



Penn Nursing

UNIVERSITY *of* PENNSYLVANIA

SCHOOL *of* NURSING

University of Pennsylvania
School of Nursing
Nurse Anesthesia Program
Graduate Student Handbook Addendum
2023-2024

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The policies covered in this handbook are subject to change at the discretion of The University of Pennsylvania, the School of Nursing, the Nurse Anesthesia Program, or by recommendation of any standing committees.

PART I: GENERAL INFORMATION

A. PROGRAM PHILOSOPHY, GOALS, AND OBJECTIVES

The Nurse Anesthesia program at the University of Pennsylvania School of Nursing provides students with didactic information and clinical experience to become a professional nurse anesthetist. A nurse anesthetist is an advanced practice nurse who may provide services in a variety of settings. Nurse anesthetists can either work alone or in teams to provide safe anesthesia care. The nature of the work is critical, and the standards are high.

The profession of nurse anesthesia maintains a strong commitment to quality education and lifelong learning. The nurse anesthesia curriculum is a rigorous combination of didactic and clinical modules. These modules incorporate biological, behavioral, and humanistic principals that emphasize critical thinking, scientific inquiry, and effective interpersonal and psychomotor skills. Students in the nurse anesthesia program function within a team model and collaborate with physicians, other nurses, and various interdisciplinary team members in the care of the patient. Students are ethically and legally accountable for the quality of care they provide.

Nurse anesthesia education respects the uniqueness of the learner and encourages commitment, accountability, leadership, self-awareness, and continued professional development.

Faculty of the Nurse Anesthesia program at the University of Pennsylvania School of Nursing recognize their responsibility to provide students with the basic didactic and supervised clinical instruction necessary for the provision of safe anesthesia practice. Students are encouraged to recognize their responsibility to seek as much knowledge as possible from didactic, simulation, and clinical experiences.

The University of Pennsylvania School of Nursing maintains the security and confidentiality of records relating to educational activities, as defined by federal law and accepted practices of post- secondary education.

The purpose of the Nurse Anesthesia Program is:

- a. To promote the clinical education of nurse anesthesia students at the clinical affiliates of the University of Pennsylvania Nurse Anesthesia Program.
- b. To provide guidance to the clinical affiliates as to the nature of the level of clinical supervision required by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) and the University of Pennsylvania Nurse Anesthesia Program.
- c. To promote the achievement of the desired outcomes of the program as recommended by the COA.

B. ACCREDITATION STATUS

The Nurse Anesthesia program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). The length of the program at the University of Pennsylvania School of Nursing is 36 months.

The COA requires:

- a. The clinical curriculum provides students with experiences in the perioperative process that are unrestricted and promote 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 clinical cases and clinical hours, including a variety of procedures, techniques and specialty practice (See: **2022 Standards for Accreditation of Nurse Anesthesia Educational Programs. p. 17**)
- c. The clinical site, where applicable, provides opportunities for students to obtain clinical experiences outside the regular clinical schedule by a call experience or other mechanism. (See: **Standards for Accreditation of Nurse Anesthesia Educational Programs; Standard E, criterion C.10**)
 - d. The curriculum requires the student to complete scholarly work that demonstrates knowledge and scholarship skills within the area of academic focus. (See: **Standards for Accreditation; Standard E, criterion C.8**)

Definitions:

All the following definitions are found in the glossary of the Council on Accreditation of Nurse Anesthesia Educational Programs 2015 Standards for Accreditation of Nurse Anesthesia Educational Programs

- a. **Anesthesia services** - Anesthesia and anesthesia-related care represent those services that anesthesia professionals provide upon request, assignment, and referral by the patient's healthcare provider authorized by law, most often to facilitate diagnostic, therapeutic, and surgical procedures. In other instances, the referral or request for consultation or assistance may be for management of pain associated with obstetrical labor and delivery, management of acute and chronic mechanical ventilation, or management of acute and chronic pain through the performance of selected diagnostic and therapeutic blocks or other forms of pain management.
- b. **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. Examples of other clinical time would include in-house call, pre-anesthesia assessment, post-anesthetic assessment, patient preparation, operating room preparation, and time spent participating in clinical rounds. Total clinical hours are inclusive of total hours of anesthesia time; therefore, this number must be equal to or greater than the total number of hours of anesthesia time.
- c. **Clinical Supervision** - Clinical oversight of graduate students in the clinical area must not exceed (1) 2 graduate students to 1 CRNA, or (2) 2 graduate students to 1 anesthesiologist, if no CRNA is involved. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g., life-threatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g., additional CRNA or anesthesiologist called in, hospital diverts emergency cases to maximize patient safety).
- d. **Credentialed expert** - An individual awarded a certificate, letter or other testimonial to practice a skill at an institution. The credential must attest to the bearer's right and authority to provide services in the area of specialization for which he or she has been trained. Examples are: a pulmonologist who is an expert in airway management; an emergency room physician authorized by an anesthesia department to assume responsibility for airway management; or a neonatologist who is an expert in airway management.
- e. **Counting clinical experiences** - Students can only take credit for a case where they personally provide anesthesia for critical portions of the case. A student may only count a procedure (e.g., central venous catheter placement, regional block, etc.) that he or she actually performs. Students cannot take credit for an anesthetic case if they are not personally involved with the management of the anesthetic or only observe another anesthesia provider manage a patient's anesthetic care.

Two learners should not be assigned to the same case, except when the case provides learning opportunities for 2 students, and 2 anesthesia providers are necessary due to the acuity of the case. The program will need to justify any deviation from this requirement.

- f. **Reasonable time commitment** - A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours (see Glossary, “Clinical hours”) averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours
- g. **Call experience** - Call is a planned clinical experience outside the normal operating hours of the clinical facility, for example, after 5 p.m. and before 7 a.m., Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases. Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours

C. REQUIREMENTS FOR GRADUATION

- a. Council on Accreditation of Nurse Anesthesia Educational Programs (COA) Certification Requirements:
The COA requires each student to complete an accredited course of study for certification examination eligibility. The minimum requirements include:
 1. Completion of required total cases (600) and total clinical hours (2000). Case totals are subject to change and are updated by the COA
 2. Completion of specific case requirements per COA standards
 3. Completion of a minimum of 36 months
 4. Graduation from an accredited program
 5. Student membership in the American Association of Nurse Anesthetists (AANA)
- b. Each candidate must certify on both the student enrollment form and the application for the National Certification Examination, that they have not been placed on probation or dismissed from a program for ethical or integrity issues or documented evidence of cheating. University of Pennsylvania School of Nursing Nurse Anesthesia Program Requirements:
 1. Achievement of all Terminal Behavioral Requirements in the Clinical Area
 2. Completion of all academic courses with a minimum GPA of 3.0
 - a. See full Plan of Study below:



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3. Completion of 9 semesters of clinical coursework
4. Completion of any time missed during the program at the discretion of program leadership
5. Consistent satisfactory performance in clinical evaluations
6. Satisfactory completion of all academic assignments, clinical assignments, and required experiences
7. Student membership in the AANA
8. Completion of a final clinical performance evaluation demonstrating consistent ability to perform as a competent nurse anesthesia provider as determined by the faculty.
9. Completion of all DNP related coursework.
10. Completion of all records as required by the School of Nursing and the Council on Accreditation of Nurse Anesthesia Educational Programs (COA).
11. Attendance within the framework of the 36-month program excluding approved time off.
12. Successful completion of the Self Evaluation Examination (SEE). Please refer

to the SEE Policy – Section K

13. **Conferences: During the program, each student is required to attend one (1) AANA annual meeting, one (1) Mid-Year Assembly and two (2) state meetings.**
14. **Each student will work with nurse anesthesia program leadership regarding scheduling of conferences.**

D. CALENDAR ADDENDUM AND VACATION POLICY

In order to ensure student progression toward completion of the case studies required to test for certification, additional days have been added to the Nurse Anesthesia program calendar. In addition to the official University of Pennsylvania calendar published in the Graduate Student Handbook, which is available online at: <http://www.upenn.edu/almanac/3yearcal.html>, the Nurse Anesthesia program may hold clinical days **on any day** other than:

- a. Martin Luther King Day
- b. University sanctioned Reading Days

Students will receive a total of 18 days off *from clinical* during the 36-month program.

- a. Students will be allotted 6 vacation days each year. Vacation days cannot be carried over from year to year.
- b. All vacation must be approved by the Program Director/Associate Program Director. Students who take vacation without approval will be placed on clinical probation.
- c. These days will encompass any time off requested by the student including: sickness, vacations, personal days, or any medical leave of absence.
- d. Any time off is provided by the discretion of program leadership
- e. Any days used beyond the 18 allotted must be made up prior to graduation. ***This is to be arranged by the student and clinical coordinators and communicated in writing to program administration.***
- f. Students are expected to attend all classes. Course directors are not obligated to adjust assignments or schedules to accommodate a student vacation. Students are responsible for any missed assignments. See individual course syllabi regarding attendance policy.
- g. In the event it is not possible to make up missed time prior to graduation, the student will return upon graduation for make-up.
- h. The student will not be eligible to take the National Certification Exam until all coursework and clinical hours are completed.
- i. If a student does not have any available vacation days, they will not be permitted to take vacation. No negative balances are permitted at any point in the program. In cases of extenuating circumstances, time off will be coordinated with the appropriate program faculty.
- j. Vacations lasting more than 5 consecutive class/clinical days will not be allowed. **This includes days that are already allotted during the intersession.**
- k. No vacation will be permitted during the initial clinical experience (August-September, year 1).
- l. No vacation will be permitted the last 2 weeks of the final semester of coursework.
- m. Vacations during specialty rotations are highly discouraged. Vacation requests submitted during a specialty rotation will be subject to the approval of the institution and the Program Director/Associate Program Director.
- n. Vacation requests should be submitted prior to schedule release. Vacation requests made after the release of the schedule will be honored at the discretion of the clinical site and the Program Director/Associate Program Director.

E. DIDACTIC ASSIGNMENTS

Comprehensive requirements and activities for didactic courses can be found in the course syllabus for each class. Below is an overview of basic requirements of the didactic portion of the Nurse Anesthesia Program.

- a. Students will attend all scheduled classroom lectures, events, and other designated educational or clinical meetings. Students are expected to be on time for all classes and meetings.
- b. Evaluation of coursework will include written examinations, presentations, manuscripts, etc. during and/or at the end of a specific course and will be given at the discretion of the instructor. Quizzes may be given at any time.
- c. Courses are not permitted to be taken as pass/fail.
- d. If a student fails or withdraws from a core course, nurse anesthesia course and/or a nurse anesthesia clinical course, the student is not guaranteed admission into the next cohort

F. CLINICAL ASSIGNMENTS AND RESPONSIBILITIES

Comprehensive requirements and activities for clinical will be presented to students at the beginning of each clinical course. Minimum requirements and responsibilities for the Nurse Anesthesia Program are:

- a. All students are required to be licensed in Pennsylvania and New Jersey upon entry into the Nurse Anesthesia program. The student is required to maintain current licensure throughout the program.
- b. Students are required to 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.
- c. Students must disclose all states in which they have or have had a nursing license.
- d. All licenses must remain unencumbered throughout the entirety of the program.
- e. If at **ANY** time during the program a license is found to be limited in any way, the student will be immediately dismissed from the program.
- f. All students must maintain current BLS, ACLS, and PALS certifications for the entirety of the program. Students are discouraged from scheduling recertification during class days. If the recertification class conflicts with on-call days, the student is responsible for finding coverage for that day or rescheduling their recertification class. Students will not be allowed to take more than one day off from clinical to attend recertification. If students require more than one day to recertify for ACLS/PALS, students will be required to make up the clinical day or use a vacation day. Students are responsible for the cost of classes, licenses, and certifications.
- g. Students will prepare a written care plan for each clinical case they are assigned and will come to clinical prepared to discuss all cases. This preparation will include reviewing the patient's chart whenever it is available. Students are encouraged to routinely make postoperative visits to evaluate the patient for any anesthetic complications and assess the quality of the anesthetic that was provided. Students must notify the preceptor if there are any recognized anesthetic complications.
- h. Students will conduct a preoperative assessment to develop an anesthesia care plan. Students will be discussing the plan with the supervising anesthesiologist/CRNA prior to surgery to assure that all necessary pre-anesthetic requirements are met.
- i. It is the student's responsibility to keep daily records of clinical work. Students are required to log their cases and information into Typhon no less than weekly.
- j. Students are responsible for preparing the operative suite each clinical day. Set up will follow the recommendation of the clinical site and will be completed at least 30 minutes prior to the scheduled start of the case. Students who do not meet these requirements may receive an unsatisfactory evaluation in room preparation for the clinical day.
- k. Dismissal times from clinical sites will vary (7-3; 7-5; 7-7; 3-11) and are dependent upon the rotation and semester. Students are expected to complete cases that will finish within a reasonable timeframe of their expected release from the clinical day. Emergence from anesthesia and handoff to PACU are critical skills to acquire.

- l. Early dismissal from clinical for any reason requires permission from the student's immediate supervisor and the Clinical Coordinator. The Program Director/Associate Program Director must be notified via email of any request for early dismissal from clinical.
- m. When students complete their assigned OR cases prior to 3:00 pm, they must notify the Clinical Coordinator and obtain permission to leave early. Failure to follow this policy may result in an unsatisfactory clinical evaluation for the day.
- n. Breaks will be provided as per the clinical site. Any concerns related to inadequate break time should be immediately addressed with the clinical coordinator and the Program Director/Associate Program Director.
- o. Students are expected to always adhere to Universal Precautions in the clinical setting. In the event a student is injured or exposed to bodily fluids during the clinical experience, the student must immediately notify their preceptor, the clinical coordinator, and appropriate program faculty. Students and faculty must adhere to the University's policy concerning exposure which can be found in the MSN/DNP Student Handbook [under Management of Body Fluid Exposure](#).
- p. Students are permitted and encouraged to attend state and national AANA conferences. Students will be excused from class and clinical to attend the conference but will not accrue banked days for attending conferences. Students who attend conferences may be expected to share their experiences with faculty and/or other nurse anesthesia students when they return. Students who plan to attend a conference must obtain prior approval from the Program Director/Associate Program Director. Students who plan to attend a conference while on a specialty rotation must obtain prior approval from the clinical coordinator. Permission will be subject to the discretion of the specialty rotation site and PD/APD. All expenses associated with the conference are the responsibility of the student.
- q. Fraternalization: Faculty who have personal or business relationships with students beyond the normal faculty role will not directly supervise these students in classroom or clinical. These faculty members must disclose any outside relationships to the Program Director or School of Nursing administration. They will be excused from any deliberations on the student's academic progress.
- r. The program forbids the employment of nurse anesthesia students as nurse anesthetists by title or function.

G. NURSE ANESTHESIA PROGRAM POLICIES

- a. These policies are considered as the minimum standard to be followed by each clinical affiliate. Sites may create a higher level of supervision to remain in compliance with hospital bylaws and department guidelines, provided that the students are not deterred from clinical development, or such supervision affects the program's accreditation status.
- b. The clinical site restricts clinical supervision in anesthetizing areas to CRNAs, physician anesthesiologists, or physician anesthesiologists in fellowship with institutional staff privileges who are immediately available in all clinical areas. Instruction by nurse anesthetists who have not attained initial certification or recertification status or physician residents is never appropriate if they act as the sole agents responsible for the student.
- c. Clinical supervision in non-anesthetizing areas is restricted to credentialed experts who are authorized to assume responsibility for the student.
- d. The clinical supervision ratio of students to instructors must be coordinated to ensure patient safety by taking into consideration: the student's knowledge and ability; the physical status of the patient; the complexity of the anesthetic and/or surgical procedure; and the experience of the instructor.
- e. Call may begin after six months of clinical experience. An earlier call experience may occur at the collective discretion of program faculty and clinical faculty with consideration to the student's level of comfort.
- f. The following are minimum requirements for student supervision: a site may apply a more

stringent policy but not one that is less stringent.

- First year students shall be supervised on a 1:1 ratio by either a CRNA or physician anesthesiologist who is physically available at all times for a minimum of six months.
- Students in years 2 and 3 of the program should be afforded the opportunity to function as independently as possible, typically under the supervision of a physician anesthesiologist who may be directing or supervising other anesthesia providers

H. ON-CALL RESIDENCY EXPECTATIONS

Reasonable Time Commitment

- a. A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.
- b. Call experience as defined by the Council on Accreditation of Nurse Anesthesia Educational Programs:
 1. Call is a planned clinical experience outside the normal operating hours of the clinical facility, for example, after 3 p.m. and before 7 a.m., Monday through Friday, and on weekends. Assigned duty on shifts falling within these hours is considered the equivalent of an anesthesia call, during which a student is afforded the opportunity to gain experience with emergency cases.
 2. Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.
 3. These added responsibilities will provide students with experience in emergency case s.
- c. Call experiences will begin in the Spring semester of the 1st year and continue throughout the program.
- d. Call shift times will vary according to clinical site. See site specific policy for call expectations.
- e. Students will have the day immediately following a call day off. ***Post call days may not be banked or accumulated.***
- f. Students will not take call the night before class days.
- g. Students scheduled for call during class days will be required to report to call 2 hours after the end of class.
- h. Students on call must establish methods of emergency communication at the beginning of each call shift.
- i. Students on call must be prepared for all surgical emergencies, codes, emergency airway management, and schedule changes.
- j. It is the responsibility of the student to obtain a clinical evaluation from the on-call MD or CRNA.
- k. Call shifts are made at the discretion of the clinical site. Students are responsible for covering all calls for which they are scheduled.

I. STUDENT CLINICAL OUTCOMES

Student clinical outcomes are the clinical accomplishments and skills that students are expected to achieve at certain time periods during the program. Students are expected to gain proficiency in each area of clinical performance as they progress through clinical training. Failure to exhibit the expected level of proficiency at any given time during the program may result in the student failing that clinical

course and/or being placed on probationary status.

- a. Policies Related to Clinical Assignments
 1. Students must complete missed clinical time within the applicable semester as directed by the appropriate program faculty.
 2. Reporting late (≥ 3 occasions) for any clinical experience or failure to report to any clinical assignment will result in clinical probation.
- b. Procedure for calling out:
 1. Students who plan to miss a required program component must email the anesthesiaschedule@nursing.upenn.edu and the clinical coordinator prior to the expected absence.
 2. Students who call out more than 3 times in a clinical year will be placed on clinical probation
 3. Students must also contact the appropriate clinical faculty as required by the specific site.
 4. If a student anticipates missing a clinical day for personal reasons, the student should follow the vacation request policy listed in section D. If the student has no available vacation time, the clinical day must be made up before the end of the semester.
- c. Uniforms & Attire:
 1. Students will follow all rules and regulations pertaining to dress code at each clinical site.
 2. Students will wear scrubs in all simulation exercises.
- d. Students are responsible for completing all mandatory site training including EMR, medication dispensing systems, and Joint Commission requirements.
- e. Warnings for clinical deficiencies
 1. Any student receiving an unsafe clinical practice will receive, at minimum, a verbal warning
 2. Students may be removed from clinical and dismissed from the program for practice deemed unsafe by program leadership
 3. Dismissal may be appealed to the Academic Progression and Standards Committee. The Academic Progression and Standards Committee meets and as needed to rule on specific academic problems.
 4. The Academic Progressions and Standards Committee reserves the right to make decisions in the best interest of the student and the School of Nursing.
- f. Options for disciplinary action are as follows:
 1. Verbal Warning:

If a student fails to meet the clinical requirements as listed in this handbook and the course documents, a verbal warning may be given by either the Program Director or Associate Program Director. Written documentation will be provided. ***If a verbal warning is given, the highest grade the student can receive for the clinical course is a B+***
 2. Written Warning:

If after receiving a verbal warning the student's clinical behavior does not improve, or if the student violates another policy, the student will receive a written warning. Both the student and the Program Director or Associate Program Director will sign the written warning. The written warning will be given to the student and a copy will placed in the student's file. A student may automatically receive a written warning without a verbal warning. ***If a written warning is given, the highest grade the student can receive for the clinical course is a B***
 3. Placement on Probation:

A student may be automatically placed on probation.

If a student is placed on clinical probation, the highest grade the student can receive for the clinical course is a B-

- g. Probation for clinical deficiencies
1. During the probationary period, the student will be required to meet regularly with the Program Director and/or Associate Program Director to monitor progress. A written document outlining the terms of the probation will be created, signed by all parties, and copies will be given to all those involved. If after the remedial plan has been put in place the student has not demonstrated marked improvement, the student will be removed from the program.
 2. The Office of the Ombudsman at the University of Pennsylvania is available to provide services to the student. See the section on the [Role of the Ombudsman](#) in the graduate MSN/DNP handbook for more information.
 3. The student may also contact the Council on Accreditation of Nurse Anesthesia Educational Programs to lodge a grievance if they believe the program is in breach of the standards for accreditation of nurse anesthesia educational programs. If this option is chosen, the COA will investigate the issue in dispute and inform the Program Administration, the Associate Dean for Academic Programs, and the Progressions committee of their findings.
 4. The COA does not have the authority to overturn any decisions made by designees of the University.

The COA can be contacted at:

Council on Accreditation of Nurse Anesthesia Educational Programs 222 South Prospect Avenue
Suite 304
Park Ridge, IL 60068-4010
(847) 655-1168

For more information regarding Penn Nursing's Academic Regulations, Code of Academic Integrity, and the grievance process, please refer to the [MSN/ DNP Student Handbook](#).

J. ORIENTATION TO CLINICAL COURSES

- a. Expectations for each clinical level will be published on a Canvas site.
- b. Any student concerns should be brought to the immediate attention of program faculty and the clinical coordinators at the site.
- c. Students will be given a clinical evaluation tool for each clinical day.
- d. Students must submit a minimum of 100% of their daily evaluations to receive maximum credit for the clinical course
- e. Submission of less than 75% of daily clinical evaluations will result in a maximum grade of B- for the clinical course and placement on clinical probation
- f. The clinical care plans and the evaluation forms for each day must be submitted to the Program Coordinator of the Nurse Anesthesia program **each month** for distribution to the faculty mentors. Students must ensure that all paperwork is submitted on a timely basis to receive credit for the clinical experience.
- g. If an unsatisfactory evaluation (unsafe practice) is received, the student **must** notify the Program Director and Associate Program Director within 24 hours. ***Failure to do so will be considered a breach of ethics and will result in further disciplinary action***
- h. Students must log their clinical hours and cases into Typhon for reporting to the National Board for the Certification and Recertification of Nurse Anesthetists. Clinical hours and cases must be logged within 7 days of occurrence to maintain an accurate account of clinical progression.

K. SELF EVALUATION EXAMINATION (SEE) POLICY

- a. The SEE must be completed twice during the program, initially by March 31 Spring II and again by September 30 Fall III. The score on these exams will be counted as a percentage in the clinical course in the Spring and Fall semester in which they occur. The course director will scale the letter grade for the corresponding course. Students will be given the grading scale at the beginning of the clinical course.
- b. Students are required to achieve a 50th percentile score. This score is recalibrated each year by NBCRNA. Students will be made aware of the score expectation prior to taking the SEE.
- c. A score of 450 on the SEE exam correlates strongly with a passing NCE score.
- d. Students who do not achieve a 50th percentile score on either the first or second attempt will be required to take the SEE a third time.
- e. The student is responsible for covering all costs associated with the SEE. Refer to resources for any other information: <https://www.nbcna.com/exams/see-resources>

L. NATIONAL CERTIFICATION EXAM (NCE)

- a. Recommendation for NCE eligibility is made by the Program Administrator.
- b. Applications for NCE will not be approved until all coursework, clinical, and SEE requirements are completed.
- c. The student is responsible for all fees associated with the NCE.

M. CHANGE OF AREA OF STUDY

- a. Students may transfer from the nurse anesthesia program to a different program within the School of Nursing. Students requesting a program change must complete a [Change of Program](#) form obtained from the Office of Student Information. The Nurse Anesthesia Program Administrator, the Program Director from the new program, and the Associate Dean for Academic Affairs must approve this transfer. The Program Administrator of the Nurse Anesthesia program is responsible for notifying the Council on Accreditation of Nurse Anesthesia Educational Programs of any student transfers or withdrawals.
- b. Please refer to the *Academic Policies* section of the graduate student handbook for more information regarding student transfer policies.

N. ACCESS TO STUDENT RECORDS

- a. All Nurse Anesthesia program-related student records will be maintained in secured locations in the School of Nursing.
- b. All Nurse Anesthesia program-related records are confidential. Access to records is limited to the Associate Dean of Academic Affairs, the Program Administrator, Associate Program Administrator, and their designees.
- c. All official University files are maintained in the Office of Student Information. Access to these files is limited to authorized faculty and staff members at the School of Nursing. The University and the School of Nursing reserve the right to disclose student information as outlined in the *Pennbook*, located in the *Confidentiality* section regarding Student Records.
- d. Please refer to the *Pennbook* policy on Student Records regarding the ability of students to view records. <https://catalog.upenn.edu/pennbook/confidentiality-student-records/>

PART II: NURSE ANESTHESIA PROGRAM STUDENT CONDUCT POLICIES

A. Code of Conduct

- a. As with all students at the University of Pennsylvania, conduct is guided by the standards identified within the Code of Academic Integrity <http://www.upenn.edu/academicintegrity/> and the Code of Student Conduct <https://provost.upenn.edu/policies/pennbook/2013/02/15/code-of-student-conduct>. In addition, Nurse Anesthesia students are governed by the AANA Code of Ethics <http://www.aana.com/crna/prof/codeofethics.asp>, and the ANA Code of Ethics for Nurses <http://nursingworld.org/DocumentVault/Ethics-1/Code-of-Ethics-for-Nurses.html>. Students are expected to conduct themselves in a reasonable, professional, and ethical manner in their relationships with patients, faculty members, fellow students, preceptors, and hospital personnel staff, so as to foster an atmosphere conducive to learning and overall cooperation within the health care team.
- b. [School of Nursing Social Media Policy](#) - Any social media posts brought to the attention of program leadership will be subject to review and possible disciplinary action. #PennAnesthesia is currently in use by the Perelman School of Medicine Anesthesia Residency Program, please refrain from using it.

B. Alcohol & Drug Policy

- a. The University Alcohol and Drug Policy, like other standards of conduct applicable to the University community, is intended to further the educational mission of the University of Pennsylvania. The University is committed to fostering an environment that promotes the acquisition of knowledge and nurtures the growth of the individual. Each member of the University's intellectual community is responsible for his or her own actions and is expected to contribute to the Penn community and to respect the rights of others to participate in the academic and social life of the University. The alcohol and drug policy, with its emphasis on individual and shared responsibility, healthy and informed decision - making, maintenance of a caring environment, and the promotion of genuine dialogue, is adopted in this spirit. For the complete University policy please see: <http://www.vpul.upenn.edu/alcohol/policy2.html>.
- b. The ANA Code for Nurses requires the professional nurse to: safeguard the patient from harm; assume responsibility and accountability for all their actions; maintain competency and participate in the profession's efforts to establish and maintain conditions of employment conducive to the delivery of high-quality nursing care. You are held to the standards of this Code for Nurses as a student nurse anesthetist.
- c. Your clinical affiliate site(s) abides by the Drug Free Awareness Act of 1988 that mandates a drug free workplace. Our sites are committed to maintaining a safe workplace free from influence of drugs or any other controlled substances.
- d. Any suspicion of drug diversion is required to be reported to each state board of nursing where the student has a license.
- e. Please be advised that drug testing as a result of reasonable suspicion may require that a nurse anesthesia student undergo an immediate hair, blood and/or urine drug screen and possibly a physical body examination under any of the following circumstances (but not limited to):
 1. When there is reasonable suspicion that the nurse anesthesia student is under the influence of intoxicants, non-prescribed narcotics, hallucinogens, marijuana or other non- prescribed controlled substances.
 2. After the occurrence of a work-related injury, illness, or accident while on

- school/hospital property.
3. Observation of poor judgment or careless acts, which caused or had the potential to cause a threat to patient safety, jeopardized or had the potential to jeopardize the safety of others, or resulted or had the potential to result in damage to equipment.
 4. Any investigation of missing controlled substances from an area where a student is practicing and had access to the missing substances.
 5. ***Nurse anesthesia students who refuse to undergo an immediate drug and alcohol screen will be subject to immediate dismissal from the program.***
 6. Nurse anesthesia students are held accountable for controlled substances per department policy for controlled substances at all clinical sites. Failure to comply may result in a failure in the coursework and/or dismissal from the program.

C. Sexual Harassment Policy

The University of Pennsylvania community depends on trust and civility. A willingness to recognize the dignity and worth of each person at the University is essential to the mission. It is the responsibility of each person on campus to respect the personal dignity of others. The University expects its members to demonstrate a basic generosity of spirit that precludes expressions of bigotry. Sexual harassment in any context is reprehensible and is a matter of particular concern to an academic community in which students, faculty, and staff must rely on strong bonds of intellectual trust and dependence. All students of the nurse anesthesia program at the School of Nursing will be expected to abide by the University of Pennsylvania's sexual harassment policy, located at: <http://www.upenn.edu/affirm-action/introsh.html>.

All faculty are expected to adhere to this policy. If at any time you have a concern regarding treatment of yourself or your colleagues, please bring those concerns to the attention of program leadership. Your safety and wellbeing is paramount.

D. Work Regulations

- a. Students are not permitted to work administering anesthesia in any other hospital, medical, or dental facility at any time during the Nurse Anesthesia Program. There is no exception to this rule and violation will be a cause for immediate dismissal.
- b. Students may not work as a registered nurse during the full-time study portion of the program. COA standards mandate a maximum of 64 hours of work in a week, including clinical and didactic work. Due to the rigors of the program, we cannot guarantee the safety of students or patients when students are working outside of the program. Students are permitted to work as an RN during the intercessions when there is significant time off from clinical with no didactic responsibilities. Failure to comply with this policy will result in disciplinary action.

E. Distractions in the OR

- a. Students are expected to avoid distractions to patient care in accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs.
- b. 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.)*
- c. Students found to be using devices for anything other than communication with preceptors while in the operating room will be subject to disciplinary action. Disciplinary action will proceed as:
 1. Immediate removal from the clinical site for the day
 2. Placement on clinical probation
 3. Subsequent transgressions will result in probationary action with intent to dismiss