



Nurse Anesthesia Track

Student Handbook
2009

Message from the Dean

Welcome to the Master of Science in Nursing Program at Union University! I applaud your decision to advance your nursing education and trust that it will be an exciting as well as challenging experience. Our graduate nursing faculty is dedicated, caring professional nursing educators who have a steadfast commitment to preparing nursing leaders who will address the many opportunities facing nursing and health care today. Union University is guided by principles that ensure a learning environment that is excellence driven, Christ-centered, people focused and future directed. The goal of graduate faculty in the School of Nursing is to prepare nursing leaders who have advanced knowledge and skills in health care and are empowered to address the many ethical and bioethical dilemmas present in contemporary society. I wish you success in this academic endeavor and pray that you will develop meaningful personal and professional friendships that will be supportive to you for years to come.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tim Smith', with a stylized flourish at the end.

Tim Smith, PhD, CRNA, APN
Dean and Professor
School of Nursing

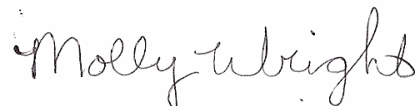
Message from Nurse Anesthesia Administrators

Welcome to Union University's Nurse Anesthesia Program! Your decision to pursue your graduate studies in this area of advanced nursing practice will begin a new era in your professional, personal, and spiritual life. Unique to the educational process at Union University is the commitment by faculty to provide the students with an academic environment where there is an emphasis in providing Christ-centered education through a people-focused, excellence-driven process. This will include assisting students to obtain a deeper understanding of God's humanity and sovereignty through the critique of appropriate research and ethical decision making that will promote His kingdom.

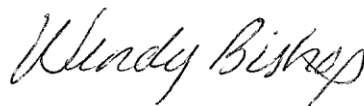
Union University is blessed to have strong academic leaders for the Nurse Anesthesia track. Dr. Pamela Binns-Turner, Associate Professor, serves as the Program Director, Professor Molly Wright serves as Assistant Program Director, and Professor Wendy Bishop serves as faculty. As your anesthesia faculty, it is our goal to set academic standards that will permit you to serve as a resource person on a national level for 1) your SRNA peers during your graduate studies and 2) for your CRNA colleagues after you have completed your national certification exam. With God's grace and wisdom, as well as the support of faculty on campus and clinical educators, it is believed that Union's nurse anesthesia students will acquire a Christian worldview inspires them to be a servant that edifies others and Christ. We pray for your success as we begin this journey and hope that you develop important professional and personal friendships that are enjoyable and lasting for years to come.



Pamela Binns-Turner, PhD, CRNA, APN
Associate Professor
Program Director Nurse Anesthesia
Union University School of Nursing



Molly Wright, MS, CRNA, APN
Assistant Professor
Assistant Program Director Nurse Anesthesia
Union University School of Nursing



Wendy Bishop, MS, CRNA, APN
Assistant Professor
Nurse Anesthesia
Union University School of Nursing

Union University

Union University is a private, four-year liberal arts university, founded in 1823, and affiliated with the Tennessee Baptist Convention. As an institution that is Baptist by tradition and evangelical by conviction, Union has a heritage of academic excellence and is well known for providing qualitatively distinctive Christian education. Union seeks to provide a grace filled community and a Christian context where undergraduate and graduate education can be offered. National recognitions include:

- *U.S. News & World Report*: Top-tier and top 20 among Southern Master's institutions
- *U.S. News & World Report*: One of 70 national "Schools to Watch"
- *U.S. News & World Report*: Selected as an "A+ Option for B Students"
- America's 100 Best College Buys
- College Access and Opportunity Guide
- Colleges of Distinction
- *Forbes*: Among top 300 colleges and universities in nation
- Higher Education Community Service Honor Roll
- *Princeton Review*: Chosen as one of the "Best Southeastern Colleges"

Union University is located in historic Jackson, Tennessee, a city of about 55,000, located 80 miles east of Memphis and 120 miles west of Nashville. Union University has approximately 3,800 undergraduate and graduate students between the Jackson and Germantown Campuses.

Nurse Anesthesia Program

After years of planning and a commitment to seek God's will by the administration of Union University, School of Nursing faculty, and members of the community of interest, the first nurse anesthesia class began its graduate studies on January 3, 2006. Union University School of Nursing (SON) Nurse Anesthesia Program is a "front-loaded" 73 semester hour full-time graduate track. Graduates receive a Master of Science in Nursing (M.S.N.) after successfully completing 31 months of didactic and clinical training. Currently the program has 18 clinical sites, which include rotations to hospitals located in various cities in Tennessee (Jackson, Memphis, Bartlett, Paris), Arkansas (West Memphis), Alabama (Florence) and Kentucky (Paducah). Students will experience a multi-site educational approach for their clinical training.

During the first eight months of the program, the didactic foundation for anesthetic practice is established. The curriculum has been designed to meet practice requirements that are specific to nurse anesthetists, such as an applied human gross anatomy course that includes work with cadavers. This laboratory work will permit student registered nurse anesthetists (SRNAs) to receive curricular content that focuses on anatomy related to regional anesthesia and central line placement techniques. In addition, in December 2005 the SON purchased a Human Patient Simulator (HPS) manufactured by Medical Education Technologies, Inc. (METI). This \$250,000 simulator will provide students with state-of-the-art simulation training prior to and after the start of their clinical rotations. The HPS will permit SRNAs to experience advanced problem-based learning techniques and begin the process of acquiring clinical skills for acute infrequent catastrophic/emergency events. In the spring of 2007, the nurse anesthesia program relocated on the Jackson campus to a new state-of-the-art three-story science building (White Hall). It is through the generosity of Jackson-

Madison County General Hospital (2.5 million dollar gift) and Henry County Medical Center (\$100,000) that the SON is able to have approximately 21,000 square feet dedicated in this new building for its students and faculty.

FACULTY AND STAFF

Dr. Pamela Binns-Turner (2005) Program Director and Associate Professor. PhD, University of Alabama at Birmingham; MNA, University of Alabama at Birmingham (CRNA); BSN, University of Alabama at Birmingham.

Office: WH 236 **Phone:** (731) 661-5236 **Email:** pturner@uu.edu

Ms. Molly Wright (2006) Assistant Program Director and Assistant Professor. MS, Middle Tennessee School of Anesthesia, BS, University of St. Francis, ASN, Union University.

Office: WH 237 **Phone:** (731) 661-5347 **Email:** mwright@uu.edu

Ms. Wendy Bishop (2009) Assistant Professor. MS, Middle Tennessee School of Anesthesia, (CRNA), BSN, University of Tennessee; Knoxville.

Office: WH 234 **Phone:** (731) 661-5916 **Email:** wbishop@uu.edu

Ms. Elsie Cressman (1998). Administrative Assistant Nurse Anesthesia

Office: WH 235 **Phone:** (731) 661-5124 **Email:** ecressma@uu.edu

Fax Number: (731) 661-5504

School of Nursing Guiding Statements

Statement of Mission, Purpose and Goals

The mission of the School of Nursing is to be excellence-driven, Christ-centered, people-focused, and future directed while preparing qualified individuals for a career in the caring, therapeutic, and teaching profession of nursing. The purpose of the School of Nursing is to prepare competent professional nurses who provide caring therapeutic interventions to meet the health needs of culturally diverse persons.

The Statement of Mission and Purpose by the faculty of the School of Nursing at Union University addresses six concepts: the four main concepts in nursing (person, environment, health and nursing), plus two additional concepts (professional nursing practice and educational process). The faculty of the School of Nursing at Union University believes that a person is a unique individual, family or community in constant interaction with the spiritual, physiological, sociocultural, and professional environment. Persons are psychological, social, physical and spiritual entities with varying abilities to communicate and adapt. Societal mores, developmental level, values and beliefs influence the behavior of individuals, families and communities as they attempt to meet basic human needs.

Environment includes all the internal and external conditions, circumstances and influences affecting persons. Changes in the global environment require adaptation. These changes exert an influence upon health status.

Health is a dynamic state of changing, adapting and developing on a continuum ranging from wellness to illness. Health has a uniquely personal interpretation; therefore, the optimal level of wellness is distinctive to each person. Each person has the right to strive to attain, maintain and/or regain any level of wellness insofar as it does not constitute a threat to others. Whenever resources are sought or required for the pursuit of the desired level of wellness, nursing is often the source of advocacy, guidance and care.

The art and science of nursing is a caring, therapeutic and educative discipline based on an ever-changing body of knowledge generated from nursing theories and nursing research in addition to a shared knowledge from the humanities, biologic sciences and social sciences. The science-based, goal-directed nursing process is used to assist the person toward the promotion, maintenance and restoration of health, the adaptation to illness or a peaceful death.

The faculty of the Union University School of Nursing believes that a baccalaureate in nursing is the first professional degree in nursing. The professional nurse practices in independent, interdependent and dependent roles in diverse health care delivery systems. The nurse is aware of historical and current issues that affect the practice of nursing and health care delivery. Nurses act responsibly both as individuals accountable for their own actions and as members of a professional group. The faculty believes that a Masters in nursing is the first advanced professional degree in nursing. The nurse prepared at the master's level has refined analytical skills, broad based perspectives, in-depth knowledge of the discipline, enhanced communication skills and the ability to relate theory to practice.

The educational process provides direction and guidance to meet the learning needs of the student and is formal and informal, structured and experiential. Learning is an active lifelong process and is facilitated when a variety of teaching modalities are used to accommodate different learning styles. Enhanced use of informatics and health care technology is included in the educational and clinical arenas. Post-secondary education is necessarily a growth process in which the learner assimilates knowledge through active participation, accomplishes the stated objectives and evaluates personal progress. Professional nursing education includes a broad knowledge of the arts and sciences. The faculty develops cognitive, affective and behavioral goals and objectives to measure student learning. Faculty members serve as role

models, facilitators of learning and personal resources for students. In keeping with the educational mission and purpose of the parent institution, the School of Nursing at Union University encourages the spiritual growth of each individual and upholds the Christian ethic of service in the nursing profession. To this end, the student's curriculum provides a professional base to develop a nursing practice that is excellence-driven and future directed.

Conceptual Framework

The conceptual framework of the School of Nursing at Union University is based upon the Statement of Mission, Purpose and Goals. It elaborates upon the faculty's beliefs about six concepts: the metaparadigm of nursing (**person, environment, health and nursing**), plus two additional concepts, **nursing as a profession** and **educational process**. The faculty's beliefs about the concepts are further defined, expanded and synthesized in the following unifiers: **wholism, wellness-illness continuum, research, nursing process, theoretical and empirical knowledge, role development, legal and ethical issues, and communication**. All the faculty beliefs are permeated by the Christian worldview of God which is summarized in the following pretheoretical suppositions. God is the loving, sovereign creator of all that is. The one God is triune - Father, Son, and Holy Spirit—continually seeking a restorative relationship with His creation. A more complete understanding of God is developed through studying God's revelation, the scripture. God created persons and environment and it was good.

A **person** is a unique individual, family or community. (1) a **person**, as an individual, bears God image and is created to be in a relationship with God and other individuals. However, the image of God in humanity is thrown into varying degrees of disharmony and imbalance. Because God is loving and seeks a restorative relationship with humanity, Christ, the Son, died for humanity. Therefore, every human possesses dignity and is a worthy of justice, mercy, respect and Christian love. (2) Person, as a family, is individuals joined together to form the basic unit of society. (3) Person, as community, is formed by individuals, families and/or groups which share common characteristics and distinctly defined boundaries. God gave persons of authority over the **environment**. Whether individual, family or community, the person's responsibility to the environment, is to preserve and develop it. God created the first individuals with perfect **health** in which the body, mind, and spirit were integrated in perfect wholeness. When man broke his perfect relationship with God, suffering and death became a natural part of physical life.

Nursing is a God-given means of promoting health in persons by teaching and practicing health care in an ethical manner. Recognizing that all knowledge comes from God, **nursing as the profession** has the duty/responsibility to discover and to illuminate God's truth through rational thought about observation and experience relative to nursing. This discovery is accomplished through nursing research, theory development, practice, and education. The discipline of nursing expects that all nurses will practice based upon the ethical codes developed by the discipline. Christian nurses are furthermore called to practice nursing in a manner congruent with the beliefs and values of the Judeo-Christian tradition. As nursing fosters the total well-being of individuals who were created to reflect God's image, so through the **educational process**, nursing educators comparably foster reasoning, competence, and creativity in students in order to reflect God's image.

Concepts

Person:

Person is a unique individual, family or community. As such, the nature of person is not static, but dynamic. The **holistic** individual encompasses body, mind, and spirit: (1) the body— anatomy and physiology; (2) the mind/psyche—emotion/affect, intellect/cognition, and will; and (3) spirit—the soul which expresses itself in relationships with God and others. While it is helpful to separately conceive body, mind and spirit, in reality they are indivisible and interrelated. The dynamic nature of the individual undergirds a developmental focus of the lifecycle as a series of phases. During each phase of development, from conception through maturity, there is a changing priority of need fulfillment as perceived by the individual. The **whole** individual is in constant interaction with the environment, and therefore, yields a broader society and culture. This sociocultural outgrowth incorporates ethnicity, beliefs, values/**ethics**, and interpersonal and inter-societal relationships which are developed through **communication**. Family is individuals who join together to contribute to the physical, psychosocial, and spiritual needs of each other within an environment of love and affection. Functional family dynamics incorporate caring relationships. Individuals and families build and maintain constructive and responsible community relationships. Community is an aggregate of people who share common characteristics such as geographical, cultural, religious or relational characteristics. Community connotes an interdependency that is a means for the production, distribution, and consumption of goods and services; for socialization; for social control; for social relationships; and for mutual support (Kozier, Erb, & Blair, 1997). Communities are responsible for building and maintaining constructive and productive relationships in the broader societal and global contexts.

Environment:

Environment is the internal and external conditions, circumstances and influences affecting persons. The internal environment of the individual encompasses the body, mind and spirit. The external environment is all of the outer influences that impact upon the person, such as climate, ecology, economy, politics and history, technology, geology, society and culture. The extent of environment ranges from the interpersonal and local to intersocietal and global. The person's internal and external environments are in constant interaction and change, requiring adaptation, thus influencing health.

Health:

Health is a dynamic process and reflects the integrated **wholeness** of the person's body, mind and spirit; choices; and environmental factors. Health exists on a **wellness-illness continuum**. The right to seek opportunities for wellness belongs to each person, regardless of social or economic status, personal qualities, or nature of the health need. Usually the person makes decisions about seeking assistance within the health care system relative to his/her perceived health status on the **wellness-illness continuum**. **Wellness** is maximum health potential which is reached when each, the body, mind, and spirit, is at its highest level of wholeness. The means to **wellness** consists of: (1) the individual, family, or community making responsible choices according to knowledge and an **ethical framework**. Choices may be influenced by lifestyle, genetic predisposition, and family and cultural belief systems; (2) environmental factors such as healthcare access, financial resources, food sources, climate, etc.; and (3) the interaction between choices and environmental factors. For example, choices about the level of **wellness** the person wishes to achieve or maintain may be limited by society if, by the choices made, a threat is posed to self and/or others. As the level of **wellness** decreases the possibility for illness, suffering, and death increases. **Illness** is an absence of

integrated wholeness or disintegration. Both **wellness** and **illness** are abstract constructs that are personal and subjective, but may be objectively discernable because of common experience and symptom manifestation. Subjective and objective data may be used to discern the quality and quantity of **wellness** or **illness**. When one or more of the means to **wellness** is not attained or is flawed, suffering may occur. Suffering is the conscious endurance of pain and distress which occur because of a perceived loss or **illness**. When health is insufficient to sustain life, death occurs. Death is the end of physical life.

Nursing:

Nursing is an applied discipline, which expresses itself in nursing practice and has its foundation in scientific/**empirical knowledge, theory, and research**. Nursing in its fullest sense is also a caring, therapeutic and teaching discipline. The body of nursing **knowledge** is ever-expanding through future-directed **research and theory** development. The **research** process is one means for developing scientific problem-solving and **research** findings are used to guide nursing practice. Nursing **theories** are tested and supported by **knowledge** gained through **research**. **Theoretical and empirical knowledge** from the nursing, biological and social sciences and the humanities are synthesized in utilization of the **nursing process**. The **nursing process** is a science-based series of activities employed by the nurse as a methodical, ongoing effort toward achieving desired outcomes for person, environment, and health. The steps of the nursing process include assessment, nursing diagnosis, planning, implementation and evaluation. This process occurs dynamically in a back and forth fashion. The caring component of nursing reflects the nurse's concern, empathy, and love for others. The caring role is best fulfilled as the nurse demonstrates the Christ-centered **ethic** of service in relation to God and to person. The therapeutic component of nursing is realized by providing health care or knowledge of health care practices to enhance the person's level of **wellness**. The teaching component of nursing includes providing information to make health care decisions, acquire skills, and change behavior. When it is not possible to promote **wellness**, nursing seeks to enable persons to adjust to **illness** and/or relieve suffering. When it is not possible to promote life, nursing seeks to enable persons to adjust to loss and a peaceful death.

Nursing as a Profession:

The *baccalaureate* in nursing is the basic educational preparation for professional nurses. **Role development** of the professional nurse focuses on the ability to function as a care provider, manager, health teacher, counselor, advocate, change agent, and leader for individuals of all ages, families, and communities from intercultural populations. Critical thinking and decision making skills are developed and then applied in the implementation of quality care in diverse settings. Graduates are prepared to be generalists who promote health and **wellness**. The *master's* degree is educational preparation for nurses with a baccalaureate degree who seek roles requiring advanced practice skills in order to function as providers and organizers of health care. Building on baccalaureate competencies, the nurse is prepared to skillfully apply frameworks, models of care, concepts, and rationales in practice. Union University offers tracks educational tracks in the various graduate nursing specialties. **Role development** empowers the nurse to meet emerging health needs in a changing and global society. **Role development** is enhanced by: (1) use of an ever-evolving body of knowledge from nursing and other related fields in making autonomous judgments regarding health interventions; (2) ability to focus on promoting and maintaining the desired optimal level of function on the **wellness-illness continuum** for individuals, families and groups in a variety of acute care and community based healthcare delivery systems; (3) contribution to the professional knowledge base through participating in clinical **research** efforts; (4) evaluation

of the effectiveness of one's own practice; (5) support of professional goals for improved practice; and (6) accountability for life-long learning. Accountability for all professional nurses is based on **legal and ethical** standards of safe nursing practice as defined by the nurse practice acts, standards of nursing practice, licensure legislation and professional nursing organizations. In addition, the *master's* prepared nurse may also be bound by the standards of specialty certification. Each professional nurse is accountable for individual nursing actions and for responsibilities delegated to others. Responsibility and accountability include collaboration and **communication** with other members of the transdisciplinary healthcare team to provide quality care. Professional ethics and a Christian approach to health care require that nursing care should be directed toward providing (1) access to health care regardless of economic status, personal qualities, or nature of the health need; (2) quality health care; and (3) cost-effective and therapeutic use of environmental resources and healthcare personnel. The professional nurse utilizes therapeutic **communication**, which entails active listening, verbal and non-verbal empathic responses, assertiveness skills and mutual goal setting. **Communication** skills are essential for **nursing process**, group process, health teaching and counseling. Written and verbal communication of comprehensive data between the nurse, the client and other health care professionals is vital for continuity of care.

Educational Process:

The educational process is designed to provide a variety of experiences that enable the student to be an effective participant in learning. It is formal and informal, structured and experiential, and is enhanced by an environment of mutual respect in which the teacher and student interact for accomplishing shared goals. Education at Union University provides organized opportunities which encourage academic growth, personal growth, the expression of Christian values, and a commitment to life-long learning. (www.uu.edu; *Academic Planner/Campus Life Handbook, 2006-07.*) Preparation for the practice of professional nursing requires a strong liberal arts foundation. *Baccalaureate* nursing education is a process of learning that combines principles of nursing science with the humanities and the biologic and social sciences.

Preparation for the advanced practice of nursing requires expansion and refinement of prior knowledge and the acquisition of new knowledge in a broader healthcare context. Nursing **theory, research**, healthcare **ethics**, health policy and economics, health promotion, and issues of human diversity are components of the *master's* program core. Specialty curricular content is offered in various nursing specialties. Learning is a process involving active participation of the student to attain a change in behavior. Each person has a different educational, socioeconomic and cultural background, and varied learning potential. Therefore, learning is an individual, dynamic process. Learning is enhanced by several factors including: (1) clear, attainable and meaningful outcomes; (2) a variety of relevant learning experiences planned to help students achieve the outcomes; (3) arrangement of learning experiences in a sequence which provides continuity and reinforcement, progressing from simple to complex and from familiar to unfamiliar. The teaching role of the faculty is to structure people-focused learning experiences in an environment to facilitate maximum internalization, integration and synthesis of knowledge. The faculty respects the uniqueness of the student's life experiences. The sharing of those experiences enriches the educational process. The faculty promotes self-direction of the student, and functions as a resource by providing guidance and feedback. Furthermore, the faculty serves as a role model through active involvement in advancing nursing as a profession.

Summary:

In keeping with the Statement of Mission, Purpose, and Goals, the concepts **person, environment, health, nursing, nursing as a profession** and **educational process** have been defined and clarified. The concepts have been further expanded through the use of the unifiers: **wholism, well-illness continuum, research, nursing process, theoretical and empirical knowledge, role development, legal and ethical issues, and communication.** This conceptualization provides the structure upon which outcome criteria are established, courses are developed and curriculum is evaluated.

(Reapproved with slight revisions 2005)

MSN Program Goals

The goals of the master program are:

1. To provide masters nursing education that builds on the baccalaureate undergraduate foundation.
2. To prepare the graduate for advanced professional nursing practice with specific functional and clinical abilities.
3. To prepare advanced practice nurses academically for doctoral study in nursing.

MSN Program Outcomes

The graduate of the master's nursing program will be able to:

1. Incorporate theory and research in advanced practice nursing.
2. Assume leadership roles in one's specialty area of nursing to promote health and well being of persons in an intercultural world.
3. Integrate knowledge of healthcare economics and policy into the delivery of cost effective, ethically responsible nursing care.
4. Manage information using technology to influence nursing practice.
5. Demonstrate competency in the selected nursing practice.

MSN NURSE ANESTHESIA PROGRAM

Year 1	Year 2																																		
<p><u>Winter Semester</u> - (January)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;"><u>Cr. Hr.</u></td> </tr> <tr> <td>NUR 519 Professional Aspects of Nurse Anesthesia</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NUR 521 Basic Principles of Anesthesia I</td> <td style="text-align: right;"><u>3</u></td> </tr> <tr> <td style="text-align: right;"><i>Semester Credits</i></td> <td style="text-align: right;">6</td> </tr> </table> <p><u>Spring Semester</u> – (February – May)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>NUR 526 Advanced Theoretical and Ethical Concepts in Nursing</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NUR 511 Nursing Informatics/Stats</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NUR 531 Anesthesia Pharmacology I</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NUR 522 Basic Principles of Anesthesia II</td> <td style="text-align: right;">3</td> </tr> <tr> <td>BIO 505 Applied Anatomy & Phy I (1st 8 Wks)</td> <td style="text-align: right;">3</td> </tr> <tr> <td>BIO 507 Applied Anatomy & Phy II (2nd 8 Wks)</td> <td style="text-align: right;"><u>3</u></td> </tr> <tr> <td style="text-align: right;"><i>Semester Credits</i></td> <td style="text-align: right;">17</td> </tr> </table>		<u>Cr. Hr.</u>	NUR 519 Professional Aspects of Nurse Anesthesia	3	NUR 521 Basic Principles of Anesthesia I	<u>3</u>	<i>Semester Credits</i>	6	NUR 526 Advanced Theoretical and Ethical Concepts in Nursing	2	NUR 511 Nursing Informatics/Stats	3	NUR 531 Anesthesia Pharmacology I	3	NUR 522 Basic Principles of Anesthesia II	3	BIO 505 Applied Anatomy & Phy I (1 st 8 Wks)	3	BIO 507 Applied Anatomy & Phy II (2 nd 8 Wks)	<u>3</u>	<i>Semester Credits</i>	17	<p><u>Spring Semester</u> – (January – May)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;"><u>Cr. Hr.</u></td> </tr> <tr> <td>NUR 613 Cardiovascular/Pulmonary Anesthesia: Pathophysiology & Perspectives of Anesthetic Care</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NUR 614 Neurosurgical Anesthesia: Pathophysiology and Perspectives of Anesthetic Care</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NUR 571 Master’s Clinical Practicum II</td> <td style="text-align: right;">8</td> </tr> <tr> <td>NUR 533 Advanced Nursing Research and Evidenced-Based Practice</td> <td style="text-align: right;"><u>3</u></td> </tr> <tr> <td style="text-align: right;"><i>Semester Credits</i></td> <td style="text-align: right;">16</td> </tr> </table>		<u>Cr. Hr.</u>	NUR 613 Cardiovascular/Pulmonary Anesthesia: Pathophysiology & Perspectives of Anesthetic Care	3	NUR 614 Neurosurgical Anesthesia: Pathophysiology and Perspectives of Anesthetic Care	2	NUR 571 Master’s Clinical Practicum II	8	NUR 533 Advanced Nursing Research and Evidenced-Based Practice	<u>3</u>	<i>Semester Credits</i>	16
	<u>Cr. Hr.</u>																																		
NUR 519 Professional Aspects of Nurse Anesthesia	3																																		
NUR 521 Basic Principles of Anesthesia I	<u>3</u>																																		
<i>Semester Credits</i>	6																																		
NUR 526 Advanced Theoretical and Ethical Concepts in Nursing	2																																		
NUR 511 Nursing Informatics/Stats	3																																		
NUR 531 Anesthesia Pharmacology I	3																																		
NUR 522 Basic Principles of Anesthesia II	3																																		
BIO 505 Applied Anatomy & Phy I (1 st 8 Wks)	3																																		
BIO 507 Applied Anatomy & Phy II (2 nd 8 Wks)	<u>3</u>																																		
<i>Semester Credits</i>	17																																		
	<u>Cr. Hr.</u>																																		
NUR 613 Cardiovascular/Pulmonary Anesthesia: Pathophysiology & Perspectives of Anesthetic Care	3																																		
NUR 614 Neurosurgical Anesthesia: Pathophysiology and Perspectives of Anesthetic Care	2																																		
NUR 571 Master’s Clinical Practicum II	8																																		
NUR 533 Advanced Nursing Research and Evidenced-Based Practice	<u>3</u>																																		
<i>Semester Credits</i>	16																																		
<p><u>Summer Semester</u> – (June – August)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;"><u>Cr. Hr.</u></td> </tr> <tr> <td>NUR 542 Advanced Health Promotion and Intercultural Concepts</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NUR 587 Anesthesia Techniques</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NUR 586 Advanced Anesthesia</td> <td style="text-align: right;">3</td> </tr> <tr> <td>NUR 532 Anesthesia Pharmacology II</td> <td style="text-align: right;">3</td> </tr> <tr> <td>BIO 509 Applied Human Gross Anatomy</td> <td style="text-align: right;"><u>4</u></td> </tr> <tr> <td style="text-align: right;"><i>Semester Credits</i></td> <td style="text-align: right;">15</td> </tr> </table>		<u>Cr. Hr.</u>	NUR 542 Advanced Health Promotion and Intercultural Concepts	2	NUR 587 Anesthesia Techniques	3	NUR 586 Advanced Anesthesia	3	NUR 532 Anesthesia Pharmacology II	3	BIO 509 Applied Human Gross Anatomy	<u>4</u>	<i>Semester Credits</i>	15	<p><u>Summer Semester</u> – (June – August)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;"><u>Cr. Hr.</u></td> </tr> <tr> <td>NUR 691 Nurse Anesthesia Clinical Residency</td> <td style="text-align: right;"><u>1</u></td> </tr> <tr> <td style="text-align: right;"><i>Semester Credit</i></td> <td style="text-align: right;">1</td> </tr> </table>		<u>Cr. Hr.</u>	NUR 691 Nurse Anesthesia Clinical Residency	<u>1</u>	<i>Semester Credit</i>	1														
	<u>Cr. Hr.</u>																																		
NUR 542 Advanced Health Promotion and Intercultural Concepts	2																																		
NUR 587 Anesthesia Techniques	3																																		
NUR 586 Advanced Anesthesia	3																																		
NUR 532 Anesthesia Pharmacology II	3																																		
BIO 509 Applied Human Gross Anatomy	<u>4</u>																																		
<i>Semester Credits</i>	15																																		
	<u>Cr. Hr.</u>																																		
NUR 691 Nurse Anesthesia Clinical Residency	<u>1</u>																																		
<i>Semester Credit</i>	1																																		
<p><u>Fall Semester</u> – (September – December)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;"><u>Cr. Hr.</u></td> </tr> <tr> <td>NUR 563 Master’s Clinical Practicum I (3 days/week)</td> <td style="text-align: right;">6</td> </tr> <tr> <td>NUR 641 Advanced Health Care Policy and Economic Concepts</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NUR 611 Obstetrical Anesthesia: Pathophysiology and Perspectives of Anesthetic Care</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NUR 612 Pediatric Anesthesia: Pathophysiology and Perspectives of Anesthetic Care</td> <td style="text-align: right;"><u>2</u></td> </tr> <tr> <td style="text-align: right;"><i>Semester Credits</i></td> <td style="text-align: right;">12</td> </tr> </table>		<u>Cr. Hr.</u>	NUR 563 Master’s Clinical Practicum I (3 days/week)	6	NUR 641 Advanced Health Care Policy and Economic Concepts	2	NUR 611 Obstetrical Anesthesia: Pathophysiology and Perspectives of Anesthetic Care	2	NUR 612 Pediatric Anesthesia: Pathophysiology and Perspectives of Anesthetic Care	<u>2</u>	<i>Semester Credits</i>	12	<p><u>Fall Semester</u> – (September – December)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;"><u>Cr. Hr.</u></td> </tr> <tr> <td>NUR 691 Nurse Anesthesia Clinical Residency</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;"><i>Semester Credit</i></td> <td style="text-align: right;">1</td> </tr> </table>		<u>Cr. Hr.</u>	NUR 691 Nurse Anesthesia Clinical Residency	1	<i>Semester Credit</i>	1																
	<u>Cr. Hr.</u>																																		
NUR 563 Master’s Clinical Practicum I (3 days/week)	6																																		
NUR 641 Advanced Health Care Policy and Economic Concepts	2																																		
NUR 611 Obstetrical Anesthesia: Pathophysiology and Perspectives of Anesthetic Care	2																																		
NUR 612 Pediatric Anesthesia: Pathophysiology and Perspectives of Anesthetic Care	<u>2</u>																																		
<i>Semester Credits</i>	12																																		
	<u>Cr. Hr.</u>																																		
NUR 691 Nurse Anesthesia Clinical Residency	1																																		
<i>Semester Credit</i>	1																																		
Year 3																																			
<p><u>Spring Semester</u> – (January – May)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;"><u>Cr. Hrs.</u></td> </tr> <tr> <td>NUR 691 Nurse Anesthesia Clinical Residency</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;"><i>Semester Credits</i></td> <td style="text-align: right;">1</td> </tr> </table>		<u>Cr. Hrs.</u>	NUR 691 Nurse Anesthesia Clinical Residency	1	<i>Semester Credits</i>	1	<p><u>Summer Semester</u> – (June – August)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;"><u>Cr. Hrs.</u></td> </tr> <tr> <td>NUR 691 Nurse Anesthesia Clinical Residency</td> <td style="text-align: right;">1</td> </tr> <tr> <td style="text-align: right;"><i>Semester Credit</i></td> <td style="text-align: right;">1</td> </tr> </table>		<u>Cr. Hrs.</u>	NUR 691 Nurse Anesthesia Clinical Residency	1	<i>Semester Credit</i>	1																						
	<u>Cr. Hrs.</u>																																		
NUR 691 Nurse Anesthesia Clinical Residency	1																																		
<i>Semester Credits</i>	1																																		
	<u>Cr. Hrs.</u>																																		
NUR 691 Nurse Anesthesia Clinical Residency	1																																		
<i>Semester Credit</i>	1																																		
<p><u>Elective</u> (Choose one 3 hr credit of 5 available options):</p> <p>NUR 580 Health Care and Missions NUR 507 Curriculum Design NUR 525 Introduction to Administrative Practice NUR 696 Thesis NUR 697 Scholarly Project</p> <p style="text-align: right;"><i>Offered during available semester</i> Credit 3</p>																																			
TOTAL CURRICULUM HOURS																																			
73																																			

* If you hold a MSN degree, pending registrar’s approval you will receive credit for the nursing core courses.

Rev. 05.09.09

Clinical Facilities

Union University's Nurse Anesthesia Track currently consists of fourteen clinical sites located in Tennessee, Arkansas, Alabama, Mississippi, and Kentucky.

Student E-Mail

Union University Nurse Anesthesia Track provides an email account to support students in their graduate studies. Students are required to have an email address that ends with '@uu.edu'. All communication from the Nurse Anesthesia Track will be sent to the uu.edu address. Students are expected to check their e-mail on a daily basis for updated communications.

Academic Standards, Requirements for Progression, Probation, and Dismissal

After completion of 9 graduate hours at Union University, a graduate student whose cumulative GPA from courses taken at Union University for graduate credit is below 3.0 will be placed on academic probation. † A student placed on academic probation has one semester to increase their GPA to 3.0 or greater to be removed from a probationary status. While on probation, at the program faculty's discretion, specific requirements may be required (e.g. outside employment ceased).

If the student fails to increase their GPA during one semester, the student will be dismissed from the Nurse Anesthesia Program. Students will also be dismissed if they:

- *Receive an "F" (i.e., any grade below a "C") in any course*
- *Receive an "F" in any Pass/Fail course (e.g., clinical)*

Students must maintain an overall B average and overall satisfactory performance (i.e., pass) in pass/fail courses, such as nurse anesthesia clinical practicum. The program faculty recognize that situations may arise which prevent students from successfully matriculating through the program. Students who are concerned about their academic standing should contact their advisor. If it appears the SRNA may not be able to achieve a minimum passing grade in a course they may be encouraged by the Program Director to withdraw from the program. This can potentially prevent the SRNA from acquiring an F on their Union University transcript if the dropped class occurs prior to the deadline listed on the academic calendar ("last day to drop a class"). All students who withdraw or who are academically dismissed from the program can reapply for admission. However, readmission is not guaranteed. In order to graduate with a M.S.N. students are required to have a minimum GPA of 3.0 for all courses taken for graduate credit at Union University. (See Union University graduate catalogue page 8 - Requirements for Grade Point Average and Grading System)

Grading

† Course grades will be based on the total points accumulated from all exams relative to the maximum points attainable. Assignment of letter grades will be based on the following grading scale:

*Union University Nurse Anesthesia Track School of Nursing Grading Scale

90-100	A
80-89	B
70-79	C
≤ 69	F

* This grading scale differs from the standard grading scale of the SON

The **letter grade**, which appears on your transcripts, will be determined from the final course **percentage grade**. This percentage will be calculated out to the tenths; any score ≥ 0.5 will be rounded up to the next whole number and any score ≤ 0.4 will be rounded down to the next whole number (e.g., 70 accumulated course points \div 88 maximum points = 79.5% = 80% = B; 59 accumulated course points \div 85 maximum points = 69.4% = 69% = F). Students must achieve a passing grade (P) as defined within each course syllabus for any course designated as pass/fail.

Testing

There may be interval examinations and/or a comprehensive final examination based upon syllabus specifications. The course grade will be based on the total points accumulated from all exams relative to the maximum points attainable. Student questions in regard to any test can be discussed with the instructor. † Taping of previously reviewed or writing down recalled test questions are grounds for dismissal from the program.

Nurse Anesthesia Test & Exam Review Policy

Should an occasion arise (e.g., illness, emergent personal or family situation) that a student must be absent from an examination, it must be taken as soon as possible at the discretion of the professor.

In preparation for a comprehensive final exam, the previous exams can be reviewed with the following guidelines:

- Prior arrangement with Mrs. Cressman so that the exam may be printed out
- Review is allowed one time only, for 15 minutes
- Review of previous exams is allowed until 1 week prior to the comprehensive exam

Academic Integrity

Please see Union University Graduate Catalogue “Academic Integrity” page 50.

Academic misconduct is taken very seriously. It can be represented by such acts as:

- plagiarism
- to give or receive information during or after examinations
- to turn in assignments which are the result another’s work
- † acting in a disrespectful manner toward patients, visitors, or clinical faculty

- † falsifying clinical documents
- † duplicating and disbursing in any format copyrighted national certification exam questions

Violations may include probation, suspension, or dismissal from the Nurse Anesthesia Track. † The last bulleted item can lead to program dismissal as well as action taken by the Council On Certification - including, but not limited to, revocation of national certification licensure (i.e., CRNA).

Union University “Our Statement of Faith”

See Campus Life Handbook pg. 14 for value statement definitions

The Judicial Process for Value Violations

See Campus Life Handbook pg. 23

Academic Grievance Procedures

See Graduate Catalogue p. 11

Drug Free Environment

† For those applicants accepted into the program, a background check and initial drug screen (at student’s expense) will be required prior to January enrollment. In addition, unscheduled drug screening or background check (at the students’ expense) may be done of students at the discretion of Union University or clinical sites.

****Wellness of SRNAs**

Union University recognizes that anesthesia providers, because of their exposure and the nature of their work, may be at high risk for various substance misuse and abuse. Wellness is imperative in maintaining a healthy mind and body to serve within God’s kingdom and be productive for His purposes. Student registered nurse anesthetists are expected to have the responsibility, accountability, and competence to make positive choices that maintain and improve their physical, mental and spiritual well-being.

“Or do you not know that your body is the temple of the Holy Spirit who is in you,, whom you have from God, and you are not your own? For you were bought at a price, therefore glorify God in your body and in your spirit, which are God’s.” 1 Corinthians 7:19-20

The following are considered violations of Union’s wellness policy:

- *Consuming or being under the influence of alcohol, smoking, or using smokeless tobacco on campus, in university apartments, in a clinical site, or as a representative of Union University’s NAT at any event*
- *Using any illegal drugs at any time*

- *Using any prescription drug without a current, valid prescription (greater than 6 months old)*
- *Using any drug, (over the counter or prescription, regardless of possession of a valid prescription), that has the potential to impair judgment while in any clinical site, in university apartments, on campus, or as a representative of Union University's NAT at any event*

If a SRNA is discovered to have violated the wellness policy, results may include (but are not limited to):

- *Evaluation by an addiction specialist and/or psychiatrist*
- *Leave of absence*
- *Clinical and/or academic suspension*
- *Treatment at the expense of the SRNA*
- *Drug testing at the expense of the SRNA*
- *Report of violation to board of nursing*
- *Dismissal from the NAT*

However, any action that violates the wellness policy causing morbidity or mortality for a patient will result in automatic dismissal from the program and the University.

When a SRNA has an illness, injury, or surgery and is advised to take a prescription drug that can impair judgment, the SRNA must report this to the Program Director and receive approval for the appropriate time to return to NAT activities. Random drug testing can be performed any time while a SRNA is enrolled in the program. For any reported suspicion (objective, subjective or questionable behaviors) by faculty, peers, or clinical faculty drug testing may also be performed for just cause. Union University's NAT expects any SRNA having knowledge of a peer violating the above rules to confidentially report it to the NAT faculty. A friend's life may be saved.

Wellness is becoming a much discussed topic within our profession. Because of the prevalence of information, detection is more likely while performing duties during training. Education is critical in raising awareness of drug misuse and abuse.

Patterns of behavior and consequences associated with substance misuse and dependency:

- *Comes to work (clinical) during scheduled time off and loiters around departmental drug supply*
- *Isolates and withdraws from peers*
- *Takes frequent bathroom breaks or disappears while on duty*
- *Expresses desire to take extra call or training*
- *Increasing or unexplained tardiness or absenteeism*
- *Gradual decline in work performance*
- *Consistently signs out more narcotics than peers*
- *Displays patterns of inappropriate drug choices and dosages*
- *Increasing mood liability with frequent, unexplained anger and overreaction to criticism*

- *Increasing difficulty with authority*
- *Becomes forgetful, unpredictable, confused, and lacks concentration*
- *Suffers from frequent illnesses or physical complaints*
- *Exhibits dishonesty, often over trivial or unimportant matters*
- *Makes elaborate excuses*
- *Suffers from tremors or “Monday morning shakes”*
- *Reveals evidence of alcohol or drug use, such as odor of alcohol on breath, heavy perfume or mouthwash, wearing long sleeves*
- *Appears intoxicated at social functions*
- *Is discovered comatose or dead*

RULES OF THE TENNESSEE BOARD OF NURSING

CHAPTER 1000-1

RULES AND REGULATIONS OF REGISTERED NURSES

1000-1-.13 UNPROFESSIONAL CONDUCT AND NEGLIGENCE, HABITS OR OTHER CAUSE.

(f) The use of any intoxicating beverage or the illegal use of any narcotic or dangerous drug while on duty in any health care facility, school, institution, or other work place location;

(g) Being under the influence of alcoholic beverages, or under the influence of drugs which impair judgment while on duty in any health care facility, school, institution or other work place location;

Tennessee Nurse Practice Act

63-7-115, (a) (1), (D) Grounds for denial, revocation or suspension of certificate or license.

(Addiction) to alcohol or drugs to the degree of interfering with nursing duties

*****Policy to be reviewed by the School of Nursing & University***

Mandatory Evaluation

† Grades will be released in each course *after* completion of a course and faculty evaluation by the student. Anonymity will be assured through this process. Constructive criticism is welcomed and students are expected to complete evaluations professionally. Student evaluations will be used to continually assess and improve curriculum offerings.

Student Organizations

Professional Association – AANA

All graduate students in the Nurse Anesthesia Track must enroll as associate members in the American Association of Nurse Anesthetists (AANA). This membership will continue until the student has taken the National Certification Exam. Benefits of this membership include:

- subscription to AANA monthly publications – News Bulletin and the AANA Journal
- waived conference fee to AANA professional meetings as a non-voting participant
- opportunities to serve on committees at the national level
- ability to network with peers and future employers

Dues are \$100.00 for these privileges and are paid at the start of the program.

TASNA

The Tennessee Association of Student Nurse Anesthetists (TASNA) is a nonprofit association whose purpose is to promote student involvement in the state association, The Tennessee Association of Nurse Anesthetists (TANA) <http://www.tncrna.com>. Benefits of this membership include:

- Representation on the TANA Education Committee
- Participation in educational offerings (e.g., mandatory annual TANA meeting)
- Competitive scholarships as available
- Networking opportunities at anesthesia meetings

Membership dues are paid one time only for the duration of the program (\$25.00) and are paid at the start of the program.

Class Attendance

† Attendance in all classes, labs, and clinical sites is expected. Students are required to call Ms. Elsie Cressman (731) 661.5124 for any absences (for both campus classes/labs and clinical assignments). During clinical training, the designated clinical site contact person (as determined by the respective clinical coordinator) must be notified as well. Students must also complete an ABSENCE FORM retrospectively for any illness. Students have 48 hours from the time of illness (return to class/clinical) to submit (original or fax [731.661.5504]) this form to Ms. Cressman.

Time Off

† During the first 12 months, students will be given the following holidays off while enrolled in the program:

Good Friday (1)
Memorial Day (1)
4th of July (1)
Labor Day (1)
Fall Holiday (Thursday and Friday) (2)
Thanksgiving (1)
Christmas Day (1)
New Year's Day (1)

Students will be given additional time off during the first 12 months:

Spring Break (i.e. Monday – Friday) (5)
Break between Spring and Summer Terms (i.e., 2 days- exact days TBA) (2)
The other 8 days between Spring and Summer Terms will be used to begin the process of preparing SRNAs for their clinical education (e.g., clinical observation)
Day after Thanksgiving (1)
Week before Christmas (5)
Christmas week (12/25- 1/1) (5)
Annual Tennessee Association of Nurse Anesthetists (TANA) Fall Meeting

Please note the week between Summer and Fall semesters is **NOT** given as off time. This time will also be used to further prepare SRNAs for the start of their clinical rotations (e.g. ACLS, PALS, hospital orientations, and simulation).

† For the remainder of the program (13th – 31st month), students will be given the following holidays off while enrolled in the program:

Good Friday (1)

Memorial Day (1)

4th of July (1)

Labor Day (1)

Annual Tennessee Association of Nurse Anesthetists (TANA) Fall Meeting

Thanksgiving (1)

Students will be given the day after Thanksgiving off (1)

Christmas Day (1)

Students will be given additional time off between 12/25-1/1 [Christmas week] (5)

New Year's Day (1)

Good Friday (1)

Memorial Day (1)

4th of July (1)

† Throughout the program, a **maximum of 12 days** are available to be used as needed for illness, extended medical leave, interview for employment, or to attend a board review session. If these 12 “grace” days are exceeded during the 31 months of the program, graduation will be deferred from August to December. Students are not permitted to work extra days (e.g., designated holiday s) to “make-up” for any time that exceeds the maximum number of grace days (i.e., 12). An ABSENCE FORM must be completed and submitted to Ms. Elsie Cressman for any illnesses/scheduled absences/requests.

The total number of days off during the 31 months of the program equals 57.

Remaining Grace Days

Students with unused grace days may use up to 4 remaining grace days at the end of the program. The request to use these days must be submitted 2 months before the time they are requested to be used and approved by the Program Director. Permission to use these days is pending the approval by the student's current clinical site.

Other Absence Requests

Attendance at Professional Meetings

† Attendance at the Annual TANA Fall Meeting in its entirety is expected and mandatory. Attendance at other professional anesthesia meetings is encouraged for students who are not having difficulty matriculating through the program (e.g., poor academic performance – on probation). Requests to attend any meeting should be made to Ms. Cressman and will be approved at the discretion of the Program Director. An ABSENCE FORM must be completed and submitted to Ms. Cressman for any request to attend a meeting. Meeting requests will not be approved if the scheduled event occurs during a student's specialty rotation (e.g., pediatrics).

Students who are authorized to attend a meeting, **MUST BE IN ATTENDANCE AT THE SCHEDULED MEETING TIMES**. As representatives of Union University's Nurse Anesthesia Track, students are expected to dress and act professionally.

Taping/Transcription

† Taping (video/audio) of classroom lectures is usually permitted, however, it is at the discretion of the individual faculty/guest speaker. The student should obtain permission from the faculty/presenter at the beginning of the semester/presentation.

Copyright Violation

† Any copied copyrighted materials(s) that are provided to or reproduced by the students should be credited to the original source. It is a violation of copyright law for the student to reproduce any copyrighted material for any use other than their personal study.

Military Service

† Students will be allowed to fulfill military obligations during their tenure with the Nurse Anesthesia Program. Any such requests should be directed to the program director. Students absent from the nurse anesthesia program due to military service will still be under obligation to meet minimum educational requirements set forth by the Council on Accreditation (COA) of Nurse Anesthesia Educational Programs (e.g., minimum number of anesthetics). Military service can potentially result in a delay in graduation based upon concern by the program faculty regarding a student's academic and/or clinical performance. Decisions for deferral in graduation will be based upon such variables as clinical evaluations, examination scores, and existing grade point average. Military service does not preclude a student's need/requirement to meet minimum academic (didactic and clinical) standards for graduation.

Jury Duty

† If summoned, students will be allowed an approved absence for serving on Jury Duty. The student should bring a copy of the judicial summons to serve, verifying the dates of service to Ms. Elsie Cressman. At the discretion of the Program Director, the student may be required to make up any lost academic or clinical time. Variables considered in making this decision are length of the jury duty service, and the SRNAs current clinical performance. Should students be absent during a routine scheduled class, they will be held responsible for the class material.

Employment

Due to intense course load, students are *discouraged* from working during their graduate studies, in particular during the first year. Working during the 31 months of graduate studies could result in failure to matriculate through the track.

Dress Code

Students are expected to dress neatly for the attendance of class. Students are to dress appropriately at professional meetings/seminars and at clinical sites as the student could be interacting with other anesthesia professionals as well as professionals

from other disciplines and anesthesia programs. The dress includes: no spaghetti straps, tank tops, or plunging neck lines. No short shorts or cut-offs. Females are to have no piercings except for two in each ear (females) and males are to have no piercings. Small earrings or posts are acceptable. Females are to have only natural nails without acrylic or gel overlays due to the harboring of bacteria in these nails.

Internet postings

It is never appropriate to share comments, updates, or critiques on any public forum (e.g. facebook, myspace, twitter). Items, photos, and comments shared on these sites are available to the public and any that are in direct violation with our community values may result in disciplinary action (e.g. probation, suspension, and/or dismissal).

For your convenience, below is a portion of the community values statement that you signed upon entering the Nurse Anesthesia Track:

PERSONAL ABUSE. Personal abuse is defined as any behavior that results in harassment, coercion, threat, disrespect and/or intimidation of another person, or any unwanted sexual attention towards another person. This action may include any action or statements that cause damage or threaten the personal and/or psychological wellbeing of a person. Inappropriate narrative on a personal blog (e.g. myspace, facebook) may be considered personal abuse.

Violations of this are considered very serious because they not only reflect upon your character, but reflect upon the NAT and the University and individuals will be disciplined as appropriate.

These blog sites (e.g. facebook, twitter, myspace) are not to be utilized to address items such as clinical concerns, clinical sites or concerns with the nurse anesthesia track faculty or coursework at Union University. Direct violation with this policy may result in disciplinary action as listed above. (e.g. probation, suspension, and/or dismissal)

†Clinical Policies and Procedures

Clinical Courses/Daily and Summative Evaluation Forms:

Student Registered Nurse Anesthetist's (SRNA) clinical performance will be evaluated through the use of two clinical evaluation forms. The **Summative Evaluation** form will be completed as the SRNA finishes their training at each assigned clinical site. The time spent at each clinical site can vary from one to several months. The **Daily Clinical Evaluation** form will be completed on a regular basis (preferably daily). Daily clinical evaluations should be *presented by the SRNA to the clinical faculty at the conclusion of each day via PDA electronic transmission*. If this is not done (particularly if the performance is viewed as being "**Below expectation**"), the clinical faculty should notify the clinical site's clinical coordinator. The clinical coordinator in turn should contact the Union University Nurse Anesthesia Track Asst. Director regarding the SRNA's failure to follow procedures; at which time a conference will be scheduled between the SRNA and Asst. Director to discuss noncompliance issues. Ultimately this can lead to a revocation of clinical privileges (e.g. clinical suspension, deferral

in graduation, program dismissal). Daily clinical evaluations are to be completed by the clinical faculty via PDA prior to the SRNA leaving at **4:00 pm** on the day evaluated. The daily evaluations are used by the clinical coordinator to complete the *Summative Evaluation for the SRNA*. Unless otherwise specified, SRNAs must accomplish a minimum of daily clinical evaluations from which the summative evaluations is derived. Consequences for not having daily evaluations at the end of the clinical rotation include: clinical suspension, a deferral in processing the summative evaluation and the use/loss of 12 absence days. At or near the conclusion of each clinical rotation, the clinical coordinator will review the daily evaluations and solicit additional input from the clinical faculty concerning the SRNA's clinical performance. Junior SRNAs must have a minimum of 12 daily evaluations for a 2 month rotation and senior SRNAs must have a minimum of 6 daily evaluations for a 2 month rotation. Following this process, a summative evaluation form will be completed for each SRNA. The summative evaluation will then be completed and shared with the student for his/her review and electronic signature before leaving the clinical site. A SRNA's signature on this form does not indicate an agreement with its content, it only documents that it has been read. The student will be awarded a "P" grade for the semester if: (1) they acquire a "*Meets Expectations*" or "*Exceeds Expectations*" on the summative evaluation form at all assigned clinical sites for the semester and (2) when applicable they obtain a minimum score of 70% on the weekly exams.

However, if the *overall evaluation* of the summative evaluation form from any clinical affiliate is marked as "*Below Expectations*", it will be reviewed by the Director, Asst. Director, and faculty of the Nurse Anesthesia Track and the SRNA *may* be placed on clinical probation. Subsequently, the SRNA's clinical rotation the following semester will be at Jackson Madison County General Hospital for continued evaluation by the Union University Nurse Anesthesia Track faculty. At the completion of this probationary semester, the Nurse Anesthesia Director, Asst. Director, and faculty will review the summative clinical evaluation completed by the clinical coordinator. If the SRNA's performance "*Meets Expectations*" or "*Exceeds Expectations*", the SRNA will be removed from clinical probation. However, if the SRNA's performance is evaluated again as being "*Below Expectations*", they may be dismissed from the Nurse Anesthesia Track. A SRNA who has been placed on clinical probation may be at risk of having their graduation deferred one semester (e.g. December versus August) if deemed necessary by the Director, Asst. Director, and faculty to increase their clinical skill and knowledge level.

Any SRNA being found falsifying clinical evaluation documents may be suspended or dismissed from the Nurse Anesthesia Track.

CLINICAL ATTENDANCE

Attendance records are kept on all students. If serious circumstances, such as illness, make absence from clinical practice unavoidable, the SRNA *must* notify Ms. Elsie Cressman by calling the Nurse Anesthesia office, 731.661.5124 or emailing ecressma@uu.edu, and the clinical site in the manner in which they specify; *failure to notify both Ms. Cressman and the clinical site will lead to the sick day being designated as an **unapproved absence***. **All unapproved absences will have to be made up after graduation – in essence, graduation will be deferred.** For emphasis, it is not an option to simply call the main office and leave a message with anyone who happens to answer the phone – it must specifically be Ms. Cressman's phone line. Any time lost in excess of **12 days** during the 31 months of enrollment must be made up at the conclusion of the program. A doctor's excuse is required

for more than 1 day missed (in succession) from clinical training due to illness. Any sick days taken before or after a weekend, holiday, or vacation will require a doctor's excuse for that day.

All clinical coordinators have been informed to notify the program office of sick days taken by the student. Sick days are also documented at all clinical sites by the clinical coordinators on each student's summative evaluation.

Remaining grace days available near the program's end may be taken only after submitting a request to the program director and obtaining approval to do so.

CLINICAL ASSIGNMENTS

Clinical assignments are made and released from 1-4 weeks before rotations change. Changes in assignment will not be accommodated. The Program Director and Assistant Program Director may change an assignment based on specific program or clinical needs. An emergency request from a SRNA can be made to the Program Director and Assistant Program Director for evaluation and may or may not be accommodated.

VACATION AND HOLIDAYS

The first year students' vacations are to be taken two weeks between the week before Christmas and New Year's Day and one week during Union University's spring break. Second year (senior SRNA) vacations are to be taken one week between Christmas and New Year's Day. Students are given other holidays as detailed in the Nurse Anesthesia Track Student Handbook: Good Friday, Memorial Day, 4th of July, Labor Day, Annual Tennessee Association of Nurse Anesthetists (TANA) Fall Meeting, Thanksgiving, and the day after Thanksgiving.

REQUESTS FOR INTERVIEW DAYS / ATTENDANCE AT PROFESSIONAL MEETINGS / CLINICAL LEAVE

During specialty rotations (e.g. pediatrics, cardiovascular) approved absences are rarely granted due to the limited amount of time available to acquire these clinical skills.

Requests to attend a job interview, attend a professional meeting, or anesthesia review course must be submitted a *minimum of two weeks in advance* of the scheduled activity by completing an ABSENCE FORM. All requests, without exception, must be submitted to the Nurse Anesthesia Track Director via Ms. Cressman.

Also, under no circumstances can "special arrangements" be made with any clinical site to authorize time off or time to be made up (e.g., working late "several days" to compensate for a desired day off later in the week). It is also the responsibility of the SRNA to acquire the signature of the clinical coordinator on the absence form before an absence will be approved. To obtain **full authorization** to attend a meeting (meaning, lost clinical time will not have to be made up after graduation), the SRNA must return the absence form with the clinical coordinator's signature for the Director's final approval. An e-mail will be sent out confirming the absence has been approved. For emphasis, unapproved absences are made up after graduation.

All requests to attend meetings must include the following information: 1) the date and time that the meeting begins, 2) the date and time that the meeting ends, 3) the name of the clinical site that the SRNA will lose clinical experience from (see Absence Form).

Travel arrangements should be scheduled so as to avoid any conflicts with your clinical obligations. The day you are scheduled to leave for the meeting you are expected to be at the clinical site for the entire day – hence all scheduled flights should be in the late afternoon (e.g., 6:00 pm). If a late flight is not an option, you must first receive approval from the Director of to schedule an earlier flight. It is possible that the time lost to take an earlier flight may need to be made up after graduation – possible exceptions may be granted to permit the making up of lost clinical time at an existing clinical site - *but only with prior approval*.

The student is required to be on duty at the assigned clinical site the day after the meeting ends; *there are no exceptions*. If the airlines cancel a scheduled flight (or automobile problems are experienced) which results in missing a clinical day, the SRNA will still be responsible to make up the lost clinical time (under these circumstances this time can be made up before graduation). The Union University Nurse Anesthesia Track views any lost clinical time for SRNA to be critical - it is absolutely essential that this time is made up.

Second year students may use days within their *maximum* 12 allowable days for job interviews. To maximize assessment of a potential new job, SRNAs are encouraged to schedule interviews on Fridays. This permits the job applicant to use the remaining weekend to assess a geographical area. If necessary, interview days can occur on scheduled lecture dates – however, the SRNA will be responsible for all course work missed due to interviews.

Student Registered Nurse Anesthetists are also required to notify Ms. Cressman 731.661.5124 or ecressma@uu.edu if they *initiate* a request to leave a clinical site early for non-program related reason (e.g., a doctor's appointment). It is the discretion of the clinical coordinator or designee whether to permit such requests to be fulfilled. The clinical site's clinical coordinator need not call the program if they direct a SRNA to leave early to "compensate" for initiatives shown by the graduate student (e.g., staying late on a prior day to participate in a unique/valuable learning experience).

EMPLOYMENT

Students professional liability coverage will only cover a student's performance in the clinical assignments that are directly associated with the nurse anesthesia track.

Students may not accept financial remuneration for rendering anesthesia services from any individual, institution, or professional group.

REQUESTS FOR SENIOR ATTENDANCE AT A DISTANT CLINICAL SITE

If a student would like to request the ability to finish the last 1-3 months of their clinical training at a site not previously approved, these guidelines must be followed:

1. The clinical site can be no more than 2 hours from the Jackson campus (Rationale: The student must return to the campus in Jackson every Friday).

2. The student must have a confirmed employment offer to begin work after licensing.
3. The clinical site must be willing to take 1 or more students for at least one year after the first student completes their training (Rationale: It is labor intensive to apply for a new clinical site and must be included in reporting documents).
4. The student must submit the request to the program director by June 1st at the end of the junior year (14 months before graduation) (Rationale: The accrediting body meets only twice per year and this request would need to be submitted in August before the fall meeting for approval).
5. The clinical site is willing to pay an administrative cost of \$1500 upon approval of the site.

SEMESTER CLINICAL OBJECTIVES

FIRST (SEPT – DEC) AND SECOND (JAN – MAY) SEMESTERS CLINICAL OBJECTIVES

At the conclusion of the first and second semesters, the graduate student should be able to:

1. Synthesize an appropriate anesthesia management plan. This should include the demonstration of physical assessment skills. The management plan must analyze and synthesize the pre-existing patient pathology and the implication of the planned operative procedure. The management plan should include estimation of blood volume and allowable blood loss, fluid replacement needed to replace existing deficits and anticipated intraoperative loss, selection of appropriate maintenance fluid, and selection of an appropriate anesthesia technique. The anesthesia technique should include induction, maintenance, and emergence.
2. Demonstrate the ability to perform an appropriate preanesthetic visit. This is to include proper introduction and questioning of the patient as well as obtaining an informed consent for a given anesthesia technique, discussing technique and risks/benefits if allowed by the clinical site. Proper documentation of findings is critical component of this process.
3. Perform a comprehensive anesthesia machine and monitor assessment. This is to include monitor and anesthesia machine checks.
4. Demonstrate a thorough knowledge of the structure, function and use of the anesthesia machine. This should include the principles involved with the function and use of flow meters, vaporizers, flush valve, circle system and unidirectional valves, APL valve, soda lime canister, and scavenging system, mechanical ventilation, and I:E ratios. The student must be able to “trouble-shoot” malfunctions that occur during the course of anesthesia.
5. Apply routine monitors used during the administration of anesthesia. This is to include the EKG, blood pressure cuff, pulse oximeter, precordial and esophageal stethoscope, peripheral nerve stimulator, temperature, BIS (if available), end-tidal CO₂ and agent gas analysis monitors.

6. Recognize and respond to safety alarms that may be activated during anesthesia (e.g., threshold levels for HR, BP, SaO₂, end-tidal gas values). This should include the ability to silence the alarm once the problem has been recognized and appropriate intervention has been taken.
7. Prepare airway equipment based upon the preanesthetic assessment. The student should be able to verify a proper functioning laryngoscope, select the proper size blade and endotracheal tube, LMA, oral airway, endotracheal tube introducer, or nasal trumpet.
8. Demonstrate the ability to prepare intravenous fluids and perform intravenous cannulation on patients with *easily* accessible veins. This procedure should be performed with appropriate sterile technique. The student should also be familiar with use of an intravenous infusion pump (e.g., BARD INFUS O.R.), and know how to calculate the concentration of drugs mixed in an intravenous infusion.
9. Demonstrate the ability to properly position patients for the prescribed operative procedure. This is to include techniques used for prevention of nerve injury and limb ischemia. The student should be able to articulate physiological changes associated with trendelenburg, reverse trendelenburg, prone, lateral, and lithotomy positions.
10. Assess for adequate ventilation of the lungs during a general, regional or MAC anesthetic. This is to include the assessment of breath sounds, oxygen saturation, end-tidal CO₂ values, positive inspiratory pressures, and CO₂ waveform morphologies.
11. Prepare anesthetic drugs, neuromuscular blockers, and commonly prepared vasoactive drugs (e.g., ephedrine, atropine) required for the scheduled surgical procedure and based upon the preanesthetic assessment.
12. Recall the concentration (mg/ml or volume %) and dose (mg/kg or mcg/kg) of the intravenous drugs and/or inhalational agents used to administer anesthesia. This includes intravenous induction agents, opioids, sedatives, muscle relaxants, reversal drugs, antiemetics, vasoactive drugs (e.g., esmolol). The student should be familiar with the concepts of uptake and distribution of inhalational agents and the pharmacodynamics and pharmacokinetics of anesthetic drugs and adjuncts.
13. Recall the minimum alveolar concentration of the inhalational anesthetics (MAC). The student should also be able to describe the concepts of blood:gas and oil:gas solubility, second gas effect, and diffusion hypoxia.
14. Demonstrate a knowledge of sterile technique and be able to use universal precautions.
15. Demonstrate the technical skills of inserting an oral or nasal airway, LMA, endotracheal tube. The student should be able to intubate approximately 75% of patients with Mallampati score of 1 to 2. *The ability to recognize and properly respond to esophageal or endobronchial intubation must be developed during this first semester.*

16. Demonstrate beginning technical skills and knowledge related to regional anesthesia techniques (i.e. spinal and epidural anesthetic techniques).
17. Create an accurate, neat, and legible anesthetic record in a timely fashion. The student should also be able to demonstrate the skills necessary for maintaining an automated anesthetic record in clinical sites that have incorporated this software.
18. Safely transfer a patient from the operating room table to the stretcher, then transport to the Post Anesthesia Care Unit (PACU). This should include constant assessment of the patient's airway, ventilation, and as indicated hemodynamics.
19. Provide a comprehensive anesthetic and surgical report to PACU personnel along.
20. Perform and document the post-anesthesia visit on any inpatient within a 24 hour post-operative time period. The student should promptly report any postoperative anesthetic complications to the clinical faculty, clinical coordinator, and program director.
21. Demonstrate professionalism, a positive attitude, integrity, and a respect towards faculty, staff, and patients encountered during their clinical training.
22. Participate in continuing education activities to acquire new knowledge and improve his or her practice.
23. Protect patients from iatrogenic complications.
24. Apply theory to practice in decision-making and problem solving.
25. Demonstrates a Christian attitude towards hospital officials and patients.
26. Adheres to patient privacy issues (HIPPA).
27. Wears name badge at all times.
28. Serve as a role model for the profession of anesthesia and Christian community.

THIRD SEMESTER CLINICAL OBJECTIVES (JUN – AUG)

At the conclusion of the third semester, the student should be able to:

1. Develop, on a progressive continuum, the objectives that were set-forth for the prior semesters.
2. Demonstrate appropriate independence when formulating anesthesia management plans. The student should be able to develop management plans for routine procedures e.g., hysterectomy on a physical status 1 or 2 patient. Students will still require greater assistance in planning the management of patients who are having more advanced procedures and/or who have significant co-morbidity (e.g., a

patient with a fractured hip and uncontrolled hypertension and reduced cardiac reserve scheduled for a open reduction and internal fixation).

3. Provide anesthesia for emergency procedures - such as emergency intubations in an intensive care unit.
4. Demonstrate knowledge of interpretation of invasive hemodynamic data (pressures and waveform analysis) including blood gas analysis. The student should be able to insert arterial and central lines with assistance.
5. During this semester the students will begin to be assigned to a specialty rotation in obstetrics, pediatrics, cardiovascular procedures, and neurosurgery.
6. Effectively communicate with all individuals influencing patient care.
7. Recognize and appropriately respond to anesthetic complications that occur during the peri-anesthetic period.

FOURTH SEMESTER CLINICAL OBJECTIVES (SEPT – DEC)

At the conclusion of the fourth semester, the student should be able to:

1. Refine the skills related to the objectives for the prior semesters.
2. Demonstrate greater proficiency in technical skills and knowledge related to regional anesthesia techniques (e.g., upper and lower extremity blocks in addition to spinal and epidural blocks).
3. Exhibit greater autonomy during the delivery of anesthesia care (preop, intraop, postop) particularly with physical status I or II patients and less complex surgical procedures.
4. Administer anesthesia to patients of all ages for a wide spectrum of surgical procedures. During this quarter, students will begin to do pediatric rotations. Students should, with instructor assistance, consistently administer anesthesia for more complex procedures such as thoracotomy, craniotomy, and major vascular procedures.
5. Demonstrate the ability to insert and manage a LMA or “mask” anesthetic with minimal assistance.
6. Demonstrate the skills to initiate and manage a mask general anesthetic with minimal assistance.
7. Participate in the management of acute postoperative pain management when available at their assigned clinical facilities.

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

FIFTH (JAN – MAY) AND SIXTH (JUN – AUG) **SEMESTERS CLINICAL OBJECTIVES**

At the conclusion of the fifth and sixth semester, the student should be able to:

1. Demonstrate increasing growth and competency related to the objectives stated in all of the preceding semesters.
2. Demonstrate appropriate independent skills in the management of anesthesia induction, maintenance, and emergence in a broad spectrum of surgical procedures. These procedures should include emergency, intra-thoracic, intracranial, and vascular. The student should be competent in estimating blood and fluid loss and administer the appropriated volume replacement.
3. Administer anesthesia to patients of all ages and physical conditions (including trauma and emergency cases) for a variety of surgical and medically related procedures.
4. Function as a resource person for airway and ventilatory management of patients.

AANA POSITION STATEMENT ON SAFE INJECTION PRACTICES AND SYRINGE USE

<http://www.aana.com/WorkArea/showcontent.aspx?id=18966>

STUDENT CLINICAL IDENTIFICATION

All patients have the right to refuse participation in the Nurse Anesthesia training process. This right must be respected by the student during his/her clinical training. In order to preserve the patients' rights, SRNAs should introduce themselves as Student Registered Nurse Anesthetists. Also, SRNAs will be required to wear name tags which will indicate that their status with the University.

CRITICAL EVENT NOTIFCATION

During clinical training, if the SRNA is involved in a case in which a critical event occurs (e.g. dental trauma, poor patient outcome) the SRNA should first call Professor Binns-Turner, Asst. Program Director, (731.661.5236 office or 731.267.9987 cell) to describe the event(s) that occurred. She will advise the SRNA as to whether the situation warrants documentation. If so, the SRNA will fill out a critical event notification form and email it back to Mrs. Cressman only for the NAT records. The SRNA is not to copy any other persons, only send it to Mrs. Cressman at ecressma@uu.edu .

TEXTING

Under no circumstances will cell phone texting be tolerated in the operating room. SRNAs are permitted to have cell phones that are in the silent mode in their possession. In addition, no texting is to occur unless on break, or at lunch and in a non-public setting (e.g. hospital hallways are a public setting). Violation of this policy may result in suspension (that will be counted toward the use of the 12 grace days) or dismissal from the Nurse Anesthesia Track.

EXPECTED STUDENT BEHAVIOR

The Nurse Anesthesia faculty expects an acceptable quality of work and mature professional behavior from every student enrolled in the program. Acceptable behavior includes, but is not limited to, the following:

The students shall demonstrate:

Dependability in program assignments

- Arrive at clinical sites on time.
- Remain in the area of clinical assignment **until 4:00 pm** unless dismissed sooner by the clinical coordinator or other designated authority at the assigned clinical site (e.g., chief nurse anesthetist).
- Follow each clinical site's policies as outlined by the respective clinical coordinator for informing the hospital / anesthesia department of an absence or need to be late in arriving for their assigned clinical assignment and follow the Nurse Anesthesia Track's policy in making up this time.
- Carry out assignments without repeatedly being told to do so (e.g., complete clinical faculty and clinical site evaluations) and complete them as scheduled.
- Complete faculty evaluations and clinical site evaluations in a professional manner. Inappropriate personal remarks and unprofessional comments are unacceptable and will not be processed. These evaluations must be completed prior to leaving that site. Failure to do so will result in a delay beginning the next rotation and possibly other actions (e.g. clinical suspension, deferral in graduation, program dismissal).

Responsibility for own actions during clinical training

- Accept constructive criticism and use it to improve performance.
- Refrain from any behavior or action that jeopardizes the welfare of patients, fellow SRNAs and faculty.
- Keep work area clean and orderly.
- Refrain from activity that damages equipment, supplies, and/or private and public property.
- No consumption of alcoholic beverages, illegal drugs, abuse of prescription drugs, or use of tobacco (including smokeless) at required school activities.
- Follow specific clinical site policies (e.g. review of preop assessment and presence at induction by a licensed anesthesia provider, non-compliance with the clinical site's HIPPA regulations). Failure to do so may result in clinical suspension, deferral in graduation, and/or program dismissal.
- Maintain proof of current health insurance

- Maintain appropriate credentials (e.g. RN licensure, ACLS/PALS, current vaccines, and annual TB skin tests).

STUDENT HONOR CODE

The faculty and students of the Union University Nurse Anesthesia Track expect acceptable quality of work and mature behavior from every adult student. As adults, graduate students are expected to conduct themselves professionally and accept responsibility for their personal behavior. In accepting this responsibility, the graduate students in the Nurse Anesthesia Track will not lie, cheat, or steal. A student involved in academic misconduct such as knowingly giving and/or receiving unauthorized aid in tests and examination, plagiarizing, falsifying data, or any other acts of dishonesty in academic work will be recommended for immediate dismissal from the Nurse Anesthesia Track. In addition, students who tolerate a violation of the student honor code may be subject to disciplinary action (e.g. . clinical suspension, deferral in graduation, and/or program dismissal).

7.02.09

**POLICIES OF THIS HANDBOOK ARE IN ADDITION TO THE GOVERNING
POLICIES AS NOTED IN THE GRADUATE ACADEMIC CATALOGUE
<http://www.uu.edu/academics/graduate/msn/> AND THE CAMPUS LIFE HANDBOOK
<http://www.uu.edu/student-services/handbook/clh0506.pdf>**

The signature of the graduate student below indicates they have read and understood the student *handbook* including the maximum number of grace days, and the consequences of exceeding this number (i.e., deferred graduation), and agree to abide by the provisions within. This signed agreement will be placed in the student's file as a permanent record.

Graduate Student _____
Printed Name

Graduate Student _____ Date _____
Signature

**POLICIES OF THIS HANDBOOK ARE IN ADDITION TO THE GOVERNING
POLICIES AS NOTED IN THE GRADUATE ACADEMIC CATALOGUE
<http://www.uu.edu/academics/graduate/msn/> AND THE CAMPUS LIFE HANDBOOK
<http://www.uu.edu/studentservices/handbook/clh0506.pdf>**

The signature of the graduate student below indicates they have read and understood the *clinical student handbook* including the maximum number of grace days, and the consequences of exceeding this number (i.e., deferred graduation), and agree to abide by the provisions within. This signed agreement will be placed in the student's file as a permanent record.

Graduate Student _____
Printed Name

Graduate Student _____ Date _____
Signature