

A. Primary Clinical Orientation

During the second and third semester you will begin your clinical exposure to anesthesia. Prior to being placed into the clinical area you will attend Primary Clinical Orientation that includes iatrogenic complications and universal precautions.

B. Time Commitment

Students can expect to spend approximately 60 – 65 hours per week directly related to Wolford College, i.e.: study, classroom, clinical time.

C. Secondary Clinical Orientation

Prior to going to your assigned clinical site you will receive an orientation to the site as well as a review of anesthesia equipment, airway management, and universal precautions.

D. Clinical Vacation Request Meeting

Prior to going to your final clinical site, a meeting for vacation requests will be held with the whole class being present. Vacations will be assigned for the remaining 16 months. Two students may be off per week at each designated hub. There will be a black out period **during the AANA national convention** (occurs in August), where no vacations will be allowed. Vacations must be approved by the Rotation Coordinator. Requests for vacation must be submitted using the LEAVE REQUEST form (available on the Wolford College web site). Only original forms will be accepted. **No emails, faxes or phone calls will be accepted to request time off.**

Clinical Stage (Last 16 months)

A. Change of Name, Address, or Telephone Number

Students must promptly notify the college of any change in their name, address or telephone number within 30 days of the change.

All students will receive a Wolford College e-mail address. Students are required to use this address when e-mailing Wolford College.

B. Clinical Stage

At this point most of the major didactic work has been accomplished. That does not mean that you can stop reading. Anesthesia will require continuous lifelong education to keep up to date. Clinical work during the next 16 months will be the majority of your learning experience. In addition, reading assignments with testing will motivate continuous reading and studying. At the end of every semester an exam covering the

entire assigned reading list will take place. You must pass this exam to go to the next clinical rotation.

The class will be separated into two clinical hubs (Naples & Tampa). These sites consist of several clinical affiliates that provide different and varied clinical experiences. The students will be assigned to a site for the remainder of their education. Any concerns over your education must be immediately conveyed to Wolford College.

C. Clinical Etiquette

It is very important for students to realize that anesthesia providers must maintain a professional attitude in the clinical setting. There are many situations that arise in the OR that may include us in conversations that are not relevant to a learning experience. Sometimes it is difficult for students to disassociate themselves from getting involved in these random conversations. We encourage you to try and tactfully minimize and excuse yourself from casual dialogue. This is your opportunity to focus on your clinical experience. Your preceptor could also be helpful in bringing you back to task, thereby allowing you to focus on your learning environment.

We do not encourage socializing in the OR as this can be very distracting to you and your care of the patient. Anesthesia is overwhelming at best, and you will need to be extra vigilant at all times.

If you need to ask questions about the surgery itself or want to know more about patient outcomes or treatment, please ask your supervising CRNA or MDA first. They will know best when to ask the questions.

Working in the OR presents a different atmosphere and it takes finesse and experience to navigate this unique setting. In time you will learn when it is appropriate to talk and when it is alright to ask questions of the surgeon. In the mean time, concentrate on what you know and what your attending MDA and CRNA are teaching you. Your attention to detail will ultimately make you an exceptional clinician.

D. Clinical Experience Policy

Full time "Clinical Experience" shall begin during the fourth semester. Students will be in clinical a minimum of 40 hours per week for clinical practica I, II, III, and IV.

Wolford College will make reasonable efforts to ensure that all nurse anesthesia students receive fair and equitable clinical experience at all affiliation sites.

All nurse anesthesia students shall be assigned clinical experience in the full scope of anesthesia practice that will permit them to sit for the National Certification Examination in Nurse Anesthesia upon completion of the program of study.

All clinical experiences shall be assigned in the following manner:

- Clinical experience time is directly related to the committed academic time and shall not exceed 60 - 65 hours of total (combined academic and clinical) committed time (average 64 hours). This commitment may change as the curriculum develops.
- Students shall be committed to a minimum 40 hours per week of clinical experience during the Clinical Practicum.
- Students may be assigned to the clinical areas during holidays and College breaks.
- Students may work any configuration of clinical assigned time to comprise the hours worked in the clinical area. Examples of these times may be: 0700-1500, 1500-2300, 2300-0700, 0700-1700, 1500-0700, 0700-1900 and 1900-0700.
- Students are expected to arrive at least ½ hour prior to the beginning of the shift to set up and be ready to start the case.
- Clinical time with call coverage will not exceed 50 hours per week. Call coverage is only that time actually present managing cases.
- At the end of your assigned shift you are expected to complete your case and be excused by your attending MDA or CRNA.

E. Student Clinical Evaluation Policy

The purpose of the Clinical Evaluation Policy is to delineate how nurse anesthesia student clinical evaluation shall be accomplished.

Criteria for formative and summative evaluations for each clinical course are delineated in the course syllabi and on the daily evaluation form. Nurse anesthesia students shall receive formative and summative evaluations of their clinical performance according to the following procedure.

1. Student Daily Evaluations (Formative)

Students shall be responsible for ensuring that their formative daily evaluations are obtained and are submitted appropriately. If you receive an unsatisfactory evaluation you must make the school administration aware. Otherwise students are responsible for submitting daily clinical evaluations by the first of the month at their designated delivery sites.

All students' clinical performances shall be evaluated in the following manner:

- a. The student shall obtain daily, completed evaluations and complete questions by the end of the week.
- b. All formative evaluations are due monthly.
- c. Formative evaluations are part of your grade. Submitting less than 80% of the evaluations will result in a C, which will place you on probation.
- d. All formative evaluations and patient care plans shall remain a part of a student's permanent records until the student graduates and passes the National Certification Exam.

2. **Summative Evaluations**

- a. Students shall be assigned a clinical coordinator who will be responsible for completing their summative evaluation at the end of the semester.
- b. Summative evaluations shall be completed at the end of each semester.
- c. Students shall submit a self-evaluation at the end of each semester.
- d. Summative evaluations remain part of your permanent academic record.

3. **Feedback**

If a student or a faculty member delineates or identifies an area of clinical concern, a counseling session will be conducted to discuss the issue with the student. Plans are made to improve clinical performance and special forms may be required to fulfill clinical obligations.

F. Clinical Schedules

The Clinical Coordinator at each clinical affiliate site makes clinical schedules. Consideration is made for the level of clinical expertise and clinical case experience.

G. Call

Call is a planned clinical experience outside the normal operating hours of the clinical experience. Anesthetics are delivered 24 hours a day, seven days a week. Students need to know how to manage and develop call skills to remain effective in the clinical area. Students will be assigned to call on a rotating basis starting with their first clinical practicum (NUAN 6451 Clinical Practicum I). To be placed on call the student will be evaluated and found to have an adequate progression in clinical skills. Students will benefit from call by being exposed to a great variety of emergency cases.

Clinical Affiliation Sites

Wolford College has two main clinical affiliation hubs. These hubs are subject to change based on educational needs. Nurse anesthesia students shall rotate to either:

1. **Naples Clinical Sites:**

- a. Naples
 - (1) Naples Community Hospital, Naples, Florida
 - (2) North Collier Hospital, Naples, Florida
 - (3) North Collier Hospital, The Birthing Place, Naples, Florida
 - (4) Preadmissions Center, Naples, Florida
 - (5) Naples Day Surgery Centers, North and South, Naples, Florida
 - (6) Bonita Springs Day Surgery, Bonita Springs, Florida
- b. Lehigh Acres
 - (1) Lehigh Regional Medical Center, Lehigh Acres, Florida

2. North Tampa Clinical Sites:

- a. Spring Hill Regional Hospital, Spring Hill, Florida
- b. Brooksville Regional Hospital, Brooksville, Florida
- c. Heart of Florida Regional Medical Center, Haines City, Florida
- d. Tampa Bay Surgery Center, Tampa, Florida
- e. All Saints Surgery Center, SpringHill, Florida
- f. Bartow Regional Medical Center, Bartow, Florida
- g. Regional Medical Center Bayonet Point, Hudson, FL
- h. Oakhill Hospital Springhill, FL

H. Pagers and Radios

1. Naples Clinical Site

Collier Anesthesia P.A. (CAPA) provides pagers for all Naples and Bonita Springs clinical sites. All students must carry a pager provided by Collier Anesthesia. If the pager is lost or damaged, the student shall be charged a \$75 replacement fee.

Collier Anesthesia, P.A. has invested in two-way radios for immediate anesthesiologist availability. Radios should be picked up and turned on at the beginning of the shift.

Because radio communication can be overheard, **never** use patient names. Indicate a room number for location. If you need to talk to the anesthesiologist privately provide the phone number of the location. Maintain chatter to a minimum. The radio is a tool not a toy. At the end of shift, please shut off the radio and return it to the charger.



2. North Tampa Clinical Site

North Tampa Anesthesia Consultants (NTAC) provides pagers to the students at their clinical sites. If the pager is lost or damaged, the student shall be charged a \$75 replacement fee.

North Tampa Anesthesia Consultants have purchased two-way radios for immediate anesthesiologist availability. Radios should be picked up and turned on at the beginning of the shift.

Because radio communication can be overheard, **never** use patient names. Indicate a room number for location. If you need to talk to the anesthesiologist privately provide the phone number of the location. Maintain chatter to a minimum. The radio is a tool not a toy. At the end of shift, please shut off the radio and return it to the charger.

I. Hospital Incident Reports

If requested by hospital staff to write an incident report you must notify the school and your attending anesthesiologist for that day. It is expected that the report will be reviewed and signed by the attending anesthesiologist.

J. Clinical Instruction

A Clinical Instructor (CRNA or an Anesthesiologist) shall constantly supervise students in the clinical area throughout all phases of the program. As student competency increases, supervision by the clinical instructor will gradually be increased from 1:1 to 2:1 with immediate supervision by the Clinical Instructor. CRNA instruction of students may go to 2:1 basis. Prior to implementation the Clinical Instructor will have to undergo a series of lectures and a completion exam. The clinical instructor shall accept full responsibility and accountability for the anesthetic at all times. **Students must have a clinical instructor present for induction and emergence of all cases.** Clinical instruction and supervision shall be restricted to credentialed experts and based upon a student's knowledge and ability, physical status of the patient, complexity of the anesthetic and/or the surgical procedure, and the experience of the instructor. At no time can the clinical supervision ratio exceed two students to one instructor. The CRNA or anesthesiologist is required to be available to the student in the anesthetizing areas at all times. Immediately available is interpreted as having a CRNA or anesthesiologist dressed in scrubs within the operating room suite and not engaged in any activity that may interfere with responding to a student if needed. Students **are required** to inform the Program Director if patient safety is compromised.

K. Preoperative and Postoperative Rounds

Each student is required to conduct preoperative assessments on all patients to whom they have been assigned. When relieving a case, a patient report must be obtained (i.e. history and physical, current status, and anesthetic course). Postoperative rounds must be made on all available patients to whom the student has been assigned. An anesthesia care plan shall be completed as per care plan procedure and outlined in the specific course syllabus.

L. Clinical Experience Records

The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) requires student anesthetists to be provided with a set number of cases prior to graduating from a nurse anesthesia program. As a result students **must maintain** a record of all the cases done.

<http://www.medatrax.com/>

Students are required to keep their Clinical Experience Record current via the Medatrax system. Students will receive instruction on using Medatrax during the second semester. This record shall be updated by the student **weekly by Sunday at midnight**. Failure to maintain accurate and current clinical experience records may **prevent graduation**. The Clinical Coordinators at each site utilize these case records to assign students.

1. Students may count cases if:

- a. They assist in the induction, or
- b. They accomplish the emergence, or
- c. If a student remains with a case for longer than one hour. (If a student remains with a case for less than one hour, they may count the actual time of clinical anesthesia but not the case. Specifically, students are not to count cases for breaks and lunch relief.

2. Hints for completing the clinical experience record:

Numbers in bold and parentheses (), indicate the number of cases required in order to apply for the certification examination.

Numbers in brackets [] are the suggested number of cases or procedures.

Physical status represents the **ASA classification** assigned to each patient. The total of all classifications equal the total number of cases.

Total hours of anesthesia represent the total time spent doing the anesthetic.

Methods of anesthesia: General, Regional or MAC, count each type that you administer.

Inductions are either IV inductions or masks. The number of IV and mask inductions should equal the number of general anesthetics.

Airway management is counted as either mask, endotracheal or LMA.

Regional anesthesia.

Administration: This means that you actually administered the block (inserted the needle and administered the test dose of drug), with someone else managing the block.

Management: This means that you managed the block that someone else actually administered (inserted the needle and the test dose of the drug) for the block.

Administration and Management: This means that you actually administered the block (inserted the needle), inserted the test dose of drug and remained to monitor the patient while the regional anesthesia was in place for the procedure.

Invasive monitoring: Record number of actual insertions and number of management.

Be sure that the **total number of cases** you record equals the total of generals, MACs and regional's.



Time record: For preanesthetic visits, record time spent completing pre-op assessments on scheduled cases, and time spent in pre-op clinics. For post anesthetic visits, record time spent making post-op visits. Remember that you are required to make post op visits on all assigned patients. Record the anesthetic care plan time based on the time spent on preparing written care plans. Call time is actual time spent on call and any time spent in the OR after 3 PM.

Required COA Clinical Case Counts: The following tables are from the 2004 Standards for Accreditation of Nurse Anesthesia Educational Programs that are required for graduation.

Tables for COA Required Clinical Experience

Patient Physical Status	Minimum Required Cases	Preferred Number of Cases
Class I		
Class II		
Class III and IV	100	
Class V		5
Total Cases	550	650

Special Cases	Minimum Required Cases	Preferred Number of Cases
Geriatric 65 + years	50	100
Pediatric		
Pediatric 2 to 12 years	25	75
Pediatric (less than 2 years)	10	25
Neonate (less than 4 weeks)		5
Trauma/Emergency (E)	30	50
Ambulatory/Outpatient	100	
Obstetrical management	30	40
Cesarean delivery	10	15
Analgesia for labor	10	15

Position Categories	Minimum Required Cases	Preferred Number of Cases
Prone	20	
Lithotomy	25	
Lateral	5	
Sitting	5	

Anatomical Categories	Minimum Required Cases	Preferred Number of Cases
Intra-abdominal	75	
Extrathoracic	15	
Extremities	50	
Perineal	15	
Extracranial	15	
Intracranial	5	20
Oropharyngeal	20	
Intrathoracic	15	40
Heart	5	10
Lung	5	
Neck	5	10
Neuroskeletal	20	
Vascular	10	20

**Count all that apply*

Methods of Anesthesia	Minimum Required Cases	Preferred Number of Cases
General Anesthesia	350	
Induction, maintenance, and emergence		
Intravenous induction	200	
Inhalation induction	10	25
Mask management	25	40
Laryngeal mask airways	25	40
Tracheal intubation		
a. Oral	200	
b. Nasal		10
Total Intravenous anesthesia	10	25
Emergence from anesthesia	200	
Regional techniques		
Management	30	
Administration* (total of a, b, & c)	25	
a. Spinal		50
b. Epidural		50
c. Peripheral		40
Monitored anesthesia care	25	50

**Students must have experience in each category*

Pharmacological Agents	Minimum Required Cases	Preferred Number of Cases
Inhalation agents	200	
Intravenous induction agents	200	
Intravenous agent – muscle relaxants	200	
Intravenous agent – opioids	200	
Intravenous agent – other	50	

Arterial Technique	Minimum Required Cases	Preferred Number of Cases
Arterial puncture/catheter insertion	25	
Intra-arterial BP monitoring	25	

Central Venous Pressure Catheter	Minimum Required Cases	Preferred Number of Cases
Placement* (total of a & b)	5	10
a. Actual		
b. Simulated		
Monitoring	15	

**Simple models and simulated experiences may be used to satisfy this requirement.*

Pulmonary Artery Catheter	Minimum Required Cases	Preferred Number of Cases
Placement		5
Monitoring		10

Other	Minimum Required Cases	Preferred Number of Cases
Intravenous catheter placement	100	
Mechanical ventilation	200	
Pain management (acute/chronic)		10
Alternative airway management techniques (total of 1 & 2)	10	40
1) Fiberoptic techniques* (total of a, b, & c)	5	15
a) Actual placement		
b) Simulated placement		
c) Airway assessment		
2) Other techniques	5	25

M. Care Plans

Anesthesia requires a thorough understanding of possible surgical and anesthetic events that can be encountered while doing a case. As such, anesthesia care plans are used to demonstrate your ability to plan and predict case management. These patient care plans will also help you understand possible complications during the case. Special instruction will be made available to instruct you on how to make an effective care plan.

Prior to taking care of any patient you should prepare an anesthesia patient care plan to discuss with your clinical instructor. Written care plans take time but they are an important part of your education. The written or oral care plans will be part of your grade. The number of care plans required will be outlined in each course syllabus. You should take the most challenging cases of the week and use these data to prepare the care plan.

Preparation, discussion and submission of the Anesthesia Patient Care Plan will take place in the following manner:

1. Preparation

The Assistant Program Director will discuss with you how to write, format, and implement the care plans. A class will take place prior to commencing the Clinical Phase.

2. Discussion and documentation

- a. You are expected to be able to give an oral care plan presentation for your patient **prior to** giving any anesthetic. This activity will assist each student to refine their decision making and critical thinking skills.
- b. The written care plan shall be discussed with the clinical instructor and/ or faculty member and documented on Medatrax.

N. Mortality and Morbidity (M&M) and Patient Care Conferences

Wolford College and the COA require that students must attend at least **45 hours** of journal clubs, seminars, Mortality & Morbidity (M&Ms), patient care and/or other clinical correlative conferences prior to graduation. Students must attend all departmental meetings, journal clubs, seminars, M&M conferences or other clinical correlation conferences conducted at each clinical site unless otherwise noted. The only exceptions are for students in other scheduled classes, on vacation, illness, or conflict with their clinical schedule.

For each hour of Journal Clubs, Seminars, M&Ms and Patient Care Conferences that you attend you will be awarded an hour of meeting time. You must document your presence

at these meetings by signing the attendance sheet. Failure to document attendance will result in no credit for that conference.

Many clinical sites will hold an M&M conference monthly. Senior and junior students will be expected to be present at these conferences. Special attention will be made in reference to the care plan and the anesthetic record. Please make sure that patient names and individuals managing the cases have been removed from the anesthetic record.

1. Journal Clubs

Journal clubs will be provided several times during the year. Usually this will take place in the evening. A research article will be reviewed and critiqued. The article will be made available one week prior to the event. Students are required to critique the article prior to going to the meeting. Specific criteria are outlined in the course syllabi. Your participation will be expected. Particular attention will be directed at evaluating the articles for their research value. The format for evaluating articles will be delineated in "Research Methodology for Nurse Anesthetists."

2. State and National Meetings

To promote professional interest in local, state and national nurse anesthesia activities, it is highly recommended that each student attend a minimum of 10 conference hours. Conference hours may be earned in the following manner:

- a. Florida Association of Nurse Anesthetist (FANA) Meetings
- b. American Association of Nurse Anesthetists (AANA) National Meetings
- c. Other Anesthesia Meetings: These meetings should receive prior approval.

All continuing education certificates must be submitted to the Director of Enrollment and Student Services.