



School of Nursing and Health Studies

Nurse Anesthesia Program



M. Christine Schwartz Center for Nursing Education

STUDENT CLINICAL HANDBOOK

2009-2010

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

APPROVAL PAGE

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PURPOSE

1. To inform students of their responsibilities during the clinical phase of their education.
2. To provide guidelines for all members of individual anesthesia affiliates related to students.
3. To furnish pertinent information about clinical expectations for students.
4. To provide students with essential contact information regarding each clinical affiliate.
5. To supply information regarding time commitment, illness, and vacation requests.
6. To explain the formative and summative evaluation processes of students during their clinical education.

TABLE OF CONTENTS

PAGE

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

Approval Page & Purpose.....	1
Table of Contents.....	2
Welcome.....	3
Program History & Philosophy.....	4
Mission of Program.....	4
Overall Student Outcomes Criteria.....	6
AANA Outcome Criteria.....	8
Accreditation & Certification.....	9
Program Description.....	10
Curriculum Models.....	11
Anesthesia Textbooks.....	12
Anesthesia Departmental Policies.....	13
NAP Strategic Planning Committee.....	14
General Considerations as a SRNA	16
Time Commitment and Academic Calender.....	16
Attendance, Vacation/Leave Policy, and Illness	17
Extended Illness, Pregnancy, Vacation.....	18
Interview Days, Professional Organization.....	19-20
Review Courses, Leave, Jury Duty, Funeral Leave	21
Monthly Time Schedule, Military Leave	22
Student Clinical Site Coordinator Responsibilities	23
Nursing License, ACLS/BCLS/PALS, Pagers, ID Cards.....	24
Guidelines for Clinical Experience	25
Clinical Scheduling	25
Clinical Site Rotation.....	26

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

Clinical Site Daily Assignments, Supervision, and Responsibilities.....	27
Preop and Post op Visits.....	28
Dress Code, Pre op and Post op evaluations.....	28
Clinical Experience Record Submission.....	28
Evaluation Process.....	29
Daily & Summative Clinical Evaluation.. ..	29
Clinical Probation	
AANA SEE.....	30
Code of Conduct.....	30
Attendance.....	31
Class prep.....	31
Academic integrity.....	31
Examination Policy.....	32
Academic Status & Advising.....	32
Grading, Work Policy	33
Conflict Resolution Policy	34
Academic Policies	35
Patient’s Rights & Responsibilities.....	36

WELCOME

Welcome to the University of Miami School of Nursing and Health Studies Nurse Anesthesia Program. This handbook is designed to provide the student registered nurse anesthetist (SRNA)

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

with information about policies, procedures, and expectations pertaining to the clinical component of the Nurse Anesthesia Program.

If you have any questions about the content of this handbook please direct your comments or concerns to Rossana Bizzio, MS, CRNA, Program Director.

The policies and procedures of the University of Miami and the School of Nursing and Health Studies are enforced throughout the program. Please refer to the University of Miami Student Handbook and the University of Miami, School of Nursing Graduate Handbook for pertinent information.

The staff and clinical faculty at all of our participating clinical site partners welcome you to the program.

PROGRAM HISTORY & PHILOSOPHY

The MSN program is designed to prepare graduates for an advanced practice role in primary care, acute care, or community health nursing. The MSN curriculum incorporates core graduate nursing content and content specific to the specialty majors. The specialties include: Adult Nurse Practitioner, Family Nurse Practitioner, Women's Health Practitioner, Midwifery, Psychiatric Mental Health Nurse Practitioner, Community Health Nursing, and Nurse Anesthesia.

School of Nursing Philosophy

Refer to School of Nursing and Health Studies, Master of Science in Nursing Student Handbook website:

http://www6.miami.edu/nursing/handbooks/GRAD_HANDBOOK_06-07.pdf

Mission of the School of Nursing

The mission of the School of Nursing and Health Studies is to educate students and support faculty committed to excellence in the art and science of nursing and health studies through creating and disseminating health knowledge and developing culturally competent leaders to provide service to our community, the nation and the world (adopted by the SONHS, 2005).

In keeping with the mission of the University of Miami, the goals for the School of Nursing are to develop an innovative curriculum that meets the challenges of the health care profession, encourage cutting-edge nursing research, develop innovative community partnerships, and expand our collaboration with colleagues throughout the university and larger community.

Mission of the Nurse Anesthesia Program

In concert with the mission of the SON, the nurse anesthesia program is committed to the advancement of nursing knowledge and improvement of health care through the education of nurse anesthesia students and the cultivation of faculty committed to excellence in the art and science of anesthesia nursing. Teaching and scholarship reflect the unique multicultural nature of the University, School and community.

The terminal objectives for the MSN nurse anesthesia program will be based on the terminal objectives developed for all MSN students including the following:

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

1. Synthesize knowledge from the sciences, humanities, and nursing theories as a basis for advanced practice anesthesia nursing.
2. Demonstrate specialized knowledge and skills in advanced practice anesthesia nursing.
3. Develop a personal, professional model for advanced practice anesthesia nursing.
4. Promote research for the improvement of advanced practice anesthesia nursing and the advancement of nursing as an academic discipline.
5. Initiate leadership for the improvement of the health care system in relation to advanced practice anesthesia nursing.
6. Promote peer and interdisciplinary collaboration for continued growth in the advanced practice anesthesia nursing role.

The curriculum leading to the MSN for nurse anesthesia graduates will build upon the SRNA's BSN & critical care background and experience providing an advanced scientific knowledge base, research experience, and a comprehensive array of clinical experiences that hallmark the standards of anesthesia practice. The University Miami SONHS nurse anesthesia graduates will be academically and clinically prepared to provide high quality anesthesia care services to meet the health care needs of the diverse populations within the community.

The Nurse Anesthesia program consists of a rigorous, twenty-eight (28) month, comprehensive academic and clinical curriculum. In addition to the advanced nursing core course requirements, students will be exposed to knowledge development that is congruent with the standards for professional practice. The body of knowledge incorporates physiological, pathological, pharmacological, behavioral and humanistic principles while the practice component characterizes critical thinking, scientific inquiry, and effective interpersonal and psychomotor skills.

This philosophy supports the concept that baccalaureate education prepares nurses to enter nurse anesthesia educational programs, but a graduate degree is the minimum requirement for nurse anesthetists entering the profession.

Graduates of the nurse anesthesia program are capable of exercising independent judgment and will be prepared to provide anesthesia care services to pediatric through geriatric populations in diverse settings. Throughout your clinical education, students develop skills in anesthesia care planning, management, and evaluation for varying surgical patient populations. Students have access to all anesthetic techniques, including invasive monitoring and regional anesthesia (i.e., administering spinals and epidurals), and develop and continually improve critical thinking and reasoning skills in regard to patient care. Students are assigned progressively more complex patients, including neonates, infants and children, obstetrical services, and adults with complex co-existing conditions. It is our belief that education of the nurse anesthetist must include thorough instruction in the sciences related to anesthesia, and a broad based foundation in health care delivery, as well as ample opportunity to become adept in the technical skills necessary to administer physiologically sound, safe anesthesia care.

Graduates receive a comprehensive, contemporary education that emphasizes cultural sensitivity and interdisciplinary collaboration in the provision of safe anesthesia care practice. Upon

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

completion of the 28-month full-time didactic and clinical requirements, graduates are eligible to take the national certification examination given by the Council on Certification of Nurse Anesthetists.

OVERALL OUTCOMES CRITERIA FOR NURSE ANESTHESIA STUDENTS

Upon completion of twenty-eight (28) months of the graduate nurse anesthesia specialty, the student will be able to demonstrate advanced knowledge and competence in nurse anesthesia practice in various healthcare settings for patients of all acuity levels.

Evidenced by meeting the following objective criteria:

1. Conduct a complete preoperative assessment of patients undergoing all varieties of surgical procedures, including appropriate ordering of tests and lab work.
2. Identify pathological, physiological, and pharmacological factors which may complicate anesthetic management.
3. Evaluate the patient's medical history, physical findings, laboratory and diagnostic data and develop a comprehensive anesthesia care plan.
4. Document the preoperative evaluation in an appropriate manner.
5. Deliver culturally competent perianesthetic care.
6. Protect patients from iatrogenic complications.
7. Select appropriate pre-medication orders.
8. Select and assemble appropriate anesthetic and monitoring equipment and check for safe operation.
9. Use and correctly interpret a broad variety of monitoring modalities, including but not limited to, EKG, non-invasive and invasive arterial pressure, CVP, pulmonary artery catheters, pulse oximetry, BIS monitoring, peripheral nerve stimulators, and end-tidal carbon dioxide monitors.
10. Establish and maintain optimal effective communication and rapport with other health care team members.
11. Implement an appropriate plan of anesthetic management for scheduled procedures, demonstrating adequate and appropriate planning and moment-moment flexibility in

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

order to insure optimal patient care and quality outcomes. Implementation of such an anesthetic care plan should include but is not limited to the following:

- a. Receive, identify, and prepare the patient psychologically and physically for their anesthesia experience.
 - b. Perform venipuncture and secure intravenous access line.
 - c. Administer general/monitored anesthesia care (MAC)/regional anesthesia with skill and safety.
 - d. Monitor and manage patients undergoing procedures requiring anesthesia care.
 - e. Calculate, initiate, and manage fluid and blood therapy during the anesthetic process.
 - f. Position or supervise the positioning of patients to prevent injury.
 - g. Perform arterial punctures and insert arterial lines.
 - h. Obtain and correctly interpret arterial blood gases.
 - i. Accurately identify and intervene regarding any airway difficulties during the peri-anesthesia period.
 - j. Demonstrate proficiency of bag-mask ventilation
 - k. Perform endotracheal intubation with skill.
 - l. Demonstrate skill in controlled mechanical ventilation.
 - m. Correctly interpret and respond appropriately to information gained from monitoring equipment.
 - n. Record the patient's vital signs and other pertinent data in a legible and timely fashion on the anesthesia record.
 - o. Demonstrate critical thinking skills in a variety of scenarios as they arise during anesthetic management.
 - p. Appropriately evaluate the effectiveness of corrective measures instituted.
 - q. Make provisions for and maintain vigilance for the safety of patients and other members of the surgical team.
 - r. Conduct anesthesia emergence allowing the patient to experience a rapid and satisfactory recovery as is appropriate.
 - s. Safely transport and transfer patients postoperatively to appropriate and qualified personnel.
12. Identify and correct physiological problems that may arise intra-op, or while transporting the patient to the post-anesthesia or intensive care unit.
 13. Report the patient's condition accurately to the post-anesthesia care unit staff. Act as a resource person in determining the appropriate methods for immediate post-operative care for each patient.
 14. Evaluate and document the patient's progress peri-operatively and in the immediate post-operative period.
 15. Effectively manage immediate respiratory assistance for patients during post-anesthesia care.

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

16. Provide effective post op pain management.
17. In addition to the anesthesia care of adults, the student will be able to assess and adequately manage the anesthesia for neonates, infants, and children.
18. Respond quickly and effectively as a team member when cardiovascular and/or pulmonary emergencies occur.
19. Utilize universal precautions and provide effective infection control, by the proper cleaning and sterilization of equipment, especially respiratory care devices.
20. Promptly identify and report defective equipment and supplies to the appropriate authorities to promote rapid service and repair.
21. Critically examine and demonstrate continuing synthesis of new knowledge from scientific literature as a basis for informed nurse anesthesia practice.
22. Participates in quality management activities.
23. Safely functions independently when necessary.

AANA OUTCOME CRITERIA

Reprinted from: *2004 Standards for Accreditation of Nurse Anesthesia Educational Programs - Standard III, C20*

The program demonstrates that graduates have acquired knowledge, skills and competencies in patient safety, perianesthetic management, critical thinking, communication, and the professional role.

Patient safety is demonstrated by the ability of the graduate to:

1. **Be vigilant in the delivery of patient care.**
2. Protect patients from iatrogenic complications.
3. Participate in the positioning of patients to prevent injury.
4. Conduct a comprehensive and appropriate equipment check.
5. Utilize standard precautions and appropriate infection control measures.

Individualized perianesthetic management is demonstrated by the ability of the graduate to:

1. Provide care throughout the perianesthetic continuum.
2. Use a variety of current anesthesia techniques, agents, adjunctive drugs, and equipment while providing anesthesia.
3. Administer general anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures.
4. Provide anesthesia services to all patients, including trauma and emergency cases.
5. Administer and manage a variety of regional anesthetics.
6. Function as a resource person for airway and ventilatory management of patients.
7. Possess current advanced cardiac life support (ACLS) recognition.
8. Possess current pediatric advanced life support (PALS) recognition.
9. Deliver culturally competent perianesthetic care throughout the anesthesia experience.

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

1. Apply theory to practice in decision-making and problem solving.
2. Provide nurse anesthesia care based on sound principles and research evidence.
3. Perform a preanesthetic assessment and formulate an anesthesia care plan for patients to whom they are assigned to administer anesthesia.
4. Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.
5. Interpret and utilize data obtained from noninvasive and invasive monitoring modalities.
6. Calculate, initiate, and manage fluid and blood component therapy.
7. Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period.
8. Pass the Council on Certification of Nurse Anesthetists' (CCNA) certification examination in accordance with CCNA policies and procedures.

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

Communication skills are demonstrated by the graduate's ability to:

1. Effectively communicate with all individuals influencing patient care.
2. Utilize appropriate verbal, nonverbal, and written communication in the delivery of perianesthetic care.

Professional role is demonstrated by the graduate's ability to:

1. Participate in activities that improve anesthesia care.
2. Function within appropriate legal requirements as a registered professional nurse, accepting responsibility and accountability for his or her practice.
3. Interact on a professional level with integrity.
4. Teach others.
5. Participate in continuing education activities to acquire new knowledge and improve his or her practice.

***Failure to fully comply with one or more of these criteria is considered to be of critical concern in decisions regarding nurse anesthesia program accreditation.**

ACCREDITATION AND CERTIFICATION

The University of Miami is accredited by the Southern Association of Schools and Colleges, Inc. The School of Nursing is accredited by the National League of Nursing (NLN), and the Nurse Anesthesia program is accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs(COA).

PROGRAM DESCRIPTION

The curriculum of the nurse anesthesia program is divided into three components:

1. advanced practice nursing core courses,
2. nurse anesthesia program core courses, and
3. nurse anesthesia program clinical courses.

Nursing graduate students in all of the advanced practice specializations enroll in core nursing courses together. This teaching/learning environment allows all of the students to gain an appreciation of each of the specialties' contributions to advanced nursing knowledge development and practice.

Graduates of the nurse anesthesia program complete a complement of five (5) advanced practice core courses, four (4) major core nursing courses, one (1) course in psychobiology, and seven (7) nurse anesthesia specialty clinical courses. The length of the program is 28 months of full-time study. A total of 43 semester hour (SH) credits are required for the Master of Science Degree in Nursing, with Nurse Anesthesia specialization. New classes are admitted in June and classes begin fall semester of each year. The courses are designed to provide students with both comprehensive and diverse clinical experience opportunities.

During the clinical internships, and continuously throughout clinical education, students develop skills in concise anesthesia care planning, management, and evaluation for a variety of surgical patient populations. **During this time students are expected to develop and maintain keen critical thinking and reasoning when caring for patients.** Through full-time clinical engagement at affiliate hospitals, students are assigned progressively more complex patients, including: neonates, infants and children, obstetrical services, and adults with complex co-existing diseases. Students then graduate in December each year and are eligible to sit for the National Certification Examination for Nurse Anesthetists, administered by the Council on Certification of Nurse Anesthetists.

Curriculum- Full-Time (28 months)

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

FALL 1		
NUR 570	Psychobiology	3 credits
NUR 601	Advanced Pharmacology	3 credits
NUR 612	Physiology/Pathophysiology for Advanced Practice Nursing	3 credits
NUR 613	Health Assessment for Advanced Practice Nursing	3 credits

SPRING 1		
NUR 608	Concepts in Advanced Practice Nursing	3 credits
NUR 614	Basic Concepts in Anesthesia Nursing (Chem & Physics) (12 hr clinical)	3 credits
NUR 617	Pharmacology for Acute Care and Anesthesia Nursing	3 credits
NUR 630	Research and Evidence-Based Advanced Practice Nursing	3 credits
	Skill lab/Simulation	5 hours/wk

SUMMER 1		
NURS 609	Professionalism in Advanced Practice Nursing	2 credits
NUR 619	Adv. Concepts in Anesthesia Nursing I (30 hr-clinical)	3 credits
	Simulation	12 hours/sem

FALL 2		
NURS 615	Professional Aspects in Anesthesia Nursing	2 credits
NUR 620	Advanced Concepts in Anesthesia Nursing II (30 hr-clinical)	3 credits
	Simulation	6 hours/sem

SPRING 2		
NUR 645	Interdisciplinary Anesthesia Nursing Internship I (40 hr-clinical)	3 credits
	Simulation	6 hours/sem

SUMMER 2		
NUR 646	Interdisciplinary Anesthesia Nursing Internship II (40 hr-clinical)	3 credits
	Simulation	6 hours/sem

FALL 3		
NUR 650	Interdisciplinary Anesthesia Nursing Internship III (40 hr-clinical)	3 credits
	Simulation	6 hours/sem

43 credits

TEXTBOOKS

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

This is a partial list of the standard resources of our profession.
Selections with (*) are required textbooks

Miller, R.D. (2009). *Miller's Anesthesia* (7th ed.). Philadelphia, PA: Churchill Livingstone.

Guyton, A.C., & Hall, J. E (2006). *Textbook of Medical Physiology* (11th ed.). Philadelphia, PA: Elsevier.

*Barash, P. G., Cullen, B.F., & Stoelting, R.K. (2005). *Clinical Anesthesia* (6th ed.). Philadelphia, PA: Williams & Wilkins.

*Morgan, G.E., & Mikhail, M.S. (Eds). (2005). *Clinical Anesthesiology* (4th ed.). Stamford, CT: Appleton & Lange.

*Stoelting, R.K., & Miller, R.D. (2006). *Basics of Anesthesia* (6th ed.). Philadelphia, PA: Churchill Livingstone.

*Davis, P.D., & Kenny, G. (2003). *Basic Physics & Measurement in Anesthesia* (5th ed.). London, UK: Butterworth, Heinemann.

*Evers, A.S. & Maze, M. (2004). *Anesthetic Pharmacology: Physiologic Principles and Clinical practice*. Philadelphia, PA: Churchill Livingstone.

Stoelting, R.K., & Dierdorf, S. F. (2002). *Anesthesia and Co-Existing Disease* (4th ed.). Philadelphia, PA: Churchill Livingstone.

Hurfurd, W.E. et al. (2002). *Clinical Anesthesia Procedures of the Massachusetts General Hospital* (6th ed.). Philadelphia, PA: Lippincott, Williams and Wilkins.

Jaffe. R.A., & Samuels, S.I. (2009). *Anesthesiologist's Manual of Surgical Procedures* (4th ed.). Philadelphia, PA: Lippincott, Williams and Wilkins.

Dorsch, J.A. & Dorsch, S.E. (2007). *Understanding Anesthesia Equipment* (5th ed.). Philadelphia, PA: Lippincott, Williams and Wilkins.

*Motoyama, E. & Davis, P. (2005). *Smith's Anesthesia for Infants and Children* (7th ed.). St. Louis, MO: CV Mosby.

*Hughes, S.C., Levinson, G. & Rosen, M.A. (2002). *Shnider & Levinson's Anesthesia for Obstetrics* (4th ed.). Philadelphia, PA: Lippincott, Williams, Wilkins.

Crossman, et al. (2006). *Neuroanatomy: An Illustrated Color text with Student Consult Access* (3rd ed.). Philadelphia, PA: Churchill Livingstone.

Other Expenses. . .

*Lab coat, stethoscope, earpiece for precordial stethoscope, Periph Nerve Stimulator
Optional: PDA for Typhon entry

ANESTHESIA DEPARTMENT POLICIES

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

Anesthesia departmental policies vary at each clinical affiliation, understanding that each clinical/affiliate site complies with the requirements of standard setting organizations such as JACHO. **Students should adhere to all hospital and University policies.** Hospital policy manuals are available at each clinical affiliation and nurse anesthesia program handbooks are available to all students via the NAP page on the UMSONHS website.

We emphasize the following policies:

1. General Policy

Anesthesia shall be administered only by physician anesthesiologists or qualified certified registered nurse anesthetists (CRNA), or by appropriately supervised trainees in an approved educational program. Except for specific emergency situations, anesthesia administration shall be limited to areas where it can be safely administered. The same competency of anesthesia personnel shall be available for all elective or emergency procedures requiring anesthesia services.

All anesthesiologists and CRNAs at affiliated clinical sites practice according to the standards and clinical privileges outlined by each facility, which may include all or most of the following:

- a. Perform accepted procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical and other pain producing clinical procedures and to relieve pain-associated medical syndromes.
- b. Support life functions during the period in which the anesthesia is administered, including induction and intubation procedures.
- c. Provide appropriate pre-anesthesia and post-anesthesia management of the patient.
- d. Provide consultation relating to various other forms of patient care such as respiratory therapy, emergency cardiopulmonary resuscitation, and special problems in pain management and critical care.
- e. Provide a variety of anesthetic techniques including general anesthesia, regional anesthesia and monitored anesthesia care.

2. Supervision of student registered nurse anesthetists (SRNAs)

Each student shall have immediate supervision throughout the 28 month program. Immediate supervision is defined as the supervisor being in the anesthetizing and operating area, dressed in operating room attire (scrubs), not actually administering anesthesia in another location and available immediately. The proximity of the supervisor to the SRNA is the professional judgment of the supervisor and is based on the experience and skill level of the SRNA.

Student's clinical experiences will be developmental and progressive in nature, progressing in complexity as the student demonstrates capability. Students will be

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

oriented to assigned clinical site Anesthesia Department, operating suites, anesthesia equipment, and narcotic/medication administration policies by the site clinical coordinator or their designee.

Generally, students will be directly supervised by a CRNA and/or anesthesiologist in all clinical internships based on 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. Clinical coordinators will be consistently reminded about the aforementioned policies, and periodic reviews are made by program administration. In addition, clinical faculty will provide curriculum sequencing data (i.e., syllabi), as a way of informing clinical coordinators of completed course work, and the students level in terms of knowledge development, and learning expectations.

Students will be supervised at the clinical sites in all areas including non-anesthetizing areas by CRNAs, anesthesiologists, and other physician credentialed experts who are authorized to assume responsibility for the student. These situations may include, but are not limited to airway management and resuscitation measures.

3. School of Nursing and Nurse Anesthesia Program Committees:

In order to assure necessary changes occur in relation to the nurse anesthesia educational program, there are a variety of committees in place to provide oversight, continuous quality improvements, and program evaluation. These committees also function to insure students and clinical/didactic faculty have appropriate input into departmental policy evaluation and development. The committees are composed of both school of nursing and nurse anesthesia program faculty members. Refer to SON Handbook.

NAP Strategic Planning Committee

Purposes:

Members of the Nurse Anesthesia Program Strategic Planning Committee (NAP-SPC) will review information and issues relevant to the clinical experience of students. Areas of communication will include but are not limited to the following:

- Student clinical schedules
- Admissions
- University, school, and program policies and guidelines
- Didactic curriculum

AANA Council on Accreditation (COA) requirements for students and programs
The members of the (NAP-SPC) will provide information to the Nurse Anesthesia Program and other clinical sites concerning clinical issues affecting student experiences. For example, problems encountered in obtaining experiences for students, strategies for dealing with clinical issues concerning students, new ideas and progress of changes within clinical sites.
The (NAP-SPC) will participate in strategic planning for the Nurse Anesthesia Program and in the establishment of short term and long term goals for the Nurse Anesthesia Program clinical experience.

The (NAP-SPC) (excluding student representatives and guests) will review individual student clinical progress, assist with problem identification and tracking, set goals for clinical experience, and recommend corrective or disciplinary action. Confidentiality of student information is required from each member of the (NAP-SPC).

Meetings:

Meetings are scheduled quarterly in the months of August, November, February, and May. Date and time of meetings will be determined for the year by the Nurse Anesthesia Program Faculty.

All members are strongly encouraged to attend. If unable to attend, please notify the Nurse Anesthesia Administrative Assistant. Clinical Coordinators are expected to communicate student progress information to the Nurse Anesthesia Faculty in advance of the meeting if unable to attend the meeting. Agenda items should be submitted in writing to the Program Director in advance of the meeting. The agenda, announcements, and minutes from the prior meeting will be distributed.

Membership on the (NAP-SPC) is by invitation from the Nurse Anesthesia Program Director in accordance with the guidelines of the AANA COA. The (NAP-SPC) is comprised of the Nurse Anesthesia Faculty and Medical Director, Clinical Site Coordinators and Associate Coordinators and Student Representatives elected by each class. Student Representatives do not participate in student progress review.

Invitations to attend the (NAP-SPC) meetings can be extended to other individuals by decision of the Program Director.

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

COMMITTEE MEMBERS

Rossana Bizzio, MS, CRNA, ARNP – Program Director
Valerie Bell, MSN, CRNA, ARNP – Associate Program Director, Director of Simulation NAP
Nate Apatov, PhD, CRNA, ARNP –Faculty

Richard Silverman, MD–Medical Director, UMSONHS NAP, Department of Anesthesiology,
Jackson Health System
Nilda (Nena) P. Peragallo, DrPH, RN, FAAN – Dean & Professor, University of Miami School
of Nursing (Ex-Officio)
JoAnn Trybulski PhD, RN– Associate Dean of Graduate Programs and DNP, University of
Miami School of Nursing (Ex-Officio)
Nurse Anesthesia Student Member (TBA)

Gabriella Otey, MSN, CRNA, ARNP – Clinical Coordinator at Jackson Health System
Madeline Lai, MSN, CRNA, ARNP-Clinical Coordinator Jackson Health System, OB
Ava Barnes, MSN, CRNA, ARNP – Clinical Coordinator - BPEI
Marinela Boeru, MD – Clinical Coordinator at Sylvester Comprehensive Cancer Center
Henry Olivera, MD, MSN, CRNA, ARNP-Clinical Coordinator-University of Miami Hospital
John Rivas, MSN, CRNA, ARNP-Clinical Coordinator-Miami Veterans Administration Hospital
Maureen Hopfinger, MSN, CRNA, ARNP-Clinical Coordinator-Cleveland Clinic Florida
Andy Guttman, MD-Clinical Coordinator, Director of Anesthesia, Westside Regional Memorial
Hospital
Soloman Imiak, MD- Clinical Coordinator, Director of Anesthesia Mercy Hospital
Ralph Rico, MD- Clinical Coordinator, Director of Anesthesia Jackson South Hospital
Michael Meister, MD- Clinical Coordinator, Director of Anesthesia South Miami Hospital
Neel Palkar, MD- Clinical Coordinator, Director of Anesthesia Plantation General Hospital
Charles Bauer, MD- Clinical Coordinator, Director of Anesthesia Miami Children’s Hospital

GENERAL CONSIDERATIONS AS AN SRNA

Remember that Operating Rooms are unpredictable places when it comes to scheduling. An emergency case is never planned or the unexpected nature of a surgery which goes on longer than predicted. Each anesthesia department is committed to releasing you from the OR in a timely manner for classes, which is a priority. On non-class days we ask that students utilize this time to optimize their clinical learning experience. This may include staying a little late to provide a continuum of care through emergence and PACU deposition.

This is your education, make the most out of your clinical environment!

The OR schedule will often change many times during the course of the day. Cases will be cancelled, room assignments changed, and emergencies added on. There will be occasions when you will have a care plan prepared for a particular patient but you will be providing anesthesia for an unexpected case. This is a common occurrence in all OR's and we understand the frustration this causes, particularly for the beginning student.

Flexibility and developing strategies for quick planning are essential tools for a successful student.

TIME COMMITMENT

The program is 28 months in duration and graduation from the University is in December. Although minimum case numbers will be reached prior to graduation, students are required to complete all university requirements to be eligible for graduation.

ACADEMIC CALENDAR

The UMSONHS NAP follows the UM academic calendar during the first two semesters of the 28-month program. Commencing the third semester of anesthesia training, students begin the clinical calendar/schedule as designated by NAP Program Director and faculty. Students will sign a waiver agreeing to accept the anesthesia clinical calendar, which will be placed in their file.

ATTENDANCE & VACATION/LEAVE POLICY

Students who are absent/tardy from didactic or clinical commitments must follow the policies established by the Program Director. Any pattern of tardiness or illness will be addressed, documented, and result in disciplinary action. All counseling sessions will be documented and become part of the student's permanent file.

Attendance

- **Students are required to attend all classes within the Nurse Anesthesia track, as well as any conferences, M&M, grand rounds, workshops, simulation sessions, lectures, and other meetings as announced.**

Personal business (such as non-emergency physician appointments for student or dependant) must be handled on student's own personal time off and should not conflict with didactic or clinical commitments.

Approved vacations will exempt the student from attendance to didactic and clinical requirements, and no call scheduled during said time. However, during vacations students will be held accountable for material covered in classroom and clinical setting. Whenever possible, material covering these topics will be made available on Blackboard.

Examinations/quizzes may only be made up in the event of an emergency. Vacations should not be planned during the time exams are scheduled, and prior arrangement must be made with the course director for make-up examination.

Students who are absent from any didactic commitments, without valid authorization, are subject to counseling/disciplinary action.

Students who are absent from clinical commitments, without valid authorization, will incur clinical failure for the day.

Tardiness

This includes reporting late for classes, didactic commitments or the clinical area. It also includes taking excessive time for lunch or breaks in the clinical area. Excessive tardiness will result in counseling by both the clinical site's coordinator and/or Program Director. Continued tardiness may result in disciplinary action. All counseling sessions will be documented and become part of the student's file.

If a student has prior knowledge that he/she may be late in arriving to class or clinical they must notify the appropriate course director or clinical faculty, as well as the respective OR/Anesthesia desk. See phone contact in the front of handbook.

When a student reports more than two hours late, it is the program's policy that the student be considered absent. These occurrences will be handled on an individual basis at the Program Director's discretion.

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

Illness

Any student who misses class or clinical time due to illness may be required to provide the Program Director with proper documentation prior to returning. This provides for the student's own well-being, as well as classmates, and patients to which the student may be assigned.

A student who calls in sick the day of an examination/quiz should contact the appropriate faculty person as well as the Program Director. At the discretion of the course director, a different exam may be given as an option for make-up.

In the clinical area, there is no "sick time". Any student who is too ill to attend clinical duties should contact the OR desk and clinical coordinator of the assigned facility. The student should also contact the CRNA or Attending MD they are assigned with, if known, as well as the Anesthesia Coordinator, Marlene Pino at 305-284-2645.

Any clinical time missed due to illness must be made up, as scheduled by the site's clinical coordinator and/or program faculty. **If unable to make up clinical time during that rotation, the time will be made up at the end of the program, effectively delaying the student's graduation.**

Extended Illness

Any student who is absent due to an extended illness (greater than ten days) must schedule an appointment to discuss the matter with the Program Director. Special consideration may be granted when proper documentation is provided.

Pregnancy

It is the student's responsibility to safeguard their health. They must notify the program director as soon as they become aware of their pregnancy. If a pregnant student is required to stop attending practicum, she will be required to accept a medical leave of absence from the program. The student may then be placed in the next class, on a space-available basis, essentially delaying the student's graduation by at least twelve (12) months. **If a student chooses to continue in the program while pregnant, she must be under the care and release of her OB/GYN, and sign a waiver releasing the school from any responsibility of negative outcome associated with the pregnancy and/or birth related to the documented hazards of anesthetic agents to the developing fetus.**

Vacation

Students who are in their first two semesters in the Anesthesia Program will follow the University of Miami academic calendar for vacation and holidays. No additional time off will be granted during the first two semesters. Upon the beginning of Semester III, as the clinical/practicum commitment increases students will no longer follow the university calendar.

- Students are allotted two weeks inclusive of vacation and sick time.
- Beginning Semester III, students may request a maximum of ten (10) clinical days off for vacation.
- Time may be used in blocks no longer than five (5) days at a time. Exceptions for blocks longer than five (5) days at a time may be granted by the Program Director.
- Requests for vacation time must be submitted **in writing** and will be awarded based on first come basis. Students who are in the same clinical facility will have vacations granted, whenever possible, based on amount of notice given, and the needs of that clinical site.
- **No vacations will be granted in the months of July.**

*It is a student's responsibility upon arrival at a new facility, to inform the clinical coordinator of any pending vacation during the time of said rotation.

- **Do not schedule vacation plans, flights, etc. until vacation requests are approved by the clinical coordinator and program faculty.**
- Requests for scheduling of specific clinical days or call time are at the sole discretion of the clinical site coordinator. Any requests deemed excessive or unreasonable will be denied.
- A clinical site may limit the number of students granted vacation at any one time.
- Vacation may not be scheduled on an orientation day to a new clinical site or specialty rotation, even if already at the site.
- Vacation requests for class days are at the discretion of the respective Anesthesia Course Coordinator. As stated previously, students are responsible for all class content and requirements during scheduled vacation time.
- No more than two (2) weeks of vacation may be scheduled during any 3 month rotation. Vacation is limited to one week at rotations less than 3 months. For example, if a student is scheduled for 3 clinical days each week, then 6 days is the maximum clinical vacation time that may be taken during that 3 month rotation.
- No vacation will be granted during specialty rotations of cardiac, pedi, OB and neuroanesthesia.

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

- Once a student has progressed to the clinical calendar, students are in clinical 5 days/week during term and spring break. To schedule a week vacation during breaks, 5 vacation days must be used.
- **End of program terminal vacation is not permitted.** Vacation days may be granted during the last two weeks of the program on a limited basis only by the program director. Students **must** be available when needed to complete program requirements related to graduation during the last term.
- **There will be no bargaining for vacation days by leveraging make up days elsewhere.**

Interview Days

- Two (2) interview days (maximum for program) will be granted to any third year student for the sole purpose of interviewing for employment. The approval process is the same as for vacation time.
- Proof of interview is required and should include a letter from the potential employer confirming the interview.
- Additional interview days may be granted by the Program Faculty in extenuating circumstances and only after all vacation time has been used.

Professional Organizations

AANA MEMBERSHIP

Students are required to hold an Associate Membership in the American Association of Nurse Anesthetists (AANA) commencing the first month of matriculation and lasting the duration of the program.

The cost of Associate Membership is paid by the student as specified by the AANA and provides:

- subscription to AANA publications,
- identification card designating the student as an associate member,
- privilege to attend AANA/FANA meetings and conferences as a non-voting participant.

Students are required to attend two conferences during the 28 month anesthesia program duration, (FANA and/or AANA). Proof of registration and attendance is mandatory.

Students are granted 5 cumulative educational days for conferences.

FANA meetings are open to students on Saturday and Sunday of the scheduled meeting. If a student becomes a board member of the FANA student chapter, they will be allowed to attend the meeting beginning Friday of the scheduled meeting weekend.

American Association of Nurse Anesthetists (AANA) conventions are held annually at different sites across the nation. Submission of proof of registration and attendance to AANA is

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

necessary. Requests for time off to attend professional organization meetings should be made to the Program Director.

AANA Annual Meeting

- **All students planning to attend must be in good academic and clinical standing.**
- Students will be released from clinical assignments for the meeting.
- Travel days may be designated in advance by the program director but the student must travel to the meeting on that day.
- Students not attending this meeting will remain in the clinical sites 5 days that week.
- Specific events will be designated in advance by the Program Director as “required.” Failure to attend **any** of these events will result in forfeit of the compensatory days for the entire meeting.
- Students are expected to attend the entire meeting including educational sessions, or be in the clinical area.

Request for additional conference time will not be honored as educational leave until attendance policy at FANA or AANA conferences has been met.

Professional attire and behavior are mandatory while at any professional meeting.

You not only represent yourself to potential employers at these meetings, but also the University of Miami School of Nursing and Health Studies, and the Nurse Anesthesia Program.

Review Courses

Students may be granted additional time off (**3 days**) to attend AANA approved board review courses (R&R, Valley). Only approved courses will be granted time off.

Many other anesthesia conferences might be AANA approved for CMEs, but not as board review courses. A student wishing to attend any of these conferences will need to use their vacation time in order to do so.

Requests for time off for review courses should be made to the Program Director.

Students on academic probation, clinical probation, or deficient in case counts or other course work will not be granted time off.

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

Leave

A leave of absence for medical or military reasons may be granted by the Associate Dean for Graduate Programs and GASAC. Proper documentation of the need for this leave must be submitted in a timely matter.

Any leave of absence which is granted is done with the clear understanding that the Anesthesia Program is a locked-step program, and the student will have to re-enter the program at the same level at which he/she took the leave, provided there is space available within that class.

Military leave will be granted in agreement with the AANA statement in support of the National Guard and Reserves of the U.S. Armed Forces.

Requests for leave should be made directly to GASAC. Leave request forms are available directly from the Office of Student Services.

Jury Duty

Students called for jury duty will be granted time off upon submission of proof to the Program Director. The student will have to submit copies of official notices from Miami-Dade County or the State of Florida assigning the jury duty, as well as proof of attendance to court when called to attend. Jury duty time, depending on time obligation, may have to be made up, at the discretion of the Program Director.

Funeral Time

Students are granted three (3) funeral days for the death of an immediate family member. One (1) day may be granted for the funeral of others. Students must notify the Program Office and the clinical rotation site when funeral time is necessary.

Military Duty

Members of the United States Armed Forces may be excused from the program as ordered to fulfill their military duty. Students are strongly encouraged to seek deferral of Active Duty obligation because of the full time educational commitment. Students should notify the Program Director upon receiving active duty orders. The Program Director will provide a letter of support for the deferral of Active Duty Training. Students electing to perform temporary military duty are responsible for any class material missed during their leave from the Program and must use vacation time.

MONTHLY TIME SCHEDULE

Clinical scheduling for all students is completed by the clinical coordinator on a monthly basis. **Before any clinical scheduling change can be made by a student, it must be pre-approved by the program faculty.** University course commitments are taken into consideration when clinical caseload is determined.

Requests for vacation time must be submitted **in writing** as early as possible, and will be awarded on a first come basis. Every effort is made to accommodate reasonable requests.

Unless the issue is a true clinical emergency, all matters pertaining to request for time off will be entertained Monday through Friday, during normal business hours of 9:00 am to 5:00 pm. **No responses will be provided via e-mail during the weekend.**

STUDENT CLINICAL SITE COORDINATOR RESPONSIBILITIES

Qualifications

Active, practicing credentialed CRNA/Physician.
Experienced in the delivery and management of anesthesia care.
Minimum of a baccalaureate degree; masters preferred (CRNAs).

Duties

The clinical coordinator will:

1. Serve as the site resource person for implementation of the clinical practicum of the Nurse Anesthesia Program
2. Provide students with a comprehensive orientation to the clinical site including but not limited to:
 - Physical plant overview
 - Emergency equipment and procedure
 - Phone and paging system
 - Rotation expectations of student performance/responsibility
 - An overview of relevant departmental/hospital policies.
3. Facilitate assignment of nurse anesthesia students to a variety of clinical experiences that are appropriate to the student's level of experience and meet certification requirements.
4. Make recommendations regarding the assignment of supervisory personnel to the students.
5. Review student evaluations and management plans.
6. Counsel students as necessary.
7. Function as a resource person for students.
8. Serve as a liaison between the Nurse Anesthesia Program and the clinical faculty and relay important information between the program and the clinical site.
9. Function as a member of the Clinical Advisory Committee of the Nurse Anesthesia Program and attend its quarterly meetings.
10. Encourage the clinical faculty to complete daily student evaluations.
11. Complete written summary evaluations of the students' clinical progress following consultation with the anesthesiologists and CRNAs of the anesthesia department at the conclusion of each rotation.
12. Conduct interim and summary conferences with each student if possible to discuss the student's progress including strengths and weaknesses.
13. Submit student schedules, attendance records, and other required paperwork to the program at the conclusion of each rotation.
14. Maintain files of appropriate student records and store files in a location that maintains confidentiality.
15. Monitor and assure compliance of the facility with the COA Standards and Guidelines for Nurse Anesthesia Educational Programs. Discuss issues relating to compliance with program faculty.
16. **Maintain student confidentiality.**

The clinical coordinator and preceptor at each site has the ultimate authority to remove a student from the OR or clinical area if a student is deemed deficient for the assignment.

NURSING LICENSE

A valid and current **Florida** nursing license must be on file at all times with the Nurse

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

Anesthesia Program throughout the program. FLA nursing license renewal is available on-line. If a student is found to have an expired or missing nursing license, they will be removed from the clinical area and vacation time deducted until a valid, current license is produced. If receipt of the official license is delayed for any reason, it is the student's responsibility to submit a web-verification of RN license and the official license must be submitted promptly when received.

Failure to maintain current licensure is grounds for removal from the program. A warning message is generated by the Typhon NAST system 60 days prior to expiration. This warning message is the only notification you will receive prior to removal from the clinical area.

ACLS / PALS / BLS

In accordance with School of Nursing Policy (CPR Certification), All Nurse Anesthesia Program students must maintain Basic Life Support Certification throughout the program. ACLS certification is a Nurse Anesthesia Program and AANA requirement for clinical experiences. Students must have current ACLS certification prior to entry into the clinical area and maintain ACLS certification at all times throughout the program. PALS is an AANA requirement for all students and must be completed by 8 months in the program. A copy of all current ACLS, PALS and BLS cards must be on file with the program. If you are NOT provided with your new card at the completion of the program, have a *Verification of Completion Form* completed by the instructor and submit it to the program. This will suffice until you receive your card. Verbal notification of attendance is not acceptable. If at any time a student is noted to have an expired ACLS, PALS or BLS card, they will be removed from the clinical area and vacation time deducted until a current card is presented. All costs incurred related to ACLS / PALS and BLS are the student's responsibility. A warning message is generated by the Typhon NAST system 60 days prior to expiration. This warning message is the only notification students will receive prior to removal from the clinical area.

PAGERS

Students will be assigned pagers at various clinical sites. If the pager is lost, the student will be billed for the cost of the replacement (approximate cost: \$275). Students are responsible for keeping the pager in working order and verifying its function. Pagers must be turned on when in the clinical site. The pagers are not for personal use.

ID CARDS

Students are required to obtain an ID card for the clinical site when starting the program that indicates "Nurse Anesthesia Student". In some cases this must be obtained 1-2 days in advance of the start of the clinical rotation. Please check the student clinical information to see which sites require ID's in advance. An ID card must be worn at all times when performing patient care activities. If lost, the student is responsible for obtaining a replacement card. A letter from the Program administrative assistant verifying current student status must be presented to the ID card department before a replacement can be issued. The student is then responsible for obtaining a replacement scrub tag, and having the new badge number re-coded into the appropriate hospital security system. All ID cards must be surrendered at the end of the rotation or program.

GUIDELINES FOR CLINICAL EXPERIENCE

Beginning students do not participate in clinical activities during the first semester of the program. During this time orientation workshops, skill sessions, and other educational activities are instituted.

First year students begin clinical rotations during the second semester.

During this clinical rotation the student will spend one day a week in skill lab, and half day in the Operating Room each week, assigned a CRNA preceptor. Specific clinical responsibilities will be explained to students during the Basic Principles of Anesthesia course and prior to the start of the clinical experience.

CLINICAL SCHEDULING

Clinical experience does not follow the University of Miami academic calendar

- Students are to report for orientation on the first day of a new rotation at the time and location specified by Clinical Coordinator, unless other arrangements are made. The agenda for the orientation day will be outlined by each Clinical Site Coordinator. **Vacation may not be taken on the orientation day for a new clinical site or during a specialty rotation.**
- Henceforth from semester three, clinical days are Tuesday through Friday. **Specific clinical days are scheduled by the clinical site coordinator.**
- Student clinical schedules will not conflict with scheduled classes or other anesthesia program requirements.
- Changing clinical time or scheduled clinical days must have the approval of the Clinical Site Coordinator and/or Program Faculty when applicable.
- Under no circumstances will clinical schedules be designed to accommodate outside employment activities.
- **Students are responsible for verifying requested schedule changes and commitments with the master schedule at the rotation site.**

Daylight OR Schedule

- **Students are responsible for obtaining clinical assignments the preceding day (as per each rotation site guidelines) and fully preparing for the clinical experience by preparing a through case management plan, and being sufficiently well read on patient's procedure, pathophysiology, and co-morbidities.** Students may be required to perform preoperative visits on in-patients despite non-clinical time the preceding day.

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

- **Students must arrive in the operating room in sufficient time to completely prepare for the administration of anesthesia of the assigned cases.** Students are not to expect the ancillary support personnel to prepare the anesthesia environment.
- Students will be released from the clinical site by the Clinical Coordinator or designee. At the discretion of the supervising CRNA or Clinical Coordinator, students can be required to remain at the clinical site to finish cases. Compensatory time can be awarded if deemed appropriate by the coordinator. Total clinical hours within a rotation will be determined by the clinical coordinator in consultation with Nurse Anesthesia Program faculty.
- If students are unassigned, or have completed their assigned scheduled cases, re-assignment is at the discretion of the Student Clinical Coordinator or Schedule/Assignment Coordinator (MD or CRNA).
- Students may schedule extra clinical days but will be assigned after all regularly scheduled students have case assignments. **These extra clinical days cannot be used to replace regularly scheduled days, replace ill days, or provide extra vacation time.**

Alternative Scheduling, In-House and Beeper Calls:

- When scheduled for alternative hours (off shift or call), students are to report to the Charge CRNA/MD or Clinical Coordinator for assignment and also prior to leaving the site at the end of the experience (applies to beeper call if called in).
- Students who have completed sufficient clinical experience and have successfully met level objective criteria will be assigned to call experiences. Weekday, weekend and beeper call may be scheduled at the discretion of the clinical coordinator. Students assigned a call shift may receive compensatory time off as appropriate. Compensatory time off is assigned only at the discretion of the clinical coordinator in consultation with Program Faculty.
- Beeper call will be assigned during specialty rotations at the discretion of the clinical coordinator. The student may also request beeper call for specific experiences.

CLINICAL SITE ROTATIONS

All clinical site rotations are made by NAP faculty, and are based on learning needs and opportunities for clinical experiences. Rotations outside the primary clinical sites (UMH & JHS) are to enhance clinical education. Generally these rotations do not begin until the second year of study. Students will be given advanced notice regarding rotations to other facilities, and are responsible for providing their own transportation.

These experiences provide excellent clinical opportunities, observation of different clinical practices, and differing anesthesia practice models.

Orientation to Clinical Sites

Clinical Coordinators will orient students on the first day of each rotation. Students are responsible for all information presented during the orientation. Students are required to review the orientation materials available in the Student handbook and on Typhon prior to orientation. Lockers may be provided to the student at each rotation site. Students are asked to refrain from leaving valuables in lockers or in open areas. Students are expected to remove contents from lockers at the end of each rotation.

Scrub clothes are provided by all clinical sites. It is unacceptable to remove scrubs from the clinical facility. It is a violation of some institutions infection control guidelines to wear scrubs from home into the OR. The scrubs are for use in the anesthesia/OR areas only and must be laundered by the facility. Please follow the policy implemented by the facility.

Clinical Site Daily Assignments, Supervision, and Responsibilities

Clinical experience at each of the rotation sites is unique. Student assignments in the clinical area are by clinical coordinators or their designee. The degree of student responsibility and autonomy should reflect their length of time in the program, the physical status of the patient, and the complexity of the procedure. Opportunities for advanced clinical experiences or increased autonomy will be contingent upon student performance, demonstrated capabilities, and knowledge base as agreed upon by the Program Director, CRNA student coordinator, and attending anesthesiologists.

Direct supervision will be provided by a clinical instructor (CRNA and/or Anesthesiologist). The instructor must be immediately available at all times in the anesthetizing area (OR suite) when the student is managing the anesthetic. No more than two students may be concurrently supervised by a single instructor. In accordance with AANA COA Standards and Guidelines, anesthesia resident's may not be responsible for the direct supervision of a SRNA.

Every attempt will be made to complete assignment schedules on the afternoon prior to the clinical experience day in order for students to adequately prepare for their case(s).

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

Preparation for clinical experiences include, but are not limited to, the following:

- Preparing in advance for all patients to whom they are assigned to administer anesthesia as per the *AANA COA Outcome Criteria*
- Obtaining their patient assignment prior to their scheduled clinical day
- Performing a preoperative patient interview/assessment on all available cases
- Preparing a comprehensive, individualized, anesthetic management plan for **every** clinical case with a written plan due for one case/day unless otherwise directed by program faculty
- Discussing the plan of care with both the supervising CRNA and/or Anesthesiologist the evening prior
- Assuring the room & any necessary anesthesia equipment set up is proper and adequate for the anticipated case
- Implementing an appropriate plan of care
- Performing a postoperative patient evaluation on all cases as appropriate.
- Documenting all case information, time logs, and required evaluations in the Typhon Nurse Anesthesia Student Tracking (NAST) system

Overall conduct during the clinical experience must be professional at all times. Cell phones must be turned off when in the clinical area and students may not accept or make cell phone calls when providing anesthesia. Students are required to follow the infectious disease and OSHA blood borne pathogen standards in all clinical areas.

PREOPERATIVE AND POSTOPERATIVE VISITS

Students are expected to perform preoperative visits and patient assessments of all in-patients for whom they are assigned to administer an anesthetic at all clinical sites.

All patients for whom the student administered an anesthetic must be visited postoperatively (unless discharged from the facility). Preoperative visits can include a full assessment in the holding area. Postoperative visits also include PACU checks after the transfer of care.

Students must wear a labcoat with appropriate professional attire or scrubs when visiting patients. In clinical sites requiring providers to enter QI information, students are responsible for complying with the guidelines of the facility.

An unsatisfactory grade for clinical practicum may result from failure to comply with this directive.

PROGRAM DRESS CODE

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

- Attire in the didactic setting is to be modest & business casual/professional at all times.
- Attire when visiting patients on a clinical unit must be business professional if in street clothes. Scrubs are acceptable when covered by a lab coat, which must be worn at all times when outside the OR area.
- Attire in the clinical sites is to be professional at all times.

Jewelry:

Earrings - one per ear lobe (button style) are permitted.

Visible body jewelry must be removed. This includes tongue piercing.

Smooth band rings, service or professional pins are acceptable.

Tattoos cannot be visible.

Hair must be of a naturally occurring color and neatly groomed.

Nails are to be clean and short and follow the CDC recommendations
(less than ¼ inch length, no acrylic/synthetic nail tips).

Failure to adhere to the dress code is grounds for clinical warning, probation or additional action.

CLINICAL EXPERIENCE RECORD SUBMISSION

Students are required by the AANA Council on Accreditation of Nurse Anesthesia Programs to maintain a record of clinical experiences. The Nurse Anesthesia Program requires all submission of all case data and time logs to be performed electronically using the Typhon Group NAST System. Use of personal, university, or facility computers is acceptable for data entry.

A software license for PDA remote case data entry (windows or OS) may be purchased by the student for a \$15 one-time fee. Students will be oriented to this system during the Spring (second semester). Students are responsible for following these directives and failure to comply will result in removal from clinical.

All clinical case records and time information are to be submitted within 7 days. Failure to submit clinical and time information in a timely and accurate manner may also result in an unsatisfactory grade for the clinical practicum.

EVALUATIONS

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

Throughout the program students are evaluated formally in the following seven areas:

- *Preparation*
- *Pre-anesthesia assessment*
- *Induction / Maintenance*
- *Emergence / Post-anesthesia management*
- *Anesthesia skills*
- *Professional attributes*

Daily evaluation tools are utilized to assess cumulative learning, knowledge, and skills which are expected to improve consistently. Daily evaluation forms are bound in monthly allotments, and are also available in downloadable format from Typhon.

Students must demonstrate the integration of theoretical knowledge into the clinical area in order to progress through the curriculum.

If students are having difficulty in the clinical area we strongly suggest they seek a staff CRNA and/or faculty member to evaluate and correct these difficulties. The SRNA may find they are doing well but have placed an unreasonable expectation on themselves. The CRNA may be of help in guiding the student through a particular area of difficulty.

The first spring and summer semesters are the most difficult for many SRNA's as it takes time to adapt to a new environment, new people, a career change, and the stress of being in a student role again.

You are not expected to know everything but we do expect that each day you will show up eager to learn and apply yesterday's experience.

The learning curve is steep and we emphasize the basic blocks of knowledge which are essential to a strong foundation to build upon over the next twenty eight months.

DAILY PERFORMANCE EVALUATIONS

The dual purpose of daily evaluation forms is to aid the SRNA in designing an appropriate anesthesia care plan and to provide the supervising MD/CRNA a means of evaluating your performance. The care plans are to be written in advance and submitted to the supervising staff prior to the case. Your semester grades and evaluations will be drawn from these daily evaluation tools.

It is your responsibility to solicit your staff member for evaluation on a daily basis. Students must take the initiative to ask their supervisor about their performance and feedback on a particular day. **Care plans and daily evaluations are not submitted at your discretion. You must submit all care plans weekly, via Typhon, and evaluations monthly to the anesthesia coordinator, no exceptions.** Your semester grade will reflect the quality and amount of evaluation forms the clinical coordinator has received.

Care plans are written during the first year as a written articulation of your understanding of the pathophysiology, patient co-morbidities, and procedural complication which affect anesthetic management. Care plans are intended to help you organize your thought and action plans you will implement during your anesthetic delivery. Care plans will transition from written to oral, during the second year.

It remains the SRNA's responsibility to discuss the plan of care with the supervising CRNA or MD prior to administering the anesthetic. **At no time should a student administer any anesthetic without first discussing it with the assigned preceptor for the day.**

SUMMATIVE PERFORMANCE EVALUATIONS

Summative evaluations are conducted at the end of each semester, beginning first spring semester (January-May) for each student. The summative evaluations are primarily based on the daily evaluations from clinical instructors (both CRNAs and anesthesiologists). It is critically important that students take the initiative to improve their performance based on the feedback received from daily evaluations by clinical instructors. Students must obtain a satisfactory grade (S) on the summative evaluation in order to successfully pass the following courses:

Year 1

- NUR 614: Basic Concepts in Anesthesia Nursing (Spring)
- NUR 619: Advanced Concepts in Anesthesia Nursing I (Summer)

Year 2

- NUR 620: Advanced Concepts in Anesthesia Nursing II (Fall)
- NUR 645: Interdisciplinary Anesthesia Nursing Internship I (Spring)
- NUR 646: Interdisciplinary Anesthesia Nursing Internship II (Summer)
- NUR 650: Interdisciplinary Anesthesia Nursing Internship III (Fall)

Clinical Probation

Failure to progress or meet clinical performance objectives will result in a student being placed on clinical probation.

A student may be placed on probation or dismissed at any time for a violation of ethical behavior which can be found in the University Bulletin Code of Ethics and the SONHS Academic Policy Manual.

Probation should be viewed as a positive step to help the student identify weaknesses, take corrective action, and to encourage students to seek individual or more intensive instruction in problem areas. Probation also serves as a means of performance documentation for both the student and faculty.

“Probation is defined as a time frame of at least 30 days designated to evaluate the performance of a student who has not met clinical performance objectives as stated in the daily evaluation tool and student handbook.”

A record of probation will be made on the “Probationary Action” form, including specific unmet objective(s) and action plan for remediation. (See “Probation Action Form”).

Probation Guidelines

Students must demonstrate safe, ethical nurse anesthesia practice in all areas. Consideration for probation will be based on a review of written evaluations obtained in the clinical area. When students are having difficulty in the clinical area, they are counseled by program faculty, goals and objectives are identified and a plan is formulated with input from the student.

If at any time it is determined that a student is not meeting clinical performance objectives, a probationary status will be considered.

Reasons for placing a student on probation include, but not limited to:

- a) failure to meet clinical performance objectives
- b) repeated difficulty relating/recalling didactic information
- c) clinical site coordinator requests the removal of a student from a clinical site
- d) serious questions regarding judgment or competency are raised in written evaluations
- e) student is involved in critical clinical incidences
- f) repeated errors in clinical judgment
- g) inability to cope with critical intraoperative events
- h) inability to effectively cope with stress
- i) repeated inadequate/unsafe anesthesia technique or clinical skills
- j) acts of insubordination
- k) repeated failure to meet daily clinical performance objectives
- l) acting in a way which threatens patient safety
- m) falsification of documents including, but not limited to, Typhon system, medical records, controlled substances documentation, clinical evaluation forms
- n) persistent tardiness or lateness in the clinical area
- o) unexplained absence from clinical
- p) leaving clinical area without notifying supervising staff
- q) failure to participate in clinically related assignments e.g., : journal club, seminar, clinical anesthesia conference, professional conferences, self-evaluations, care plans, accurate case record tracking and Typhon record keeping, clinical, didactic, faculty evaluations or other materials assigned by faculty.

Emphasis will be placed on student performance in relation to clinical performance objectives. A recommendation for probation will be presented by program faculty to the Program Director. The decision to place a student on probation will rest with the Program Director. Students must obtain a “pass” grade in all clinical courses.

Students will be counseled during their mid-term evaluations as to their status or progress. Students should also receive an academic alert notification at mid-semester or mid-course.

A failing grade for the clinical course will result when a student does not successfully meet the requirements of probation. In order to receive a passing grade for clinical the student must satisfactorily meet all clinically related assignments as required. The faculty will review with

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

the student their written evaluations at the time of the assignment of probationary status noting specific areas needing improvement.

The student will work with the faculty to develop a written plan for obtaining clinical objectives. While on probation, the student will meet regularly (at least weekly) with program faculty to review clinical evaluations and discuss progress. The student will be responsible to schedule these meetings.

A probationary action form will be initiated for each probation period. The student will sign the form indicating that he/she has read the form and does not necessarily indicate agreement. The student is invited to make comments on the bottom of the form.

While on probation the student will rotate to a clinical site determined by the program faculty chosen for quality of clinical instruction and/or clinical case availability.

The clinical faculty will be notified of the student's probationary status and the plan for remediation.

Students will work clinically with faculty when available, for assessment and evaluation.

Students may not take vacation while on probation.

Students are required to meet with their clinical preceptors daily and review their performance.

Student will meet with his/her faculty advisor at least weekly to discuss progress.

The student will be responsible for scheduling these meetings.

Length of Probation

The initial probation period will be no less than thirty days.

At the end of the thirty day period the student's progress will be evaluated. If specified deficiencies listed on the probation form have been met, probation will be terminated.

If during the probationary period, said deficiencies are remediated, but other deficiencies arise, probation may be extended.

If the student has not met the probationary terms, but is making significant progress as determined by the faculty, the probationary status may be extended for an additional thirty day period. If the student has not made satisfactory progress, the faculty may forward a recommendation for relief to the Dean for dismissal from the program.

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

PROBATIONARY ACTION FORM

DATE: _____

STUDENT: _____

Clinical

Warning of Probation Period: _____ to _____

REASON(S) FOR PROBATION:

PROPOSED REMEDIAL ACTION(S):

Program Director

Faculty

Faculty

Faculty

Student

AANA SELF EVALUATION EXAMINATION (SEE)

All students are required to take the SEE during their second year in the program. The exam fee is included in cost of tuition. The Program will submit the SEE roster and student fees to the AANA. Timelines for taking the exam will be posted.

ACADEMIC CODE OF CONDUCT

Attendance

Students are required to attend all scheduled classes, workshops, simulation sessions, conferences, lectures, departmental in-services at their respective clinical sites, the University of Miami Anesthesiology Grand Rounds and other scheduled clinical conferences as determined by the program faculty. The Program Director may mandate attendance at state and local anesthesia meetings and other guest lectures within the University.

No student will be excused from class or clinical assignments to report for outside employment. The scheduling of outside appointments is discouraged during class or clinical time. If outside appointments are unavoidable, arrangements must be made **in advance** with the course or clinical coordinators to schedule vacation time for the missed class.

Students are required to be on time for all classes and conferences and are expected to display professional courtesy. Should extenuating circumstances cause your late arrival to class, **do not enter the class until the first break** to avoid disruption of the educational environment. Consistent tardiness can result in a lowering of the class grade and/or probation. A vacation day may be assessed if any part of a class day is missed. All audible devices must be silenced during class time. It is not acceptable to use cell phones during class.

Class Preparation

Students are responsible for all reading and written work assigned in class. All assignments must be completed by the due date unless other arrangements have been made in advance with the Course Coordinator. All assigned readings are to be completed before the class to allow effective classroom discussion.

Textbooks

Required textbooks for each class will be available at the Medical Campus Bookstore prior to the start of the term.

Assignments

The instructors in any course reserve the right to require re-submission of any assignment or educational endeavor that does not represent graduate level work. Mastery of specific subject material is essential to competent clinical practice. Grades will be adjusted accordingly.

Academic Integrity

Failure to abide by the obligations of Academic Integrity will result in disciplinary action by the University.

Students are expected to follow all guidelines within this Program Handbook, the University of Miami's policy on Academic Integrity, and the School of Nursing policy of student obligations and expectations. Dishonesty on an examination or other academic assessment will result in a grade of zero and dismissal, in accordance with the Program, School of Nursing and University policies.

Plagiarism is unacceptable and is defined in the academic integrity guidelines as:

- *Presents as one's own, for academic evaluation, the ideas, representations, or words of another person or persons without customary and proper acknowledgment of sources.*
- *Submits the work of another person in a manner which represents the work to be one's own.*
- *Knowingly permits one's work to be submitted by another person without the instructor's authorization.*

All materials provided for students including computer files and print materials are the intellectual property of the instructor and may not be shared with any individual outside the program or course without the written consent of the instructor. This directive remains in effect after graduation and applies to distribution or use of any and all course materials.

When downloading files to computers in public labs, the student is responsible for deletion of all files of course materials transferred to computer drives and desktop after use.

EXAMINATION POLICY

Administration

- All audible devices must be OFF – this includes watch alarms, phones, pagers, etc.
- Hats or hoods are not permitted.
- If calculators are permitted, handheld computers/devices or calculators with information storage cannot be used.

Examination review

- Review or scoring of an examination is at the discretion of the individual Faculty.
- Notes may not be taken during examination review.
- Any additional individual review of examinations is by appointment.
- Only examinations for the current term can be reviewed.

Challenge of test items

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

- Any dispute of a test item must be submitted IN WRITING. All disputed items must be clearly validated by a current refereed source.

ACCEPTABLE ACADEMIC STATUS

In accordance with University of Miami's School of Nursing (SON) Progression Policy, students are expected to:

- Maintain a cumulative QPA of at least 83.0% throughout the program.
- Any graduate student who receives a "C" in a nursing course will not progress and will be dismissed from the program.
- A grade of "B-" or "C+" for a course is below graduate standards, constitutes a failure, and the student must repeat that course.
- A student may only repeat one course. (See SON Policy – *Repeat of a Course*)
- Because of the curriculum design, NAP specialty courses are only offered once a year.

ACADEMIC ADVISING

All students are assigned an advisor from the didactic faculty of the Nurse Anesthesia Program. The advisor list is posted at the beginning of the semester.

Meetings between advisors and students will be conducted at intervals during the year as needed. Students or faculty may request meetings at any point to discuss pertinent issues. Such issues may include, but are not limited to: academic and clinical progress, research opportunities, professional integrity and personal issues of concern.

GRADING

The University Of Miami School Of Nursing Health Studies Grading Policy for MSN students regarding Academic Standing and Advancement are in effect throughout the 28-month program.

The grading scale of the SONHS is consistent with the University of Miami grading standards as set forth in the University of Miami Bulletin (www.miami.edu/bulletin).

Students must successfully pass both the didactic portion and the clinical internship portion with a Satisfactory (S) grade in order to continue on with the planned curriculum.

Students may be dismissed immediately for unethical or unprofessional conduct.

WORK POLICY

Students are ***strongly discouraged*** from seeking outside employment as RN's while enrolled in the anesthesia program. It is recommended that the student commit their full attention and energy to their clinical and didactic responsibilities.

UNDER NO CIRCUMSTANCES CAN A STUDENT SEEK EMPLOYMENT AS A NURSE ANESTHETIST BY TITLE OR FUNCTION UNTIL SUCCESSFUL GRADUATION FROM THE PROGRAM.

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

NURSE ANESTHESIA CONFLICT RESOLUTION COMMUNICATION CHAIN

When students have questions regarding subjects/concerns listed below, should be directed to the indicated administrative faculty member, clinical faculty member, or other personnel directly involved with the nurse anesthesia program:

<i>SUBJECT/CONCERN:</i>	REFER QUESTION TO:
All issues related to financial aid	Financial Aid Office
All program related issues	1st Step Rossana Bizzio 2nd Step Dr. JoAnn Trybulski, PhD Associate Dean of Graduate Programs and DNP
General questions/advisement	Assigned student advisor
Clinical instruction at affiliate clinical sites	1st Step Affiliation Clinical Coordinator 2nd Step Valerie Bell, CRNA, APD 3rd Step Rossana Bizzio, Program Director
Clinical scheduling/evaluation	1st Step Annmarie Morejon, CRNA –clinical coordinator 2nd Step Valerie Bell, CRNA, APD 3rd Step Rossana Bizzio, CRNA, Program Director
Unresolved clinical issues	1st Step Affiliation Clinical Coordinator 2nd Step Valerie Bell, CRNA, APD 3rd Step Rossana Bizzio, CRNA, Program Director
Didactic curriculum matters/concerns	1st Step Didactic Instructor (both CRNA instructors and SON instructors) 2nd Step Rossana Bizzio, CRNA, Program Director 3rd Step Dr. JoAnn Trybulski, PhD Associate Dean of Graduate Programs and DNP

* If no resolution can be found, the issue will be directed to Dean Peragallo for final determination.

ACADEMIC POLICIES

ALL ACADEMIC POLICIES OUTLINED IN

The University of Miami Graduate Studies Bulletin,
<http://www6.miami.edu/umbulletin/grad/index.htm>

The University of Miami Students Rights and Responsibilities Handbook,
<http://www6.miami.edu/dean-students/srr.pdf>

The University of Miami School of Nursing Master of Science in Nursing Handbook
<http://www6.miami.edu/sonhs/students/handbook.html>

**ARE IN EFFECT FROM ADMISSION TO GRADUATION FROM
THE PROGRAM**

University of Miami • Miller School of Medicine
Privacy / Data Protection Project



Patient's Bill of Rights and Responsibilities (Florida)

According to the preamble of the Florida Patient's Bill of Rights and Responsibilities:

"It is a public policy of the state that the interests of patients be recognized in a patient's bill of rights and responsibilities and that a health care facility or health care provider may not require a patient to waive his or her rights as a condition of treatment." (FL Stat 381.026)

One of those rights is "individual dignity" and, as a part of that right, the law states:

"Every patient who is provided health care services retains certain rights to privacy, which must be respected without regard to the patient's economic status or source of payment for his or her care. The patient's rights to privacy must be respected to the extent consistent with providing adequate medical care to the patient and with the efficient administration of the health care facility or provider's office."

Similarly to HIPAA's broad general exception for treatment uses and disclosures (and its specific exception for incidental uses and disclosures), the statute adds that there is no intent to "preclude necessary and discreet discussion of a patient's case or examination by appropriate medical personnel."

Patients have a right to express grievances to a health care provider, a health care facility, or the appropriate state licensing agency regarding alleged violations of their rights. This includes the right to know the health care provider's or health care facility's procedures for expressing a grievance.

Health care providers and facilities must make available to patients a written statement of these rights and responsibilities. The statute's model language for this notice lists the statute's rights and responsibilities, beginning with this one:

"A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy."

The Agency for Health Care Administration (AHCA) is obligated to keep a supply of model notices available for providers and facilities to distribute. Health care facilities must adopt policies and procedures to ensure that patients are provided the opportunity, during the course of admission, to receive information regarding their rights, including how to file complaints with the facility and appropriate state agencies.

It must be admitted that Florida's statutes and regulations do not address patient privacy with perfect consistency. Some parts stipulate tight controls over information while others grant broad exemptions for certain kinds of use and disclosure. In part this reflects an inevitable tradeoff for conflicting goals, and the incremental construction of state statutes without an eye to overall congruence.

However, the overall requirements for privacy, and a specific requirement for a notice of rights, are broadly congruent with HIPAA's provisions.

http://privacy.med.miami.edu/glossary/xd_florida_pt_rights_responsibilities.htm



School of Nursing and Health Studies
Nurse Anesthesia Program



M. Christine Schwartz Center for Nursing Education

STUDENT FORMS



School of Nursing and Health Studies
Nurse Anesthesia Program



M. Christine Schwartz Center for Nursing Education

APPENDIX
STUDENT CLINICAL SITE INFORMATION

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

**University of Miami School of Nursing and Health Studies
Nurse Anesthesia Program**

Mailing Address

PO Box 248153
Coral Gables, FL 33124-3850

Physical Address

5030 Brunson Drive
Miami, FL 33134

Contact Numbers

Director	Rossana Bizzio, CRNA, MS	Cell: 786-376-7517 305-284-2572 (office) r.bizzio@miami.edu
Associate Director	Valerie Bell, CRNA, MSN, MACP	Cell: 786-376-7440 305-284-2573 (office) v.bell2@miami.edu
Program Coordinator	Marlene Pino	305-284-2645 (office) Fax: (305) 284-5318 m.pino@miami.edu
Clinical Coordinator	Annamarie Morejon	Cell: (305) 298-6122
Faculty	Nate Apatov, CRNA, PhD	Cell: 305-496-4339 Office: (305) 284-5164 nateapatov@miami.edu
	Danny Acevedo, CRNA, MSN Part time	305-277-7986 (beeper) dacevedo@miami.edu
	Gabriella Otey, CRNA, MSN JMH clinical coordinator	305-806-1845 (beeper) g.otey@miami.edu
	Henry Olivera, CRNA, MD UMH clinical coordinator	cell:786-295-4981 Holiveramd@aol.com
	John Rivas, CRNA, MSN Part time	305-346-3262 (beeper) jrivas@miami.edu
Medical Director	Richard Silverman, MD Part time	305-585-2255-#0749(page) RSilverman@med.miami.edu

School of Nursing and Health Studies
Nurse Anesthesia Program-Student Clinical Handbook

UMH CALL OUT PROCEDURE

I would like to make sure that we are all on the same page regarding the Call Out/Off Procedure. If you are sick or if for some reason you cannot make it to work on time please call (305) 689-5416 (Enma's phone number) and leave a message. The facilitators will be checking our voicemail on a daily basis to anticipate any need(s) for coverage. Please feel free to contact the Facilitator & Board Runner for the day that you are calling off so that they can anticipate staffing needs. The assignments will be available through the daily staffing communication which Jackie has recently created and will be emailing in the evenings.

Otherwise, you can always feel free to contact me via email or phone so that I can relay the message to the facilitator. I am up every morning at 5am so please don't feel like it will be a problem to call.

Lastly, please cc: me with any communications re: questions or concerns that you may have regarding the schedule along with Jackie, Sam, Greta or Candy. Moving forward, I will be handling the KRONOS responsibility that Christine Coleman currently manages and I need to be aware of any swaps, call outs/off, personal days, etc. I sincerely appreciate you all!

Thank you!

Tiana Jessie, MHA
Director of the Clinical Practice for CRNAs
University of Miami Health System
1400 NW 12th Ave
Miami, FL 33136
Office: 305-689-5841
Phone: 305-213-6539