



SCHOOL OF NURSING POLICY

Policy Name: Clinical Supervision

Approval Authority: Rutgers School of Nursing Faculty

Responsible Executive: Executive Vice Dean

Responsible Office: Nurse Anesthesiology Specialty Track

Adopted: 3/1/05

Last Reviewed: 5/6/24

Revisions: 6/28/13; 9/2/21

1. **Policy Statement:** To assure patient safety and promote clinical competence.
2. **Who Should Read this Policy:** faculty, administration, and all Nurse Anesthesia residents
3. **Resources and Related Documents:**

Council on Accreditation of Nurse Anesthesia Educational Programs (COA).
Standard for Accreditation of Nurse Anesthesia Programs, February 2024
Standard for Accreditation of Nurse Anesthesia Programs-Practice Doctorate, February 2024

<https://www.coacrna.org/wp-content/uploads/2024/03/Standards-for-Accreditation-of-Nurse-Anesthesia-Programs-Practice-Doctorate-editorial-rev-February-2024-1.pdf>

School of Nursing Student Policies
<http://nursing.rutgers.edu/policies/index.html>

American Association of Nurse Anesthesiologists (2018) Code of Ethics for the Certified Registered Nurse Anesthetist;
American Association of Nurse Anesthetists (2020) Scope and Standards for Nurse Anesthesia Practice;

<https://www.aana.com/practice/professional-practice-manual/>

4. Policy

Only Certified Registered Nurse Anesthetists (CRNAs) and/or anesthesiologists with medical staff privileges granted by the clinical affiliate institution that meet criteria established in program policy: CLINICAL STANDARDS can supervise resident registered nurse anesthetists (RRNA) in the clinical setting. Supervising individuals must possess current state licensure. CRNAs must be certified by the Council on Certification of Nurse Anesthetists. Physician residents, fellows or senior nurse anesthesia residents are not considered qualified personnel, but can be part of a team approach to case management along with resident nurse anesthetists. Appropriate supervising individuals must be immediately available in the clinical area and assume responsibility for the supervision of the RRNA at all times. The intensity of clinical supervision must be coordinated to insure patient safety and must take into consideration: the resident's knowledge, ability and

experience; the physical status of the patient; the complexity of the anesthetic and/or surgical procedure; and the experience of the instructor. The ratio of clinical instructor/supervisor (either anesthesiologist or CRNA supervisor) to RRNA shall not exceed 1:2 at any time. Under no circumstances is a nurse anesthesia resident permitted to initiate any type of anesthetic without the presence of appropriate supervising personnel in accordance with program policies and those of the clinical affiliate site. Residents are required to continuously consult with supervising individuals during the course of anesthetic, particularly prior to emergence, extubation and transfer of patients. This policy applies to all areas in a clinical facility in which anesthesia services are rendered by SN Nurse Anesthesiology Specialty Track RRNAs, including but not limited to: the endoscopy, radiology or special procedures suites, and hospital units in which emergency airway management or conscious sedation is provided. Failure of residents to adhere to this supervision policy may result in failure of the clinical residency course and dismissal from the RNAP.