

# Jefferson College of Nursing Nurse Anesthesia Program Clinical Coordinator Handbook

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2024 - 2025

This JCN Nurse Anesthesia Program Clinical Coordinator Handbook includes program-specific information, policies, and procedures.

**DNP Nurse Anesthesia Program Clinical Coordinator Handbook  
2024-2025**

**TABLE OF CONTENTS**

Section 1: Welcome .....	3
Section 2: Policy on Clinical Supervision and Instruction .....	5
Section 3: Policy on Licensure and Certification/Recertification of Clinical Faculty .....	7
Section 4: Policy for Clinical Assignment .....	9
Policy for Clinical Re-Assignment .....	10
Section 5: Policy for Conducting Pre-Operative Assessments .....	12
Section 6: Guidelines for Call Experiences .....	14
Section 7: Policy and Procedures for Conducting Formative and Summative Evaluation of Nurse Anesthesia Students .....	16
Section 8: Policy on Assessment of Student Clinical Performance.....	18
Section 9: Clinical Progression Scale by Level (semester) in the Program .....	21
Section 10: Clinical Jeopardy, Clinical Probation, and Dismissal .....	24
Section 11: Guidelines for Specialty Rotations:	
OB Rotation.....	26
Pediatric Rotation.....	27
Neuro-Anesthesia Rotation .....	29
Cardiac Rotation .....	30
Section 12: Student Time Commitment.....	32
Policy for Sick Time .....	33
Student Wellness Policy .....	34
Section 13: Policy Relative to Students Working Outside of Program Commitment .....	36
Section 14: Clinical Coordinator Position Description .....	38
Section 15: Clinical Coordinator Communication .....	41

# Section 1

## **WELCOME!**

Welcome to the Nurse Anesthesia Program at the Jefferson (Philadelphia University + Thomas Jefferson University) College of Nursing! This program-specific clinical coordinator handbook was created to supplement the Jefferson College of Nursing Student Handbook, Jefferson College of Nursing Nurse Anesthesia Program Student Handbook, and Jefferson College of Nursing Course Catalog. This JCN Nurse Anesthesia Program Clinical Coordinator Handbook is revised annually. Any changes made throughout the academic year will be announced via email.

The JCN DNP Nurse Anesthesia Program is an integrated, full-time, 36-month, nine-semester program comprised of 92 credits. For students entering the program in the fall of 2023, the program consists of 85 credits. Before starting their clinical experiences, expert faculty introduce the basic principles of anesthesia, advanced pharmacology related to anesthesia, chemistry & physics, advanced health assessment, pathophysiology, and multiple hands-on skills labs. For the six weeks leading up to starting their clinical experiences, students participate in an intense, pre-clinical simulation and skills lab boot camp. Students begin their clinical experiences at various premier clinical training sites in their third semester and continue with their clinical training through the ninth semester.

The Doctor of Nursing Practice (DNP) is a practice doctorate designed to prepare professional nurses for scholarly anesthesia practice. In addition to anesthesia-specific content, students take courses which focus on leadership, systems thinking, quality measurement, health policy, implementation science and evidenced-based clinical practice. The Nurse Anesthesia Program culminates with a DNP Project and provides the opportunity for application of knowledge gained throughout the curriculum.

# Section 2

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**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**POLICY ON CLINICAL SUPERVISION AND INSTRUCTION**

The Jefferson College of Nursing's Nurse Anesthesia Program complies with the Council on Accreditation's definition of clinical supervision restricting the clinical supervision and instruction of students in anesthetizing locations to only CRNA's and/or anesthesiologists with staff privileges who are immediately available in all clinical areas. The program also restricts clinical supervision in non-anesthetizing areas to credentialed experts who are authorized to assume responsibility for the student. Students are never to be supervised by a resident or fellow.

Students who are in the clinical area during their first and second clinical semester will be under the direct supervision of either a board-certified anesthesiologist or certified registered nurse anesthetist (CRNA) in a one-to-one teacher/student ratio.

This policy also limits the maximal student/clinical instructor ratio in the clinical area to 2:1. When this occurs, the anesthesiologist and/or CRNA must be immediately available to the nurse anesthesia student at all times.

The clinical supervision ratio of students to instructor ensures patient safety by taking consideration: the complexity of the anesthetic and/or surgical procedure, the students' knowledge and ability, and the comorbidities associated with the patient.

# **Section 3**

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JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**POLICY ON LICENSURE OF CERTIFICATION/RECERTIFICATION OF NURSE  
ANESTHESIA CLINICAL FACULTY**

The Program Director will ensure that the following documents are current for all clinical coordinators in the JCN NAP files:

- Current resume
- RN license
- CRNA certification card

The Program Director will rely on the clinical site coordinators to put in place a mechanism whereby they can periodically verify that the CRNA clinical faculty's RN license and CRNA certification are current.

Please note that it is a Thomas Jefferson University and a Council on Accreditation (COA) requirement to retain these documents on file.



# Section 4

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**POLICY FOR CLINICAL ASSIGNMENT**

1. Students will be placed at clinical sites on an individual basis.
2. Certain clinical sites will require a second interview after the student has been accepted into the program. The decision of the clinical site does not affect the students' enrollment into the program.
  - a. Determination of acceptance into a clinical site is based upon acuity of the site and the student's previous ICU experience.
3. All students are required to comply with the clinical sites rules, regulations and hospital policies. This may include, but is not limited to:
  - a. Departmental meetings
  - b. Student development activities
  - c. Additional readings
  - d. Additional care plans
  - e. Assignments
  - f. Pre/post-operative rounds
  - g. Submission of formative evaluations as per clinical site protocol
4. All students are required to prepare for clinical by way of an anesthesia care plan daily.
  - a. First year students are required to complete an anesthesia care plan for all assigned cases for the day.
  - b. Students will not be held responsible for assignments that are changed on that day, but may be asked to research a procedure prior to the start of the case.
  - c. All students should bring a reference source with them to clinical.
  - d. Second year students are required to complete at least one anesthesia care plan daily for specialty cases.
  - e. Second and Third year students are expected to give a verbal anesthesia care plan, but may choose to write a daily care plan if they prefer.
  - f. All students are required to have the clinical faculty complete at least one formative evaluation daily.

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**POLICY FOR CLINICAL RE-ASSIGNMENT**

If a clinical site deems a re-assignment is necessary, the clinical coordinator must contact the program director in writing and request a re-assignment for the student, followed by a meeting.

On occasion, Nurse Anesthesia faculty may deem a re-assignment necessary for various reasons. In this instance, the Program Director and/or Assistant Program Director will contact the clinical coordinator at that site.

# **Section 5**

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JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**POLICY AND PROCEDURE FOR CONDUCTING PRE-OPERATIVE ASSESSMENTS**

Policy:

Students are required to conduct pre-anesthetic visits with the patients they are assigned to provide anesthesia services. Students must review the patient's medical records before becoming involved in their anesthetic care. The only exception to this requirement is in emergent cases, and only when directed by the preceptor.

Procedures:

- Students are expected to conduct pre-anesthetic visits on patients they are assigned to participate in anesthesia services.
- Students shall not become involved with the anesthetic care of a patient without having the opportunity to first review the patient's medical records except for emergent cases, as directed by the preceptor.

# Section 6

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**GUIDELINES FOR CALL EXPERIENCES**

Call experience is a planned clinical experience outside the normal operating hours of the clinical facility. For example, clinical time after 5PM and before 7AM, Monday through Friday, and on weekends is considered a call experience.

- Students on call experiences will always be under the supervision of either an anesthesiologist or a CRNA
- Students may be assigned to a 24-hour call experience; however, a student is not permitted to provide direct patient care for a period longer than 16 continuous hours
- Students are not permitted to participate in any level of anesthesia care without the expressed knowledge, consent, and presence of either an anesthesiologist or CRNA
- Students will only be permitted to leave the clinical area if they have asked and received permission from their preceptor
- Students on call experiences shall maintain constant communication with the senior members of the on-call team
- Students will not be assigned any overnight call experience shift preceding any class day
- Students assigned to call on Saturday or Sunday will receive a compensation day off from the clinical arena
- If students become ill and cannot take call, they must inform the Program Directors, the CRNA clinical coordinator, and the clinical agency as soon as possible
- If students cannot take their assigned call because of illness, they will be assigned another call experience at the discretion of the Clinical Coordinator

# **Section 7**



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JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANBOOK**

**POLICY AND PROCEDURES FOR CONDUCTING FORMATIVE AND  
SUMMATIVE EVALUATION OF NURSE ANESTHESIA STUDENTS**

**Policy:**

Nurse Anesthesia clinical site faculty and coordinators will conduct formative evaluations and summative evaluations for students of whom they have supervised in the clinical area. An interim summative evaluation may be conducted while a student is on clinical jeopardy or clinical probation. Formative evaluations are to be offered by the student to the supervising clinical site faculty at the end of each clinical day. Clinical faculty should make every attempt to complete and review the evaluation with the student. Students turn in completed formative evaluations to the Nurse Anesthesia faculty.

**Procedure:**

Formative Evaluation of Student Clinical Performance

Clinical faculty will evaluate a student's daily clinical performance utilizing the program's Formative Evaluation Tool. This form requires clinical faculty to evaluate the student's performance based on the Clinical Objectives, according to the student's corresponding clinical level. This form also provides the student an opportunity to add any comments regarding their performance or the performance of the clinical faculty. Completed forms will be reviewed by the clinical coordinator and returned to the student's NAP faculty advisor for review.

*Please refer to shared electronic file for Formative Evaluation Templates*

Summative Evaluation of Student Clinical Performance

Clinical faculty will evaluate a student's overall clinical performance utilizing the program's Summative Evaluation Tool. Summative evaluations are completed and signed by the clinical faculty prior to the student meeting with their NAP faculty advisor each semester. This form requires clinical faculty to evaluate the student's performance according to the student's corresponding clinical semester. This form also provides the student an opportunity to add any comments regarding the performance of the clinical faculty. Completed forms will be reviewed by the clinical coordinator and returned to the student's NAP faculty advisor for review.

*Please refer to shared electronic file for Summative Evaluation Templates*

# Section 8

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANBOOK**

**POLICY ON ASSESSMENT OF STUDENT CLINICAL PERFORMANCE**

**Clinical Semester Performance**

Students will receive a pass/fail grade for the clinical semester. This grade is based on Semester I, II, III, IV, V, VI and VII clinical and specialty rotations' Clinical Outcome Assessment Formative Evaluation and Summative Evaluation tools. The Formative Evaluations are completed by the staff CRNAs and/or staff anesthesiologists. The Summative Evaluations are completed by the staff CRNAs, staff anesthesiologists, or NAP faculty. Formal documentation of clinical performance (i.e. evaluation tools, email to program faculty, written letter) provides the faculty with information on whether a student has successfully met the clinical learning outcomes expected at the end of the semester. Student performance is rated on a progression scale of 0 to 5 for the clinical learning outcomes.

If throughout the program a student receives formative and/or summative evaluations that have a progression scale rating that is below what is required for their time in the program reflecting safety concerns, the student will be counseled and placed on clinical jeopardy as per the Jefferson College of Nursing Student Handbook and Course Catalog ([link to current catalog](#)). All students must meet 80% of the critical outcomes highlighted specifically for their level in the program by the end of the semester for progression, as evidenced on the Summative Evaluation. If a student fails to demonstrate proficiency of clinical learning outcomes, the student will receive a failing grade in the clinical course and be recommended for dismissal from the DNP Nurse Anesthesia Program to the JCN College Committee on Student Promotions.

## Levels of Progression

**Clinical Semester I** – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 1 for every component of the assessment tool.

**Clinical Semester II** – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 2 for every component of the assessment tool

**Clinical Semester III** – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 3 for every component of the assessment tool

**Clinical Semester IV** – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 3 for every component of the assessment tool

**Clinical Semester V** – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 4 for every component of the assessment tool

**Clinical Semester VI** – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 4 for every component of the assessment tool

**Clinical Semester VII** – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 4 for every component of the assessment tool.

**Specialty Rotations** – Students are expected to demonstrate a rating on both formative and summative evaluations equal to or greater than 3 or 4 for every component of the assessment tool depending upon level in the program.

# Section 9

## Clinical Progression Scale and Definitions:

**Independent (5):** The student is independent with complex anesthetic management. Demonstrates proficiency in integrating didactic knowledge within the clinical setting, informed by appropriate clinical reasoning. Able to formalize an anesthetic care plan specific to the type of surgical procedure, meeting patients' physiologic needs across the lifespan assigned an ASA PS 1-6. Confidently provides safe, accurate, and organized evidence-based anesthetic care.

**Competent (4):** The student is mostly independent with complex anesthetic management, requiring minimal cues and assistance from staff. Able to integrate didactic knowledge toward the type of scheduled surgery within the clinical setting and formalize an advanced anesthetic care plan for ASA PS 1-4. Provides safe, accurate, and organized evidence-based anesthetic care.

**Advanced Beginner (3):** The student provides care that is safe and accurate. Able to integrate didactic knowledge specific to surgical procedures and a patients' physiological state. The student requires some direction with prioritizing tasks yet can complete them in a timely manner. Shows initiative to implement an anesthetic plan of care.

**Novice (2):** The student provides care that is safe and accurate but may lack organization. Requires frequent cues from staff in clinical reasoning and assistance in performing tasks. Develops care plans that show an understanding of the anesthetic and surgical procedure.

**Dependent (1):** The student is safe in practice under direct supervision. Able to verbalize basic knowledge about the scheduled case based on readings. The student lacks confidence, organization, and proficiency, requiring verbal and physical demonstrative cues from the staff. Develops care plans that may lack understanding of anesthetic or surgical procedure.

**Safety Concern (0):** Unsafe clinical functioning. The student shows a lack of knowledge and/or preparation and is unable to demonstrate an understanding of basic tasks and/or skills. The student requires constant supervision by the staff and lacks appropriate preparation for the scheduled surgical procedure or anesthetic technique.

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**CLINICAL PROGRESSION SCALE BY LEVEL (SEMESTER) IN THE PROGRAM**

<b>LEVEL</b>	<b>SCALE</b>	<b>SUPERVISION</b>
I	Dependent (1)	Continuous
II	Novice (2)	Continuous
III	Advanced Beginner (3)	Continuous-Intermittent
IV	Advanced Beginner (3)	Continuous-Intermittent
V	Competent (4)	Intermittent
VI	Competent (4)	Intermittent
VII	Competent-Independent (4-5)	Intermittent
Specialty Rotation*	Novice-Independent (3-4)	Continuous-Intermittent

\*Specialty rotations start in January after the first year. Students on rotation are expected to perform at the level that corresponds with their semester.

# Section 10



**THOMAS JEFFERSON UNIVERSITY**  
**JEFFERSON COLLEGE OF NURSING**  
**DOCTOR OF NURSING PRACTICE**  
**NURSE ANESTHESIA PROGRAM**  
**CLINICAL COORDINATOR HANDBOOK**

**CLINICAL JEOPARDY, PROBATION, AND DISMISSAL**

Clinical Jeopardy, Probation, and Dismissal are described in the [JCN Student Handbook & Course Catalog](#).

# Section 11

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**OB ROTATION**

When second- and third-year students successfully complete an obstetric rotation at their clinical site or if necessary, at a designated off-campus clinical facility they will be able to administer or manage regional anesthesia and/or administer general anesthesia to pregnant patients during the perinatal period.

When students successfully complete this rotation, they will demonstrate the following specific student learning outcomes.

**The student will:**

- Identify specific anesthetic equipment necessary to manage patients in labor
- Prepare patients to receive anesthesia for either a vaginal delivery or caesarian section
- Set-up specific anesthetic equipment for all anesthetics during the perinatal period
- Prepare appropriate medication dosing for a variety of anesthetics specific to the obstetric patient
- Develop an anesthetic care plan for obstetrical patient which includes:
  - Conducting a comprehensive pre-operative assessment
  - Selecting pre-operative medication utilizing the protocol of the Department of Anesthesiology
  - Managing fluid requirements
  - Calculating estimated blood volumes
  - Identifying the type of anesthetic technique best suited for an obstetrical patient
  - Selecting the best choice of anesthetic and adjuvant drugs
  - Dose anesthetic agents based on patient condition and weight
  - Discussing proposed anesthetic management with the clinical instructor(s)
  - Managing the emergence of obstetrical patients from general anesthesia

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**PEDIATRIC ROTATION**

When second- and third-year students successfully complete a pediatric anesthesia rotation at their clinical site or if necessary, a designated off-campus clinical facility, they will be able to administer or manage anesthesia for neonatal/pediatric patients undergoing surgery and procedures.

When students successfully complete this rotation, they will demonstrate the following specific student learning outcomes.

The student will:

- Identify specific anesthetic equipment necessary to manage all types of neonatal/pediatric cases
- Set-up specific anesthetic equipment for neonatal/pediatric cases
- Prepare appropriate medication dosing for a variety of anesthetics specific to the neonatal/pediatric patient
- Develop an anesthetic care plan for neonatal/pediatric patients which includes:
  - Conducting a comprehensive pre-operative assessment
  - Selecting pre-operative medication utilizing the protocol of the Department of Anesthesiology
  - Managing fluid requirements
  - Calculating estimated blood volumes
  - Identifying the type of anesthetic technique best suited for a particular neonatal/pediatric patient
  - Selecting the best choice of anesthetic and adjuvant drugs
  - Dosing anesthetic agents based on patient condition, weight, and age
  - Discussing proposed anesthetic management with clinical instructor(s)
  - Managing the emergence of neonatal/pediatric patients from general anesthesia
- Administer anesthesia to neonates and/or pediatric patients scheduled for all types of surgery and procedures

- Interpret the patient physiologic response to procedural interventions and anesthetic agents
- React appropriately to patient physiologic responses to procedural interventions and anesthetic agents
- Manage, fluid and blood component therapy for neonatal/pediatric patients
- Maintain neonatal/pediatric patient core temperatures within an acceptable range
- Transport neonatal/pediatric patients to the PACU/ICU/NICU
- Deliver a comprehensive post-anesthetic report to the PACU/ICU/NICU nurse

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**NEURO-ANESTHESIA ROTATION**

When second- and third-year students complete a neuro-anesthesia rotation at their clinical site or if necessary, at a designated off-campus clinical facility they will be able to administer or manage anesthesia for patients undergoing a wide variety of neurosurgical and neuro-interventional procedures.

When students successfully complete this rotation, they will demonstrate the following specific student learning outcomes.

The student will:

- Identify specific anesthetic equipment necessary to manage patients undergoing surgical, diagnostic, or interventional radiological neurological procedures
- Set up specific anesthetic equipment for neurological procedures
- Develop an anesthetic care plan which includes:
  - Conducting a comprehensive pre-operative assessment
  - Inserting appropriate invasive monitors
  - Managing fluid requirements
  - Calculating estimated blood volumes
  - Identifying the type of anesthetic technique best suited for the patient with a specific type of neurological condition
  - Selecting the best choice of anesthetic technique individualized for the patient with a specific type of neurological condition
  - Selecting the best choice of anesthetic and adjuvant drugs
  - Discussing proposed anesthetic management with clinical instructor(s)
  - Maintaining the patient's physiologic parameters that will facilitate an optimal outcome
  - Managing the emergence of patients recovering from general anesthesia following a neurosurgical and neuro-interventional procedures

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**CARDIAC ROTATION**

When second- and third-year students successfully complete a cardiac rotation at their primary off-campus clinical site or if necessary, at a designated off-campus clinical facility they will be able to administer or manage anesthesia for patients undergoing cardiac surgery.

When students successfully complete this rotation, they will demonstrate the following specific student learning outcomes.

The student will:

- Identify specific anesthetic equipment necessary for cardiac surgery
- Interpret the patient physiologic response to surgical/procedural interventions and anesthetic agents
- Respond appropriately to patient physiologic responses to surgical/procedural interventions and anesthetic agents
- Explain the pharmacophysiology associated with the coagulation process.
- Discuss the management of patients undergoing coronary bypass or valve replacement
- Discuss the basic principles of cardiovascular bypass
- Discuss the management of minimally invasive cardiac procedures
- Set up specific anesthetic equipment necessary for cardiac surgery
- Develop an anesthetic care plan for cardiac patients which includes:
  - Conducting a comprehensive pre-operative assessment
  - Inserting appropriate invasive monitors
  - Managing fluid requirements
  - Calculating estimated blood volumes
  - Maintaining the patient's physiologic parameters that will facilitate an optimal outcome
  - Identifying the type of anesthetic techniques for specific cardiac condition/procedure
  - Selecting the best choice of anesthetic technique individualized for the patient with a specific type of cardiac condition/procedure
  - Selecting the best choice of anesthetic and adjuvant drugs
  - Managing the patient while they are on bypass
  - Reversing anticoagulation drugs - Dosing anesthetic agents based on patient condition, weight, and age
  - Discussing proposed anesthetic management with clinical instructor(s)
  - Managing the emergence of patients recovering from anesthesia following cardiac surgical/procedural intervention

# Section 12



**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**STUDENT TIME COMMITMENT TO THE DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM**

The Council on Accreditation (COA) of Nurse Anesthesia Educational Programs that oversees nurse anesthesia education in this country defines a reasonable time commitment as follows:

“Reasonable time commitment - A reasonable number of hours to ensure patient safety and promote effective student learning should not exceed 64 hours per week. This time commitment includes the sum of the hours spent in class and all clinical hours, averaged over 4 weeks. Students must have a 10-hour rest period between scheduled clinical duty periods (i.e., assigned continuous clinical hours). At no time may a student provide direct patient care for a period longer than 16 continuous hours.”

The 64-hour per week time commitment limit includes the sum of hours spent in class, and all clinical hours averaged over four weeks and is followed throughout the program. To ensure this standard is met, Program faculty monitor student logs to ensure adherence to this policy. The Jefferson College of Nursing’s Doctor of Nursing Practice Nurse Anesthesia Program will continually monitor student’s time commitment to ensure that it is compliant with this accreditation criterion.

Although a student may be assigned to a 24-hour call experience, at no time may a student provide direct patient care for a period longer than 16 continuous hours.

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**POLICY FOR SICK TIME**

1. All students are required to call and email the Program Director and/or Assistant Program Director and Clinical Coordinator when calling out sick for class and/or clinical.
2. All students must follow clinical site protocols when calling out sick from the clinical area.
3. In the event of an illness or serious injury that causes the student to miss clinical or class time, documentation of clearance through Jefferson Occupational Health Network for Employees & Students is required. Students must contact the Jefferson Occupational Health Network for Employees & Students (JOHN) for an evaluation and may be required to present information from the treating provider to the program director.
4. All students are required to log any sick and make-up time in the Medatrax student tracking system.
5. Attendance is required for all classes for which a student is registered. These requirements and the objectives and the anticipated outcomes of the course shall be clearly outlined by the faculty at the beginning of each course. See Immersion or Clinical Performance Expectations Policy in the JCN Student Handbook & Course Catalog for procedures related to clinical absence.
6. Special circumstances be evaluated on a case-by-case basis. Students experiencing such circumstances will contact the Program Director.
7. Clinical Coordinators reserve the right to determine if a student needs to leave the clinical area for any reason. Students with excessive, sick time must meet with the Program Director and/or Assistant Program Director to generate a plan for completion of required clinical/class hours.
8. If a student fails to notify the Program Director and/or Assistant Program Director by phone and email when they call out sick from clinical, it will be counted as an unexcused absence. A student with three unexcused absences will be placed on clinical jeopardy with the potential to be dismissed from the program.
9. Students will make up missed clinical days in coordination with the Program Director, Clinical Coordinator, and Faculty Advisor.

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**STUDENT WELLNESS POLICY**

The Council on Accreditation of Nurse Anesthesia Programs (COA) has defined wellness as a positive state of mind, body, and spirit reflecting a balance of effective adaptation, resilience, and coping mechanisms in personal and professional environments that enhance quality of life. The Council on Accreditation stresses the importance of wellness to healthcare professionals, healthy lifestyles that reflect a positive work-life balance, along with adaptive behaviors to reduce the intensity of experienced stress.

**STUDENT WELLNESS PROCEDURES**

- A. Students can take one wellness day in their first clinical semester, and up to two wellness days per subsequent clinical semester.
- B. One wellness day is equal to one eight-hour clinical day.
- C. Students must plan wellness days in advance in collaboration with their Clinical Coordinators, Program Director, and Faculty Advisor.
- D. Students are required to email the Program Director, Faculty Advisor, and Education Coordinator notifying them of the dates they are using their wellness days.
- E. Wellness days are designated to be used at the student's discretion and need to be scheduled at least one week prior to the requested day. Some Clinical Coordinators request two weeks' notice and approval.
- F. Wellness days cannot be used during specialty or enrichment rotations.
- G. If the student is unable to take their wellness days due to being in an enrichment or specialty rotation the entire semester, they can carry over wellness days to the following two semesters.
- H. Wellness days do not include university holiday time. Nurse anesthesia students are not required to attend clinical on university observed holidays.

# Section 13

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**POLICY RELATIVE TO STUDENTS WORKING  
OUTSIDE OF PROGRAM COMMITMENT**

Students enrolled in the Doctor of Nursing Practice Nurse Anesthesia Program must be able to devote full time to the curricular plan of study.

Employment is **highly discouraged** for students in the program.

Under no circumstance can a student work by position or function as a nurse anesthetist while enrolled in the Jefferson College of Nursing Doctor of Nursing Practice Nurse Anesthesia Program.

# **Section 14**

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**CLINICAL COORDINATOR POSITION DESCRIPTION**

**Position Purpose:**

The clinical coordinator oversees the clinical education of anesthesia students to provide competent and appropriate care for patients. The clinical coordinator also acts as a liaison to facilitate communication between the university, anesthesia staff, and hospital.

**Qualifications/Education:**

Master's Degree (Doctorate preferred). Completion of a program in nurse anesthesia, at least 1 year of experience practicing as a nurse anesthetist, professional licensure as an Advanced Practice Registered Nurse (APRN), current certification/recertification as a Certified Registered Nurse Anesthetist (CRNA). An anesthesiologist may serve in this role.

**Skills and Abilities Required:**

Problem solving ability, communication skills, current knowledge of the art and science of evidence-based anesthesia; ability to evaluate student performance, ability to act as a liaison between student and anesthesia staff, ability to maintain strict confidentiality of student related matters.

**Essential Job Duties:**

1. Guides student learning and provides oversight of the day-to-day clinical practice education of the Jefferson nurse anesthesia students at the assigned clinical practice site.
2. Provides Jefferson SRNAs a formal orientation to the clinical site that outlines role expectations and responsibilities of students and identifies available learning resources.
3. Ensures that supervision of Jefferson SRNAs at the clinical site is limited to CRNA and physician anesthesiologist clinical instructors who are institutionally credentialed to practice and immediately available for consultation.
4. Ensures that the clinical supervision ratio of Jefferson SRNAs to clinical instructor (never to exceed two (2) SRNAs to (1) clinical instructor) promotes patient safety by taking

into consideration: the complexity of the anesthetic and/or surgical procedure, the student's knowledge and ability, and the comorbidities associated with the patient.

5. Monitors Jefferson SRNA case logs and assigns student practice experiences based on the COA's clinical requirements (see attached).

6. Communicates on a regular basis with Jefferson's Program Director and Assistant Program Director concerning issues relating to student clinical competencies and/or professional behaviors.

7. Monitors the clinical practice site's available resources and clinical instructors' willingness to enable students to develop as safe, competent, full-service anesthesia care and pain management providers.

8. Provides feedback to Jefferson's Program Director and Assistant Program Director about student clinical placements and clinical practice site issues each semester and as issues arise.

9. Facilitates on-site visits by Jefferson's Program Director, Assistant Program Director, and Program faculty (at least annually). Attends yearly Jefferson Clinical Coordinator meetings either in-person or via Zoom.

10. Assists Jefferson's Nurse Anesthesia Program faculty in collecting student clinical evaluations, monitoring SRNA attendance and progress, and collecting data for evaluating and improving the quality of clinical instruction at the clinical practice site. Students should receive daily formative evaluation by their assigned preceptor and end-of-semester/rotation summative evaluations completed by the clinical coordinator or their designee.

11. Assist in problem solving activities between the students, staff and the nurse anesthesia program and alert the clinical director of any issues or problems that arise with students or staff.

12. Participates in professional development activities particularly as they relate to CRNA education and practice.



# **Section 15**

**THOMAS JEFFERSON UNIVERSITY  
JEFFERSON COLLEGE OF NURSING**

**DOCTOR OF NURSING PRACTICE  
NURSE ANESTHESIA PROGRAM  
CLINICAL COORDINATOR HANDBOOK**

**CLINICAL COORDINATOR COMMUNICATION**

The Nurse Anesthesia Program faculty maintain open lines of communication with clinical coordinators at all partnering clinical sites. Regularly scheduled and as-needed meetings with clinical coordinators occur in person (on campus or at clinical site) and/or virtually by phone or computer-mediated access. Program faculty complete site visits, planned with the clinical coordinator in advance. An annual meeting with all clinical coordinators is held virtually or at Jefferson's Center City campus. Agendas for all meetings are designed to facilitate feedback regarding students' performance in the clinical area and discuss programmatic areas of opportunity.

The Nurse Anesthesia Program Education Coordinator sends program notifications, calendars, and various updates on behalf of the program director and faculty, as well as site-required student documents prior to students beginning their clinical experiences. The Nurse Anesthesia Program Director is always to be included on communication (i.e. email notifications) between clinical coordinators and the Education Coordinator. If student concerns arise during a clinical experience, the Program Director is to be contacted directly.



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