

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
COLLEGE OF NURSING
PRECEPTOR GUIDE FOR NURSE ANESTHESIA CLINICAL COURSES
EDITION FOR 2017-2018 COURSES



THE UNIVERSITY OF
TENNESSEE
HEALTH SCIENCE CENTER.

COLLEGE OF NURSING

February 3, 2017

TO: Preceptors and Clinical Coordinators
FROM: Nurse Anesthesia Faculty

The University of Tennessee Health Science Center College of Nursing (UTHSC CON) Nurse Anesthesia Preceptor Guide contains documents that establish the Student-Preceptor-College relationship. This relationship provides students with an opportunity to practice their newly acquired skills under the guidance of expert professionals. It is every student's responsibility to work with the clinical faculty to create the best clinical experience by negotiating the agreement that matches the course requirements. The Nurse Anesthesia Program assigns students with the assistance of the designated Clinical Site Coordinator to the clinical site. It is every student's responsibility to work with the Preceptor, Clinical Site Coordinator and Anesthesia Faculty to create the best clinical experience.

The UTHSC CON Preceptor Guide is constantly under review. The content contained in this version should be used for students enrolled in any graduate clinical courses. Should you have any suggestions that will make the clinical experience more valuable, please convey this information with any UTHSC Nurse Anesthesia Faculty. We appreciate the time and expertise that you share with us.

Student Responsibilities for Clinical Experiences

The Nurse Anesthesia courses are offered in a structure that promotes the development of specialized knowledge and skill set starting with the application of basic principles and skills and moving to the application of complex principles and skills in the delivery of anesthesia. Preceptors are selected on the basis of their qualifications to support student achievement of course objectives. Student rights and responsibilities are listed in the Nurse Anesthesia Handbook p.6.

Clinical contracts are obtained between the clinical site and the College of Nursing Nurse Anesthesia Program. The site designates a clinical coordinator which can be either a CRNA or an anesthesiologist whose letter of agreement and CV is kept on file in the Nurse Anesthesia offices. Preceptor credentialing information is kept at the clinical sites and verification of current credentials is confirmed by the Clinical Site Coordinator.

Clinical hours are scheduled in a collaboratively by Nurse Anesthesia Faculty and the Clinical Site Coordinator. Students are not to ask preceptors to conform to a schedule that meets their personal needs. Any change in the student's schedule must be agreed upon by the Clinical Site Coordinator and Nurse Anesthesia Faculty.

Appropriate attire for the Nurse Anesthesia Student is covered in the UTHSC CON Nurse Anesthesia Dress Code Policy. This policy can be found in the Nurse Anesthesia Handbook p.53. Additionally, guidelines for expectations of the student by the clinical sites are provided in the handbook as well and can be found in Section IV.

Student attendance is covered in the UTHSC CON Nurse Anesthesia Attendance Policy, Inclement Weather, and Sick Policy which can be found in the Handbook on pages 42, 55, and 69.

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
NURSE ANESTHESIA PROGRAM
POSITION DESCRIPTION
CLINICAL COORDINATOR

Department: Nurse Anesthesia Program

Position Title: Clinical Coordinator

Description: A Certified Registered Nurse Anesthetist or Anesthesiologist who coordinates the clinical education of students enrolled in the Nurse Anesthesia Program.

Qualifications:

1. CRNAs must maintain Registered Nurse Licensure and Authorization as an Advanced Practice Nurse by the Tennessee Board of Nursing. Physicians must maintain medical licensure with the Tennessee Medical Board.
2. CRNAs must be certified by the Council on Certification of Nurse Anesthetists and maintain that certification as required by the Council on Recertification of Nurse Anesthetists.
3. Minimum of 1 year of experience as a CRNA or Anesthesiologist.
4. Currently active in clinical anesthesia practice.
5. Managerial skills and experience necessary to coordinate student clinical activities.
6. Analytical skills necessary to plan, prioritize, and direct appropriate activities within the department.
7. Effective interpersonal and leadership skills necessary to foster productive working relationships.
8. Effective oral and written communication skills.

Position Summary:

1. Assist the Nurse Anesthesia Faculty in the coordination of clinical education of students enrolled in the Nurse Anesthesia Program.
2. Develops and communicates clinical schedules for SRNAs.
3. Directs and participates in the education of SRNAs.
4. Represents program at local, state and national meetings.
5. Continually maintains communication regarding student education issues with Nurse Anesthesia Faculty.
6. Oversees the quality of education students are receiving in the clinical area.
7. Responsible for communicating student issues with clinical preceptors at site and with nurse anesthesia faculty.

Position Responsibilities:

1. Coordination of the anesthesia case assignments of each graduate student registered nurse anesthetist in order to:
 - a. Maximize the student's clinical experience.
 - b. Facilitate the student's learning in a progressive manner.
 - c. Assist the Nurse Anesthesia Faculty to assure the student obtains the required number of clinical experiences, which will enable them to be eligible to sit for the Certifying Exam.
2. Insure that each student has immediate supervision during each of the clinical rotations.
Immediate supervision is defined as a CRNA or anesthesiologist with staff privileges within the suite of rooms in which the student is performing an anesthetic who is free to respond immediately to a summons by the student..

3. Define and insure that constant supervision is exercised during the following Practica:
 - a. DNP Anesthesia Practicum A
 - b. DNP Anesthesia Practicum B
 - c. DNP Anesthesia Practicum C
 - d. DNP Specialty Practicum A
 - e. DNP Specialty Practicum B.
 - f. Residency Practicum
4. The preceptor can determine the student is able to function safely within the student's scope of practice limitations. Reduction of supervision may occur after discussion of the student's performance with preceptor and Nurse Anesthesia Program Faculty occurs. **The Clinical Preceptor RETAINS full responsibility and accountability for the anesthesia care AT ALL TIMES.**
5. Insures that at no time the ratio of students to Preceptor exceed two (2) students to a faculty member.
6. Maintaining the quality and standard of anesthesia care of students by:
 - a. Discharging the student from the clinical area should the student fail to demonstrate written care plans, inadequate knowledge, and/or lack of professional demeanor or behavior.
 - b. Evaluating student clinical performance for competency and reporting any patterns of difficulty in student's behavioral objectives.
 - c. Notifying Nurse Anesthesia Faculty of discharge or patterns of difficulty within **three (3) working days** of all problems.
7. Maintains case assignment records for the students.
8. Guides and directs the graduate student registered nurse anesthetist and/or Preceptor.
9. Assures that **confidentiality** is a key issue in the education of any student. Patterns of difficulty should be identified to any Preceptor working with a student and/or the Nurse Anesthesia Faculty.
10. Recognizes that any other information, gossip, rumors or personal feelings expressed interfere with a student's ability to learn in an unbiased setting.

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
NURSE ANESTHESIA PROGRAM
POSITION DESCRIPTION
CLINICAL PRECEPTOR

Department: Nurse Anesthesia Program

Position Title: Clinical Preceptor

Description: A Certified Registered Nurse Anesthetist or Anesthesiologist who supervises the student nurse anesthetist during the administration of anesthesia.

Qualifications:

1. Be currently certified or recertified by the Council on Certification of Nurse Anesthetists or licensed in medicine holding anesthesia specialty training.
2. Maintain a current, valid, professional / registered Tennessee nursing/physician license in one jurisdiction of the United States, which satisfies the requirements of the applicable state board of nursing or medicine.
3. Participate in continuing education / faculty development activities, which enhance their role as CRNA or MD educators.
4. Demonstrate competency in their area of responsibility and be knowledgeable in the teaching / learning process.

Position summary and responsibilities:

1. Supervises the student nurse anesthetist during the administration of anesthesia.
2. Recognizes pathophysiology states of the patient that are pertinent to the anesthetic.
3. Discusses the patient's status and rationale for the anesthetic management with the student and the anesthesiologist.
4. Evaluates the student's clinical performance and constructively discusses this performance with the student and faculty of the Nurse Anesthesia Program.
5. Teaches by discussion and by demonstration.
6. Informs the Program Director or Associate Program Director of pertinent student performances.
7. Supervises the student anesthetist in the immediate post-operative care and evaluation of the patient.
8. Encourages the student to ask questions and think critically.

Legal Liability while Precepting Students

Preceptors are liable for the care provided to their patients during a preceptorship arrangement. Patients should be informed that the preceptor remains the primary anesthesia provider and is responsible for decisions related to patient care during the perioperative experience.

Legal and reimbursement guidelines require that preceptors validate findings on physical examination, review laboratory tests, and confirm differential diagnosis (es) and management plans with students prior to the perioperative management of the patient. Review by the preceptor must be documented in the record indicating that the preceptor has examined the patient, is in agreement with the findings and plan as written by the student, and is responsible for care. It is customary that the preceptor co-signs all records in which the student has provided documentation. Third party payers, government, and insurance companies cannot reimburse for care provided by the student.

Liability Insurance

Preceptors assume the same liability for their patients as other practitioners in clinical practice and have the added liability of closely supervising the student.

Registered Volunteers

The University of Tennessee recognizes the valuable contributions of those persons giving freely of their time and talents for the benefit of the University without compensation. These persons are "VOLUNTEERS" in every sense of the word. The State legislature in the enactment of the Tennessee Claims Commission Act of 1984 recognized the need the protection of volunteers from legal actions while performing their service on behalf of the University. As such, the volunteers who are registered with the University receive the same civil immunity from liability, as does an employee of the University under the Act. Volunteers under the Claims Commission Act are not covered for Worker's Compensation. The term "Registered Volunteer" means those persons who are not employees of the University who provide service to the University in an approved program that are listed and reported to the Division of Claims Administration, State of Tennessee.

To become a "Registered Volunteer" the individual must be designated as a clinical site coordinator for the Nurse Anesthesia Program.

Evaluation of Students

Preceptors should meet with the student formally at the beginning of the day to review the student's plan of care. The preceptor should provide both formative and summative evaluation. The summative student clinical evaluation form provided by the UTHSC CON Nurse Anesthesia Program should also be reviewed with the student at this time.

Two types of evaluation are formative and summative evaluations:

Formative evaluation is an assessment by the preceptor in the form of feedback to the student regarding their performance during the clinical experience. Ongoing feedback provides the student with the opportunity to enhance their performance during the day and the course of the clinical practicum. Role performance areas in which the student has achieved competence should be discussed with the student, as well as those areas that have been identified as weak, and needing improvement. Specific recommendations from the preceptor on strategies for improving clinical performance will be helpful to the student and can be documented in anecdotal notes and midterm evaluation.

Summative evaluation is the assessment of the student's performance at the end of the clinical day. The summative evaluation describes the student's performance, development, and improvement. The summative evaluation of performance is based on the criteria indicated on the clinical evaluation tool provided by the Nurse Anesthesia program faculty. Although students are often not able to meet the performance competencies immediately, they should be able to demonstrate progression of skills and competencies. The written narrative is an extremely important part of the evaluation. Comments are valuable in assessing the student's knowledge, skill level, and immersion in the course. Clarity of comments and specific examples of situations that illustrate the comments written on the evaluation form are important to learning. Written comments are particularly valuable if the student needs remediation in a specific competency area, if the student is for any reason reviewed by the Progressions Committee, or if faculty are asked for a recommendation of the student's clinical ability. The evaluation should be reviewed with and returned to the student at the end of the day. The student's self-evaluation is also important to incorporate during the preceptor/student evaluation discussions.

Summative and formative evaluations provide the preceptor with the tools to identify and discuss deficiencies that may indicate patterns of difficulty in clinical performance. It is strongly recommended to inform faculty of clinical performance deficiencies and/or problems at the time they occur. In this way, faculty can assist both preceptor and student in optimizing the educational process.

Preceptors should document anecdotal notes that can be used to develop the mid-semester and/or end of semester evaluation. Student strengths, as well as weaknesses, should be documented. In the event that a student's behavior is unprofessional, or the student places the patient in danger (e.g. including medical errors), an anecdotal note should document the event and the course faculty must be contacted. The course faculty should then meet with the clinical preceptor and student and take further action as appropriate.

Faculty from the nursing program will provide preceptors with the appropriate evaluation tools before the start of the semester. The evaluation tools should be reviewed and clarified, and examples should be used to demonstrate different levels of student's abilities as reflected in their written evaluation. The preceptor should seek clarification about the evaluation process with the faculty member.

Preceptor Resources

Professional literature and the World Wide Web provide preceptors with a variety of resources related to precepting students in the health professions. Sample citations on precepting listed below will enhance the preceptor's knowledge and skills. Precepting is an art and can be very rewarding.

Professional Literature

The following is a sampling of literature may assist the preceptor in fulfilling his/her role.

Book references

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Journal articles

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Paton, B., Thompson-Isherwood, R. & Thirsk, L. Preceptors matter: An evolving framework. *Journal of Nursing Education*. 48(4), 213-216.

Preceptor-related Web-based Resources

Expert Preceptor Interactive Curriculum: Access at <http://www.med.unc.edu/cgi-bin/fipse/login.pl>. This is the online training modular system for preceptors from the University of North Carolina School of Medicine.

- Preceptor Manual from the College of Medicine written by Lipsky, M., Mochan, M, & Plumb, J. (2000) This is an excellent document that provides concrete and practical recommendations for precepting. The document can be printed from the web. Sections that may be helpful for nurse practitioner preceptors are:
 - What do preceptors get from working with students?
 - What do preceptors offer students?
 - Mastering the preceptor role
 - Assessing student performance
 - Students' perception of qualities for effective precepting
 - Time management/precepting tips

The manual can be accessed at <http://www.collmed.psu.edu/preceptor/ManpageNew.htm>.

- Resources and Links for preceptors can be found on the home page of the Preceptor Development Program from the Southern New Hampshire Area Health Education Center, http://www.snhahec.org/preceptor_development.cfm retrieved 1/06/2012.
- Resources from the University of British Columbia that can be accessed from: http://www.snhahec.org/preceptor_development.cfm

Web based citations

See Table III-2 for a sampling of useful Web sites.

Table III-2

Organization	Website
American Academy of Nurse Practitioners	http://www.aanp.org
American Association of Nurse Anesthetists	http://www.aana.com
American College of Cardiology	http://www.acc.org
American Diabetes Association	http://www.diabetes.org/home.jsp
American Heart Association	http://www.americanheart.org

Anesthesia Patient Safety Foundation	http://www.apsf.org/
Center for Disease Control	http://www.cdc.gov
Index of clinical trials: The Cochrane Library	http://www.cochrane.co.uk
Medscape Nursing-online resources for clinicians	http://www.medscape.com/nurses
Online Journal of the Am Acad of Family Physicians	www.aafp.org/online/en/home/publications/journals.html
National Library of Medicine Medline searches	http://www.ncbi.nlm.nih.gov/PubMed
National Center for Infectious Diseases	http://www.cdc.gov/ncidod/ncid.htm
National Guideline Clearinghouse	http://www.guideline.gov/
Nurse.Org	http://www.nurse.org
Pulmonary assessment: 1) Chest PE 2) Breath sounds (normal & abnormal)	http://www.meddean.luc.edu/lumen/MedEd/medicine/pulmonar/pulmonar.htm http://www.vh.org/adult/provider/internalmedicine/LungSounds/LungSounds.html
Preventive Medicine: Report of the U.S. Preventive Services Task Force	http://odphp.osophs.dhhs.gov/pubs/guidecps/default.htm
Radiology websites	http://www.radiologist.com/depts1a.htm
Virtual Anesthesia Textbook	http://www.virtual-anesthesia-textbook.com/index.shtml
*Internet addresses are case-sensitive. NB: web addresses may change	

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Preceptor Benefits

Outstanding Undergraduate and Graduate Preceptor Awards

Each year the College of Nursing acknowledges preceptors who make outstanding contributions to the clinical education of students. Preceptors are nominated by faculty and supported by individual students who have been taught by the outstanding clinical preceptor.

Graduating nurse anesthesia students select an outstanding preceptor. This individual is invited to the Nurse Anesthesia Student's Ether Ball and presented a plaque recognizing the preceptor's significant contribution to nurse anesthesia education.

Continuing education credits under the new NBCRNA recertification rules.

Nurse Anesthesia Evaluation Tools

Evaluation is an essential component of the educational and accreditation process. The UTHSC CON Nurse Anesthesia Option General Policy on Self-Assessment in the Nurse Anesthesia Student Handbook covers this. Students are required to complete their portion of the daily evaluation tool prior to giving it to their preceptor. Completion of the student's daily evaluation is critical to their competency.