

University of Pennsylvania
School of Nursing
Course Syllabus
Fall 2013

TITLE: N 791 Clinical Field-work in Nurse Anesthesia Practice I

COURSE UNITS: 1 cu

CATALOG DESCRIPTION:

This course provides students the opportunity to integrate theory into practice within the clinical setting. The focus is on the development of diagnostic, therapeutic, ethical and cultural judgments with the perioperative patient. Students progress from the care of healthy patients undergoing minimally invasive surgical procedures to the more complex patient with multiple health issues. The student begins to develop an advanced practice nursing role that integrates role theory, nursing theory, and research knowledge through weekly seminars. Scope of practice, role development and nursing interventions will be introduced and explored in the classroom, and principles will be applied in the clinical practicum.

PLACEMENT: Fall/Year I

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SIMULATION FACULTY: Russ Lynn, CRNA, MSN, Lori Ann Winner, CRNA, MSN, Pete Conicelli, CRNA, MSN, Angela DiDonato, CRNA, MSN, & Dawn Bent, CRNA, DNP, Kimberly Brandt, CRNA, MSN, & Ashley Glor, CRNA, MSN

PRE-REQUISITES: N 681, N 617, N607, N657

CO-REQUISITES: None

COURSE OVERVIEW:

This course is the beginning clinical experience for the novice nurse anesthesia student. Elective procedures on adult patients of ASA Physical Status I and II are primarily selected. Clinical preceptors are experienced CRNAs or anesthesiologists who act as

mentors to facilitate the learning process. Students progress along the learning continuum as they integrate theory into practice and assume more of the role of the advanced practice nurse. Patient assessments apply a consideration for the developmental, cultural, ethical and cultural issues. Scope of practice, role development and nursing interventions will be explored in the classroom and applied in the clinical practicum.

COURSE OBJECTIVES:

1. Demonstrate advanced clinical decision-making and develop clinical competency as a beginning nurse anesthetist.
2. Discuss the scope of practice of the nurse anesthetist and how practice is regulated.
3. Analyze the continuum of care and cycle of illness related to the delivery of anesthesia.
4. Develop and implement plans of care in collaboration with nurse anesthetists, anesthesiologists, nurses, physicians and other members of the interdisciplinary health care team.
5. Analyze and implement cultural and gender sensitive care of the patient undergoing anesthesia.
6. Demonstrate advanced verbal and written communication skills.
7. Integrate a systems approach to the assessment and plan of care development of the patient undergoing anesthesia services.
8. Analyze the importance of quality improvement and utilize evidence-based guidelines in the management of the patient undergoing anesthesia services.
9. Describe and discuss models of care available to the nurse anesthetist.
10. Increase proficiency in clinical database management in the delivery of patient care.
11. Describe the impact of chemical dependency in the nurse anesthesia profession.
12. Develop and demonstrate critical thinking skills with the use of simulation.
13. Demonstrate with the use of simulation advanced cardiac life support in a crisis situation.

TEACHING METHODS:

Supervised clinical practice every Wednesday, Thursday, and Friday with faculty conducted clinical rounds, clinical conferences, lecture, seminar discussion with current evidence based reviews of the clinical anesthesia literature, clinical simulation laboratory and symposium, journal clubs and case presentations.

DUE DATES FOR EVALUATIONS/CAREPLANS/TYPHON SUMMARY:

September 6, 2013

October 4, 2013

November 8, 2013

December 6, 2013

***Late submissions without permission from program faculty of note may result in a 10 point deduction of final grade per offense.**

****An evaluation form for EVERY day in clinical is REQUIRED.**

When you submit your monthly packet, you must also submit a copy of the schedule that reflects the days you were in clinical for that respective monthly submission. If an evaluation is missing from a CRNA/MDA preceptor, you must submit who you were with on that day and the reason for not having the evaluation.

The evaluation process provides critical feedback. It is a meaningful process that leads to growth and development of the integration of your didactic knowledge into the clinical area.

In accordance to the existing policies and procedures of the Council on Accreditation, the evaluation process as defined by the academic institution must be adhered to by all parties involved. Therefore, it is critical that the program faculty be made aware if the clinical affiliate site is not returning the evaluation tool to the SRNA in a timely manner and/or if the SRNA is not turning in the evaluation tool into the University of Pennsylvania.

EVALUATION METHODS (CLINICAL):

The clinical fieldwork of this course is dependent upon successful completion of the clinical objectives at a competent level that is necessary to pass the course. Students who do not successfully complete the clinical fieldwork component of this course will fail the entire course and may not progress in the program.

Clinical Progression:

Clinical Progression

Verbal warning for clinical probation-Final grade decreases to B

Written warning for clinical probation-Final grade decreases to B-

Clinical Probation for 30 days-Final grade decreases to C+

I.E.: Final Grade for 100% (as listed below) of your grade = A, your final grade will decrease to B if you have been given a verbal warning for clinical probation, a B- if you were given a written warning for clinical probation, and a C+ if you were placed on clinical probation.

Note: Verbal warning, written warning for clinical probation and clinical probation are described in the MSN Nurse Anesthesia Handbook Addendum

Removal from clinical due to unsafe practice and/or clinical probation necessitates review from the Academic Progressions Committee and may result in failure of the course, failure to progress and/or dismissal from the program.

Failure to successfully come off probation or recurrence of probation may result in failure of the course, failure to progress in the program and necessitates review from the Progressions Committee.

EVALUATION METHODS (DIDACTIC):

Exam #1 (Comprehensive Exam)	30%
Exam #2 (Care Plan development)	30%
Panel Discussion	20%
Oral Boards	10%
Simulation Pretest (total 4= each @ 2.5%)	10%

GRADING POLICY:

A+ 97-100	B+ 87-89	C+ 77-79	F 0-69
A 93-96	B 83-86	C 73-76	
A- 90-92	B- 80-82	C- 70-72	

Rounding will be done as follows:

Grades of .5 and above will be rounded up to the next whole number

Grades of .4 or less will be rounded down to the next whole number

Should a student be found responsible for cheating in this course, their grade for the course will be a failure. The University Code of Academic integrity will be followed in this course (see below). It is also available on Blackboard and the student handbook.

Code of Academic Integrity

Since the University is an academic community, its fundamental purpose is the pursuit of knowledge. Essential to the success of this educational mission is a commitment to the principles of academic integrity. Every member of the University community is responsible for upholding the highest standards of honesty at all times. Students, as members of the community, are also responsible for adhering to the principles and spirit of the following Code of Academic Integrity.

Academic Dishonesty Definitions

Activities that have the effect or intention of interfering with education, pursuit of knowledge, or fair evaluation of a student's performance are prohibited. Examples of such activities include but are not limited to the following definitions:

A. Cheating: using or attempting to use unauthorized assistance, material, or study aids in examinations or other academic work or preventing, or attempting to prevent, another from using authorized assistance, material, or study aids.

Example: using a cheat sheet in a quiz or exam, altering a graded exam and resubmitting it for a better grade, etc.

B. Plagiarism: using the ideas, data, or language of another without specific or proper acknowledgment. Example: copying another person's paper, article, or computer work and submitting it for an assignment, cloning someone else's ideas without attribution, failing to use quotation marks where appropriate, etc.

C. Fabrication: submitting contrived or altered information in any academic exercise. Example: making up data for an experiment, fudging data, citing nonexistent articles, contriving sources, etc.

D. Multiple submission: submitting, without prior permission, any work submitted to fulfill another academic requirement.

E. Misrepresentation of academic records: misrepresenting or tampering with or attempting to tamper with any portion of a student's transcripts or academic record, either before or after coming to the University of Pennsylvania. Example: forging a change of grade slip, tampering with computer records, falsifying academic information on one's resume, etc.

F. Facilitating academic dishonesty: knowingly helping or attempting to help another violate any provision of the Code. Example: working together on a take-home exam, etc.

G. Unfair advantage: attempting to gain unauthorized advantage over fellow students in an academic exercise. Example: gaining or providing unauthorized access to examination materials, obstructing or interfering with another student's efforts in an academic exercise, lying about a need for an extension for an exam or paper, continuing to write even when time is up during an exam, destroying or keeping library materials for one's own use., etc.

* If a student is unsure whether his action(s) constitute a violation of the Code of Academic Integrity, then it is that student's responsibility to consult with the instructor to clarify any ambiguities. (Source: Office of the Provost, 1996)

<http://www.vpul.upenn.edu/osl/pennbook.html>

EXAM #1 --30%

A multiple choice answers examination. The content of this examination is related to nurse anesthesia practice that you are utilizing along the learning continuum as you integrate theory into practice and assume more of the role of the advanced practice nurse.

EXAM #2 -30%

The written exam will include your ability to articulate the anesthetic considerations and plan of care specific to a patient including, but not limited to one or more of the following co-existing diseases:

1. Diabetes Mellitus
2. Hypertension
3. Coronary Artery Disease
4. Difficult Airway
5. Morbid Obesity

You will be expected to know the anesthesia considerations related to 4 very different types of cases:

1. laparoscopic- general or gynecological
2. open intra-abdominal
3. head & neck
4. spine surgery

Please know you will *not* be asked to describe the details of the surgical portion of the procedure. However, you should read about the details of the procedure to see if there are any anesthetic considerations related to the specific case.

The grading scale for this exam is below:

Medication Management (exact dosages) / Fluid Management (exact calculations)....**25%**

Anesthetic Consideration related to surgical procedure.....**25%**

Anesthetic Considerations related to co-existing diseases.....**25%**

Complications related to co-existing diseases & surgical procedure **combined**/Plans to avoid complications/ Variations in case preparation that ensure this comprehensive plan can be executed safely and effectively.....**25%**

PANEL PRESENTATION GUIDELINES—20%

Panel Discussion Topics:

1. Scope of Practice/Standards of Care
2. Closed Claim/ QI current topics

The panel will consist of two groups, separated into the topics above.

NO power point presentation. The only exception will be for “illustration” purposes.

As a group you should brainstorm about the various terms that you believe should be defined and described for the audience; discuss ways the group would like to limit the discussion; i.e.: current policies or laws that are in place that need explanation; the various causes and effects that face the current policy; and potential solutions to resolve problems that exist.

The discussion should consist of research and may contain opinion and questions from other group members. Initial research will assist the group in limiting the issues addressed in the discussion and provide direction for refining the group outline.

Research should be done individually (i.e. library research, interview, surveys) and **then as a group**. Also, methods of documentation and evidence apply. A group outline is required to be submitted to your colleagues and the faculty members of the course electronically no later than 48 hours prior to the presentation.

Each group member should begin to develop a comprehensive bibliography of resource materials (i.e. books, periodicals, newspapers, interviews) that can be used as outside sources to draw from during the discussion process.

Individual Requirements due to your faculty the day of presentation.

1. **Page 1**-Name and a copy of the presentation outline
2. **Page 2**-An annotated bibliography that includes a minimum of 2 text resources and 3 different sources from peer reviewed journals.
3. **Page 3**-Must have typed:
 Your name
 “My signature acknowledges that the above mentioned colleague made a meaningful contribution to this presentation.”
 A signature from every group member is required.
4. **Page 4**-Presentation Evaluation Form per student (included in this syllabus).

Note that the question and answer period at the end of the discussion will be utilized to test and measure group members’ subject knowledge, so it is wise to obtain a comprehensive understanding of the group topic from both perspectives.

The discussion will review the evidence-based literature to determine how nurse anesthesia practices relate to specific populations and surgical procedures.

The gaps between research and its implementation in practice will be analyzed. These activities are designed to promote the scholarly development of nurse anesthesia practice.

ORAL BOARDS: 10%

The purpose of the oral board exam is the evaluation of advanced anesthesia comprehension that warrants a student safe and prepared for upcoming independence and further specialty training. The examination is designed to assess the integration of didactic and clinical knowledge. A certain amount of factual information is required to successfully discuss the management of a patient. In addition, the oral exam is designed to test the SRNA’s judgment, application of knowledge, clarity of expression, and adaptability to changing, unexpected circumstances that could be encountered in the practice of anesthesia. Finally, in order to be successful, the SRNA’s must be able to clearly and concisely communicate their rationale for management of the patient’s care to the examiner throughout the case discussion.

There should be no discussion of case topics between students. If there is discussion, this constitutes a violation of the code of academic integrity and will result in a

failing grade for both students. In addition, the students will be referred to the University Of Pennsylvania School Of Nursing Academic Progressions Committee.

The Oral Board Examination is based a patient case study that will not be disclosed to the examinee until they sign an agreement of confidentiality in the presence of the examiner. Once the patient case study is presented, the exam will begin and will be based on a set of guided questions followed by the examiner. The exam will be based on a discussion of the anesthesia care plan and management of the patient. Students are expected to select and defend their plans of management.

The examinee must convince the examiners that their knowledge and judgment are sufficient to provide safe anesthetic care and earn the confidence and respect of colleagues and patients. Specific areas that the examiner will be evaluating are:

- **Knowledge:** E.g. Knowledge of the normal values for pulmonary function tests.
- **Ability to apply knowledge to a clinical situation:** E.g. Able to describe the relationship of abnormal pulmonary function test values to the selection of an anesthetic technique, anticipation of complications, or preparations for post-operative care.
- **Ability to adapt to changing clinical conditions:** Ability to adapt efficiently and effectively to a complication which develops or to a patient who responds uncharacteristically to an intervention. E.g. Ability to analyze the causes of hypoxemia during a thoracotomy and to describe appropriate interventions to treat the hypoxemia.
- **Inability to express ideas or defend a point of view in a convincing manner:** There may be several ways to interpret or to act on a set of data. As such, there may be several ways to manage anesthesia care in a particular situation. It is the student's responsibility to express her or his point of view or treatment plan, whatever it may be, in a coordinated, rational, evidence based and convincing manner.

SIMULATION LAB QUIZ: 10%

You will be administered four (4) quizzes, one per simulation session administered at the beginning of class, as a pretest to the required content specific to the session.

REQUIRED TEXTS:

Rhoades, R.A. & Bell, D.R. (2013). *Medical Physiology: Principles for Clinical Medicine* 4th Edition. Philadelphia: Lippincott, Williams, & Wilkins.

Nagelhout, J. & Zaglaniczny (2013). *Nurse Anesthesia* 5th Edition. Missouri: Elsevier Saunders.

Barash, P.G., Cullen, B.F. & Stoeling, R.K. Eds. (2013). *Clinical Anesthesia* 7th Edition. Phila., PA: Lippincott, Williams & Wilkins.

RECOMMENDED TEXTS:

Morgan, E.G., Mikhail, M. S., & Murray, M.J. (2006). *Clinical Anesthesiology* 4th Ed. New York: Lange Medical Division/McGraw-Hill Companies, Inc.

McPhee, S.J., Lingappa, V.R., Ganong, W.F., Lange, J.D. Pathophysiology of Disease: An Introduction to Clinical Medicine, 6th Ed., New York, Lange Medical Books/McGraw-Hill, 2006. ISBN: 007144159X.

Fleischer, L. (2009). *Evidenced Based Practice of Anesthesiology*. 2nd Edition. Philadelphia: W.B. Saunders, Co.

Additional N 791 COURSE REQUIREMENTS:**Immunizations/PPD/RN Licenses/ACLS/BLS/PALS Certification:**

Students who are noncompliant with renewal will:

Have their N 791 final grade dropped by one letter grade.

Be removed from clinical on the date of expiration.

The student will not be permitted to return to clinical assignments until proof of renewal or record of immunization is submitted.

The clinical time missed will be required to be made up during the semester missed.

In the event the student does not make up the missed time, the student will be given an incomplete in the N 791 course and required to take an independent study.

You are required to adhere to the policies and procedures of the University of Pennsylvania and clinical affiliate site. Failure to do may result in a failure in this course and/or dismissal from the program

DRUG FREE WORKPLACE:

The abuse of alcohol and other substances among healthcare workers is an unfortunate, but real health problem. Professional nurses who abuse alcohol and/or other drugs endanger their own well-being as well as the health and safety of the consumer.

The ANA Code for Nurses requires the professional nurse to safeguard the client from harm; to assume responsibility and accountability for all of her/his actions; to maintain competency and to participate in the profession's efforts to establish and maintain conditions of employment conducive to the delivery of high quality nursing care. You are held to the standards of this Code for Nurses as a student nurse anesthetist.

Your clinical affiliate site(s) abide by the Drug Free Awareness Act of 1988 that mandates them to have a "drug free workplace". They are committed to maintaining a safe workplace free from influence of drugs or any other controlled substances. Therefore, your clinical sites endorse a drug-free work place. Please be advised that drug testing for reasonable suspicion may require that a nurse anesthesia student (NAS) to undergo an immediate hair, blood and/or urine drug screen and possibly a physical body examination under any of the following circumstances (but not limited to):

1. When there is reasonable suspicion that the NAS is under the influence of intoxicants, non-prescribed narcotics, hallucinogens, marijuana or other non-prescribed controlled substances.
2. After the occurrence of a work-related injury, illness, or accident while on school/hospital property.

3. Observation of poor judgment or careless acts, which caused or had the potential to cause a threat to patient safety, jeopardized the safety of others, or resulted in damage to equipment.
- 4: If investigation of missing controlled substances points to the particular student as having a high likelihood of being involved.
5. NAS's must report all psychoactive drugs that they are taking by prescription and an evaluation by their prescribing health care provider documenting their assessment that these medications will not impair the psychomotor performance required for safe anesthesia delivery. NAS's who are taking over-the-counter or prescribed medication are responsible for being aware of the effect the medication may have on their academic performance or personal behavior and should report to their program faculty the use of any medication that may impair their performance.

Student Accountabilities and School of Nursing Potential Actions:

1. NAS's who refuse to undergo an immediate drug and alcohol screen will be subject to immediate disciplinary actions, up to and including dismissal from the program.
2. NAS's are held accountable for controlled substances per department policy for controlled substances at all clinical sites. Failure to comply may result in a failure in the coursework and/or dismissal from the program.

REGISTRATION FOR NEXT SEMESTER:

You must register for your spring semester nurse anesthesia classes by last day of the fall semester. You will not be covered under PENN's malpractice insurance for clinical unless you are registered for N792.

Failure to register on time will result in removal from clinical. The day(s) missed as a result of late registration will be made up on the student(s) personal time and/or in the form of an independent student in summer of 2015.

**NURS 791
Clinical Fieldwork for Nurse Anesthesia Practice I**

PRESENTATION EVALUATION FORM

Student: _____

Date: _____

Each category below is evaluated on a scale of 1-5, based on the criteria below. These are meant to understand the overall evaluation of the work in each category.

- 5 = **Excellent**. Greatly exceeds requirements. Shows outstanding levels of creativity, skill, initiative, and/or effort
- 4 = **Good**. Exceeds requirements. Shows substantial creativity, skills, initiative, and/or effort
- 3 = **Average**. Meets the requirements in every aspect, but does not exceed requirements
- 2 = **Below Average**. Meets some requirements, but deficient in others
- 1 = **Poor**. Deficient in most or all requirements

Group Components

- _____ Quality of Introduction, Transitions and Conclusion
- _____ Explanation of Key Concepts and Problems
- _____ Comprehensiveness of Solutions and Criteria for Addressing Problem
- _____ Group Met Requirements of Assignment

Individual Components

- _____ Documentation of Outside Evidence
- _____ Balance between Evidence and Personal Explanation
- _____ Comprehensiveness of Material and Statements
- _____ Eye Contact with Audience and Group Members
- _____ Asked Questions, Answered Questions
- _____ Ability to Expand Past Outside Evidence
- _____ Expansion and Development of Ideas
- _____ Transitions and Setup of Material
- _____ Overall Contribution to Group Discussion

Individual Reference Page

- _____ Objectives met
- _____ Current and Comprehensive-minimum of 3 resources

_____ Average (total)

15

/100 points (Grade Total = Average X 20)

Date/Time	N 791 Topic	Objective	Readings
Week 1 Sept 3, 2013 1p-4p L. Winner A. DiDonato	Course Introduction Disparity in Quality of Care Cultural Sensitivity	1,2,4,5,7,9,12,13	Related PPT & article(s)
Week 2 Sept 10, 2013 2p-4p L. Winner A. DiDonato	Integration of Research into Practice EBP Guidelines	1,2,7,8,11	Related PPT & article(s)
Week 3 Sept 17, 2013 2p-4p L. Winner	Exam #1		Information from syllabus
Week 4 Sept 24, 2013 1p-4p L. Winner	Simulation Lab: Intro to Simulation OR environment Faculty roles Student expectations Quiz #1	1,6,12,13	Related article(s) and content
Week 5 Oct 1, 2013 2p-4p	Panel Discussion: Scope of practice Standards of care	2-9	Related article(s)
Week 6 Oct 8, 2013 1p-4p L. Winner	Panel Discussion: Closed Claim Topic (Examples: Medication errors Nerve injury Awareness Postoperative Vision Loss Cardiac Stents)	2-10	Related article(s)

Date/Time	N 791 Topic	Objectives	Readings
Week 7 Oct 15, 2013 1p-4p L. Winner	Simulation Lab: Induction scenarios Quiz #2	1,6,12,13	Related article(s) and content
Week 8 Oct 22, 2013 2p-4p L. Winner	Panel Discussion: Quality Improvement Topic (Examples: Alarm Monitoring Blood Salvage Fatigue in the OR Infection Control OR Temperature Time out procedure Transfer of care <i>I'm sorry law- pediatric cardiac arrest</i>)	2-10	Related article(s)
Week 9 Oct 29, 2013 1p-4p L. Winner	Simulation Lab: Emergency Airway Scenarios Quiz #3	1,6,12,13	Related article(s)
Week 10 Nov 5, 2013 1p-4p L. Winner	Exam #2		Information from syllabus
Week 11 Nov 12, 2013 1p-4p L. Winner	Simulation Lab: Crisis Management Quiz#4	1,6,12,13	Related Article(s) and content
Week 12 Nov 19, 2013 1p-4p	TBD		
Week 13 Nov 26, 2013 Clinical Day	No Class due to Academic Calendar change to Friday Class Schedule		

Week 14 Dec 3, 2013 2p-4p L. Winner	Oral Boards	1-9	Information from syllabus
Week 15 Dec 10, 2013	Individual Student Meetings <i>End of Semester Meetings with Mentors</i>		
Dec 11-12, 2013	Reading Days		
Dec 13-20, 2013	Final Exams		
Dec 20, 2013	End of Semester		

TOTAL NUMBER OF THEORY HOURS: 45

TOTAL NUMBER OF CLINICAL HOURS: 280