Saint Mary’s University of Minnesota  
Schools of Graduate and Professional Programs  
Graduate Program in Nurse Anesthesia  
Twin Cities Campus  

Nurse Anesthesia Clinical Practicum  
NA774 – Clinical Practicum V  
Summer Semester 2016  
3 credits (600 clock hours)  

Course Dates/Hours  
All students for this course are assigned from 0630 to 1530 (8 hour day shifts) Monday through Friday. Any changes to this schedule must be approved in writing by both the On-Site Clinical Coordinator and the course instructor. Written application needs to be submitted to the course instructor at least two weeks prior to the anticipated arranged schedule change.

Prerequisites:  NA770, NA771, NA772 and NA773

Instructor:  Dr. Merri L. Moody APRN, CRNA  
Program Director  
Office: (612) 728-5151  
mmoody@smumn.edu

On-Site Clinical Coordinators are designated for each clinical site. Please reference the [NA Course Directory](https://www.smumn.edu/courses) for the most current clinical coordinator information.

Course Description  
Clinical practicum provides the student with the opportunity to apply the principles of anesthesia to direct patient care. Students provide supervised care in a variety of settings and specialty rotations to demonstrate proficiency in advanced anesthetic techniques.

Student Learning Objectives  
Upon completion of these courses, students are expected to be able to do the following:  
1. Conduct a thorough and accurate preoperative assessment on all assigned patients. (CPS 1)  
2. Derive a complete anesthetic care plan for all assigned patients using pertinent data gathered from the medical record and the patient interview. (CPS2)  
3. Prepare and organize all pertinent anesthesia related equipment and pharmacologic agents.(CPS3)  
4. Demonstrate proper care and use of all anesthesia related equipment. (CPS3)  
5. Practice in a manner that is protective of self, the patient and the environment. (CPS4)  
6. Safely and completely prepare all assigned patients for anesthesia and surgery. (CPS4)
7. Manage all aspects of the anesthetic care, from the preoperative area to the recovery area. (CPS5,6,7,8;POR)
8. Demonstrate professional behavior and appropriate interpersonal skills while engaged in clinical practice. (CPS9)
9. Meet the individual site and specialty objectives. (CPS9; MCCCR)
10. Demonstrate cultural competence when working with patients and members of the health care community. (CPS9)
11. Demonstrate the integration of theory and practice in patient care by individualizing care plans, evaluating outcomes, and creating a professional presentation of cases. (CS)

Textbooks and Reference Materials
Students should utilize the Clinical Rotation Reference and Resource Guidelines that are available on Blackboard.

Blackboard Access
Blackboard may be accessed from the SMUMN external website at www.smumn.edu or from our Inside Pages at www2.smumn.edu or by entering the following URL in your browser: http://courses.smumn.edu. The Blackboard site has automatic button links to all University policies, the Library and Writing Center.

Settings for the Demonstration of Course Objectives

General Surgery – Urban:
Abbott Northwestern Hospital, Minneapolis, MN; Regions Hospital; St. Paul, MN; St. Joseph’s Hospital, Marshfield, WI; Saint Mary’s Hospital, Duluth, MN; Saint Cloud Hospital, St. Cloud, MN

General Surgery – Community:
St. Luke’s Hospital, Duluth, MN; Ridgeview Medical Center, Waconia, MN; Rice Memorial Hospital, Willmar, MN; Northfield Hospital, Northfield, MN; Owatonna Hospital, Owatonna, MN; St. Mary’s Hospital, Rhinelander, WI

General Surgery – Rural:
Mayo Clinic Health System in New Prague, New Prague, MN; Memorial Health Care, Medford, WI; Amery Regional Medical Center, Amery, WI; River Falls Area Hospital, River Falls, WI; Glencoe Regional Medical Center, Glencoe, MN; St. Elizabeth’s Hospital, Wabasha, MN; Riverwood Healthcare Center, Aitkin, MN; St. Croix Falls Regional Medical Center, St. Croix Falls, WI; Memorial Medical Center, Neillsville, WI; Mile Bluff Regional Medical Center, Mauston, WI; Hayward Area Medical Center, Hayward, WI; St Gabriel’s Hospital, Little Falls, MN; Lakewood Health System, Staples, MN; Shawano Medical Center, Shawano, WI

Cardiac Surgery:
Abbott Northwestern Hospital, Minneapolis; Regions Hospital, St. Paul; St. Mary’s Hospital, Duluth; St. Cloud Hospital, St. Cloud and others as available

Obstetrics:
Abbott Northwestern Hospital, Regions Hospital and others as available

Pediatrics:
Children’s Hospital, Minneapolis; Gillette Children’s Hospital, St. Paul and others as available

Ophthalmology:
Riverwood Healthcare Center, Aitkin, MN; Phillips Eye Institute, Minneapolis and others as available

Respiratory Therapy:
Abbott Northwestern Hospital, Regions Hospital and others as available
Methods of Instruction
1. Supervised direct patient care

Synopsis of Assignments
1. Assignments are to be compiled into an electronic Clinical Portfolio including:
   • Monthly Clinical Case Records (MCCR) – every patient
   • Postoperative Rounds Summaries (POR) – every patient
   • Clinical Performance Summary Evaluation (CPS) – every rotation
   • Daily Clinical Evaluations – if required by the Clinical Coordinator
   • Case Studies (CS)
2. Additional documents required include:
   • Clinical Site and Instructor Evaluations – every rotation

Required Course Procedures
Review the specific clinical rotation guidelines located in the NA Clinical Directory course on the Blackboard page for this course.

At the Clinical Site
1. Contact the clinical coordinator at the specific site at least four weeks prior to arriving at the clinical site for any additional information needed.
   Complete all hospital specific orientation and credentialing requirements, if applicable, at least four weeks prior to arrival at the site.
2. Case assignments are made by the site’s clinical coordinator, based on the rotation site objectives and the clinical ability of the student.
3. Students are expected to visit all patients pre and postoperatively.
4. Submit a completed short form care plan and daily performance appraisal as required by clinical site personnel.

Submit to the Course instructor
1. Case Studies

Please note: This requirement has changed significantly. Do not submit a case study using the old requirements.
One final case study is due for this course. This case study must represent your best work. A well-executed study will demonstrate that you have met the program outcome objectives.

The purpose of the case study is to demonstrate your ability to apply anesthetic principles to patient care, critically analyze current literature, and apply the findings to a patient for whom you provided anesthesia. The study needs to have a focus, incorporate evidence based data, and make observations that either supports traditional care or alternative care. The focus could be the key anesthetic principle(s).

Of the following, please choose a category that you have not done. Principles are applied to patients in one the following categories:
   • The geriatric patient
   • The pediatric patient
The cardiac surgical patient
The neurosurgical patient
The obstetrical patient
Student’s choice: Types of cases include trauma, burns, thoracic surgical, or major vascular procedures patient. Any other type of patient must receive prior approval from the course instructor.

Zero points will be given for late work (submitted to Blackboard after July 4, 2016) or for any of the following findings:

1. Using materials or information that you do not have permission to use
2. Plagiarism
3. Demonstration of bias
4. Violation of institutional, university, or program policy (i.e., Good Name, HIPPA)
5. References that do not match the source
6. Secondary references presented as primary references
More than 10 composition errors including incorrect sentence or paragraph structure, spelling and punctuation errors, improper grammar, or incorrect AMA format.

Students are urged to use the Writing Center before submitting work to their instructor.

There will not be any opportunity to resubmit unacceptable work. Instructors will not review drafts of any of these assignments.

The required format and additional information are located in the attached document “Case Study Guidelines.”

2. Professional Accountability

- All post op rounds summaries are to be part of the student’s clinical portfolio submitted to the Course instructor.
- Submit clinical case counts on a monthly basis.
- Participate in a clinical performance evaluation conference with the Course instructor.
- Upon completion of specific clinical rotations, the student’s evaluation of their experience is required. This is an electronic evaluation system located on Blackboard at “NA Nurse Anesthesia Clinical Site Evaluations”. The evaluation is due no later than one week after completing the rotation. This process supersedes the customary student rating of teaching and learning process.

Student Performance Assessment

Students receive a “Pass” or “No Credit” grade for clinical practicum. Credits earned are counted toward the total number of credits required for graduation but are not used in determining the student’s grade point average.

The following criteria must be met in order to receive a passing grade for clinical practicum courses:

1. Clinical Performance Summary Evaluation (CPS) - A minimum average score of 3.9 on each CPS (SLO’s 1-11). The summary evaluation is based on the review of the student’s daily performance by the onsite Clinical Coordinator. The Clinical Performance Summary evaluation form is used for all experiences. Summary evaluations are reviewed by the Course instructor following the completion of the clinical rotation, or on an as needed basis during the clinical rotation.

2. Professional Development Points
Case Studies (CS) – A minimum score of 80% of all available points must be achieved to receive a grade of “Pass.” The Case Study Assessment Rubric outlines the content expectations and assessment criteria. The Case Study Guidelines outlines the required format. The CS must be submitted to the course instructor within by July 4th. It must be loaded onto the designated area in Blackboard. Petitions for an extension of this time must be in writing and approved by the course instructor before the due date. (SLO’s 1-11)

3. **Professional Accountability Points**

   Professional Behavioral Assessment – A minimum of 80% of all available points each month must be achieved to receive a grade of “Pass.” A total 10 points are available each month. (MCCR (5 points each) and POR (5 points each)). (SLO - 8)
   
   - Monthly Clinical Case Records (MCCR) – Complete and accurate report on all anesthetic experiences obtained each day. The MCCR form must be submitted to the designated section in Blackboard each month by the 5th day of the next month. Late submission is will result in no points. (SLO - 8)
   
   - Postoperative Rounds Summaries (POR) - Complete and accurate report on each patient. The POR form must be submitted to the designated section in Blackboard each month by the 5th day of the next month. Late submission is will result in no points. (SLO - 8)

   In addition, students must demonstrate compliance with all program policies related to clinical practicum. These policies and procedures can be found in the [Saint Mary’s University of Minnesota Graduate Program in Nurse Anesthesia Student Handbook and Administrative Manual 2015-2016](#).

**Clinical Practicum Hours**

Weekend and night (after 2300) shifts are reserved for students who have completed NA771 and who have received prior authorization by the course instructor. Students in any clinical practicum must notify the course instructor of any schedule changes other than voluntarily staying beyond their regularly scheduled 8 hour day shift.

**Clinical Probation/Dismissal**

A student who has performance or interpersonal problems may be placed on clinical probation or dismissed from the Program. Based upon the facts and circumstances of each case, the Program reserves the right, through published policies, to determine which steps, if any, will be applied.

Attached (PLEASE NOTE: These are links to the documents. Only the Case Study Guidelines and Assessment Rubric follows in this syllabus but will be attached as links in subsequent syllabi.)

1. [Case Study Guidelines and Assessment Rubric](#)

2. [Postoperative Findings Report](#)

3. [Clinical Performance Summary](#)
Case Study Guidelines*
NA774 Clinical Practicum

The purpose of the case study is to demonstrate your ability to apply anesthetic principles to patient care, critically analyze current literature, and apply the findings to a patient that you provided anesthesia for. The study needs to have a focus, incorporate evidence based data, and make observations that either supports traditional care or alternative care. The focus could be the key anesthetic principle(s).

Principles are applied to patients in the following categories:
- The geriatric patient
- The pediatric patient
- The cardiac surgical patient
- The neurosurgical patient
- The obstetrical patient
- Student’s choice: Types of cases include trauma, burns, thoracic surgical, or major vascular procedures patient. Any other type of patient must receive prior approval from the course instructor.

General guidelines
1. Items for publication must adhere to The Publication Manual of the American Medical Association (AMA). The case study will not be reviewed if the formatting is incorrect.
   a. Spell out acronyms/initialisms when first used. If you are using the phrase once, do not list the acronym/initialism at all.
   b. In most cases The International System of Units (SI) is used. Abbreviations for units of measure do not need to be spelled out with first use. Some examples: height/length should be reported in cm, weight in kg, temperature in °C, pressure in mm Hg or mm H2O.
   c. In general, first use of pulmonary/respiratory abbreviations should be expanded, with the following exceptions: O2, CO2, PCO2, PaCO2, PO2, PaO2. Please use SpO2 for oxygen saturation as measured by pulse oximetry.
   d. Use the nonproprietary (generic) name of drugs. Type generic names in lowercase. When discussing dosages state the name of the drug, then the dosage (midazolam 2 mg).
   e. Use of descriptive terms for equipment and devices is preferred. If the use of a proprietary name is necessary (for clarity, or if more than one type is being discussed), give the name followed by the manufacturer and location in parenthesis: “A GlideScope (Verathon Inc., Bothell, WA) was used to . . . .”
   f. Examples of referencing are included in your AMA Manual.

2. Report appropriate infusion rates and gas flow rates:
   a. When reporting infusion rates report them as mcg/kg/min or mg/kg/min. In some cases it may be appropriate to report dose or quantity/hr (i.e. insulin, hyperalimentation). If a mixture of drugs is being infused give the concentration of each drug and report the infusion rate in ml/min.
   b. Keep the gas laws in mind when reporting flow rates. Report the liter flows of oxygen and nitrous oxide and the percent of the volatile agent added to the gas mixture. Statements such as “40% oxygen, 60% nitrous oxide and 3% sevoflurane” do not = 100% and are thus incorrect. For example, “General anesthesia was maintained with sevoflurane 3% inspired concentration in a mixture of oxygen 1 L/min and air 1 L/min”.
3. Only Microsoft Word file formats will be accepted with the following criteria:
   a. Font - 12 point, Times New Roman
   b. Double-spacing.
   c. One-inch margins
   d. Place two spaces after the last punctuation of sentences. End the sentence with the period before placing the superscript number for the reference.
   e. Do not use columns, bolds (except where indicated), or unconventional lettering styles or fonts.
   f. Do not use endnote/footnote formats.

4. Do not use Endnotes or similar referencing software. Please remove all hyperlinks within the text.

5. Avoid jargon.
   a. ‘The patient was reversed’ - Did you physically turn the patient around and point him in the opposite direction?
      “Neuromuscular blockade was antagonized.”
   b. The patient was put on oxygen. "Oxygen was administered by face mask."
   c. The patient was intubated and put on a ventilator. “The trachea was intubated and respiration was controlled by a mechanical ventilator.
   d. The patient had been on Motrin for three days. “The patient had taken ibuprofen for three days.”
   e. The patient was bagged. Patients should never be “bagged.”
   f. Avoid the term “MAC” when referring to a sedation technique - the term sedation (light, moderate, heavy, unconscious) sedation may be used. Since all anesthesia administration is monitored, use specific pharmacology terminology rather than reimbursement terminology.

6. Use the words “anesthesia professionals” or “anesthesia practitioners” when discussing all persons who administer anesthesia (avoid the reimbursement term “anesthesia providers”)

7. References
   a. Again, the AMA Manual of Style must be adhered to for reference formatting.
   b. All should be within the past 8 years, except for seminal works essential to the topic being presented.
   c. Primary sources are preferred.
   d. All items cited must be from peer-reviewed sources – use of internet sources must be carefully considered in this regard.

8. Refer to the AMA Manual for additional information.

9. Headings for case studies must adhere to AMA format

   Title page (bold, centered, 70 characters or less)
   [space]
   Author Name (centered, include academic credentials only)
   Name of Nurse Anesthesia Program (centered)
Case study composition: See Template that is available in the “Syllabus “ section of this Blackboard page.

Due Dates
One case study is assigned for NA771. This case study is before by the final week of the summer semester. Two case studies are due for NA772, and NA773. The first of the two case studies is due during first eight weeks of the semester and the other is due no later than the 15th week of the semester. One final case study is due by the midterm week of NA774. This case study must represent your best work.

Academic Integrity
Issues of academic integrity are the primary responsibility of the author. Accurate and appropriate acknowledgement of sources is expected. “Plagiarism is defined as the act of passing off as one's own the ideas, writings, or statements of another. Any act of plagiarism is a serious breach of academic standards, and is considered an offense against the University subject to disciplinary action. For additional guidance, please refer to the Saint Mary’s University of Minnesota Schools of Graduate and Professional Programs Catalog and Student Handbook. Any quotation from another source, whether written, spoken, or electronic, must be bound by quotation marks and properly cited. Any paraphrase (a recapitulation of another source's statement or idea in one's own words) or summary (a more concise restatement of another's ideas) must be properly cited.

Pre-submission Check List
___ AMA Manual of Style and other format instructions are adhered to.
___ Total word count not exceeded (1400 for case study).
___ The item is one continuous Word document without artificially created page breaks.
___ Verbatim phrases and sentences are quoted and referenced.
___ All matters that are not common knowledge to the author are referenced.
___ Generic names for drugs and products are used throughout and spelled correctly in lower-case.
___ Units are designated for all dosages, physical findings, and laboratory results.
___ Endnotes, footnotes not used.
___ Jargon is absent.

Case study
___ Introduction is less than 100 words.
___ Case study section states only those facts vital to the account (no opinions or rationale)
___ Case study section is 400-500 words and not longer than the discussion.
___ Discussion section is 600-800 words.
___ Discussion of the case management is based on a review of current literature.
Discussion concludes with lessons learned and how the case might be better managed in the future.

References

AMA Style for referencing is used correctly.
References are from anesthesia and other current primary source literature.
All inclusive pages are cited, texts as well as journals.
Number of references adheres to specific item guidelines.
Internet sources are currently accessible, reputable, and peer reviewed.


Other References That May Be Helpful:


Examples of Search Results/Bibliographies


Search results for “anesthesia care evidence based guidelines.”
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Proficient</th>
<th>Competent</th>
<th>Novice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PURPOSE and INTRODUCTION (100 words or less)</strong></td>
<td>Purpose of the paper is evident. Topic, research question problem statement is clearly stated. Contribution to the field or contribution to personal development is demonstrated.</td>
<td>Purpose of the paper is not clear but discernable. Topic, research question problem statement is vague. Contribution to the field or contribution to personal development is not demonstrated.</td>
<td>Purpose of the paper is not evident. Topic, research question problem statement is vague. Contribution to the field or contribution to personal development is not demonstrated.</td>
</tr>
<tr>
<td><strong>CASE STUDY (400-500 words or less)</strong></td>
<td>Appropriate selection and presentation of background information is evident. Pertinent patient information is included.</td>
<td>Appropriate selection and presentation of background information is not always evident. Pertinent patient information is included with some information that is not connected to the discussion.</td>
<td>Inappropriate selection and presentation of background information. Unrelated patient information is included.</td>
</tr>
<tr>
<td><strong>DISCUSSION (600-800 words or less)</strong></td>
<td>Presentation of evidence is comprehensive, focused, organized and unbiased. Data used is reflective of evidence based data collections. Clearly relates to individual patient. Critical analysis is present and relevant.</td>
<td>Presentation of evidence is mostly comprehensive, relatively focused and organized and presents multiple viewpoints. Data used is reflective of evidence based data collections. Mostly relates to the patient, research question, or problem statement. Critical thinking is somewhat evident and relevant.</td>
<td>Presentation of evidence is not comprehensive, is unfocused, disorganized and biased. Data used is not reflective of evidence based data collections. Does not relate to the patient, research question, or problem statement. Critical thinking is not evident or it is not relevant.</td>
</tr>
<tr>
<td><strong>CONCLUSION and REFERENCES</strong></td>
<td>Summary and conclusion is reflective of the evidence. Implications for practice are clearly defined and supported by the evidence.</td>
<td>Summary and conclusion is reflective of the evidence but could be stated more succinctly. Implications for practice are defined and supported by the evidence. The number of references is off by one. The reference used has a questionable relationship to case presented.</td>
<td>Summary and conclusion is unrelated to the evidence but could be stated more succinctly. Implications for practice are not clearly defined and not supported by the evidence. The number of references used is off by two or more. extra reference or the manuscript is missing a reference. There is no clear relationship between the reference used and the case presented.</td>
</tr>
<tr>
<td><strong>MECHANICS</strong></td>
<td>Clear and professional tone. Proper use of AMA format, citation, and style is evident. This includes: format, sentence structure, paragraph structure, spelling, vocabulary, and proper use of grammar and punctuation.</td>
<td>Mostly clear and professional tone. Proper use of AMA format, citation, and style is evident with a few minor mistakes. This includes: format, sentence structure, paragraph structure, spelling, vocabulary, and proper use of grammar and punctuation.</td>
<td>Unprofessional tone. AMA format, citation, and style were not applied. This includes: format, sentence structure, paragraph structure, spelling, vocabulary, and proper use of grammar and punctuation.</td>
</tr>
</tbody>
</table>
Graduate Nurse Anesthesia Case Study Assessment Rubric

Additional Information

Zero points will be given for late work and for work that contains any of the following:

1. Using materials or information that you do not have permission to use
2. Plagiarism
3. Demonstration of bias
4. Violation of institutional, university, or program policy (i.e., Good Name, HIPPA)
5. References that do not match the source
6. Secondary references presented as primary references
7. More than 10 composition errors including incorrect sentence or paragraph structure, spelling and punctuation errors, improper grammar, or incorrect AMA format.

Students are urged to use the Writing Center before submitting work to their instructor.

There will not be any opportunity to resubmit unacceptable work. Instructors will not review drafts of any of these assignments.

Syllabus Updated 4/2015
Approved 7/14/2011