Saint Mary's University of Minnesota
Schools of Graduate and Professional Programs
Twin Cities Campus
Graduate Program in Nurse Anesthesia
www.smumn.edu/anesthesia

Clinical Preceptors Manual

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INTRODUCTION
This handbook is set up as a tool for clinical faculty. Having a student is not always easy. It takes time and energy to teach. However, watching them learn and achieve is joyful. The purpose of this handbook is to share information and ideas that pertain to clinical teaching. Clinical teaching and performance evaluation are explored in this manual followed by commonly accessed policies and procedures that pertain to clinical practicum.

TEACHING ADULTS
The central precepts for adult education were developed by Malcolm Knowles (1980)*. These include:

- the learner’s need to know,
- self-concept of the learner,
- prior experience of the learner,
- readiness to learn,
- orientation to learning, and
- motivation to learn.

Based on these principles, the focus in our classrooms is student learning. Our University’s mission and the LaSallian Core Principles guide the development of our andragogy. The Council on Accreditation of Nurse Anesthesia Educational Programs and the National Council on Certification and Recertification of Nurse Anesthetists guide the content of our academic and clinical curricula. Our classroom lessons are designed to be interactive and focused on real-life application of concept and principles. Our clinical curriculum depends on preceptors to help students progressively apply principles of anesthesia to the safe care of patients.

The responsibilities we all bear are two-fold. We are charged with helping these adult students achieve their career goals. We are also charged with the stewardship of our profession and safety of our patients. To achieve these goals, the clinical curriculum has been designed to

Clinical teaching gives students opportunities to apply what they learn in the classroom to safe and effective patient care. This includes not only caring for patients but also helping students professionalize as CRNA’s.

In the early stages, they want to learn from you. They need guidance in applying principles accurately and effectively. Later on, they look to you as a consultant. A mentor is willing to discuss different ideas, research findings, and techniques learned from a variety of sources.

Neher (1992)** introduced a model for teaching adults. The model breaks clinical teaching into five steps. These include:

1. Get a commitment
2. Probe for supporting evidence
3. Teach general rules
4. Reinforce what was done right
5. Correct mistakes

To apply this model to clinical education, adapt the steps to include:

1. Get a preoperative care plan (include a plan for potential problems or complications related to the procedure or anesthesia)
2. Probe for Supporting Evidence (discover the basis for this plan)
3. Involve the student in decision making processes throughout the case(s)
4. Reinforce what was done well
5. Give guidance about errors and omissions
6. Conclude with a written or verbal summary evaluation

The Oregon & Health Science University (2013) Preceptor Handbook includes general approaches to working with adult learners that bear repeating here. These include:

- Allow the student to present their plan of care and explain their decisions/conclusions.
- Involve the student in decision making processes.
- Allow the student adequate time to accomplish tasks.
- Demonstrate confidence in and respect for the learner.
- Remain calm and flexible in the clinical setting.
- Become actively involved in problem solving with the student.
- Relate clinical situations to theoretical knowledge.
- Demonstrate clinical competence and professionalism.
- Quiz students appropriately.
- Inform the student before changing the anesthetic plan.
- Encourage independent thinking and develop autonomous action (as appropriate).
- Evaluate the student fairly and counsel the student constructively in a timely manner.
- Avoid humiliating the student, whether in public or private conversation.
- Act as a role model and provide positive encouragement.
- Introduce and verbally support the student to all others in the clinical setting.
- Answer questions in a non-defensive manner.
- Admit your own limitations honestly.

References:


EVALUATING PERFORMANCE

The grading system was created over 20 years ago and has not been significantly changed since that time. Clinical performance evaluation documents the student's achievement of the clinical performance objectives established for each clinical course or specialty rotation. The purpose is to give objective data to students about their performance. The rating scale asks how often you needed to prompt a student to either perform a task or determine a course of action. These scores are assigned for each of the clinical objectives listed. These objectives are:

**Clinical Performance Objectives**

1. Provides a safe patient care environment at all times. This includes conducting a comprehensive equipment check, preparing needed equipment and supplies, assuring and monitoring appropriate positioning for all patients throughout the case, protecting patients from iatrogenic complications, and applying all required infection control measures and other standard safety precautions.
2. Demonstrates vigilance while delivering patient care and refrains from any activity that could interfere with vigilance.
3. Performs a comprehensive history and physical assessment, creates a relevant care plan, and discusses it with the anesthesia care team.
4. Demonstrates dexterity while performing procedures including (but not limited to) obtaining arterial and vascular access, positioning of patients, managing the airway and using airway equipment, and administering regional anesthesia and analgesia.
5. Safely administers anesthesia to patients of all ages and physical conditions for a variety of surgical and medically related procedures, including trauma and emergency cases, using a variety of techniques.
6. Monitors patients efficiently and accurately and makes sound decisions based on the available data.
7. Recognizes and appropriately responds to changes in the patient’s condition in a timely way.
8. Provides nurse anesthesia care based on sound principles and research evidence for all phases of the anesthetic process including induction, maintenance, emergence, transport, and postoperative assessment and care.
9. Communicates effectively with all members of the patient care team including the patient and their family members.
10. Acts with regard to cultural differences.
11. Functions within appropriate standards, policies, and legal requirements.
12. Accepts responsibility and accountability for his/her practice and acts with integrity in all matters.
13. Demonstrates professional behavior appropriate at all times.

The Clinical Performance Rating Scale:

Level 1-2: Requires continuous supportive and directional cues more than 50% of the time.
DESCRIPTION: Identifies segments of anesthesia principles, needs direction to apply them correctly, observes or practices clinical skills, lacks manual dexterity, focuses entirely on own behavior, rarely on patient and/or procedure. Does not display confidence.

Level 3-4: Requires frequent supportive and directional cues, 21-50% of the time.
DESCRIPTION: Identifies principles, needs direction to identify application, demonstrates partial lack of skills and/or dexterity in some areas, focuses primarily on own behavior with occasional attention to patient and procedure.

Level 5-6: Requires supportive or directional cues occasionally between 5-20% of the time.
DESCRIPTION: Applies principles accurately with occasional supportive cues, demonstrates coordination but uses unnecessary energy to complete tasks, focuses primarily on the patient and procedure but not exclusively.

Level 7-8: Performs at a level that requires few supportive cues from instructor; less than 5% of the time.
DESCRIPTION: Applies principles of anesthesia consistently and accurately at all times, focuses on patient and procedure while completing tasks, demonstrates integration of knowledge and skills. Is appropriately confident.

What is the best way to determine a student’s scores?
You are the expert and we trust your judgement. The best way to evaluate a student is for you to assign, with your staff, an honest evaluation of their performance. Try not to compare them to other students. Just enter the amount of time the student needed to be prompted or corrected. Be honest. The vast majority of students really want constructive feedback to help them grow professionally.

What are the “expected” scores for each semester?
Students’ progress at different rates. Grading scales are created to give feedback to students so they can guide their own learning goals. They are also designed to assure advancement of skills, proper application of anesthetic principles, ability to assess situations accurately, and think critically. Expected levels are created to monitor progress or document lack of progress. We have a responsibility to the student and we also have a responsibility to our profession and our patients.
All clinical courses have a syllabus (clinical course syllabi are posted to the Clinical Faculty Website). Each syllabus has the grading scales for that semester. These scores are depicted below;

Clinical Performance Summary Evaluation (Syllabi for NA 771-774)

- NA771 (First summer clinical rotation). The total number of points possible is 128 per evaluation. A minimum average score of 102 or 80% on all Clinical Performance Summary Evaluations received during the semester.
- NA772 (Fall semester). The total number of points possible is 128 per evaluation. A minimum average score of 109 or 85% on all Clinical Performance Summary Evaluations received during the semester.
- NA773 (Winter/Spring semester). The total number of points possible is 128 per evaluation. A minimum average score of 115 or 90% on all Clinical Performance Summary Evaluations received during the semester.
- NA774 (Senior-level summer semester). The total number of points possible is 128 per evaluation. A minimum average score of 122 or 95% on all Clinical Performance Summary Evaluations received during the semester.
**CLINICAL PERFORMANCE OBJECTIVES:**

<table>
<thead>
<tr>
<th>Objective</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
<th>Level 6</th>
<th>Level 7</th>
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<td>Performs a comprehensive equipment check and properly prepares all needed equipment, monitors, and supplies.</td>
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<td>Demonstrates proper positioning of patients and monitors positioning throughout the case.</td>
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<td>Protects patients against complications and accidents including medication errors, injuries, complications, and infections.</td>
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*Objectives highlighted in yellow are to be practiced at Level 8 at all times.*
Are there categories where high scores are always expected?
Yes. It is expected that our students consistently receive a score of 7 or 8 for objectives 9-13 (*italicized above*). These criteria represent professional behavior. The students' performance in categories 1-8 will develop over time.

How are final semester grades determined?
Two clinical sites are assigned each semester. One site’s grade is always combined with another site to determine a final numeric score.

What other work is considered before assigning a clinical course grade?
Clinical performance evaluation scores are combined with scores from the following:

- Clinical performance evaluation scores from two sites, one at mid semester and one at the end of the semester.
- Scores received on their case studies, either one or two per semester. These case studies are graded by the Clinical Director and are an important part of the final score.
- The letter(s) of introduction
- Postoperative visit records
- Credentialing work done by the student before they arrive at your site.

If a score less than the minimum is given, will the student fail the class?
Depending on the circumstances, the approach is to find a way for the student to meet their objectives. A student struggling with consistent clinical performance is identified and assisted, not failed. It is very important that a struggling student is identified as soon as possible so they can receive the resources needed for her/him to succeed. Our purpose here is to help students by honestly evaluating their performance so they can grow.

The action taken depends on the problem, how long the problem has existed, and whether or not the student wishes to earnestly address the problem(s). Students who cannot meet objectives 9-13 at Level 8, have a poor attitude, are dishonest, or show a resistance toward being taught, may not be teachable. We cannot help a student who does not believe there is a problem. If a student demonstrates they are unsafe, we must act on this for the sake of our patients. If you find any of these problems, please call the Clinical Director.

Clinical Coordinators really need to know if a student is not meeting expectations. Patients are at risk if these types of issues are not communicated.

What if a student disagrees with me about the score(s) assigned to their performance?
We encourage you to discuss and share observations with the student. However, arguing with you about a score is prohibited. The priority is for the student to identify the areas of weakness and help us plan for their future practicum experience.

The program and the university provides every student with due process rights. If your discussion with them seems ineffective, refer the student to the Clinical Director and he/she will help them identify and pursue their due process rights.

The syllabus states:

Students who receive a score less than required are expected to make an appointment with the Course Instructor. A plan for remediation must be completed by the student and presented to the course instructor.

Arguing with the Clinical Coordinator is prohibited. If the student feels the grade they receive is unfair, they must follow the Grade Grievance policy: SMUMN Catalog and Student Handbook. The first step is to contact the course instructor, not the Clinical Coordinator.

SUPERVISION OF NURSE ANESTHESIA STUDENTS
Students must be supervised at all times while participating in patient care. The supervision ratio of instructor to student must not exceed two students to one instructor at any time. Students will not observe or participate in any procedure where anesthesia services are not requested unless accompanied by a CRNA or an anesthesiologist for the duration of said procedure.
Policy links:
These policies and procedures have been taken directly from the Nurse Anesthesia Student Handbook and Administrative Manual 2018-2020. They have been grouped with similar policies/procedures to facilitate access.

DRUG AND ALCOHOL POLICY: On and Off Campus

CLINICAL SITES
Clinical Rotation Sites
Housing at Clinical Sites
Injury or Illness at a Clinical Affiliate Site
Affiliations/Practicum Sites

CREDENTIALING OF STUDENTS AT CLINICAL SITES
Criminal Background Studies
Hazardous Materials / Infectious Diseases
Health Insurance

CLINICAL SCHEDULES
Schedule Change Requests
Request to Change the Final Clinical Rotation Site
Request to Participate in Call Time or Off-Shift Hours
Summer Schedules for Graduating Senior Students – NA774 Clinical Practicum
Student "Call" Experience

CLINICAL ATTENDANCE POLICIES AND PROCEDURES
Sick-Time
Leave Of Absence
Military: Annual Duty, Drill Service or Training Leave
Educational Leave for Students
Leave of Absence: Clinical

INCIDENT REPORTING

STUDENT BEHAVIOR
University Conduct Policy – Student Behavior
The Role of Nurse Anesthesia Students
Privacy Rights of Hospital Affiliates and Patients
Preparation of Student Work
Hospital Documents and Property
Use of Hospital Provided Attire
Clinical Probation / Dismissal

CONTACT INFORMATION AND OTHER LINKS:
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Associate Professor

Program Coordinator
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Dean of the Graduate School of Health and Human Services
Dr. Todd Reinhart
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BLH Room #239 - (612) 728-5100

Clinical Coordinators Website
Program Organizational Chart
Typhon Student/Site Management System
Program Student Handbook