent in the actual administration of anesthesia (i.e., anesthesia time) and other time spent in the clinical area. Per the COA, examples of other clinical time include in-house calls, pre-anesthesia assessments, postanesthetic assessments, patient preparation, operating room preparation, and time spent participating in clinical rounds. Total clinical hours include hours of anesthesia time; therefore, this number must be



equal to or greater than the total hours of anesthesia time. Keep in mind, the require hours for the clinical rotation are dictated by the syllabus. The clinical coordinator at each site provides a weekly schedule to ensure the minimum required hours on the syllabus are met. Although the required hours are needed to meet the program requisites, we strongly encourage and expect all students to exceed the minimum in the clinical course rotations. Every clinical experience is an opportunity for growth and contributes to strengthening your knowledge base and future as a CRNA.

Failure to submit clinical and time information in a timely and accurate manner may result in a warning, probation or an unsatisfactory grade for the clinical residency.

## Clinical Experiences

RRNAs will be responsible for completing both scheduled clinical hours and required clinical learning experiences. The COA outlines principles to clarify which situations may count as meaningful clinical learning.

Clinical learning experiences must provide educational value.

- Experiences **lacking value** might include:
  - The student provides temporary relief (e.g., morning/lunch breaks) to the primary anesthetist in a case where the student neither begins nor finishes a case and is only in the case for a short period of time (e.g., ≤30 minutes).
  - Student is in an observation-only role (e.g., not involved in decision-making processes nor actively engaged in developing or implementing the anesthetic plan).
  - The student role is limited to recording the anesthetic (i.e., charting only).
  - Two students share a routine case (e.g., laparoscopic cholecystectomy, orthopedic case).
  
- Experiences **with value** might include:
  - Student provides temporary relief (e.g., morning/lunch breaks), and a significant event occurs requiring the student to develop/implement anesthesia management (e.g., air embolus develops, major hemorrhage occurs, aortic clamping/unclamping, new onset myocardial ischemia, cardiac arrest, intense resistant bronchospasm, unintentional extubation, etc.)
  - Two students share a complex case where there is an opportunity for both learners to have significant learning (e.g., liver transplants, rare cases, massive trauma, complicated cases requiring two anesthesia providers).



## Work Outside of the Program

Due to the nature and amount of commitment required for the successful completion of this Program, RRNAs will find it challenging to work. The program faculty strongly discourages work after the second semester.

1. At any time during the Program, if the amount of outside work negatively impacts the RRNA's performance, reflected in either grade point average or clinical performance, the RRNA will be counseled. There must be at least 10 hours between the RN and clinical shifts.
2. No RRNA is permitted to work as a nurse anesthetist or engage in activities deemed to be in the scope of advanced nurse practice as an anesthetist outside of his/her educational responsibilities while enrolled in the Program. RRNAs are discouraged from working as RNs during the clinical portion of the program. COA standards mandate a maximum of 64 hours of work per week, including clinical and didactic work. Due to the program's rigors, we cannot guarantee the safety of students or patients when students work outside of the program.

The faculty of the Nurse Anesthesia Program do not recommend student employment during years two and three of the program. If circumstances should necessitate casual employment, students may not work the shift preceding class or clinical. Scheduled work shifts will not be considered a valid excuse to leave clinical. It is imperative to realize that the faculty and clinical sites will make absolutely no concessions in clinical or class time due to outside employment.

## Clinical Scheduling

Initially, RRNAs will be scheduled for 20 hours per week and will not exceed 64 hours in any given week when combined with didactic work. Scheduled shifts cannot exceed 16 hours, and 10 hours of free time must precede any clinical experience or didactic day. As the RRNA progresses through the nurse anesthesia curriculum, residency hours will be increased to 40-50 hours per week. Scheduling will be at the discretion of the clinical coordinator at the clinical site and may include weekends and off shifts.

- The clinical site coordinator must approve any change in clinical time or scheduled clinical days, and program directors will be notified.
- RRNAs may not switch days with another RRNA without the approval of the clinical coordinator, and program directors are to be notified.
- Under no circumstances will clinical schedules be designed or manipulated to accommodate outside employment activities, vacations, personal appointments, childcare, or celebrations.
- Students may be released earlier than their scheduled shift from the clinical site by the Clinical Coordinator or designee.
- The supervising CRNA, MD, or clinical coordinator may require that students remain at the clinical site to finish cases.
- The clinical coordinator, in consultation with the nurse anesthesia program director and assistant program director, will determine the scheduled clinical hours within any clinical rotation per course syllabi.



In the event of Hofstra University campus closure due to inclement weather, RRNAs are **not** required to report to clinical but must make up any missed time. RRNAs must follow the clinical affiliate site's procedure for notifying any absence. The program directors must be informed of all clinical absences at the same time the site is notified.

## Clinical Supervision

Only CRNAs and Anesthesiologists (MD/DOs) with medical staff privileges may supervise the RRNAs in the clinical setting. Physician residents, fellows, or senior nurse anesthesia residents are not considered qualified personnel but can be part of a team approach to case management along with student nurse anesthetists. Appropriate supervising individuals must be immediately available in the clinical area and assume responsibility for supervising the RRNA at all times.

The intensity of clinical supervision must be coordinated to ensure patient safety and must take into consideration the student's knowledge, ability, and experience, the physical status of the patient, the complexity of the anesthetic and/or surgical procedure, and the experience of the instructor. The ratio of clinical instructor/supervisor (either anesthesiologist or CRNA supervisor) to RRNA shall not exceed 1:2 at any time. Under no circumstances is an RRNA permitted to initiate any anesthetic without the presence of appropriate supervising personnel in accordance with program policies and those of the clinical affiliate site. It is against COA standards for RRNAs to be employed in any capacity administering anesthesia until successful program completion.

## "On Call" Experience

This includes nontraditional hours (evenings, nights, and holidays) during which RRNAs gain valuable experience in emergency case management and team response to critical situations. RRNAs may respond to emergency pages, but they must be accompanied and supervised by credentialed anesthesia providers when initiating airway management or inducing anesthesia in remote areas.

## Clinical Responsibilities

Some clinical rotations will require a car. Public transportation is available at most sites but may require a lengthy commute. Some RRNAs rent cars or use used car services when necessary. Please make preparations for this contingency.

Students must follow site-specific policies regarding controlled substance administration, documentation, and wasting. Failure to do so will result in disciplinary action, including reporting to the state board of nursing.

Students are responsible for preparing the operative suite each clinical day. Setup will follow the recommendation of the clinical site and will be completed at least 30 minutes before the scheduled start of the case. Students who do not meet these requirements may receive an unsatisfactory evaluation. OR preparation time does not count towards or reduce the number of scheduled clinical hours required to complete the residency as stated on the syllabus.





Students are expected to finish their cases. Dismissal times from clinical sites will vary depending on the rotation and semester. Students are expected to complete cases that will finish within a reasonable timeframe of their anticipated release from the clinical day. Emergence from anesthesia and handoff to PACU are critical skills to acquire. Any extra time spent past scheduled dismissal time does not reduce the number of hours the student is scheduled for to meet the required hours dictated by the syllabus and will not shorten the length of the clinical rotation.

Students are expected to avoid distractions to patient care in accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs. These standards require students to "be vigilant in the delivery of patient care and refrain from engaging in extraneous activities that abandon or minimize vigilance while providing direct patient care (e.g., texting, reading, emailing, game playing, etc.)."

- Students found using devices for anything other than communication with preceptors while in the operating room will be subject to disciplinary action, including immediate removal from the clinical site for the day and placement on clinical probation.

Pre-documentation of any kind is prohibited, whether in Typhon or on a patient's medical record. All Typhon documentation must be completed after the procedure or clinical shift has ended, but not before. Failure to submit clinical and time information in a timely and accurate manner may result in a warning, probation or an unsatisfactory grade for the clinical residency.

## Clinical Events - Guidelines for Reporting

Students must report involvement in any event or incident resulting in possible or actual adverse patient outcomes or litigation. Students must contact the program director or assistant program director and discuss the event as soon as possible. Students must submit a written Clinical Adverse Outcome form to the program director/assistant program director within 24 hours of the incident.

Student failure to report a clinical adverse outcome to the clinical site coordinator and Program director/assistant program director is grounds for probation or program dismissal.

The Clinical Adverse Outcome Form is used for patient-related events, not student injuries.

## Clinical Evaluation Policies:

Clinical progression is a dynamic process involving active RRNA participation. RRNAs are encouraged to draw from previous clinical experiences when designing future learning experiences.

Clinical instruction is designed by the CRNA faculty/coordinator/anesthesiologist in collaboration with the anesthesiology staff at the individual clinical site.

The clinical instructors facilitate the students' clinical progression through the residencies. While the program faculty is ultimately responsible for evaluating clinical competence and assigning grades, the clinical instructors play an essential role in evaluating and validating student progress within the program's clinical component.



### **Daily Evaluations:**

- If a learner or clinical instructor has identified areas of weakness in the overall clinical performance (RRNA receives "needs improvement" or "needs constant direction"), it is incumbent upon the student or instructor to notify the Clinical Site Coordinator and the Program Director at Hofstra Northwell School of Nursing within 24 hours. Once notice has been given, the student will create an action plan and attend a planning conference with the Program Director and Faculty Advisor. Participants in the conference will jointly identify strategies to overcome the weaknesses and meet the residency objectives through developing a Clinical Learning Contract. The Clinical Site Coordinator may observe the RRNA's performance to identify additional strategies for achieving this goal.
- The RRNA and the clinical preceptor assigned to the student for clinical rotations 1 through Advanced Residency 1 complete daily evaluations. RRNAs provide this evaluation tool to the preceptor at the start of the day to avoid evaluation completion delays. All evaluations are uploaded to the Typhon portal in the designated area.
- RRNAs are to complete only the "RRNA self-evaluation" section of the daily evaluation.
- In addition to instructor and self-evaluations, and to promote learning from daily experience, the student should write a brief self-performance summary or reflection on each evaluation form.
- It is the responsibility of the student to complete each form thoroughly with the requested information and to obtain the preceptor's evaluation each clinical day for weekly submission to the Typhon portal. All daily evaluations with preceptor comments should be submitted at the end of each clinical week by Saturday at 11:59 p.m.

### **Mid-Residency and Final Evaluations:**

- Formative evaluations are completed mid-semester, and summative evaluations are completed at the end of each semester. Grades will be assigned, and course faculty will complete milestone evaluations for each semester. All midterm (formative) and summative evaluations must be uploaded to Typhon by their due date. The student must retain the original copy of the midterm and summative evaluation and bring it to their advisement session.
- When the RRNA receives a mid-residency or final evaluation by clinical preceptors that indicates that the RRNA "does not meet expectations," "needs improvement meeting objectives," or "does not meet residency objectives," the RRNA MUST inform the nurse anesthesia faculty advisor within 24 hours and upload a copy of the evaluation. The RRNA will complete an "action plan" and schedule a meeting with their advisor to review a clinical learning contract.

### **Care Plans**

Students will prepare a written care plan for each clinical case they are assigned and come to clinical prepared to discuss all cases. This preparation will include reviewing the patient's chart whenever it is available. Care plans will be completed for each case during residencies 1 and 2 using the short format form. One long-format care plan should



be placed in Typhon by the end of the clinical week (Saturday 11:59 p.m.) to be checked by the program faculty. During residencies 3 through 5, they are to be completed when the case is

new or complicated or if requested by anesthesia faculty or site preceptors. RRNAs are also expected to keep a personal file of their care plans while enrolled in the Nurse Anesthesia Program.

Specialty rotation long-format care plans are required for Pediatric, OB, and Cardiac rotations:

- 2 Pediatric (**one** under 2 years of age and **one** aged 2-14 years of age)
- 2 Obstetric (**one** labor epidural/CSE and **one** cesarean section)
- 2 Cardiac (**one** on-pump open heart surgery and **one** valve replacement or repair)

Specialty care plans are to be uploaded to Typhon by the conclusion of the specialty rotation.

### Care Plan Rubric

Assessment Criteria	Met	Not Met
RRNA will develop a safe anesthetic plan based on patient-specific conditions and type of surgery. It will include Plan A and Plan B.	<input type="checkbox"/>	<input type="checkbox"/>
RRNA will identify the required patient-specific anesthetic monitors and equipment needed to provide a safe anesthetic.	<input type="checkbox"/>	<input type="checkbox"/>
RRNA will identify basic and advanced airway needs the patient may have related to the anesthetic and surgical procedure.	<input type="checkbox"/>	<input type="checkbox"/>
RRNA will describe the patient-specific dosage (mg/kg or mcg/kg), duration of action, and mechanism of action of each anesthetic medication.	<input type="checkbox"/>	<input type="checkbox"/>
RRNA will list co-existing diseases and describe all anesthetic complications related to the patient's co-existing disease processes.	<input type="checkbox"/>	<input type="checkbox"/>
RRNA will describe the anesthetic implications of the patient's preoperative medications.	<input type="checkbox"/>	<input type="checkbox"/>
RRNA will list two potential post-operative complications of the anesthetic.	<input type="checkbox"/>	<input type="checkbox"/>



RRNA will highlight the anesthetic plan utilized (including medications, dosages, monitors, equipment, etc.) for the case and any deviations from the original plan.





## Clinical Site Orientation Checklist

RRNA: \_\_\_\_\_

Clinical Site: \_\_\_\_\_

Clinical Preceptor: \_\_\_\_\_

- Introduction to key personnel, contact information exchanged (office & home phone email, cell phone #s, etc.), and anesthesia departmental staff structure.
- Clear understanding of RRNA's level in the program and requirements for supervision established.
- Parking and public transportation, ID badges, scrub access, and dress code addressed.
- Physical tour of anesthetizing areas, workrooms, PACUs, storage area, lockers, office & lounge.
- Pharmacy access & process for reconciliation of controlled substances reviewed.
- Documentation and record-keeping process reviewed (pre-anesthetic evaluation, intra-op charting, post-op notes).
- Familiarization with monitors, IV pumps, warmers, tubing & specialized equipment.
- Location of emergency equipment (MH, LAST, Crash Cart) and mechanism for summoning help.
- Familiarization with anesthesia machine/cart inventory & access to supplies
- Clinical schedule/assignment process reviewed.
- The procedure for notification in the event of the RRNA's absence is reviewed.
- Review of the system for in-house communication
- Departmental policies/procedures reviewed.
- Scope of practice reviewed.
- Goals and expectations for rotation reviewed.
- Resources available to RRNAs reviewed (Library, Internet, Café, Lounge, Call Rooms)

RRNA signature \_\_\_\_\_ Date \_\_\_\_\_

Preceptor signature \_\_\_\_\_ Date \_\_\_\_\_



### SHORT CARE PLAN FORM

Students are required to complete a short care plan on every assigned case. These care plans are to be made available to the preceptor at the beginning of the clinical shift

HOFSTRA NORTHWELL SCHOOL OF NURSING ANESTHESIA CARE PLAN		Pre-op HR RR BP / SpO2
<b>SRNA ACT</b> Location Date Surgeon <b>Plan A</b> Age <input type="checkbox"/> Male <input type="checkbox"/> Female <b>Plan B</b> Dx:		<b>Fluid Management</b> Bowel Prep: <input type="checkbox"/> Yes <input type="checkbox"/> No NPO Since: _____ hrs MABL: EBV x (Starting Hct - Target Hct) Starting Hct _____ IV Access/Fluid <input type="checkbox"/> T&C <input type="checkbox"/> T&S
<b>Sx:</b> Allergy: <input type="checkbox"/> NKDA Ht: _____ Wt: _____ ASA: <input type="checkbox"/> ASA <input type="checkbox"/> ASA ASA: <input type="checkbox"/> Surgery <input type="checkbox"/> Anesthesia <input type="checkbox"/> Blood <input type="checkbox"/> Dentition: <input type="checkbox"/> Intact Airway MP: 1 2 3 4 Neck <input type="checkbox"/> FROM <input type="checkbox"/> FROM Assessment TMC: 1 2 3 FB Movement: <input type="checkbox"/> Limited <input type="checkbox"/> Limited <b>Medical &amp; Surgical Hx, Medications, Other Pertinent Info:</b> Med Hx: (Attach implications on page 2)		<b>Antibiotic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Emergency drugs</b> Atropine 0.4mg/ml Succinylcholine 20mg/ml Ephedrine 5mg/ml Phenyphrine 100mg/ml <b>Other drugs available</b> Midazolam 1-2mg Propofol 10mg/ml Fentanyl 50mcg/ml Vecuronium 1mg/ml Lidocaine 2% 20mg/ml <b>Review of Systems (Focused)</b> Neuro: _____ HEENT: _____ CV: _____ Resp: _____ Endocrine: _____ GI/GU: _____ Cultural Considerations: _____ <b>Physical Exam (Focused)</b> General: _____ HEENT: _____ CV: _____ Chest: _____ Neuro: _____ Other: _____ <b>Surgical Procedure</b>
<b>Position:</b> <input type="checkbox"/> Supine <input type="checkbox"/> Lithotomy <input type="checkbox"/> Lateral <input type="checkbox"/> Sitting <input type="checkbox"/> Prone <input type="checkbox"/> Trendelenburg <input type="checkbox"/> Reverse Trendelenburg <b>Eye Care:</b> <input type="checkbox"/> Tape <input type="checkbox"/> Lubricant <b>Airway Management</b> Intubation: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Fiberoptic <input type="checkbox"/> Glidescope Blade: <input type="checkbox"/> Mac <input type="checkbox"/> Miller <b>Size:</b> _____ ETT: <input type="checkbox"/> Standard <input type="checkbox"/> RAE <b>Size:</b> _____ <input type="checkbox"/> Anode <input type="checkbox"/> Anode LMA: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Size:</b> _____ Vent Settings: <input type="checkbox"/> Mode <input type="checkbox"/> TV <input type="checkbox"/> Rate Intubation attempts: <input type="checkbox"/> Easy <input type="checkbox"/> Difficult		<b>Monitoring:</b> Std Monitors: <input type="checkbox"/> EKG <input type="checkbox"/> NIBP <input type="checkbox"/> RR <input type="checkbox"/> SpO2 <input type="checkbox"/> ETCO2 <input type="checkbox"/> Skin Temp <input type="checkbox"/> Core Temp Other Equipment: <input type="checkbox"/> OGT <input type="checkbox"/> NGT <input type="checkbox"/> ICP <input type="checkbox"/> SSEP <input type="checkbox"/> MEF <input type="checkbox"/> Esophageal stethoscope <input type="checkbox"/> Preordial stethoscope <input type="checkbox"/> Bair Hugger <input type="checkbox"/> Fluid warmer <input type="checkbox"/> Nerve stimulator <input type="checkbox"/> RIS
<b>Meas:</b> (Document last dose) <b>Sx Hx:</b> <b>Prior Anesthetic Complications:</b> <input type="checkbox"/> None Smoking: <input type="checkbox"/> Denies <b>ETOH</b> <input type="checkbox"/> Denies Herbs: <input type="checkbox"/> Denies <b>Illicit drugs</b> <input type="checkbox"/> Denies CBC: <input type="checkbox"/> PT <input type="checkbox"/> INR Lytes: <input type="checkbox"/> PTT <input type="checkbox"/> ABG: CXR: <input type="checkbox"/> EKG:		<b>Invasive Lines:</b> <input type="checkbox"/> A line, <b>Indication:</b> _____ <input type="checkbox"/> CVP, <b>Indication:</b> _____ <input type="checkbox"/> PA cath, <b>Indication:</b> _____
<b>Other:</b> <input type="checkbox"/> HCG <input type="checkbox"/> BMI: kg m <sup>2</sup> <input type="checkbox"/> IBW: _____ <b>O2 content calculation</b> 1. Dissolved O2 = PO2 x 0.003 2. O2-Hgb = (1.34ml O2/g Hgb) x (15g Hgb/dl blood) x (SaO2) 3. Total O2 = Dissolved O2 + O2-Hgb		



## CLINICAL ADVERSE OUTCOME FORM

This form is to be completed by an RRNA involved in a case where there is an adverse anesthetic outcome or sentinel event. This form should be utilized for reporting but is not limited to the following events: dental injury, corneal abrasion, nerve injury, medication error, unrecognized esophageal intubation, anaphylactic reaction, unanticipated intensive care unit admission, cardiopulmonary arrest, and death.

Date of occurrence: \_\_\_\_\_

Clinical Site: \_\_\_\_\_ Patient MRN: \_\_\_\_\_

RRNA Name: \_\_\_\_\_ Signature:

\_\_\_\_\_

Supervising Anesthesiologist: \_\_\_\_\_ Signature:

\_\_\_\_\_

CRNA Preceptor: \_\_\_\_\_ Signature: \_\_\_\_\_

Please describe all the events leading up to and including the sentinel event (use the back of the form if needed).

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Final outcome:

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## LONG CARE PLAN AND PREOPERATIVE EVALUATION FORM

**RRNA NAME:**

**DATE:**

**CLINICAL SITE:**

**PATIENT SEX:**

**AGE:**

**ASA:**

**PREOP DIAGNOSIS:**

**SURGERY / PROCEDURE (attach considerations):**

**ALLERGIES / REACTION:**

**NPO STATUS:**

**REVIEW OF SYSTEMS:**

<b>NEURO:</b>	<b>RESP.:</b>	<b>CV:</b>
<b>GI:</b>	<b>GU:</b>	<b>ENDOCRINE:</b>

**AIRWAY EXAM:**

**MALLAMPATTI:** I II III IV

**TMD / C-SPINE ROM:**

**DENTITION:**

**WEIGHT:**

**HEIGHT:**

**IBW:**

**BMI:**

**VITAL SIGNS:**

**HR:**

**O2 SAT:**

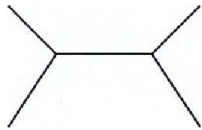
**BP:**

**TEMP:**

**RR:**

**LABS (date):**

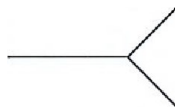
**CBC**



**CHEM**



**PT/PTT/INR**



**ABG:**

**OTHER:**



**EKG (date):**



**CXR (date):**

**OTHER:**

**PAST MEDICAL HISTORY (attach implications):**

**SOCIAL HISTORY / SUBSTANCE USE:**

**CULTURAL CONSIDERATIONS:**

**PAST SURGICAL HISTORY (include prior anesthetic history):**

**FAMILY ANESTHETIC HISTORY:**



**NON-ANESTHETIC MEDICATIONS:**

<b>Medication, MOA, Reason Pt Is Taking</b>	<b>Onset / Peak</b>	<b>Duration</b>	<b>Metabolism/Excretion</b>

**PATIENT/ROOM PREPARATION:**

Monitors	Airway Equipment	Positioning
Standard:	Oral airways:	
	Blades:	
Special:	ETT:	
	Special:	

**FLUID MANAGEMENT**

EBV:

MABL:

HOURS							
NPO DEFICIT							
MAINTENANCE							
INSENSIBLE LOSS							
EBL							
TOTAL	Hourly						
	Cumulative						

IV ACCESS:

FLUIDS:

BLOOD PRODUCTS AVAILABLE: PRBC

FFP

PLATELETS

## ANESTHESIA MANAGEMENT

### PLAN A :

TECHNIQUE	RATIONALE
PREOP:	
INDUCTION:	
MAINTENANCE:	
EMERGENGE:	
PLAN FOR POST-OPERATIVE CARE:	
POTENTIAL ISSUES/ COMPLICATIONS: (attach as needed)	

## ANESTHESIA MANAGEMENT

### PLAN B:

TECHNIQUE	RATIONALE
PREOP:	
INDUCTION:	
MAINTENANCE:	
EMERGENGE:	
PLAN FOR POST-OPERATIVE CARE:	
POTENTIAL ISSUES/ COMPLICATIONS: (attach as needed)	





## ANESTHETIC MEDICATIONS FROM PLAN A & B:

Medication, MOA, Dose for Patient	Onset / Peak	Duration	Metabolism & Excretion	Specific Anesthetic Considerations



## Additional Case Note