

# POLICY OF MTSA CLINICAL STANDARDS

Policy Number: 5.4.103

Advancement of each student to the next higher level of anesthesia training and responsibility is made at semester intervals by the Progressions Committee. In order to be eligible to advance to the next higher level, the student must:  
Meet all clinical objectives for the current level for advancement to the next level;  
Successfully complete all assigned clinical affiliations;

Keep and maintain a current multi-state Tennessee RN license or Nurse Licensure Compact (NLC) or enhanced Nurse Licensure Compact (eNLC) license on file with MTSA during the entire program. The student must possess a current RN license for any state in which he is assigned for clinical rotations. If a student's RN license lapses for any reason, the student will immediately be removed from his clinical rotation. The student may not return to clinical rotations until documentation of a current RN license is presented to MTSA. Any clinical days the student misses during this period must be made up prior to graduation or the student may be extended in the program to compensate for these days. Any lapse in your nursing license that results in the inability to perform clinical duties will result in clinical probation.

In addition, all students are required to have an annual influenza vaccine. If a medical condition exists that prohibits the student from receiving the vaccine, the student must present documentation from their primary care provider stating why the influenza vaccine is contraindicated.

Clinical grades will be recorded on the transcript. See [Grading Policy](#) for more information.

## CLINICAL SUPERVISION OF NURSE ANESTHETIST STUDENTS

The following language is taken from the COA STANDARDS:

Supervision at clinical sites is limited to CRNAs and physician anesthesiologists who are institutionally credentialed to practice and immediately available for consultation. The clinical supervision ratio of students to instructor ensures 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. At no time does the number of students directly supervised by an individual clinical instructor exceed 2:1.

Clinical supervision of students must not exceed (1) 2 students to 1 CRNA, or (2) 2 students to 1 physician anesthesiologist, if no CRNA is involved. The CRNA and/or physician anesthesiologist are the only individual(s) with responsibility for anesthesia care of the patient, and have responsibilities including, but not limited to: providing direct guidance to the student; evaluating student performance; and approving a student's plan of care. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g., lifethreatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g., additional CRNA or physician anesthesiologist called in, hospital diverts emergency cases to maximize patient safety). Clinical supervision must be consistent with the COA Standards (i.e., clinical oversight is the responsibility of a CRNA or physician anesthesiologist only). Students must be aware of these requirements and know who is supervising them in the clinical area.

The program restricts clinical supervision in nonanesthetizing areas to credentialed experts who are authorized to assume responsibility for the student.

## CLINICAL CARE PLAN SUBMISSION

**Third Semester:** ALL STUDENTS are required to complete care plans on each clinical day. During the third semester, care plans should be submitted to the clinical faculty who will review the Care Plan for accuracy and completeness.

**Fourth Semester:** Each student is required to complete care plans on each clinical day during the fourth semester. This should be an in-depth, detailed care plan presented to your clinical preceptor. Students may be required to complete additional care plans for cases they are unfamiliar with.

Written Care Plan submissions may be reviewed by a CRNA and included in the student's semester progress meeting and report.

**Fifth Semester - Ninth Semester:** Students should have at minimum a verbal care plan prepared for all cases. Any unfamiliar procedure or anesthetic plan will require a written care plan.

## CLINICAL GRADING

The penalties for delinquent documentation are found under the [Disciplinary Actions](#) section.

1.	End of Rotation Evaluations: Summative	40%
2.	Clinical Evaluation Reports: Formative	60%
3.	Comment Cards	
	Sentinel Events	
	Yellow Card	Up to 8% deduction each
	Red Card / Safety Concern	Up to 16% deduction each
	Commendation	
	Green Card	Up to 2% addition each
4.	Case Number & Anesthesia Time Thresholds	P/F
5.	Student Evaluation of Clinical Sites	P/F
6.	Clinical Self-Assessment Tool	P/F

## END OF ROTATION EVALUATIONS (SUMMATIVE)

An End of Rotation Evaluation is completed by the CRNA or Anesthesiologist assigned as Clinical Coordinator at the clinical rotation site or by the Clinical Faculty using feedback obtained from the clinical site.