COLLEGE *of* NURSING

Clinical Coordinator

2026–2027 Handbook

Thomas Jefferson University

CONTENTS

Welcome . . . 3

Policy on Clinical Supervision and Instruction. . . . 4

Policy on Licensure and Certification/Recertification of Clinical Faculty . . . 5

Policy for Clinical Assignment . . . 6

- Policy for Clinical Re-Assignment . . . 6

Policy for Conducting Pre-Operative Assessments . . . 7

Guidelines for Call Experiences . . . 8

Policy and Procedures for Conducting Formative and Summative Evaluation of Nurse Anesthesia Students . . . 9

Policy on Assessment of Student Clinical Performance . . . 10

Clinical Progression Scale by Level (semester) in the Program . . . 11

Clinical Jeopardy, Clinical Probation, and Dismissal . . . 12

Guidelines for Specialty Rotations . . . 13

- OB Rotation . . . 14
- Pediatric Rotation. . . . 15
- Neuro-Anesthesia Rotation . . . 16
- Cardiac Rotation. . . . 17
- Evaluation . . . 18
- Student Time Commitment . . . 19
- Policy for Sick Time . . . 19
- Attendance/Inclement Weather. . . . 20
- Dress Code Policy . . . 20

Student Wellness/Vacation Policy . . . 23

- Policy Relative to Students Working Outside of Program Commitment . . . 24

Clinical Coordinator Position Description . . . 25

Clinical Coordinator Communication. . . . 27

WELCOME!

Welcome to the Nurse Anesthesia Program at the 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 Jefferson College of Nursing Nurse Anesthesia Program Clinical Coordinator Handbook is revised annually. Any changes made throughout the academic year will be announced via email.

The Jefferson College of Nursing DNP Nurse Anesthesia Program is an integrated, full-time, 36-month, nine-semester program comprised 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 immersion 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.

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 institutionally credentialed to practice and who are immediately available for consultation.

The clinical supervision ratio of students to instructors must be coordinated to support patient safety by taking into consideration: the student's knowledge and ability; the physical status of the patient; the complexity of the anesthetic and/or surgical procedure; and the experience of the instructor. Clinical oversight of graduate students in the clinical area must not exceed two graduate students to one CRNA, or two graduate students to one anesthesiologist (if no CRNA is involved).

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. The CRNA and/or anesthesiologist are the only individual(s) with responsibility of 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. 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.

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

The Site Directors and their designee will ensure that the following documents are current for all clinical coordinators in the Jefferson College of Nursing NAP files:

- Current unencumbered RN license and CRNA certification card for all nurse anesthesia program faculty (in the Jefferson College of Nursing faculty files)
- Current unencumbered RN licenses in DE, NJ, and PA for all students enrolled in the program (in the Jefferson College of Nursing student files)
- Current BLS/ACLS certification for all students (in the Jefferson College of Nursing student files)
- Current PALS certification for all students (in the Jefferson College of Nursing student files)

Current resume, RN license and CRNA online verification for all nurse anesthesia program Clinical Coordinators (in the Jefferson College of Nursing faculty files)

No student will be permitted to participate in clinical experiences at a clinical site if their license and AHA certifications have expired. Students are responsible for making up any clinical time they miss while they are waiting for renewal of their license. Failure to maintain current license and AHA certifications may result in delayed clinical progression and program completion.

It is a Jefferson College of Nursing and a COA requirement that all licenses and certifications are kept on file and valid at all times.

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 experience in ICU.
3. All students are required to comply with the clinical site's rules, regulations and hospital policies. This may include, but is not limited to:
    a. Participation in departmental meetings
    b. Engagement in student development activities
    c. Supplemental readings
    d. Additional care plans
    e. Assignments
    f. Participation in pre/post-operative rounds
    g. Submission of student's formative evaluations as per clinical site protocol
4. All students are required to prepare for clinical by formulating an anesthesia care plan daily.
    a. The first year students are required to formulate a written anesthesia care plan for all assigned cases for the day.
    b. A written care plan is not required for changed assignments. Students may be asked to research a procedure prior to the start of the case of an unanticipated case.

    After the first three clinical semesters, students are required to complete a minimum of one anesthesia care plan for any case not previously encountered as well as for specialty cases. Beginning with the fourth clinical semester, a verbal anesthesia care plan may be used for routine/previously encountered cases. Throughout the program on each clinical day, all students are required to provide their clinical preceptor with a verbal/written care plan prior to the start of any patient care. A formative evaluation must be submitted to clinical preceptors prior to the completion of their clinical assignment and after the completion of the student self-reflection. Returned formative evaluations should be submitted to course faculty weekly. Falsification or withholding of clinical evaluations will be managed under the Jefferson College of Nursing Academic Integrity Policy.
5. Students are required to accurately log their clinical experiences according to the COA Guidelines for Counting Clinical Experiences within seven days. Falsifying clinical experience logs will result in immediate dismissal from the program.

POLICY FOR CLINICAL RE-ASSIGNMENT

If a clinical site deems a re-assignment is necessary, the clinical coordinator must contact the Site 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 Site Director and/or Assistant Site Director will contact the clinical coordinator at that site.

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.

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 3PM 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 or designee
- 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 will be provided a post-call day for any shift worked exceeding 16 hours.
- If students become ill and cannot take call, they must inform the Site Directors, the CRNA clinical coordinator, and the clinical site 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

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

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 depending on the clinical semester. 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 Jefferson College of Nursing 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.

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.

CLINICAL PROGRESSION SCALE BY LEVEL (SEMESTER) IN THE PROGRAM

Level	Scale	Supervision
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
VI	Competent-Independent (4-5)	Intermittent
Specialty Rotation*	Novice- Independent (3-5)	Continuous - Intermittent

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

CLINICAL JEOPARDY, PROBATION, AND DISMISSAL

Clinical Jeopardy, Probation, and Dismissal are described in the Jefferson College of Nursing Student Handbook & Course Catalog.

GUIDELINES FOR SPECIALTY ROTATIONS

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

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

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

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

EVALUATION

Students in the Doctor of Nursing Practice Nurse Anesthesia Program will engage in evaluative processes at a variety of levels and for varied purposes throughout their program of study. Evaluation data are critical to the process of continuous self-evaluation of the program and to strengthen program components.

The following types of evaluation are conducted throughout the program:

1. **Formative Evaluation*** – completed by clinical preceptor and student. Returned weekly for faculty review.
2. **Summative Evaluation*** – completed at the end of each clinical rotation by clinical coordinator and/or clinical preceptor. Reviewed at the end of each clinical semester with faculty advisor.
3. **Self-Summative Evaluation*** – completed at the end of each clinical rotation by student learner. Reviewed at the end of each clinical semester with faculty advisor.
4. **Clinical Preceptor Evaluation*** – completed at the end of each clinical rotation by student learner. Two evaluations must be submitted per rotation by each student. Reviewed at the end of each clinical semester with faculty advisor.***
5. **Clinical Coordinator Evaluation*** - completed at the end of each clinical rotation by student learner. Reviewed at the end of each clinical semester with faculty advisor.***
6. **Clinical Site Evaluation*** - completed at the end of each clinical rotation by student learner. Reviewed at the end of each clinical semester with faculty advisor. ***
7. **Course Evaluation**** – completed at the end of each course by student learner. Results reported in the aggregate are anonymous. Reviewed by faculty at the conclusion of each semester.
8. **Faculty Evaluation**** - completed at the end of each course by student learner. Results reported in the aggregate are anonymous. Reviewed by faculty at the conclusion of each semester.
9. **Exit Satisfaction Survey**** - completed at the end of the program plan of study by the prospective graduate. Results reported in the aggregate are anonymous and are reviewed annually at the NAP Faculty Meeting in the month following receipt.
10. **Alumni Survey**** – completed at 3, 5, and 10-year intervals, post-graduation by alumnus. Results reported in the aggregate are anonymous. Reviewed by faculty upon receipt from the Office of Institutional Research (OIR).

* Required

** Highly encouraged

*** Students complete these surveys electronically; faculty review the results at the end of each semester during the Nurse Anesthesia Program faculty meeting. Additionally, students are encouraged to bring up questions or concerns on an ongoing basis.

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. Students will be surveyed annually to assess their overall time commitment in the program. 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.

POLICY FOR SICK TIME

1. All students are required to contact the Site Directors and/or Assistant Site Director, faculty advisor, NAP Education/Program Coordinator, and Clinical Coordinator by phone and email when calling out sick for class or clinical prior to 6 hours of the assigned time.
2. Additionally, 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 electronic clinical log tracking system.
5. Students are required to attend all classes for which they are registered. Course faculty shall clearly outline these requirements, the objectives, and the anticipated outcomes of each course in the syllabus. For non-nurse anesthesia specific courses, see Immersion or Clinical Performance Expectations Policy in the Jefferson College of Nursing Student Handbook & Course Catalog for procedures related to clinical absence.
6. Special circumstances will be evaluated on a case-by-case basis. Students experiencing such circumstances will contact the Site Directors.
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 Site Directors and/or Assistant Site Directors to generate a plan for completion of required clinical/class hours.
8. If a student fails to notify the Site Directors and/or Assistant Site Directors by 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.

ATTENDANCE/INCLEMENT WEATHER

Student nurse anesthetists understand their professional responsibilities and duties associated with clinical and didactic assignments.

In the event of inclement weather, Jefferson's DNP NAP does not utilize a publicly announced snow emergency number to announce program closure.

Students enrolled in the program reside in a wide geographic region from program administrative offices and clinical sites. Therefore, all students are expected to use their judgment in relation to weather conditions. Student safety is of primary concern.

When a decision is made by a student to stay home from clinical or class due to inclement weather, they are required to contact both their clinical site and the NAP Site Directors. Students opting to stay home from class days are required to contact NAP Site Directors prior to 8:00 a.m.

Students are not expected to travel in dangerous weather conditions.

DRESS CODE POLICY

Students enrolled in Jefferson's DNP NAP will display a professional appearance at all times during didactic, clinical, and all school related obligations.

Nurse anesthesia students are representatives of the NAP, the specialty, and the profession. The maintenance of a professional appearance and demeanor facilitates the acceptance of the profession and the individual by patients and other health professionals. It is expected that students will assume responsibility for observing the following guidelines on professional attire at all clinical and didactic sites.

Identification/name badges MUST be worn at all didactic and clinical affiliate sites.

All students are expected to maintain a neat, professional appearance and a high standard of personal cleanliness at all times. The personal appearance of our students is very important, essential to the work we do, and reflective of the standards that we uphold. Professional attire for clinical affiliation rotation sites and didactic classroom instruction includes business casual attire or scrubs.

The items listed below, (but not limited to) are not considered business casual attire.

Clothes should cover body so that no undergarments are visible when standing, sitting, reaching, bending or with any other patient care activity.

- Jeans or jean skirts
- Tee shirts
- Shorts
- Crop, halter or tank tops
- Flip flops
- Sweatpants or sweat tops
- Jogging suits
- Ripped, torn or faded clothing
- Sleepwear
- Backless dresses or clothing more appropriate for evening or leisure wear
- Sheer clothing
- Caps or hats

- Good personal hygiene is required. Excessive cosmetics and cologne are not permitted.
- In accordance with the Center for Disease Control (CDC) guidelines, students may not wear artificial nails or silk overlays on nails. Nails should not be longer than ¼ inch past nail bed in length. No nail polish may be worn during the pediatric rotations.
- Tattoos are to be covered at all times
- All hair must be neat, clean, and groomed. Exotic hair styles or hair colors (blue, green, purple, yellow, rainbow, etc.) are not permitted
- Large amounts of jewelry are not permitted
- Post earrings are acceptable; however, ear piercings are limited to 2 per ear
- No facial piercings are permitted. Tongue piercings must be removed
- Body piercings must be covered and/or removed at all times
- No bracelets or necklaces are permitted in the clinical areas

Each clinical affiliate has policies governing surgical attire as interpreted from the Center for Disease Control (CDC). All surgical attire being worn in the operating room must be made of a fabric that meets the National Fire Protection Association Standards. Students are required to observe the practice of the clinical site related to surgical attire.

- Students are required to wear 'navy blue' color scrubs for sim lab and class. At the clinical affiliate sites, students will wear the scrubs approved by the site. All other attire must have prior written approval. Some clinical sites allow the students to wear their own traditional OR scrub jackets made of 100% cotton while others provide a scrub jacket when needed for warmth. No other personal jackets or sweaters are permissible.
- Students must change into scrubs at the clinical site before entering the operating room and change out of scrubs before leaving the facility to minimize the spread of pathogens.
- Students are required to wear appropriate OR shoes or clogs in the surgical suite. Students must wear shoes that cover and protect their feet from sharps, blood, and body fluids. No street shoes are permitted. Shoe covers may be required at some sites.
- Students are required to wear appropriate head attire to adequately cover all hair. Some clinical sites allow the students to wear their own cloth caps while others allow only disposable paper caps. Students with beards may be required to wear a hood.

Failure to abide by the NAP dress code may result in initiation of the disciplinary process up to and including dismissal from the nurse anesthesia program.

STUDENT WELLNESS/VACATION DAYS 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.

- Students are allotted a **total of 20 wellness/vacation days**, with each day equivalent to **8 hours**, for the duration of the program.
- Prior to entering the clinical arena, students will follow the Jefferson College of Nursing Graduate Academic Calendar, which includes all designated semester breaks and holidays. Once clinical rotations begin, student will attend clinical during semester and holiday breaks.
- NAP students are not required to attend clinical during university observed holidays once they enter the clinical arena.
- Wellness/vacation days must be used only at the primary clinical site and may not be taken during specialty rotations.
- Requests for wellness/vacation days must be submitted via email to the clinical coordinators, site directors, and education/program coordinators at least one week in advance of the requested date. Some clinical sites may have additional or more specific timelines for submitting time-off requests, which students are responsible for adhering to.
- Wellness/vacation days are not required for attendance at professional conferences or board preparation review courses.
- Requests related to special or extenuating circumstances must be discussed directly with the site directors for consideration and approval.

POLICY RELATIVE TO STUDENTS WORKING OUTSIDE OF PROGRAM COMMITMENT

Employment during enrollment in the nurse anesthesia program is prohibited without the approval from the Site Director. Upon approval from the Director, students may work limited hours in non-anesthesia registered nursing employment settings.

Students enrolled in the nurse anesthesia program must be able to devote full time to the program of study.

Students are informed through published materials and during the interview that the total time committed to the nurse anesthesia program is substantial. Outside work responsibilities require written approval from the Director.

In the event a student is not demonstrating adequate clinical/didactic growth, the Director will rescind previous employment approval.

Students may complete an employment request form from the education/program coordinator to submit it to the Director for review.

In accordance with the Council on Accreditation of Nurse Anesthesia Educational Programs, student registered nurse anesthetists shall not under any circumstances be employed as a nurse anesthetist by title or function while enrolled in the Jefferson College of Nursing Nurse Anesthesia Program.

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 l 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 Site Director and Assistant Site 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 Site Director and Assistant Site Director about student clinical placements and clinical practice site issues each semester and as issues arise.
9. Facilitates on-site visits by Jefferson's Site Director, Assistant Site 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.

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 Site 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 Site Director is to be contacted directly.

Jefferson College of Nursing
901 Walnut Street, 8th Floor
Philadelphia, PA 19107
Phone: 215-951-2800
Jefferson.edu/JCN

© 2026 THOMAS JEFFERSON UNIVERSITY, INC. • 05/26 CPM 35042