



SCHOOL OF ANESTHESIA

**813 Ligonier Street
Latrobe, PA 15650**

STUDENT HANDBOOK

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MISSION STATEMENT

Excela Health School of Anesthesia is an institution of higher learning that seeks to educate students in the art and science of nurse anesthesia; we also endeavor to help our students develop as individuals. We assimilate new members into our group assisting them to be aware and respectful of the rights of others. Man as an individual never stops growing, and during certain periods in life he takes giant steps forward. We acknowledge and encourage such development.

The school of anesthesia does not discriminate against any student based on race, gender, color, ethnicity, creed, marital status, age, sexual orientation, disability, or any other factor protected by law.

ADMINISTRATION POLICIES

ANESTHESIA: INTRODUCTION & DEFINITIONS

Nurse Anesthesia as a profession has evolved over time as a specialty field within the scope of nursing. Alice Magaw in the early 1900s set the stage for the early beginnings of the profession with her work focusing in on the implementation of writings aimed at improving patient safety. Her work would lay the basic foundation on which we build current day practice standards

Nurse anesthetists are intended to provide pain relief strategies, advanced airway management, emergency critical care, education to fellow professionals, and the community, and to participate in performance improvement based on evidence-based practice, to improve patient outcomes. The profession focuses on provision of quality service in various settings based on collaboration and personal choice, on integrity, accountability, competence, and professional commitment, on scientific inquiry in anesthesia, nursing, and related disciplines, and on development of health care policy.

Definitions

Certified Registered Nurse Anesthetist:

A certified registered nurse anesthetist (CRNA) is a professional nurse responsible for providing quality care to patients requiring a multitude of services. The C.R.N.A. will promote professional, moral, and ethical standards as defined by the American Association of Nurse Anesthetists, and their respective State Board of Nursing, in his/her practice. The CRNA will provide quality care within the restraints of the law governing their area of practice.

As an independent practitioner, the CRNA may provide care or consultation within their scope of practice in those circumstances when an anesthesiologist is not available for supervision and/or consultation. It has been estimated that 40% of the hospitals, including large numbers of obstetrical patients, do not have access to anesthesiologist supervision. These settings receive their care primarily by independently functioning nurse anesthetists. Thus, many nurse anesthetists provide anesthesiology services to patients upon delegation of surgeons of all varieties, internists, cardiologists, psychiatrists, dentists, and other duly licensed physicians. In such instances, often the nurse anesthetists represent the highest anesthesia expertise available to patients and, as such, they must have a competence to assess the patient's anesthetic risk and determine a course of anesthetic management which has the concurrence of the delegating physician. This competency must extend to the management of untoward reactions to anesthesia and surgery.

In these instances, the nurse anesthetist and the delegating physician together determine to what extent this "independence" relative to medical judgment and actions extend. The responsibility for making nurse judgments and taking nursing actions is unchanged regardless of who the supervising physician in medical matters may be.

Anesthesia Services:

1. Rendering a patient insensible to pain within the confines of the operating suite or any designated diagnostic or therapeutic areas, while striving to maintain the optimal physiological condition of the patient.
2. The support of life-sustaining functions under stress of anesthesia and surgical intervention.
3. The clinical management and life support of the patient in emergency situations.
4. The application of pain management.
5. The management of cardiac and respiratory resuscitation.
6. The application of airway management.
7. The clinical management of various fluid, electrolyte and metabolic disturbances.

CRNA practice therefore, is defined within the scope of professional nursing practice, and will encompass those nursing functions for which the CRNA bears independent responsibility, or is medically delegated by an anesthesiologist, responsible physician, dentist, or other practitioner authorized by law to supervise the administration of anesthesia. Each of the elements of the stated definition of anesthesia services can be viewed as having both a nursing and a delegated medical component, and the Certified Registered Nurse Anesthetist is prepared to perform both types of functions and to recognize those situations when such care is beyond his/her individual competence and requires consultation and/or referral.

PHILOSOPHY

Excelsa Health School Philosophy:

Education is viewed as a continuing process that enables the individual to mature intellectually and culturally. Through motivation and guidance offered by the faculty, students are encouraged to develop qualities which will enhance their contribution to the profession and society.

This twenty-seven and one half months educational program is designed to provide students with the necessary skills, knowledge, and experience to become proficient in the administration and management of anesthesia.

Instruction in medical and scientific theory and the opportunity for clinical experience are supplemented by a sincere interest in helping each student develop the attitudes and motivation that will serve them well in their chosen career.

The faculty members of the Excelsa Health School of Anesthesia believe that each member is individually responsible for his/her own conduct and its effect upon the student and the prestige of the school, and of the profession. By assuming the responsibility of continued communication of information and pertinent facts, we will endeavor to maintain the highest possible standards. This will lead to a higher degree of cooperation and understanding of the faculty and in all departments of the hospital

Our primary goals are to:

1. Educate registered nurses in the theory and clinical practice of anesthesia.
2. Educate these anesthetists to administer safe, effective anesthetics.
3. Provide a desire in our graduates to continue to improve their skills by practice and further educational efforts.

Philosophy- Saint Vincent College:

Saint Vincent College is committed to offering professional graduate education which will enable professional men and women to bring to their fields initiative, expertise in practice, a commitment to use their knowledge to effect improvements, and a desire to contribute to their fields of knowledge.

The central objective of graduate education at Saint Vincent College is to provide students with rigorous academic training designed 1) to prepare students to be advanced practitioners in a professional fields; and 2) to provide students with a foundation for doctoral study.

To achieve these objectives, graduate programs at Saint Vincent College will combine the teaching of advanced theory and advanced skills with the examination and application of theory and skills in practical situations. Case studies, simulations, clinical, and internships will provide opportunities for practical experience.

Research is a critical component of graduate education. Graduate programs at Saint Vincent College will develop in students the ability to identify research problems as well as the ability to understand and apply methods to research problems in a given professional field. Saint Vincent College graduate programs will provide students with opportunities to test their understanding of research through the design of research projects and their implementation.

Saint Vincent College's graduate programs will encourage the development of leadership in students as an important element in preparing contributing scholars and effective advanced practitioners in their leadership and the attendant skills will be examined as part of the student's understanding of his/her professional role.

The philosophies of the Excelsior Health School of Anesthesia and Saint Vincent College are designed to collaboratively promote student growth and development during their educational experience.

ORGANIZATION

General Information:

CRNA Administrator - Director:

Daniel Stairs, CRNA, MSN, MBA, DNP

Assistant Director:

Bev Silvis, CRNA, MS, MBA, DNP

Education Coordinator

Michael DeBroeck, CRNA, MHS, DNP(c)

Anesthesiologist Administrator:

Juei-Ling Chang, MD

Clinical Coordinators:

Ed Falenski, CRNA, MS – Allegheny Hospital
Brian Duclos, CRNA, BSN, MS – Altoona Regional Hospital
Louise Litton, CRNA, MS – Clarksburg United Hospital Center
George Lee, CRNA, MS – Conemaugh Memorial Medical Center
Rhanda Charles, CRNA, BS - Dubois Regional Medical Center
Sabry Ayad, M.D. – Fairview Hospital, Cleveland Clinic
Kathy Krisko-Stokes, CRNA, BS – Forbes Regional Hospital
Vanessa Plisko, CRNA, MSN, MS - Frick Hospital
Melody Vetica, CRNA, DNP – Heritage Valley Beaver
Brooke Hebert, CRNA, MSN – Jefferson Medical Center
Charles McCombs, CRNA, BS - Latrobe Hospital
Melissa Cooper, CRNA, MS – Monongahela Valley Hospital
John Caputo, CRNA, MS- Monongalia General Hospital
Dave Carpenter, CRNA, MS – Trinity Health System
Renee Harvey, CRNA, MS – Uniontown Hospital
Louise Litton, CRNA, MS – United Hospital Center
Carla Linsenbigler, CRNA, MS – West Penn Hospital
Donna Ross, CRNA, MEd – Westmoreland Hospital
Tanya Ammons, CRNA, MS – WVU – Ruby Memorial Hospital

Hospital Administration:

Robert Rogalski, Esq - CEO, Excelsa Health
Ron Ott, MHA - President- Excelsa Westmoreland Hospital
Peggy Hayden, MSN, RN - President, Excelsa Latrobe Hospital
Jeff Zewe, MBA, RN - President, Excelsa Frick Hospital

School Established in 1954

Affiliations:

1954 Westmoreland Hospital
1965 Latrobe Hospital
1989 Conemaugh Valley Memorial Hospital
1996 Uniontown Hospital
1999 United Hospital Center
2002 Frick Hospital
2002 West Penn Hospital
2002 Allegheny General Hospital
2003 Trinity Health System
2003 Forbes Regional Hospital
2004 Jefferson Regional Medical Center
2006 WVU – Ruby Memorial Hospital
2007 Altoona Regional Hospital
2007 Dubois Regional Medical Center
2007 Monongahela Valley Hospital
2008 Fairview Hospital, Cleveland Clinic
2008 Monongalia General Hospital
2009 Heritage Valley Beaver Hospital
2009 Wheeling Hospital

Academic Affiliation:

Saint Vincent College
300 Fraser Purchase Road
Latrobe, PA 15650

DEGREE:

Graduate Degree in Health Science
Nurse Anesthesia Concentration

Number of Students:

37 -38 students on same level -- three levels

Length of Program:

Twenty-seven and one half months

Accreditation:

Council on Accreditation of Nurse Anesthesia Educational Programs/Schools currently
October 1, 2000 - September 30, 2010.

SAINT VINCENT COLLEGE

Bettie Davis, PhD - Coordinator, Health Sciences Graduate Program
Br. Norman Hipps, PhD – Dean, School of Natural Sciences

DIDACTIC FACULTY

Instructors for courses taught at Saint Vincent College are recruited and hired by Saint Vincent College according to their credentials, experience, and ability to teach graduate level courses as needed by graduate school.

ORGANIZATION

Controlling Institutions:

Excelsa Westmoreland Hospital

532 West Pittsburgh Street
Greensburg, PA 15601

Chief Executive Officer: Excelsa Health: Robert Rogalski, Esq

Hospital President: Ron Ott, MHA

Interim Chief Medical Officer: Carol Fox, MD

Chief Anesthesiologist: James Green, MD

Approval:

Joint Commission. approved
Member of American Hospital Association

Excelsa Latrobe Hospital

121 West Second Avenue
Latrobe, PA 15650

Chief Executive Officer: Excelsa Health: Robert Rogalski, Esq

Hospital President: Peggy Hayden, MSN, RN

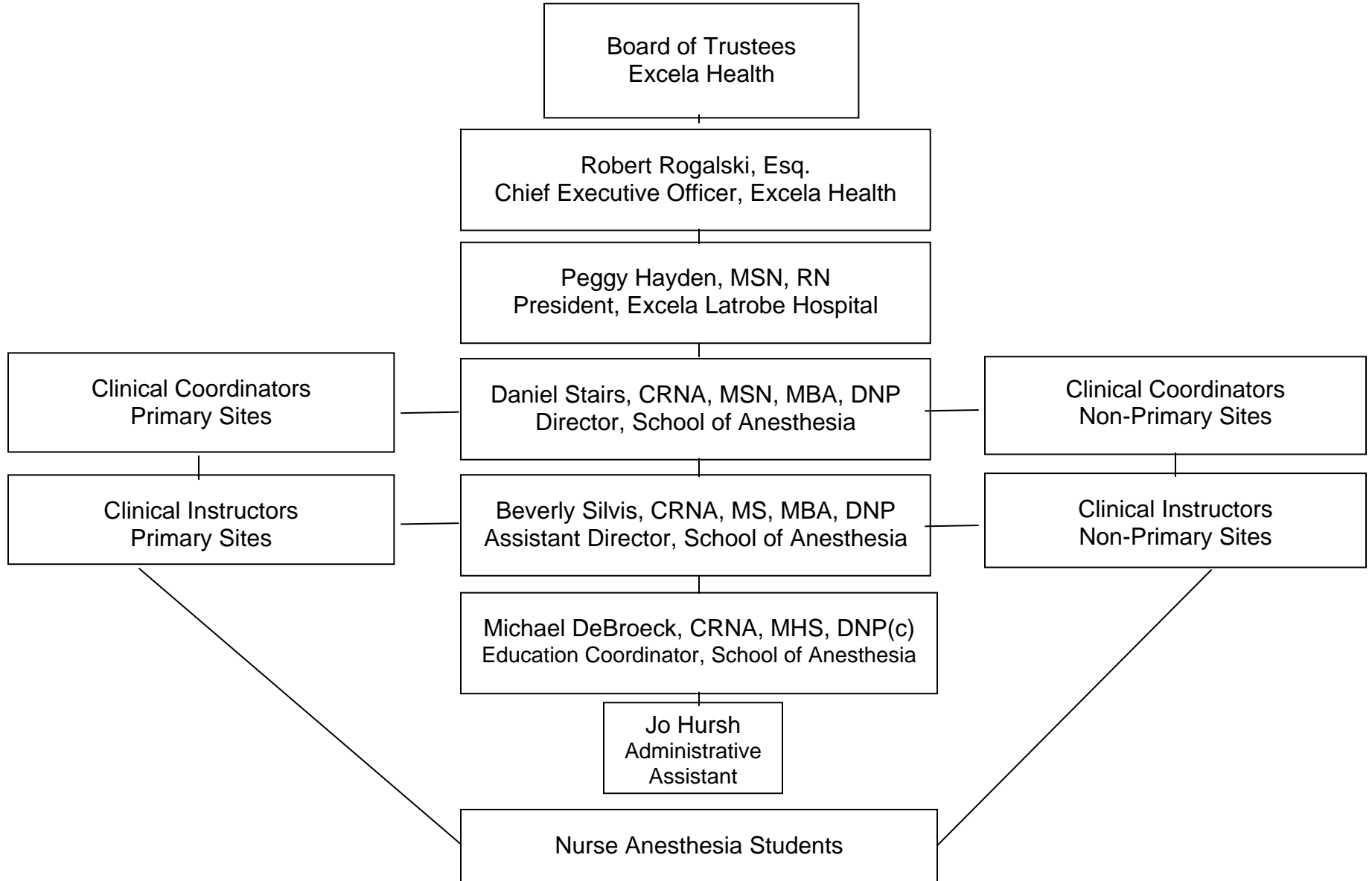
Interim Chief Medical Officer: Carol Fox, MD

Chief Anesthesiologist, Medical Director of School: Juei-Ling Chang, MD

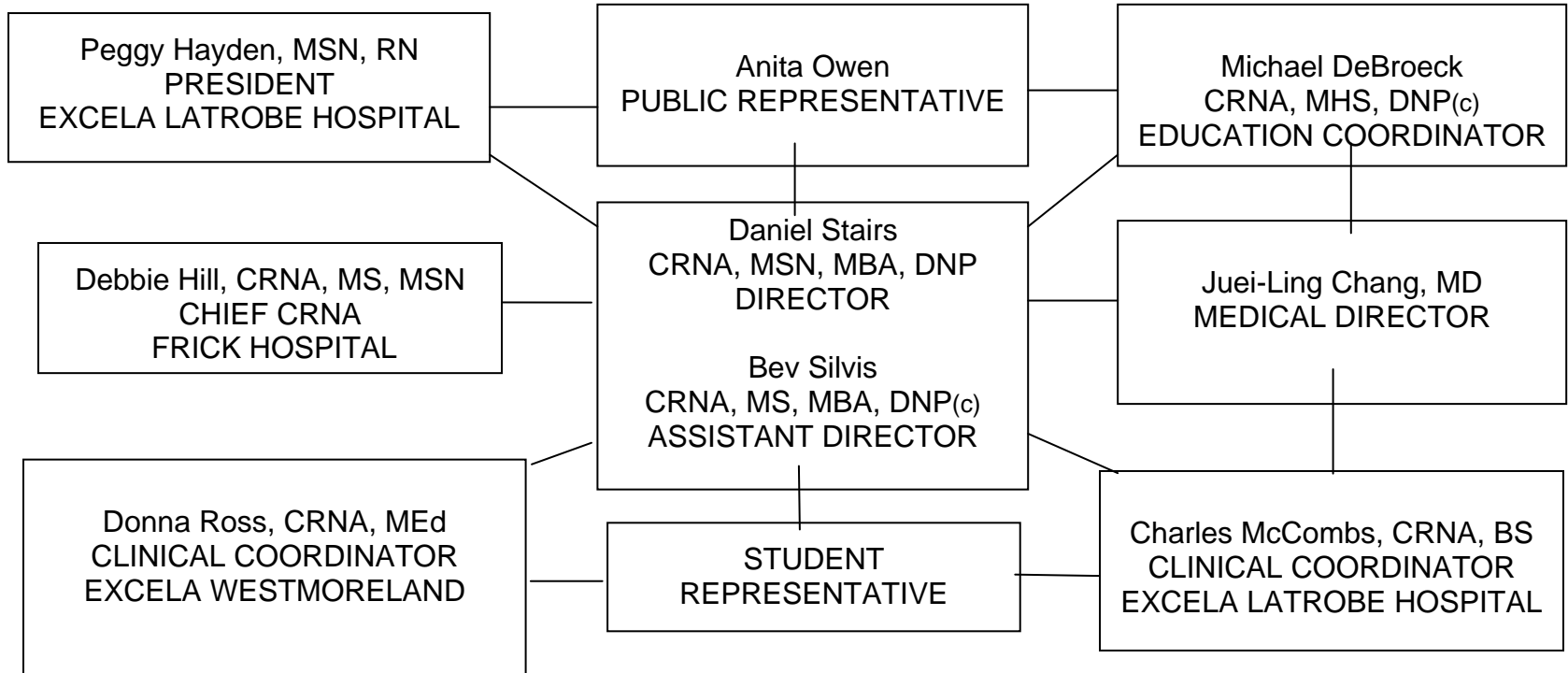
Approval:

Joint Commission approved
Member of American Hospital Association
American Medical Association
American College of Surgeons
American College of Physicians

**ORGANIZATIONAL CHART
EXCELA HEALTH
SCHOOL OF ANESTHESIA**

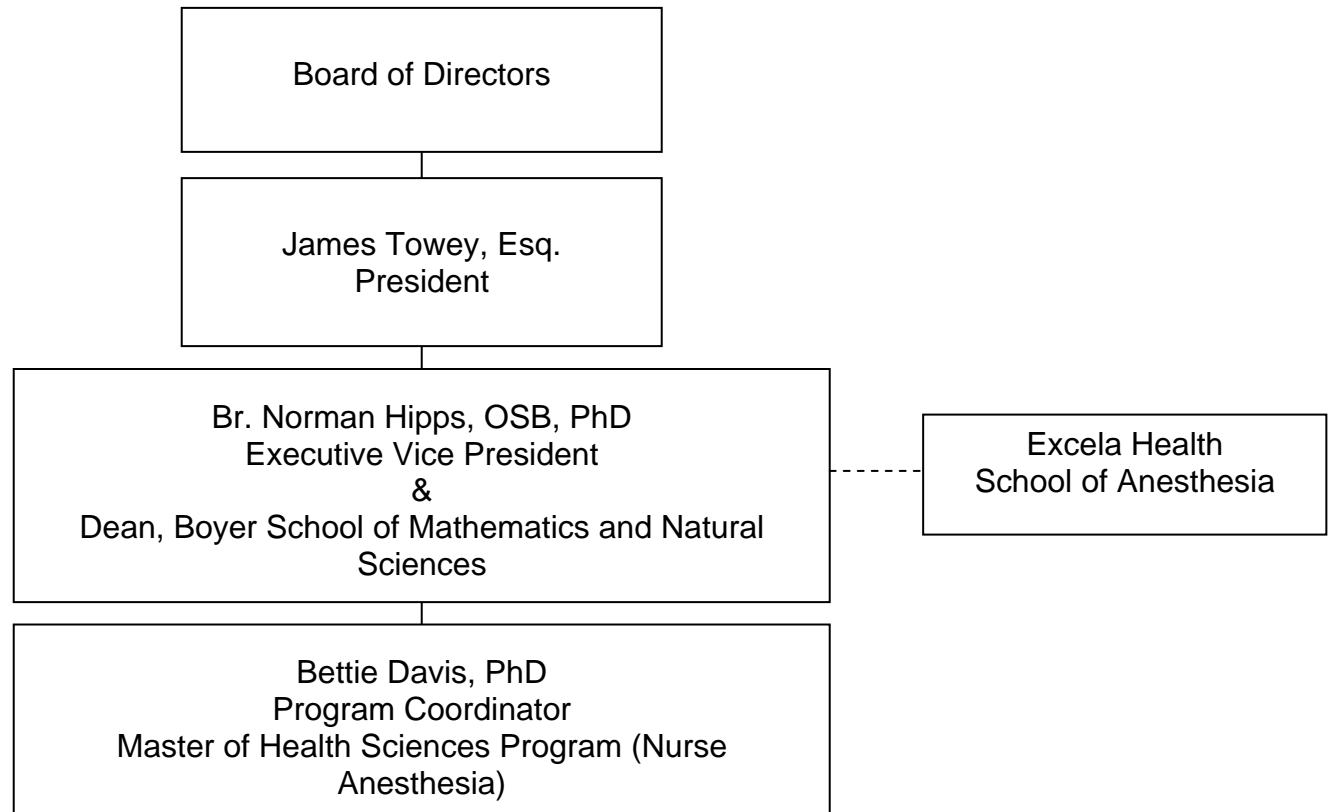


ADVISORY BOARD WRH/LAH



ST VINCENT COLLEGE

Saint Vincent College/Excelsa Health School of Anesthesia



OBJECTIVES

SAINT VINCENT COLLEGE DEGREE IN HEALTH SCIENCES:

The master's level nursing anesthesia program maintains the following objectives:

1. Preparing practitioners in the area of anesthesia.
2. Developing nurse anesthetists as consumers of and contributors to anesthesia research.
3. Preparing nurse anesthetists to serve as leaders, educators and role models on anesthesia and health care teams.
4. Preparing specialists who are able to facilitate managerial improvement in the delivery of anesthesia service.
5. Providing nurse anesthesia students with a sound foundation for entry into doctoral study. Upon completion of the master's level nurse anesthesia program, the student will be able to:
 - a) Demonstrate in-depth knowledge of sciences to insure greater competence in anesthesia practice as well as for teaching in a nurse anesthesia program.
 - b) Engage in collateral reading anatomy, physiology, chemistry, pharmacology, and clinical subjects related to the field of anesthesia.
 - c) Research and evaluate current literature in order to initiate and provide improved anesthesia and acute patient care as a practitioner.
 - d) Assume a leadership role in collaboration with health care team members and serve as a role model for future health care providers.
 - e) Function as a resource person in the training of paramedical personnel and in nursing care of the acutely ill.
 - f) Apply principles of research to the clinical anesthesia setting.
 - g) Design, implement, and evaluate an anesthetic care plan for a patient undergoing specific diagnostic therapeutic and/or surgical procedures.
 - h) Utilize appropriate scientific principles related to asepsis, anesthesia, and respiratory technique.
 - i) Apply knowledge of nursing theories and models in advanced nursing and specialty areas of nurse anesthesia.

EXCELA HEALTH DIDACTIC PROGRAM OBJECTIVES:

The faculty of Excelsa Health School of Anesthesia believes its primary goal is to educate Registered Nurses in the theory and clinical practice of anesthesia. Reflecting accomplishment of this goal, our Graduate Nurse Anesthetist will:

1. Devise and implement a comprehensive anesthesia care plan, providing anesthesia care to each patient in the pre-, intra-, and postoperative areas.
2. Deliver anesthesia care by focusing on indicated patient needs, thereby individualizing this care through application of scientific skills and preservation of the dignity and worth of the patient.
3. Administer a physiologically sound anesthetic to all patients that will meet the standards of quality, effective and efficient anesthesia care as defined by the AANA.
4. Function competently as a member of the health care team, not only in relation to anesthesia care, but also respiratory care and CPR team, recognizing airway and related problems and suggesting or instituting treatment.
5. Maximize intellectual potential reinforcing their knowledge in the art and science of anesthesia through collateral reading and additional education.

RECORDS POLICY

Students may examine (under supervision of the director or assistant director) their academic records. Personal identification is necessary. The general policy permits faculty to use records in their respective offices and allows faculty members access to the records with the provision that they are not removed from the records area.

Policy prohibits detailed information concerning a student being released by telephone. If officials are requesting review of records; e.g. governmental authorities, transferred programs, official identification must be established.

The release of an official transcript is made only upon the written request of the student.

In the event of school closure, all student records will be kept in the Medical Director's Office of Westmoreland Hospital for future purposes.

Directors Records:

The Director's records and files shall include all pertinent information concerning the AANA, the school, and the student, of which the latter is kept in a locked file.

The student's cumulative file shall contain:

1. Academic records
2. Attendance records
3. Application forms
4. Evaluation forms
5. Corrective action forms and decisions, if any
6. Copies of transcripts and application for qualifying examination

These files will be kept indefinitely. Release of any of the above information is subject to the records policies regulations.

CURRICULUM

GENERAL TEACHING METHODS

Methods of teaching include the following:

1. Clinical Experience:

It is the policy of the Excelsior Health School of Anesthesia that supervision of SRNAs is as follows:

- A. An anesthesiologist must be assigned to all anesthetics for surgical procedures that SRNAs participate in.
 - B. A SRNA may participate in the anesthetic management of surgical patients within any of the following guidelines:
 - (1) Assigned with a CRNA and an anesthesiologist.
 - (2) Assigned one-on-one with an anesthesiologist.
 - (3) One CRNA with an anesthesiologist may supervise two senior anesthesia students
 - (4) An anesthesiologist may supervise a CRNA and a SRNA simultaneously.
 - C. During supervision of SRNAs, instruction and supervision should be immediately available (within one minute).
2. Conference: Classroom teaching in which more than 25% of the subject material is presented by the students either in response to questions by the instructor or some type of interchange of information between students. The outcome and conclusions reached are prepared by the instructor.
 3. Demonstration: A demonstration to a class by the instructor; a tour, skit, role playing, or film that demonstrates an assigned task.
 4. Examination: A testing of knowledge in order to determine current level and quality of knowledge and to evaluate rate of progress. Examination may be written, oral, or practical in nature
 5. Independent Study: "Non-class" hours during which a student gains information by independent study in textbooks and resource material.
 6. Lecture: A classroom presentation developed by the instructor.
 7. Practical Experience: Individual or group practice; application of principles.
 8. Seminar: A problem solving, seminar type of instruction during which conclusions are reached by the group; the outcome is not specifically planned or directed by the instructor, who usually puts himself or herself on a level with the students and becomes a member of the group. May be a case study, book study, or panel discussion.
 9. Written Reports: Included in this category would be a book report, patient care study relative to anesthetic management, and term paper on current anesthesia subjects.
 10. Audiovisual Aids: Films, slides, graphs, and charts.

MASTER SCHEDULE

27 ½ MONTH SCHEDULE

FIRST YEAR STUDENTS WILL FOLLOW THE SAINT VINCENT COLLEGE CALENDAR FOR THE 1ST SEMESTER. AFTER THE 1ST SEMESTER THE EXCELA HEALTH SCHOOL OF ANESTHESIA CALENDAR WILL BE FOLLOWED UNTIL GRADUATION.

<i>First Year Students</i>								
Course	1st Semester	Credits	Course	2nd Semester	Credits	Course	3rd Semester	Credits
Sept. - Dec.			Jan. –May			June - Aug.		
HSC 500	Pharmacology I	3	HSC 501	Pharmacology II	3	HSC 510	Methods of Research I	3
HSC 503	Organic and Medicinal Chemistry	3	HSC 504	Biochemistry	4	HSC 512	Medical Physics	4
HSC 505	Intro to Principles of Anesthesia	2	HSC 522	Human Anatomy, Physiology and Pathophysiology II	5	HSC 530	Anesthesia Didactics Cardiac Conferences Pediatrics Neuro	6
HSC 521	Human Anatomy, Physiology and Pathophysiology I	5	HSC 530	Anesthesia Didactics I A&P Respiratory Professional Aspects Clinic I Obstetrics	0		Clinical Practicum	
HSC-001	Professional Aspects Of Anesthesia (14 contact hours)	0		Clinical Practicum				
HSC-515	Physical Assessment	2						
<i>Second Year Students</i>								
Course	1st Semester	Credits	Course	2nd Semester	Credits	Course	3rd Semester	Credits
Sept. - Dec.			Jan. – May			June – Dec.		
HSC 612	Methods of Research II	3	HSC 655	Advanced Theory And Practice of Anesthesia	4	HSC 630	Anesthesia Didactics Clinical II Review Pharmacy Seminars Conferences	6
HSC 630	Anesthesia Didactics Endocrine Excretory Clinical II Pharmacy Seminars Conferences	0	HSC 700	Leadership & Management in Healthcare for Nurse Anesthetists	3		Clinical Practicum	
	Clinical Practicum		HSC 630	Anesthesia Didactics Clinical II Chemistry Seminars Pharmacy Seminars Conferences	0			
				Clinical Practicum				

MASTER OF SCIENCE DEGREE IN HEALTH SCIENCES

Required Courses

HSC 001 Professional Aspects of Anesthesia Practice (14 hours-0 credits)

This course includes an introduction to the ethics, legal aspects, psychology, and professional adjustments associated with a career in anesthesia. The history of anesthesia and nurse anesthesia is presented as well as a discussion of the role of the CRNA in department management and organization.

HSC 500 Pharmacology I (3 credits)

This course introduces the basic principles of pharmacology. Topics include the pharmacokinetics of drug absorption, distribution, metabolism and excretion; the mechanisms of drug action; drugs affecting the central nervous system and the autonomic nervous system, inhaled anesthetics; and neuromuscular blocking agents and reversal.

HSC 501 Pharmacology II (3 credits)

This course is a continuation of Pharmacology I. It is an intensive and comprehensive study of drugs and adjuvant agents currently utilized in the practice of anesthesia and therapeutics. The course will include a review of local and intravenous anesthetics; narcotic agonists and antagonists; other psychotropic agents; anti-inflammatory drugs; and drugs that act on the cardiovascular, respiratory, renal, hepatic, gastrointestinal and hematological systems.

HSC 503 Organic and Medicinal Chemistry (3 credits)

This is a one-semester survey course in organic chemistry organized around the functional groups of compounds. Aspects of organic chemistry pertinent to health, environment, and biochemistry are emphasized. The various classes of drug molecules will be studied. In order for the student to better understand drug action, the concepts of spatial orientation and geometric, optical, and conformational isomerism will be presented.

HSC 504 Biochemistry (4 credits)

This course is an introduction to the chemistry of living organisms. It includes a discussion of cellular macromolecules, metabolic pathways, energy transformation, and respiratory mechanisms. The composition of body fluids is also considered. The effects of anesthesia on body fluids, on the function of major organs, and on the activity of specialized molecules will be described. The major theories of narcosis and their biochemical implications will be examined.

HSC 512 Medical Physics (4 credits)

This is a survey course in physics, which will cover topics of importance to anesthetic applications. Essential concepts related to atomic structure, pressure, hydrostatics, hydrodynamics, the ideal gas laws, diffusion, heat and vaporization will be presented. The physics of fire and explosions as well as safety issues will be discussed. The development of problem solving skills will be emphasized.

HSC 521 Human Anatomy, Physiology, and Pathophysiology I..... (5 credits)

This course is a study of the structure and function of the human body. Emphasis is placed on the nervous, muscle and cardiovascular systems. Selected pathophysiology of each of the above systems will be examined.

HSC 522 Human Anatomy, Physiology, and Pathophysiology II..... (5 credits)

This course is a continuation of Anatomy, Physiology, and Pathophysiology I. The course will cover the cardiovascular, respiratory, renal, hepatic and endocrine systems. Selected pathophysiology of each of the above systems will be discussed.

HSC 655 Advanced Theory and Practice of Anesthesia (4 credits)

This course is designed to build upon the student's basic knowledge and skills. It will encompass and integrate a variety of input for medical and anesthetic management. It will focus on a greater depth of understanding and the ability to analyze concurrent problems that can arise inpatient care and propose an appropriate course of management.

HSC 505 Introduction to Principles of Anesthesia..... (2 credits)

This course will focus on the fundamentals of nurse anesthesia practice to include orientation to the clinical area, anesthesia machine, and simulator practice. In addition, students will spend one day in the operating room with a CRNA.

HSC 510 Methods of Research I (3 credits)

This course will critically examine the steps of the research process. Emphasis will be placed on research needs and the identification of researchable problems in nursing. Utilization of research knowledge as applied in nursing practice will be discussed. Students

will also develop skills in evaluating and critically analyzing nursing research.

HSC 612 Methods of Research II..... (3 credits)

The second research course is designed to provide the student with the opportunity to apply theoretical concepts and skills derived from the first research course, in the development of a research proposal. The student is assisted in the preparation of a proposal specific to a phenomena related to nursing practice. This process includes: reviewing the literature, formulating the research question or problem, designing the research methodology, and proposing a plan for data analysis. In addition to the written proposal, the student will be required to orally present, defend and critique the proposal to the class.

HSC 515 Physical Assessment.....(2 credits)

This course will prepare the student to perform a detailed history and physical as a pre-operative assessment, for intra-operative care, or for post-operative management. The student will become proficient in assessing body systems along with the anatomical and physiological implications to plan their anesthetic management.

HSC 710 Leadership.....(3 credits)

This course will prepare the student for team leadership and management skills. We will focus on change strategies, models of teamwork, and strategic planning. Budgetary concerns as well as staffing will be discussed. This class will prepare the student to lead multi-disciplinary teams in the health care arena.

CLASSES TAUGHT AT THE SCHOOL:

HSC 530 Anesthesia Didactics I (6 credits)

This course is an introduction to anesthesia practice and techniques. It includes topics which deal with pre-operative evaluation and interview of patients, anesthetic drugs, anesthesia selection and care plans, patient positioning, fire safety, postoperative visits, monitoring, anesthesia machines, airway management, venipuncture, and other principles of anesthetic management.

HSC 630 Anesthesia Didactics II..... (6 credits)

This course examines specific anesthetic techniques used for surgery involving pediatric, neurosurgical, obstetric, thoracic, dental, endoscopic, vascular, cardiac, abdominal, emergency, diagnostic and outpatient procedures. Conferences will be an integral part of this course and will include a review of journal articles and case discussions.

CLASS LIST

Orientation (46)

A. History	6
B. Legal	10
C. Psychology	4
D. Dept Management Org	12
E. Ethics	6
F. Professional Adjuncts	8

Chemistry (16)

A. Chemistry	16
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Pharmacology (18)

Conferences (120)

A. Journal Club	24
B. Case Discussion	84
C. Anesthesia Safety	12

Clinic I (55)

A. Broadfields	15
B. Basic Principles	40

Anesthesia and Disease Processes (92)

A. Cardiac A & P	20
B. Neuro A & P & P	20
C. Respiratory A & P & P	20
D. Endocrine	16
E. Excretory	16

Clinic II (150)

A. Pediatrics	21
B. Obstetrics	19
C. Advanced Principles	35
D. Perioperative Problems	12
E. Review	63

TOTAL HOURS

497

Didactic

Grading scale for all courses taught at the Excelsa Health School and SVC:

A	=	93 – 100
B+	=	87 - 89
B-	=	80 – 82
C	=	73 – 76
F	=	<70

A-	=	90 – 92
B	=	83 – 86
C+	=	77 - 79
C-	=	70 – 72

REQUIRED ANESTHESIA TEXTS

<u>Author, Publisher, Edition, Date</u>	<u>Title of Book</u>
1. Chestnut, 2004, 3rd Edition	<u>Obstetric Anesthesia: Principles and Practice</u>
2. Stoelting, Dierdorf - Churchill Livingstone Inc., 2008, 5 th Edition	<u>Anesthesia and Coexisting Disease</u>
3. Barash, Cullen, Stoelting J. B Lippincott, 2005, 5 th Ed.	<u>Clinical Anesthesia</u>
4. Stoelting, Miller - Churchill Livingstone Inc., 2006. 5 th Ed.	<u>Basics of Anesthesia</u>
5. Gregory – Churchill-Livingstone, 2002, 4 th Edition	<u>Pediatric Anesthesia</u>
6. Hensley, Martin - Little Brown & Co., 2002, 3 rd Edition	<u>The Practical Approach to Cardiac Anesthesia</u>
7. Jaffe, Samuels - Raven Press, 2002, 3 rd Edition	<u>Anesthesiologist's Manual of Surgical Procedures</u>
8. Stoelting, Miller 5 th Edition	<u>Pharmacology and Physiology in Anesthetic Practice</u>
9. Guyton 11 th Edition	<u>Textbook of Medical Physiology</u>

PERIODICALS SUBSCRIBED TO BY SCHOOL OF ANESTHESIA:

Anesthesiology

Journal of the American Association of Nurse Anesthetists

Anesthesia and Analgesia

LIBRARY SERVICES

Objectives:

The Excelsa Health Library and Health Resource Center provides informational materials of an authoritative level on health sciences and any ancillary of allied fields. These materials can either be purchased or borrowed. The center assists all departments of the hospital, supports community and patient education, and provides services to assist with clinical, educational, and research related informational needs of all levels of medical staff. .

The Library and Health Resource Center is associated with and assists the following departments: continuing education, in-service education, and training and development. Assistance is also provided for any department or committee planning educational programs within the hospital.

Location and Name:

The Library and Health Resource Center is located in the East Wing on the First Floor of Westmoreland Hospital. A library for student use is also available on the first floor of the Education Building of Latrobe Hospital and on the second floor of Frick Hospital.

Library Hours:

The Library and Health Resource Center's official hours are 8:00 a.m. to 4:30 p.m. Monday through Friday. After hours access is provided by nametag access.

Circulation:

All non-reference materials in the Library may be borrowed for two weeks by authorized users with renewal privileges. Renewal will be granted unless demand is heavy. Renewal requests may be by telephone, note, or in person. After two renewals, an overdue notice will be sent as a reminder. This includes books, pamphlets, audiovisual programs, and unbound periodicals. Some materials, used especially by the medical staff, may be restricted for open use when necessary.

Borrowing Privileges and Collection Usage:

Inter-library loan facilities are available consisting of materials not available at Excelsa Health Library.

SVC Library:

The objectives of the Library are to acquire, classify, and organize health science informational materials so that they may be easily accessible. The functions of the Library are:

1. To assist faculty and students in locating needed information. via subscriptions held within the various facilities, through inter-disciplinary loan, and through the efficient use of internet search engines.
2. Library Facilities are available at the various clinical sites and at St. Vincent College.

SCHOOL OF ANESTHESIA LIBRARY LISTING

- ◆ *Anesthesiology* Periodical-at school
- ◆ *Anesthesia and Analgesia* Periodical-at school
- ◆ Anesthesia hard-copy books contained within the school
- ◆ Availability of all clinical site library holdings
- ◆ SVC list will be available on line
- ◆ Availability of on-line search engines through SVC

CLINICAL EXPERIENCE

Each student will gain clinical experience at several of the following affiliation sites.

The student will be responsible to the clinical coordinator at the respective affiliate site.

ALLEGHENY GENERAL HOSPITAL	Ed Falenski, CRNA, MS Clinical Coordinator
ALTOONA REGIONAL HOSPITAL	Brain Duclos, CRNA, MS Clinical Coordinator
CONEMAUGH VALLEY MEMORIAL CENTER	Lisa Henry, CRNA, MS Clinical Coordinator
DUBOIS MEDICAL CENTER	Rhanda Charles, CRNA, MS Clinical Coordinator
FAIRVIEW HOSPITAL	Sabry Ayad, MD Clinical Coordinator
FORBES REGIONAL HOSPITAL	Kathy Krisko-Stokes, CRNA, BS Clinical Coordinator
FRICK HOSPITAL	Vanessa Plisko, CRNA, MSN, MS Clinical Coordinator
JEFFERSON HOSPITAL	Brooke Hebert, CRNA, MSN Clinical Coordinator
LATROBE AREA HOSPITAL	Charles McCombs, CRNA, BS Clinical Coordinator
HERITAGE VALLEY BEAVER HOSPITAL	Melody Vetica, CRNA, DNP Clinical Coordinator
MONONGAHELA VALLEY HOSPITAL	Melissa Cooper, CRNA MS Clinical Coordinator
MONONGALIA GENERAL HOSPITAL	J.D.Wolfe, CRNA, MS Clinical Coordinator
TRINITY HEALTH SYSTEM	Dave Carpenter, CRNA, MS Clinical Coordinator
UNIONTOWN HOSPITAL	Renee Harvey, CRNA, MS Clinical Coordinator
UNITED HOSPITAL CENTER	Louise Litton, CRNA, MS Clinical Coordinator
WEST PENN HOSPITAL	Carla Linsenbigler, CRNA, MS Clinical Coordinator
WESTMORELAND HOSPITAL	Donna Ross, CRNA, MEd Clinical Coordinator
WHEELING HOSPITAL	Tina Kellas-Coyne, CRNA, BSA, ARNP Clinical Coordinator
WVU – RUBY MEMORIAL HOSPITAL	Tanya Ammons, CRNA, MS, Clinical Coordinator

CRITERION FOR LEVELS OF ACHIEVEMENT

STUDENT CLINICAL BEHAVIORAL OBJECTIVES

Level I - 3 Months:

1. The student will be able to assess a PS 1 or 2 patient's pre-op condition by interviewing the patient and reviewing the chart.
 - a. Demonstrate basic communication skills, both verbal and nonverbal.
 - b. Recognize abnormalities by correlating didactic theory of respiratory A & P.
 - c. Recognize EKG abnormalities.
 - d. Recognize pharmacologic agents that may influence the choice and course of anesthesia.
 - e. Recognize normal and abnormal laboratory tests with their influence on the course of anesthesia.
 - f. Discuss the above information with supervisors, pertaining to the anesthesia care plan.
2. The student will be able to execute intubation and extubation sequences correctly.
3. The student will formulate an anesthesia care plan for a PS I or II patient based on pre-op assessment, conference, and re-evaluation of the patient's condition and surgery.
4. The student will classify patients according to their physical status in agreement with set A.S.A. standards.
5. The student will demonstrate a basic working knowledge of monitoring equipment used in our hospitals as:
 - a. ECG monitors and pulse-oximeters
 - b. Nasal, axillary, and rectal temperature probes
 - c. BIS monitoring
 - d. Peripheral nerve stimulators
 - e. Precordial and esophageal stethoscopes
 - f. B/P monitoring, indirect
 - g. Volume monitors
 - h. Capnography
6. The student will be able to properly organize equipment and prepare a patient prior to induction.
 - a. Properly identify the patient.
 - b. Properly position the patient in preparation of anesthesia and surgery.

- c. Organize and set up the following equipment and materials prior to induction of anesthesia:
 - (1) Anesthetic agents and accessory drugs
 - (2) Endotracheal equipment
 - (3) Anesthesia machine to set up and in proper functioning capacity
 - (4) Extra "IV" fluids and equipment
 - d. Apply basic monitoring equipment and recognize gross abnormalities.
 - e. Organize all equipment or materials to start an intravenous infusion.
 - f. Begin an intravenous infusion four out of five times.
 - g. Permit the patient to express fears or concerns demonstrating understanding and compassion.
7. The student will calculate fluid requirements of patients.
 8. The student will demonstrate a basic knowledge of the anesthetic agents and accessory drugs commonly used in our hospitals.
 9. The student will administer a physiologically sound anesthetic by mask control to a PS I and II patient.
 - a. Demonstrate proper airway control.
 - b. Recognize airway obstruction, and carry out proper treatment to correct the problem.
 - c. Induct the patient using IV drugs.
 - d. Manage and maintain a satisfactory level of anesthesia using inhalation agents, narcotics, and/or accessory drugs.
 10. The student will chart all pertinent information legibly and accurately on the anesthesia record.
 11. The student will safely transport the patient to the Recovery Room after proper evaluation of condition, reporting the course of anesthesia and any events that occurred
 12. The student will recognize the significance of the Recovery Room in continuous anesthesia care.
 13. The student will be aware of the legal implications of anesthesia.
 - a. Recognize the necessity of supervision.
 - b. Recognize the legal implications of anesthesia records.
 14. The student is aware of the psychological needs of the patient.
 15. The student is aware of his/her responsibilities as a member of the health care team.
 16. The student will recognize the need for ethics and professional adjustments.

17. The student will respect the patient's modesty and will comply with HIPPA regulations.

Level II - 6 Months:

1. The student will be able to assess all patients preoperatively, assigning A.S.A. or P.S. classifications.
2. The student will formulate an anesthesia care plan for PS₁ or PS₂ patient based on physiologic and scientific principles.
3. The student will apply acceptable physiologic principles in evaluation of fluid, electrolyte, and blood loss in PS₁ or PS₂ patients before, during, and after anesthesia.
4. The student will demonstrate theoretical knowledge of cardiopulmonary resuscitation.
5. The student will demonstrate knowledge of the levels of anesthesia, MAC, and solubility coefficients.
6. The student will demonstrate knowledge of physical laws of electricity as they apply to safe anesthesia practice.
7. The student will recognize complications related to malfunctioning or contaminated anesthesia equipment.
8. The student will demonstrate knowledge of mechanical ventilators intra- and postoperatively.
9. The student will demonstrate an applicable understanding of the use of the following monitoring equipment:
 - a. ECG monitors , datascopes
 - b. Arterial lines
 - c. Doppler
 - d. PNS monitor
 - e. Temperature probe, BIS
 - f. Respirometers,
 - g. Pulse oximeters
 - h. Capnographs
 - j. Oxygen analyzers
10. The student will administer an intravenous and/or inhalation anesthetic to a PS I and PS II patient. Evaluate the following:
 - a. Prepare patient pre-induction by intravenous infusion, gathering drugs and equipment, and consultation with C.R.N.A. or anesthesiologist.
 - b. Induct patient safely utilizing intravenous or inhalation techniques.
 - c. Perform uncomplicated oral and nasal intubations.
 - d. Choose anesthetic agents and adjunctive drugs that are compatible with physical status and current drug therapy.
 - e. Evaluate anesthetic depth.

- f. Evaluate and remedy fluid and electrolyte deficits.
 - g. Evaluate blood loss and make clinical judgments for accurate replacement.
11. The student will utilize previous knowledge to recognize equipment failures.
 12. The student will follow hospital policies for meticulous blood recipient donor identification.
 13. The student will assemble blood transfusion equipment and safely administer the transfusion.
 14. The student will record legibly and accurately all anesthetic and physiologic data on anesthesia records.
 15. The student will visit all in-patient administered anesthetics within 72 hours post-anesthesia, noting post-anesthesia course.
 16. The patient is aware of legal implications of anesthesia involving supervision, patient identification, and legality of records.
 17. The student administers to the psychological needs of the patient.
 18. The student functions as an effective member of the anesthesia-surgical team and cardiopulmonary resuscitation team.
 18. The student will recognize abnormalities by correlating didactic theory of anatomy and physiology.
 19. The student will promote professional behavior
 20. The student will abide by the rules of HIPPA

Level III - 9 Months:

1. Refinement of psychomotor skills and correctly apply acquired knowledge by:
 - a. Demonstrating knowledge of problems and managing of anesthesia care for adults, geriatrics, and emergency patients. (PS₃)
 - b. Identifying and correcting problems during the anesthetic and surgical procedure.
 - c. Evaluating and integrating laboratory data and making appropriate judgment for anesthetic management.
 - d. Demonstrating skill in correcting airway obstructions and maintaining patent airway without assistance.
 - e. Understanding specific conditions and principles which may be surgically required.
 - f. Demonstrating skill in utilizing mechanical ventilators during an anesthetic.
 - g. Skillfully perform veni-puncture with different types of catheters and needles.

2. Apply knowledge in anatomy and physiology pertaining to choice of anesthesia for patients with:
 - a. Cardiovascular disease
 - b. Central and peripheral nervous system disease
 - c. Respiratory disease
3. Discuss these anatomic and physiologic principles during case reviews demonstrating knowledge of why anesthesia must be modified to meet specific patient needs.
4. Interpret EKG abnormalities and function as an effective member of the CPR Team.
5. Demonstrate knowledge in anesthetic uptake and distribution and elimination explaining why specific disease processes modify these principles.
6. Recognize the clinical responses of anesthesia during surgery.
 - a. Cite specific instances during case reviews.
7. Recognize advantages and disadvantages of specific anesthetic methods and techniques as they may apply to patient status and surgery.
8. Discuss the implied principles of Physics and Chemistry as they relate to anesthesia and surgery.
9. Practice cooperation with medical and nursing staff as a member of the health care team.
10. Understand and accept their strengths and limitations.
11. Accept responsibility for their own behavior.

Level IV - 12 Months:

1. Demonstrate self-confidence when proceeding with the anesthetic process.
2. Accept constructive criticism from instructors, peers, and other staff members of the OR and anesthesia teams, benefiting from this criticism.
3. Administer physiologically sound anesthesia, utilizing techniques that are compatible with the condition of the patient.
 - a. Integrate learning from other areas of medicine into a plan for and correcting anesthesia problems.
 - b. Demonstrate good clinical judgment, based upon solid scientific principles when correcting problems during the anesthetic process.
 - c. Demonstrate knowledge of physiology of the OB patient and of anesthetic management of them.
 - d. Justify and give rationale for methods and procedures when selecting and administering anesthetics.
 - e. Understand principles and concepts in the usage of complex monitoring systems.

- f. Apply the principles of anatomy and physiology and chemistry and physics to the practical application of anesthetics.
 - g. Formulate and initiate a plan to terminate anesthesia
 - h. Be skilled in oral and naso-endotracheal intubation.
4. Demonstrate knowledge of various techniques of regional and local anesthesia and anatomy and physiology as it may apply.
 5. Appropriately manage emergency and stressful situations.
 6. Recognize newborn infant distress, and implement a plan of action for effective resuscitation.
 7. Demonstrate working knowledge of the physiological variances and tolerances to all classification of drugs in relation to the patient's age, size, and pathophysiology.
 8. Identify and maintain surgical plans of anesthesia as indicated for each type of surgical procedure.
 9. Function as an effective member of the CPR team.
 10. Perform radial arterial punctures within medically established guidelines

Level V - 15 Months:

1. Utilize deductive reasoning when solving problems during the anesthetic process.
2. Understand dosage and toxicity of various classes of inhalation and local anesthetic agents and how they affect the cells and different organs of the body.
3. Recognize and effectively manage the complication of regional blocks.
4. Demonstrate knowledge of responsibilities of the anesthetist during emergencies inside and outside of the operating suite.
5. Be creative in his/her own approach to the anesthetic process.
6. Be highly skilled in all types of intubations on the adult and pediatric patient.
7. Understand and utilize principles and techniques when anesthetizing infants and children.
8. Evaluate and formulate a plan of the anesthesia care of the obstetrical patient:
 - a. Apply knowledge of the physiology of pregnancy when selecting anesthetic requirements and techniques for vaginal delivery and C-sections.
 - b. Analyze complications of labor and delivery in relation to the anesthetic process.
 - c. Evaluate and formulate a plan for prevention and treatment of

complications of anesthesia for the obstetrical patient.

- d. Integrate learning from other areas of medicine when solving and correcting anesthetic complications and problems associated with OB anesthesia.

Level VI - 18 Months:

1. Apply advanced principles and knowledge of pharmacology throughout anesthetic practice.
2. Administer safe, effective respiratory therapy.
3. Understand, select, and utilize appropriate means of ventilation that meet the individual respiratory needs of patients.
4. Evaluate effectiveness of respiratory therapy for which the anesthetist is responsible.
5. Understand and utilize pulmonary function tests and blood gas analysis in the respiratory anesthetic management of patients.
6. Perform skillfully when managing the special anesthetic problems and considerations for emergency surgery.
 - a. Differentiate unique problems associated with emergency anesthesia.
 - b. Formulate and implement a plan for type and method of anesthesia for emergencies.
 - c. Comprehend the preoperative, operative, and postoperative complications associated with emergency anesthesia.
 - d. Understand the problems and differences associated with traumatic and surgical emergencies.
 - e. Synthesize the total anesthetic process during emergency surgery and recognize priorities in this process.
7. Demonstrate working knowledge in the preoperative, intra-operative, and postoperative management of the pediatric patient.
8. Administer and utilize safe anesthetic principles in areas outside the operating suite.

Level VII and VIII - 24 Months:

1. The student will properly evaluate a patient preoperatively by chart review and interview.
2. Develop an anesthetic care plan that reflects understanding of anatomy,

physiology, and pathophysiology as it relates to the underlying disease processes and the implications for anesthetic management.

3. Administer a sound physiologic anesthetic.
4. Follow the patient's progress in the postoperative period.
5. Administer anesthesia in any type of setting using any technique or agent that is familiar to that anesthetist.
6. Advanced airway management
7. Continual educational growth by attendance of seminars and conferences.

CLASS ATTENDANCE

Class and clinical time are integral for the progressive learning needed to complete the educational experience. Absenteeism can recognize gaps in the material presented, affecting the overall learning objectives. Consequently, a student who misses class regularly may endanger his progress and seriously hinder successful completion of the

course.

1. Prolonged absence due to illness may necessitate total withdrawal from the program.
3. Students on reasonable leaves of absence due to illness, or any other plausible reason, will be required to complete the necessary make-up time to meet the requirements of graduation.
3. Excessive tardiness - students who are late for class or the clinical area frequently (more than three times in one year) may be placed on probation or given the option of using a vacation day to make-up time.
4. Excessive absenteeism – students who call off excessively may be placed on probation and must make-up all time missed.

EVALUATION METHODS

1. Classroom performances: grades, reports, participation, attendance.
2. Observation of applied theory in clinical area and personal integrity and demonstrated responsibility.
3. Counseling sessions:
 - a. Office hours of faculty are from 8:00 a.m. to 4:00 p.m. by appointment only Monday through Friday.
 - b. Office hours of the director are 8:00 a.m. to 4:00 p.m., Monday through Friday. The director is available for informal and formal consultation, providing time accommodates upon student request.
 - c. Instructor/Student counseling sessions can be held upon student request or at the instructor's discretion concerning didactic performance or clinical performance. Each student should utilize their assigned advisor when necessary.
4. Clinical Proficiency: The evaluation of clinical proficiency is a continuous process of ascertaining the degree of success of the student's anesthesia expertise. Thus, major considerations of student's evaluation in the practice of anesthesia will include:
 - a. Knowledge
 - b. Understanding
 - c. Application
 - d. Performance skills
 - e. Attitudes
5. Defined as:
 - a. Knowledge of facts, principles, concepts, and methods essential for good anesthesia management
 - b. Understanding of concepts, principles, problems, and other data effectively employed for safe anesthetic management

- c. Application of data, concepts and principles, and methods and problem solving skills essential for anesthesia expertise
 - d. Performance skills necessary for safe, effective, and independent anesthesia practice
 - e. Positive attitude required of all students.
6. Classroom proficiency:
- a. Grades (tests, reports, presentations)
 - b. Punctuality in assignments
 - c. Initiative in studying clinical problems
 - d. Classroom participation
 - e. Attendance
7. Student formal counseling sessions every three months, or scheduled more frequently if needed
8. Formal anecdotal records kept on counseling signed by a staff member.
9. Clinical evaluation of students is made by instructors and other staff anesthetists or anesthesiologists who work with students.
10. Composite final evaluation by the course director and clinical coordinators

TERMINAL COURSE OBJECTIVES

Upon completion of the twenty-seven and one half month course of study at Excelsa Health School of Anesthesia, the graduate will be able to perform the following:

1. Conduct a preoperative evaluation of the patient including the following:
 - a. Review of the patient's chart considering all pertinent laboratory data, x-rays, EKG, history, physical, and past anesthesia history.
 - b. Establish verbal communication with the patient gaining additional data that may contribute to the anesthesia care plan.
 - c. Assess the patient in accordance to the A.S.A. physical status.
2. Implement a plan of anesthesia management in accordance to information gained from printed material on the chart and patient interview.
3. Identify pathologic, physiologic, or pharmacologic problems that might further complicate anesthetic management adjusting the anesthesia care plan to accommodate the patient's needs.
4. Establish optimum communication and rapport with other health team members vital to patient and outcome of anesthesia care.
5. Select, test, and assemble appropriate anesthesia equipment necessary for the conduct of safe anesthesia, replacing, or repairing defective devices.
6. Ensure the safety of the patient and Operating Room personnel by anesthesia equipment check
7. Establish effective communication with the patient thereby assisting him/her with their emotional needs in anticipation for anesthesia and surgery.
8. Prepare the patient physically for induction of anesthesia by conducting the following preparations:
 - a. Applying and accurately interpreting the readings of various monitoring devices such as EKG monitors, B/P, oximeters, ETCO₂, and thermometers.
 - b. Select intravenous solutions respectful of fluid and electrolyte therapy which is physiologically sound for the patient and surgery.
 - c. Prepare the site of veni-puncture and accurately begin the therapy ensuring patency.
9. Administer prescribed anesthetic induction agents for routine and emergency cases with use of accessory drugs ensuring a rapid and safe induction of anesthesia.
10. Administer prescribed anesthetic agents to the patient safely, conducting a smooth anesthetic course.

11. Maintain the patient's respiratory status by ensuring airway patency, and by implementing rapid measures to correct obstruction.
12. Perform atraumatic intubation when such a method of airway management is indicated.
13. Demonstrate accurate decision-making in solving a variety of situations which may arise during the course of anesthesia, and evaluate these decisions accordingly.
14. Record accurate and legible information on anesthetic records after interpretation of the patient's vital signs and integration of various scientific devices.
15. Safely discontinue all anesthetic agents and reverse all accessory drugs at the termination of surgery.
16. Competently assess the patient's condition prior to extubation, and prior to transport to the Recovery Room.
17. Report to appropriate Recovery Room personnel the patient's condition, surgery performed, and any adverse reactions or problems that may affect the patient in the Recovery Room
18. Make appropriate post-operative notations of the in-patient's condition, within 72 hours of surgery.
19. Attend and participate in nursing and A.A.N.A. educational workshops and meetings, reinforcing areas of basic science and anesthesia knowledge, and identifying clinical areas for additional proficiency.
20. Participate and/or conduct in-service education programs in areas where anesthesia expertise is needed.
21. Assume responsibility for their professional growth.
22. Become a leader as well as a member of the hospital health care team.
23. Function as a team member or resource authority in the areas of cardiopulmonary resuscitation, fluid therapy, and respiratory therapy.
24. Demonstrate knowledge of nurse anesthesia medical and legal standards, and standards of practice statutes.
25. Demonstrate appropriate plan of action in referring complications beyond nurse anesthetist's abilities.
26. Safely manage regional anesthetic cases and demonstrate appropriate skills in administering regional anesthesia.
27. Demonstrate appropriate behavior in on call, crisis, or disaster situations applying physiological and psychological support of patient and family.

CERTIFICATION REQUIREMENTS

Having successfully completed requirements for first and second years, the student must meet the minimum requirements of the Council on Certification to qualify for the Certification Examination.

Academic Requirements

1. The number of contact hours in each division shall meet or exceed the following:
 - a. Professional Aspects of Nurse Anesthesia (45 hours).
 - b. Anatomy, physiology, and pathophysiology (135 hours).
(To include cell physiology, nervous, respiratory, circulatory, endocrine, and excretory systems).
 - c. Chemistry and biochemistry and physics (45 hours).
 - d. Pharmacology (105 hours)
 - e. Principles of Anesthesia Practice (Basic and Advanced) (105 hours).
 - f. Journal Club, seminars, patient care conferences, and/or other clinical correlative conferences (45 hours).
2. Successfully meets terminal course objectives.
3. Successfully completes final comprehensive with minimal score of 80%.

CERTIFICATION EXAMINATION

Each graduate of Excelsa Health School of Anesthesia is expected to take the certification examination administered by the A.A.N.A. Council on Certification. It is mandatory that the following information be submitted for each applicant to the Executive Office prior to each test deadline printed in the "Journal of the American Association of Nurse Anesthetists":

1. A completed transcript of the student's record.
2. A completed application for the qualifying examination.
3. A photocopy of the applicant's current license to practice as a Registered Professional Nurse (the license must be valid on the date of the respective examination for which the candidate is making application).
4. Application and examination fee.

CLINICAL EXPECTATIONS

HIPPA / CONFIDENTIALITY

Patient privacy is a guaranteed right of each and every individual. As SRNAs you have access to a patient's private information. It is crucial to protect this information in order to respect the rights of our clients. No chart is ever to be copied, to leave the unit, or to be openly discussed in matters not related to care or to the direct educational experience. Information presented at Case Discussion should provide anonymity to the patient. Respective hospital policies on privacy regulations will be adhered to. Breach of respect of privacy is grounds for corrective behavior at the discretion of the director.

BLOOD BORNE PATHOGENS

Anesthesia providers are exposed to hazardous materials on a daily basis. It is important to protect ourselves and our patients from disease transmission. The use of appropriate personal protective equipment (PPE) requires constant diligence. Gloves are to be worn anytime exposure is possible. Protective eyewear (with side guards) are to be worn during any period in the OR suite, or when exposure may occur. Appropriate attention needs to be given for prevention of disease spread, such as MRSA and associated resistant strains. Needless safety protocols must be utilized at all times. Strict adherence to the respective hospital's policy on blood borne pathogens, PPE use, and universal precautions is required at all times. Failure to comply may result in corrective action at the discretion of the director.

PRE AND POSTOPERATIVE EVALUATIONS

According to Anesthesia Department Policies and Procedures in compliance with J.C.A.H.O. recommendations, pre and postoperative evaluations must be made on all patients who are to receive or have received an anesthetic. The experience of evaluating patients at these two particular times is an invaluable tool in preparing the student to formulate an anesthesia care plan and eventually judging patient status as a graduate anesthetist.

Objectives:

1. The student will be able to develop an anesthesia care plan utilizing the following:
 - a. Review of the chart
 - b. Patient interview
 - c. Physical assessment
 - d. Operative procedure and position
2. The student, through preoperative assessment, will implement and utilize the anesthesia care plan for induction, maintenance, and emergency of anesthesia.
3. The student will be able to amend the anesthesia care plan as indicated by surgery or patient choice or condition.
4. The student will recognize the need for consultation.
5. The student will evaluate the effectiveness of the anesthesia care plan by postoperative review within 24 to 48 hours of surgery and anesthesia.
6. The student will utilize these records for case review discussions or clinical conferences.

Procedure:

After completing the first three months of anesthesia school, we feel the student shall be didactically equipped to begin anesthesiologist supervised rounds on all student assigned cases for one month. Students will proceed as follows:

1. Accompany anesthesia provider in the afternoon responsible for the room case schedule in which the student is assigned.
2. Utilize the anesthesia care plans (student will be assigned to chosen patients with supervisory approval and consultation).
3. Visit and review the in-patient postoperatively within 24 to 48 hours after surgery and anesthesia in accordance with department policy.
2. Utilize these care plans in weekly case reviews or clinical conferences
3. Submit these anesthesia care plans to the respective clinical coordinators for evaluation and inclusion in the clinical grade.

Students are advised that when they begin their preoperative visits on their own to check the chart for the anesthesiologist's notation. If there is not a notation, chart review will be carried out. The student is then responsible for notifying the clinical coordinator so that time will be allowed for the student to complete his/her preoperative evaluation prior to administering the anesthesia.

All anesthesia students are required to do pre- and post-operative rounds on as many of their patients as possible. Upon completion of their rounds, the student must report to ONE of the following individuals in rank order of listing:

1. Clinical coordinator
2. Chief C.R.N.A.
3. C.R.N.A. on call

Determination of releasing the students to do their rounds will be at the discretion of the above listed personnel in order of ranking.

The exceptions to preoperative rounds are as follows:

1. No student will be required to do pre or postoperative rounds on Saturdays or Sundays.
2. No student will be required to do preoperative rounds on patients admitted after 5:00 p.m.
3. No student will be required to do preoperative rounds on Fridays.
4. No student will be required to do preoperative rounds on a vacation day, or holiday.

Failure to comply with the school policy on pre and postoperative rounds may jeopardize the student's successful completion of anesthesia school.

Additional clarification may be obtained from the program director, assistant director or the clinical coordinators.

CALL EXPERIENCE/CALL ROTATION

The growth and development of the student is aided by the selection of learning experiences and evaluations. We desire to guide the student in these experiences to develop cognition skills, and affective behavior. Consideration on an individual basis, the student is assisted to develop competency and self-direction, exploiting his/her own maximum capabilities.

Objectives:

1. To develop to maximum fundamental principles and skills of anesthesia.
2. To apply the knowledge and techniques of anesthesia in the emergency, surgical, and obstetric call situations.
3. To identify the nurse anesthetist's role as a member of the hospital health team in other areas, as his/her responsibilities in cardiopulmonary resuscitation.
4. To develop effective communicative skills, practicing diplomacy and courtesy in anesthetist-doctor, anesthetist-nurse, and anesthetist-patient situations.
5. To identify problems and anesthesia implications with the emergency, surgical, or obstetric cases.
6. To develop and utilize a realistic plan acknowledging his/her own limitations and abilities.
7. To develop insight necessary for continuous self-evaluation and professional growth.
8. To practice behavior expected of a developing professional person.

Procedure:

1. Students will assume the responsibility of call after completion of the Obstetrics Course. 1 day per month for the remainder of their junior year and approximately 2 days per month in their senior year.
2. Each student while on call will be covered by a C.R.N.A. in the house, while both are covered by an anesthesiologist in-house or at home.
4. Monetary reimbursement is not our policy, but the student is compensated with the following day off after a weekday call and 2 days for a Saturday or Sunday call.
5. Maximum number of Saturday or Sunday calls is one per six-month rotation.
6. Maximum number of calls per week is one.

OPEN HEART ROTATIONS

Junior students may only be assigned 1 on 1 with an anesthesiologist in the open heart room when the following criteria have been met.

1. The student has completed a minimum of 7 months of didactic instruction at the anesthesia school.
2. The student has completed the course of instruction for the cardiovascular system.
3. The student has received the orientation to the open heart room lecture by a CRNA or anesthesiologist from the Westmoreland hospital anesthesia department.
4. The student has worked a minimum of 2 times with a CRNA and an anesthesiologist in the open heart room.

Procedure:

The clinical coordinator or in the event of her absence the chief CRNA shall assign the first year anesthesia student to the open heart room only after all the criteria has been met.

STUDENT RESPONSIBILITIES

STUDENTS RIGHTS

Students enrolled in the Excelsa Health School of Anesthesia have the right to expect that the School will create for them a learning environment in which they will obtain enough didactic and clinical experience to become fully competent nurse anesthetists. Students must realize that fundamental to any right is responsibility; therefore, the School can expect that its students will hold themselves accountable to these requirements.

When students enter the program they can expect:

1. The admission of each class will be based upon the “best qualified” as determined by the Admission Committee.
2. That admission to the Program will not be based on race, creed, national origin, age, sex, religion, or handicap as long as the accepted applicant can perform all tasks.
3. That if they are selected for admission they will receive a formal letter.
4. That they will not be exploited relative to time commitment or pay for profit of the conducting institution. The total number of hours that students commit to the program shall not exceed sixty-four hours a week.
5. That they will be instructed by teachers who are qualified in their specialty.
6. That the program will provide them with fair and equitable student/teacher ratio, particularly in the clinical area.
7. To be evaluated and counseled on a regular basis and that they will be allowed to respond to unfavorable findings within the framework of the Due Process mechanism.
8. That evaluating tools will be structured in behavioral terms so that both student and teacher can measure objective evaluation of student’s progress.
9. That clinical supervision will be available in proportion to students or patient’s need.
10. That they will be able to develop as competent practitioners, without compromising patient safety.
11. That complete transcripts will be available upon written request both before and after graduation.
12. That records will be kept confidential and only released upon written permission from the student.
13. That upon graduation from the program, the Program Director will provide an official transcript to be sent to the Council on Certification and maintain a permanent transcript at the Hospital.

LIABILITY INSURANCE

Liability insurance is provided to students through the AANA Insurance Services. The school purchases a policy for each student prior to their clinical practicum.

FINANCIAL INFORMATION

In considering the expenses of attending our School of Anesthesia it should be kept in mind that student expenses are only a portion of the actual educational costs. Operating costs of the Anesthesia School are shared by Westmoreland and Latrobe hospitals. The actual cost to the student is kept to the lowest possible level consistent with a financially responsible operation. The school reserves the right to change any of these policies whenever increasing costs may require such a change.

Student Matriculation Fee (non-refundable)	\$ 1,200.00
Tuition and Fees at Saint Vincent College	Approx \$ 35,000.00
Texts and Supplies (approximate)	\$ 1,000.00
Medical-Surgical Fees & Hospitalization	Student Expense
Parking Fees for clinical sites	Free (except for AGH)
Membership, Associate, in A.A.N.A – payable to A.A.N.A.	\$ 100.00
Meals	Student Expense
Housing	Student Expense
Transportation	Student Expense
Certification Exam (payable to Council on Certification) Immediately prior to graduation	\$ 725.00
Clinical Fee for 2 years	\$ 10,000.00

* Please note that the above are approximate costs and may change*

REFUND POLICY

(If a student withdraws or is dismissed)

The student's texts and supplies are purchased prior to the first day of school. These materials become the property of the student and no refund for money paid for texts and supplies will be made. The associate membership fee to the American Association of Nurse Anesthetists is nonrefundable.

VETERANS' BENEFITS

Students eligible for veteran benefits should check with their local Veterans' Administration Office and the SVC Financial Aid Office.

STUDENT BUDGET

In estimating the cost of attending our school, applicants should consider:

1. Cost of transportation to and from the area.
2. Cost of housing.
3. Personal expenses: books, supplies, meals, etc.

STUDENT LOANS:

The United States Office of Education sponsors a loan program which enables a student to borrow money for his education, directly from a bank, credit union, savings and loan association, or any participating lender. The general outline of this program has been established by the federal government, but each state administers its own program. For information on this program, contact the Higher Educational Assistance Agency in your state, your local lending institution, or Saint Vincent College Financial Aid Officer at (724) 805-2500.

OUTSIDE EMPLOYMENT POLICY:

We permit our students to apply for part-time employment, outside the scope of anesthesia practice, providing it does not interfere with student academic and clinical performance. Application should be made to hospitals of interest in accordance to that hospital's policies and need for employment at the time of application. We do not guarantee part-time employment as part of school service.

When any student's grades fall due to working outside committed hours, that student will be asked to refrain from working or face dismissal procedures from the school.

We prefer students not work in excess of 16 extra hours per week as this will interfere with academic preparation and proper rest to assume clinical responsibilities.

VACATION TIME:

Each student receives **13 days** of vacation/sick time per calendar year. Unused days may not be rolled over to the following year. In addition, students will have **7 holidays** to include the day after Thanksgiving. The following rules for vacation must be followed:

1. **First year students:** routine vacation may not be scheduled from January thru mid-May. Any vacations days must be approved on a case by case basis by your advisor.
2. A vacation scheduling form must be completed and returned to the school's administrative assistant at least **two weeks** prior to the vacation start date. Students must inform their respective clinical coordinator of planned absences as well. Shorter notice requests must be coordinated through your advisor. Once a vacation day has been taken, it **cannot** be restored to the student's vacation bank by working additional hours at clinical sites.
3. Students may gain additional vacation days by participated in various community events (immunization clinics, vital sign screenings, etc.) sanctioned by the school. These opportunities will be announced in class and posted on the student information bulletin board. Students need advisor approval to participate.
4. Students will mark vacation days on their attendance log.

Attendance/Call-Off Procedure:

- (1) In the case of an unexpected call-off from clinical the following procedure **must** be followed:
 - (a) Call the clinical site to report off by 6:30 am and inform the clinical coordinator. If you get a recording, leave a message and then call back and ask to speak to the CRNA on-call. Note their name and the time you speak with them. Call back again at 7:00 am and speak to someone personally in the Anesthesia Department; note their name and time, **AND**
 - (b) Call the Anesthesia School and speak to the Administrative Assistant or leave a voicemail. This must be done by 8:00 am of the day you are calling off, **AND**
 - (c) Send an email to the School Director noting why you are calling off for the day. This must be done by 8:00 am of the day you are calling off.

- (2) In the case of unexpected call-offs from class you must call the School and email the School Director (with reason for call-off) by 8:00 am of the day you are calling off.

- (3) Make-up days for missed clinical and/or class days will not be permitted, except as noted below:
 - (a) In the case of inclement weather with impassable road conditions, in which an authorized government agency has declared a state-of-emergency.
 - (b) In the case of illness, due to health reasons, in which the student has missed five (5) or more consecutive clinical/school days.
 - (c) Make-up days for the above reasons, as stated in section 3(b), will require the expressed written consent of **both** the School Director and the student's Clinical Coordinator.

- (4) A written physician excuse will be required for call-offs of three (3) or more days.

- (5) Students with more than two (2) call-offs for any single clinical rotation will be required to meet with their advisor to discuss attendance issues.

- (6) Sick days, including non-scheduled call-offs, will be deducted from the 13 vacation days available to each student every calendar year. Vacation days may not be borrowed from the following year vacation allotment.

- (7) Student must mark sick days, and other non-scheduled absences, on both their attendance log and in the Typhon system.

- (8) The above procedure must be followed. Any student who fails to follow proper procedure, and/or misrepresents their attendance, will be subject to disciplinary action as per School protocol. Such disciplinary action may include a written warning, suspension, or dismissal from the School of Anesthesia.

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Conference Days:

1. Students are allowed 8 conference days per year; they are not cumulative and may not be used as vacation days. These are broken down as:
 - a. 4 weekday conference days in lieu of clinical days
 - b. 4 weekend conference days which will be credited to the student's vacation days on a one for one basis.
2. Conference days must be approved in advance by the student's advisor.
3. Students receive credit for 1 conference day for each 8 hours of conference time; this applies to both weekday and weekend conferences.
4. Proof of attendance (certification of completion) is required to receive credit as a conference day.
5. Conference days will be marked as such on the student's attendance log.

COMPENSATORY TIME

1. Scheduled time for all students at clinical sites is usually 7:00 a.m. to 3:30 p.m., or per hospital policy
2. As a student you are expected to arrive at least 30 minutes prior to the start of the surgery schedule to allowing adequate time to set up room.
3. You are expected to finish a case that you have started prior to 3:30 p.m.
4. Compensatory time back will be at the discretion of the clinical coordinator at each clinical site
5. Compensatory time should not be expected for less than 4 hours.
6. All compensatory time must be taken at the site where it is earned.
7. Extra shifts/hours to be worked are to be approved by, and at the discretion of, the clinical coordinator and not to be scheduled by the student
8. The intent of compensatory time is to meet the student's educational needs for clinical experience and not in lieu of vacation time.

STANDARDS OF CONDUCT/ DISMISSAL POLICIES AND PROCEDURES

STANDARDS OF CONDUCT:

While it is to be expected that most learning experiences are enjoyable, it must also be realized that the practice of anesthesia is full of responsibility and has minimum margin for error. Vigilance, observation, and a sense of responsibility must be instinctive. The correlation of theory and practice must be routine. An open mind and an interest in learning must be present in all students. Anesthesia is never an end in itself, and the ability to function as a team member is essential.

Patients undergoing surgery are often in a critical emotional state so that sympathy, tact, and understanding should be part of the emotional makeup of a nurse anesthetist.

Therefore, behavior of students must be in conformity with the above considerations. Recognizing the right of students to individuality, there are certain extremes of behavior which are incompatible with the practice of anesthesia and which would constitute grounds for a status of probation and, if repeated, expulsion from the school.

STUDENT CONDUCT:

Students should remember a school is often judged by the actions of its students. Our school policies stress the importance of responsibility, maturity, and generosity. These qualities are to be reflected in the behavior of our students. This is adult education, and each is expected to act accordingly.

ACADEMIC HONESTY:

We assume that all students come for a serious purpose and expect them to be responsible individuals who demand of themselves high standards of honesty and personal conduct.

Fundamental to the principle of independent learning and professional growth is the requirement of honesty and integrity in the performance of academic assignments, both in the classroom and outside, and in the conduct of personal life. Accordingly, we hold our students to the highest standards of intellectual integrity and thus the attempt of any student to present as his own any work which he has not performed to do, or pass any examination by improper means, is regarded by us as a serious offense. In any case of dishonesty, the instructor and the director, who confers with the student, will decide upon the appropriate sanction. Depending upon the seriousness of the offense, possibilities are:

1. Failure of assignment and reassignment
2. Failure of the course, suspension, and appropriate make-up time calculated.
3. Expulsion from the program

ACADEMIC WARNING SYSTEM:

1. The first six months will be a probationary period.
2. Students are evaluated clinically and didactically every three months throughout the program.
3. The School of Anesthesia requires each student to maintain a 3.0 QPA and exhibit satisfactory competence in the clinical area appropriate to the current level of study.
4. If the students fail to attain this average, the director will issue a letter of academic warning placing the student on academic probation.
5. A student who receives an academic warning is required to consult with the director concerning the following points of interest:
 - a. Educational motivation: didactic and/or clinical
 - b. Study plans
 - c. Student and faculty evaluation of program in question
 - d. Creation of a remedial program
6. Academic probation will not exceed a three-month period.
7. During this three-month period, if it becomes evident that satisfactory achievement is not occurring, a second letter of warning will be issued.
8. In the case of unsatisfactory achievement at the end of the three-month probation period, the student will be dismissed.

ALCOHOL AND DRUGS:

We consider any use, possession, or distribution of illegal drugs and/or narcotics (including, but not limited to hallucinogens, amphetamines, barbiturates, opiates, and marijuana) to be a matter of great concern. If the well-being of the individual, or co-worker, becomes involved in matters of such nature to endanger the well-being of patients and fellow employees, resultant action, up to and including expulsion, will be entirely the decision of the school Director in accordance to school policies. Any student with an active addiction will be advised of available treatment programs.

1. Classes on drug abuse and stress management will be incorporated into the student nurse anesthetists' curriculum and will be given in the initial phase of the student's didactic preparation.
2. A yearly presentation on chemical dependency will be provided for the students.
3. Students may also use the AANA Peer Advisor or the PANA's Ad-Hoc Committee on chemical dependency.
4. We consider the use, possession, or distribution of any illegal drugs to be a matter of great concern. The safety of our patients is the primary concern at the school. Any theft of controlled substances must be reported to the appropriate authorities and appropriate referral made. The dismissal of the student is at the discretion of the program director and legal services.

The possession or use of alcoholic beverages is never permitted during school hours. This includes clinical time and time at SVC, as well as at the Excelsa School or any related functions. This also includes attending any school related activity in an impaired state. Action, including possible dismissal, will be at the discretion of the director.

CIVIL LAW AND THE STUDENT:

In every disciplinary matter, each student will be considered as an individual and a person with rights and dignity. The school cannot give categorical statements that will be applicable or valid for all students and for all incidents. Our school upholds civil law, the school does not grant immunity to students because they are students.

Excela Health School of Anesthesia realizes that, in the process of learning, mistakes will be made. The school faculty is prepared to minimize these mistakes through example, advice, and if necessary, penalty. We expect our students to live within the policies of the school.

Liability insurance coverage is provided to anesthesia students by the PHICO Liability Insurance Policy of Westmoreland Hospital anesthesia students.

CORRECTIVE ACTION POLICY:

We expect our students to work and live within the philosophy and policies of our school. We are prepared to take measures as intense as necessary to protect the students from the immature or selfish actions of other students or personnel involved.

Disciplinary Probation consists of the following:

A student on disciplinary probation is not eligible or permitted to represent the school in any public function. The period of disciplinary probation will not last longer than six months.

Procedure:

1. Only members of the Executive Faculty may place a student on disciplinary probation. When available, the student's faculty advisor should be the member who initiates the procedure. The initiating member should review the potential probationary measure with the other members of the Executive Faculty before beginning the procedure.
2. Student receives written warning of probation issued by one of the Executive Faculty members and signed by the student; for serious offenses, as defined on a case to case basis by the program director, this warning step may be omitted. The probationary warning letter should include details on the exact nature of the behavior warranting the warning, the desired student outcome to successfully avoid formal probation and the time frame for which the warning applies, not to exceed six months. The student who refuses to sign will be immediately placed on formal probation.
3. If further improper behavior occurs or if the desired student outcome is not met during the probationary warning period, the student is then placed on formal probation. A written notification is then issued by the school and signed by the student and the program director. This notification is then placed in his/her permanent school file. The student who refuses to sign the formal probation letter will be subject to immediate dismissal from the program. The student may appeal the probation via the mechanisms of complaint, appeal, due process outlined in this handbook.
4. If written probation has not brought about the desired action, suspension or dismissal will result. The program director, in consultation with the Executive Faculty, will determine, on a case by case basis, whether the student has met the desired goals of the probationary period. The student may appeal the dismissal or suspension via the mechanisms of complaint, appeal, and due process outlined in this handbook.

During probation period, further violation of any disciplinary regulation may result in suspension or dismissal. Penalties, either suspension or dismissal, imposed on such students will be the decision of the executive faculty. The student may appeal the dismissal process

procedures as outlined in the Student Handbook.

A student can be dismissed for:

1. Lack of interest in learning
2. Excessive absences
3. Lack of punctuality
4. Unethical or immoral behavior, such as dishonesty, cheating, or harassment
5. Instigation of disharmony
6. Careless disregard for the welfare or safety of patients, students, or staff
7. Taking of illicit drugs or alcoholism
8. Gross deviations from appropriate standards of dress and grooming as determined by the school director
9. Failure to follow specific recommended methods or techniques
10. Failure to maintain a 3.0 QPA
11. Inadequate attendance at lectures

For a serious offense, the student may still be dismissed even though he/she has incurred no previous disciplinary penalties. Recommendations for dismissal are made by the decision of the executive faculty and approved by the program director of the school. The student will receive written notification when dismissal becomes effective. A copy of the notification is placed in the student's file.

The student may appeal dismissal by requesting a review board hearing as delineated in the mechanisms of complaint, appeal, due process procedures outlined in this student handbook.

MECHANISM of COMPLAINT, APPEAL, DUE PROCESS PROCEDURES:

In the event of probation, or dismissal, the student will be given an opportunity to appeal the sanctions made by the school. To request a review of disciplinary action by a review board the student must:

1. Submit a written request for the review, to include specific details as to why the probation or dismissal is not warranted. The letter must be dated and signed by the student
2. This letter must be submitted to the Program Director or (in his/her absence) designee within two working days of the receipt of the notification of probation or dismissal. Letters received after the two working day deadline will not be considered.

The school will notify the student of the date and time of the review board hearing. The review board will meet as soon as possible and no later than two weeks after the student's request is received. In this way, should the probation or dismissal be overturned, the missed clinical/classroom time is minimized.

In cases pending appeal, the school status of the applicant will not be altered, except in cases which, in the judgment of the director, either the student's physical or emotional safety and well-being are endangered, or the safety and well-being of fellow students, faculty, or patient (s), or hospital property are in jeopardy.

The review board is composed of:

1. Two CRNAs not employed by the Excelsa Health School of Anesthesia
2. The Education Coordinator or the Assistant Program Director.

The faculty member of the board will be the president of the board and also will function as the recorder. The review board hearing is restricted to the student, the board members, and any witnesses that the board wishes to have present for testimony. The board will consider only those details noted in the student's written appeal.

Neither legal counsel nor other persons may be present with nor representing the student. The hearing is an administrative function, and not a legal proceeding, and standards of criminal or civil law and legal rules of evidence do not apply.

After testimony is heard, the student and any witnesses will be dismissed and the review board will deliberate. A simple majority vote will determine whether the probation or dismissal in question is upheld, modified, or overturned. A written finding of the board will be forwarded to the program director and the student within one working day of the board's decision.

The program director will place the notification in the student's file and take the appropriate measures based on the findings of the review board. Personal notes by board members of the testimony and deliberations will be destroyed once a final decision has been reached. The secretary's record will include only the names and titles of the witnesses called. All decisions of the review board are considered final and unalterable and will be followed by the program director.

DEFERRAL OF GRADUATION:

Deferral of graduation is the prerogative of the individual school, for a valid reason; e.g. student has not met curriculum requirements. The student will be apprised of his/her rights to appeal such

a decision. Notification of such deferral of graduation and the reason for the deferral will be submitted to the Council on Certification, A.A.N.A., if the application for the qualifying examination for certification has already been submitted prior to this action.

RESIGNATION POLICY:

The following will be completed by the director:

1. Transcripts of students' didactic and clinical experiences to point of withdrawal or dismissal.
2. Reasons for withdrawal and supporting documentation.

This information shall be sent to The Council on Certification to notify change of student status. Also in accordance to school policy, a letter of resignation must be submitted by the student to the program director. Human Resources of Westmoreland Regional Hospital will be notified of the student's withdrawal.

Duties of the Director:

1. Complete didactic and clinical experience transcripts.
2. Forward above information to Council on Certification with reasons for resignation.
3. Notify personnel department of termination of employment utilizing personnel action forms.
4. Notify administrative anesthesiologist and clinical coordinators of resignation.
5. Notify Saint Vincent Registrar and Financial Aid

Duties of Resignee:

1. Forward letters of resignation with reasons for withdrawal to the Program Director.